



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

February 9, 2016
5:30 P.M.
Board Room
125 Worth Street, Room 532

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

AGENDA

- | | |
|--|-------------------------|
| I. Call to Order | Josephine Bolus, NP, BC |
| II. Adoption of November 10, 2015
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. President's Report | Antonio Martin |
| V. Legislative Update | John Jurenko |
| VI. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Bellevue | Lois Rakoff |
| b. NYC Health + Hospitals/Gouverneur | Donald Young |
| c. NYC Health + Hospitals/Coler | Gladys Dixon |
| d. NYC Health + Hospitals/Carter | Virginia Grant |
| e. NYC Health + Hospitals/Metropolitan | J. Edward Shaw |
| VII. Old Business | |
| VIII. New Business | |
| IX. Adjournment | |



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

November 10, 2015
5:30 P.M.
HHC Board Room
125 Worth Street, Room 532

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Committee Chair
Lilliam Barrios-Paoli, Ph.D., Chairman of the Board
Robert F. Nolan, Board Member
Ram Raju, President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Cheryl Alleyne (Representing Chairperson Silvio Mazella) NYC Health + Hospitals/Jacobi
Jeromane Berger-Gaskin (representing Kenneth Campbell, Chairperson) NYC Health + Hospitals/Kings
Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island
Virginia Granato, Chairperson, NYC Health + Hospitals/Carter
Antoine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney
Ludwig Jones, Chairperson, East New York/A Gotham Health Center
Jacqueline Narine, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Talib Nichiren, Chairperson, NYC Health + Hospitals/Woodhull
Gladys Nixon, Chairperson, NYC Health + Hospitals/Coler
Lois Rakoff, Chairperson, NYC Health + Hospitals/Bellevue
Esme Sattaur-Low, Chairperson, NYC Health + Hospitals/North Central Bronx
J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan
Eartha Washington, Chairperson, NYC Health + Hospitals/Elmhurst
Bette White, Chairperson, NYC Health + Hospitals/Harlem

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

James Beneparte, NYC Health + Hospitals/Queens
Cindy Cain, NYC Health + Hospitals/Harlem
Hiawatha Campbell, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Melvin Christin, NYC Health + Hospitals/Harlem
Gary Delamothe, NYC Health + Hospitals/Coler
Diane Dixon, NYC Health + Hospitals/Queens
Priscilla Douglas, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Clifford Duffus, NYC Health + Hospitals/Queens
Dian Dula, NYC Health + Hospitals/Kings
Wilbur Johnson, NYC Health + Hospitals/McKinney
Oneida Lewis, NYC Health + Hospitals/Cumberland/A Gotham Health Center
James Mapp, NYC Health + Hospitals/McKinney
Celeste Staton, NYC Health + Hospitals/Woodhull
Nikki Simpkins, NYC Health + Hospitals/Queens
Harbachan Singh, NYC Health + Hospitals/Queens

Yvette Titus, NYC Health + Hospitals/Queens
Louis Velez, NYC Health + Hospitals/Bellevue
Judy Wessler, NYC Health + Hospitals/Gouverneur/A Gotham Health Center
Alicia Zanelli, NYC Health + Hospitals/Bellevue
NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF
Agnes Abraham, Office of Intergovernmental Relations
LaRay Brown, Senior Vice President, Office of the Intergovernmental Relations
Robb Burlage, Ph.D., Office of Intergovernmental Relations
Deborah Cates, Office of Board Affairs
Mary C. Cooper, Office of Intergovernmental Relations
Patricia Lockhart, Office of Board Affairs
Antonio Martin, Executive Vice President
Valerie Phillips, Office of Legal Affairs
Renee Rowell, Office of Intergovernmental Relations
Alvin Young, Office of Intergovernmental Relations

NYC HEALTH + HOSPITALS FACILITY STAFF

Angela Cooper, CAB Liaison, NYC Health + Hospitals/McKinney
Christopher Constantino, Sr. Vice President, NYC Health + Hospitals/Queens
Cleon Edwards, Associate Director, NYC Health + Hospitals/Queens
LisaMarie Izquierdo, CAB Liaison, NYC Health + Hospitals/Bellevue
William Jones, Associate Director, NYC Health + Hospitals/Henry J. Carter
Ronald Law, Director of Community Affairs, MetroPlus
Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens

GUESTS

Ann Bove, RN, New York State Nursing Association/ CPHS
Sandra Stevens, Community Representative
Nancy Velasquez, New York State Nursing Association

CALL TO ORDER

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:43 PM. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of September 16, 2015 CRC meeting. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed Committee Members and highlighted key HHC events that had occurred since the September 16, 2015 meeting. She reported the following:

- The third open enrollment period for health insurance coverage under the Affordable Care Act started on November 1, 2015. In New York, the NY State of Health (NYSOH) is the state's health exchange or marketplace where New Yorkers can go to learn about and purchase affordable health insurance coverage. A new option this year is the Essential Plan, which is available only through the NY State of Health. This new plan will lower premiums to \$20 or less per month and provide comprehensive benefits for lower income New Yorkers. The enrollment period opened on November 1st and will run through January 31, 2016. Children and New Yorkers who are eligible for Medicaid and the Essential Plan can sign up for coverage through the NY State of Health at any time during the year.
- Mrs. Bolus reported that last month, HHC held a Nursing Excellence Awards event, with more than 180 nurses being nominated by their colleagues. Nurse Marie Alverio of Coney Island was recognized for exemplary work on wound care. Central Office Nurse Eileen Achacoso was recognized for using informatics to better connect the caregiving needs of nurses. Nurse Susan Gullo of North Central Bronx was recognized for promoting reduced length of stay and health outcomes. Nurse Bindu Rai of Elmhurst was recognized for promoting international medical missions. Nurse Robert Smeltz of Bellevue was recognized for launching a palliative care program; and Nurse Tiffany Reid of Harlem Hospital was recognized for her work with first-time mothers. All were all were recognized for their unique efforts.
- Mrs. Bolus brought to the Committee's attention that Metropolitan's Breast Health Center had launched a new program to ensure that eligible patients receive genetic testing in a timely, streamlined, stress-free way that would help them make informed clinical decisions during their treatment. The Breast Health Center received an internal grant from the Fund for HHC for program expansion. Mrs. Bolus acknowledged Metropolitan Hospital for working with their Community Advisory Board to develop a pamphlet on the dangers of synthetic marijuana. The pamphlet is titled, "What's This?" and it provides information on the recent wave of synthetic marijuana usage across the city. Many hospitals in New York City are unfortunately seeing patients arriving in their Emergency Departments after taking synthetic marijuana. Mrs. Bolus noted that, last month HHC participated in a forum that was sponsored by State Senator Jeff Klein, along with city, state and federal health and law enforcement officials, at Jacobi Medical Center on the dangers of synthetic marijuana.
- Mrs. Bolus shared that in this year's Harlem Day Parade, HHC's longtime supporter Henry J. "Hank" Carter served as the Grand Marshall. HHC staff attended the parade, and there was a float that promoted the Henry J. Carter and Coler long-term care facilities.

- Mrs. Bolus sadly announced that, Sherlene James, Ph.D. passed away on September 20th. Mrs. Bolus stated that Dr. James served as the CABs Council Chairperson and, for many years, as Chair of the Renaissance Network CAB. Mrs. Bolus added that Dr. James was not only a major leader for HHC but contributed a vast amount of her time and energy to the Harlem community.

Before concluding her remarks, Mrs. Bolus thanked Mr. Julius Wool, who recently retired as Executive Director of Queens Hospital Center, for his longtime, exemplary service to HHC.

Mrs. Bolus turned the meeting over to Dr. Raju for his remarks.

PRESIDENT'S REMARKS

Dr. Raju thanked Mrs. Bolus, the Committee members and invited guests. Dr. Raju introduced Lilliam Barrios-Paoli, the newly appointed Chairman of HHC's Board of Directors. He informed the Committee that his presentation would cover the following two important points, branding and HHC's restructuring.

1. Branding

Dr. Raju reported that there had been a tremendous amount of energy and enthusiasm amongst the staff focused on HHC's branding. Dr. Raju informed the Committee that several branding rollout events had been scheduled across the system to ensure that all the employees are informed of the meaning of the new name. Dr. Raju highlighted two significant changes in the new name:

- a) The word "corporation" has been omitted to emphasize that we are a health care system.
- b) The word "hospitals" is no longer part of the facilities' name. For example, Bellevue Hospital is renamed NYC Health + Hospitals/Bellevue.

Dr. Raju stated that these changes were consistent with changes that other health care systems such as Montefiore and NYU Langone had made. He explained that change is that health care is no longer delivered at hospitals but rather through enormous penetration into the communities through various components. NYC Health + Hospitals is a large health care delivery system, which includes many hospitals, primary care clinics, community-based clinics, long term care facilities, home care, care coordination, and OneCity Health DSRIP PPS.

Dr. Raju added that the new logo, branding and messaging were developed internally by a team of NYC Health + Hospitals employees and reflects who our employees are. This new brand, NYC Health + Hospitals guarantees all New Yorkers, regardless of race, color and ethnicity that they will get good quality, safe and competent care which will exceed their expectations. He pointed out that NYC Health + Hospitals is the only organization in the country that is able to definitively state that we look like our patients and the patients look like us.

2. NYC Health + Hospitals Restructuring

Dr. Raju announced the creation of three service lines:

- a) Inpatient Service Line
- b) Ambulatory Service Line
- c) Post-Acute Care Service Line (including long term care, rehab care, care coordination, home care, tele-medicine)

Dr. Raju explained that some senior leaders who had served the organization for many years would be retiring from the organization after doing a phenomenal job. He informed the Committee that hospitals have two groups of employees: one group that provides direct care to patients and another, like himself, who helps the first group to provide direct care to the patients. The Chief Executive Officers (CEOs) of the various hospitals will only concentrate on four things: ensuring that good quality safe patient care is provided; ensuring that patient experience is optimized; staffing their facilities with a workforce empowered to get what need to be done; and increasing market share so that more patients will come to their facilities. Central Office will be their back up and will provide them with what they need to meet their goals. With the new structure, the CEO of the different hospitals will be more on the floor, talking to patients and employees.

Dr. Raju reassured the Committee that these changes will happen in a phased manner and that employees will neither lose their jobs or be moved to another site. Changes will be at the senior level in terms of how they report. The organizational structure will not be based on titles, but on functions with the patient being at the center. The question becomes, "What is my function with respect to the patient?"

Dr. Raju emphasized that the changes would be gradual and that nothing is going to happen dramatically as the search is on for new leaders for the organization. He also added that the process would be very open and transparent and that there will be CAB representation on the committees for selecting the new leaders. He reassured the Committee that the process would be smooth and transparent.

Dr. Raju stated that these are positive changes that will move the system from an inpatient care focused system to an outpatient community-based care system. For the first time, we are moving from a sick care system to a health care system. He noted that the tag line reflects what is promised to New Yorkers: "Live Your Healthiest Life". As such, NYC Health + Hospitals will do everything possible to make it happen. Our job is to keep New Yorkers healthy so that they can live their healthiest life possible. Dr. Raju stated that obviously a diabetic will remain a diabetic until he dies; however, NYC Health + Hospitals can make him live the healthiest possible life with diabetes.

Dr. Raju concluded his remarks by thanking the Community Advisory Board members. He invited them to attend multiple branding rollout events and reminded them that they are the eyes and ears of the organization and to be the ambassadors for spreading the word about these changes. He explained that, while it is a journey and the changes will not happen in a short period of time, NYC Health + Hospitals is ready to take the first step in January 2016.

Mr. Ludwig Jones, East New York Diagnostic and Treatment Center CAB Chairperson thanked Dr. Raju for his remarks. He reported that, at the last joint KCHC and ENYD&TC meeting, he had brought to the Administration's attention that the CAB needs to be at the table when discussions are being made about changes and proposals so that the CABs can be more informed and equipped to be able to go out to inform the community about the changes. Mr. Jones remarked that it was not enough to hear about the changes at CAB meetings after the decisions have already been made by the Administration. CABs should be able to sit with the Administration at the very inception of these changes so that the CAB's input can be included. Mr. Jones reemphasized that the CABs are not only the eyes and ears of the community, but also of the organization. He added that if CABs are more involved, they could have had some input that would benefit them and the facilities as the organization is implementing these changes.

HHC'S NEW BRANDING

Ms. Ana Marengo, Senior Vice President, Marketing and Communication reiterated Dr. Raju remarks on NYC Health + Hospitals branding concept. Ms. Marengo invited the Committee, members of the CABs and guests to view the new logo via power point presentation. Ms. Marengo explained that all of NYC Health + Hospitals' facilities will have identical logo. Ms. Marengo noted that the facility name would be added to the logo.

Ms. Marengo announced that brand launching festivities would be kicked off at Bellevue, Coler, Coney Island and Renaissance on Monday, November 9th. Ms. Marengo stated that at each facility event there would be fun activities, photo opportunities and refreshments. Ms. Marengo concluded her presentation by encouraging members of the CABs and invited guests to attend their respective facilities' rollout celebration and to bring a smartphone to download and post pictures.

CAB ANNUAL REPORTS

Elmhurst Hospital Center (Elmhurst) Community Advisory Board

Mrs. Bolus introduced Eartha Washington, Chairperson of Elmhurst Hospital Center and invited her to present the CAB's annual report.

Ms. Washington began her presentation by thanking Mr. Carlos Cortes, former Chairman of Elmhurst CAB and NYC Health + Hospitals' Council of CABs for his leadership, dedication and commitment.

Ms. Washington reported that the Elmhurst CAB's major focus was the expansion of the hospital's Emergency Department. Ms. Washington explained that, because the hospital had experienced increased visits in the ED, securing appropriate space was a critical concern. Ms. Washington noted that the Elmhurst CAB's collaboration with the hospital administration and elected officials was important in securing funds from both HHC and the City to proceed with the plans to expand.

Ms. Washington highlighted key topics that were discussed at the Elmhurst CAB's monthly meetings:

- Hospital administrator reported on the progress of the Journey to Excellence and the hospitals' commitment to having the best patient experience.
- HHC Guiding Principles
- Regular reports on DSRIP
- Updates on the progress of EPIC

Ms. Washington announced that the Elmhurst CAB was invited to activities at the hospital to launch the new brand for HHC – NYC Health + Hospitals. Ms. Washington noted that it was a fun filled event and well attended.

Ms. Washington acknowledged Mr. Chris Constantino, Senior Vice President, Queens Health Network for his more than 30 years of service. Ms. Washington thanked Mr. Constantino for his extraordinary leadership in meeting and overcoming the challenges of providing quality health care to Elmhurst's uniquely diverse community. Ms. Washington noted that she was looking forward to participating in the selection process for the new Executive Director, as outlined in NYC Health + Hospitals' Policy and Guidelines for CABs.

Ms. Washington concluded the Elmhurst CAB report by announcing Elmhurst Hospital Center's calendar of events for 2016. Ms. Washington announced that the EPIC implementation is scheduled for April 2016 and that the Joint Commission would visit later that year. Ms. Washington added that the CAB had been receiving updates on the progress of EPIC. She explained that there are a lot of moving parts to launching the new wave of electronic medical records. Ms. Washington added the hospital has the complete support of NYC Health + Hospitals and that there is a countdown clock to track progress.

Queens Hospital Center (Queens) Community Advisory Board

Mrs. Bolus introduced Jacqueline Boyce, Chairperson of Queens Hospital Center and invited her to present the CAB's annual report.

Ms. Boyce reported that the Queens CAB was working together with the administration to resolve specific issues that are currently hindering the hospital's progress in meeting the patients' need. Ms. Boyce explained that CAB members had participated in various focus groups, which allowed CAB members to be at the front-and-center of developing positive change. Ms. Boyce reported that the CAB planned to collaborate with QHC's Department of Patient Experience on their rounds where they talk to both inpatients and outpatients about their experience in the hospital. Ms. Boyce noted that many of the Queens CAB members are consumers and are interested in ensuring positive outcomes for the patients.

Ms. Boyce acknowledged Alvin Young, Director of Community Affairs, Intergovernmental Relations for his presentation to the CAB regarding members' responsibilities and the importance of advocacy. Ms. Boyce added that members now have a greater appreciation and understanding of their role.

Ms. Boyce reported that the Office of External Affairs worked with the CAB to conduct an election for a non-managerial employee to represent the hospital on the CAB. Ms. Boyce noted that over 300 excited employees participated by casting a vote. Ms. Boyce introduced the newly elected non-managerial employee representative to the Committee. Ms. Boyce added that the CAB had received five new members, all of whom are consumers ready and willing to roll up their sleeves to advocate for the hospital.

Ms. Boyce concluded her report by informing Committee members that the Queens CAB was anxiously waiting the appointment of an Executive Director. Ms. Boyce noted that she was looking forward to being included in the selection process. Ms. Boyce acknowledged that Ms. Dona Green, Chief Operating Officer, is an exceptional leader and her support to the CAB is beyond reproach.

ADJOURNMENT

The meeting was adjourned at 6:27 PM.

REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE NEW YORK CITY HEALTH + HOSPITALS
BOARD OF DIRECTORS

BELLEVUE HOSPITAL CENTER

I. COMMUNITY NEEDS

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

Diabetes, mental/behavioral health, substance abuse, cancer, obesity, HIV/AIDS, asthma, ebola protocol, hypertension, pediatrics and adolescent healthcare, women's health, Child CPEP, and geriatrics.

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)

- Public Session during Full Board Meetings to hear from hospital staff and patients/consumers.
- Communication with Elected Public Officials within Bellevue's catchment area.
- Press Releases.
- Tours of the facility.

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

Yes

No

- a. If yes, please give examples of what the facility leadership is doing.
 - Bellevue initiates preventative healthcare measures by conducting health fairs that provide free cholesterol, blood pressure and depression screenings and mammogram campaigns in partnership with the American Cancer Society that provide free to low cost screenings.
 - Patient and Family Advisory Council (PFAC), LGBT-PFAC, Staff and Family Advisory Council (SFAC).
 - Bellevue is engaged along with all NYC Health + Hospitals facilities in a reorganization process to enable the system as a whole to operate more efficiently and effectively within a health reform environment and to be able to continue to meet the needs of the community.
 - Bellevue continues to engage in the Breakthrough process and is pursuing a number of activities in key service areas to increase the efficiency of the delivery of patient services.
 - Town Hall meetings with the staff in their specific departments.
 - Increased outreach efforts in the community.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Bellevue's strategic priorities include renewed focus on the patient experience that incorporates valuable feedback from our CAB:

- To improve the patient and family experience we are finding better ways to engage staff and to enhance the value of the care we provide in terms of quality, safety and efficiency.
- We are investing in ambulatory services with the goals of increasing capacity and improving timeliness.
- As part of the Manhattan Hub of the NYC Health + Hospitals Performing Provider Systems (PPS) under Delivery System Reform Incentive Payment program (DSRIP), Bellevue will develop new partnerships with a variety of organizations that can assist us with patients who have difficulty maintaining their health outside of the hospital.

- We continue to strengthen Bellevue's Behavioral Health services, which remain among the best, most comprehensive in the nation.
 - The renowned Bellevue Trauma Center now follows the most stringent guidelines of the American College of Surgeons (ACS). ACS recently completed its Accreditation Survey of the Trauma programs in a visit that included reviews of policies and procedures, interviews with Chiefs of Staff and leadership, and a walk-through of the process.
 - A tertiary referral center for patients across New York City, Bellevue continues to strengthen its surgical expertise, particularly in the areas of cardiothoracic, bariatric, breast and neurosurgery.
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
- Full Board, Executive and Committee Meetings promote discussions with hospital administration and elicit members' suggestions, critiques, comments, and compliments.
 - The passing of various Resolutions:
 - Opposition to Bellevue Hospital Center and HHC facilities to use Styrene disposal products to serve foods/drinks
 - Navigators to improve the patient experience
 - In support of S. 843 and H.R. 1571 on the two midnight rule and observation status.
 - Supporting the expansion of the Child CPEP.
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 Community Advisory Board is notified through monthly reports given by the Executive Director, Chief Financial Officer, Chief Operating Officer and Medical Director on various Bellevue-related issues and on the status of contracts made with vendors.

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?

- Long waiting times.
- Bathroom untidiness.
- Finding correct line to stand on.
- Overcrowding, which results in lack of seats.
- Uncomfortable hard surface seating.

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

- Pleased with medical care received.
- Patients have seen physical changes and improvements (signage, organization, engagement with medical and front desk staff).
- Interaction by staff in communicating with varying degrees of success speaking Spanish.

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? 35
2. What are current numbers of members? 27 What are current numbers of vacancies? 8
3. What were the membership recruitment activities conducted by CAB this year?
 - Community Advisory Board tables at community events and health fairs, such as 13th Precinct's Night Out Against Crime, Take Care New York, Mammogram, and Voter Registration Drive, postings at community centers and libraries, elected officials' recommendations, word-of-mouth.
 - Updating the CAB Brochure to distribute to potential members
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No
5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.
 - **Budget and Planning Committee** – works with the Associate Executive Director of Finance to discuss budget concerns and their impact on Bellevue Hospital's delivery of healthcare services to the community.
 - **Contracts and Affiliations Committee** – discusses the affiliation contracts between NYC Health + Hospitals/Bellevue and New York University Medical Center and all contracts pertaining to patient care and services.
 - **Executive Committee** – consists of the officers, committee chairs and former Chair and coordinates the work of the committees, plans the Full Board presentations, and discuss CAB issues.

a. If yes, please describe actions taken.

- Community Board representatives report at Committee meetings and advocate on behalf of Bellevue Hospital for key budget requests.

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

- Guests included NYS Senator Brad Hoylman, Manhattan Borough President Gale Brewer, and City Councilmember Corey Johnson; representatives for Assemblyman Brian Kavanagh, US Representative Carolyn Maloney, Councilman Dan Garodnick, City Comptroller Scott Stringer, and NYS Senator Liz Krueger.

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 Community Advisory Board participates in the various health fairs held throughout the year and attend the 13th Precinct's Annual Night Out Against Crime to distribute information on Bellevue's services and NYC Health + Hospital's Voter Registration initiative and also coordinated Bellevue's Trauma Program to present to local community organizations.

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?

Would like more guidance and feedback on what the CAB should do and how well the CAB is doing.

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. *Explore better ways to help us achieve our common goal.*
2. *In depth orientation for CAB Members to provide clarity on their role as a member and their responsibility.*
3. *Workshop on DSRIP and how the CAB can participate in helping the facilities with the roll out of this program.*


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

Signatures:

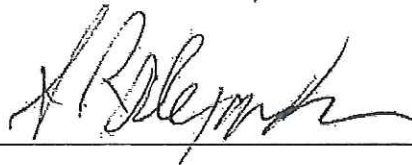
CAB

Chairperson:

Date:

 Dec 7, 2015

Executive
Director:



Date:

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

Gouverneur Health Community Advisory Board

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?
 - *The facility needs to ensure timely access to services despite a significant demand for primary care and specialty services in our community that exceeds current available capacity.*
 - *Gouverneur should continue its efforts to reach out to its community so that the uninsured and other underserved groups seek care.*

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.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - *The facility is adopting new healthcare models to address these concerns. The facility has implemented an Access Improvement Plan and continuously seeks to develop new strategies for progress. Breakthrough is being used to identify opportunities for*

improvement and eliminate waste, including value streams in ambulatory care and sub-acute care.

- *Patient satisfaction, as measured by Press Ganey, has improved during the year as a result of managements' efforts.*
- *Management has increased outreach activities; including successful Community Open House and Back to School events.*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- *Address Access issues in ambulatory care*
- *Improve patient satisfaction*
- *Develop sub-acute services and grow the SNF to 295 beds*
- *Achieve the 20/20 Vision goals*
- *Implement DSRIP*

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

CAB is kept abreast of facility priorities through meetings and tours. Individual committees focus on separate areas and meet with staff.

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

The Board receives regular updates on pertinent metrics, including Press Ganey survey results and patient access.

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

- *Access Issues (particularly for medical specialty services)*
- *Staff Attitude*
- *Lack of Communication between staff and patients*

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

- *Quality of Care*
- *New building*
- *Care provided by physicians*

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"/>

The facility looks beautiful after the modernization.

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

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 25
2. What are current numbers of members? 21. What are current numbers of vacancies? 4
3. What were the membership recruitment activities conducted by CAB this year?

Contacting elected officials; Communication with community based organizations; Contacting clergy; Announcements at 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.
Yes.

Committees include Finance; Ambulatory Care; Nursing Facility; Behavioral Health.

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.

- *Planning Boards are apprised of our programs and progress of modernization project.*
- *Planning Board members are also members of our CAB and they act as liaisons and advocate for us at Planning 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

We attend Bellevue's Legislative Forum. Elected Officials have participated in our outreach events; visited and toured our facility.

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?

As noted, improving access to services remains a high priority.

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

Members of the CAB participate in the Flu Shot Campaign, Community Open House, Local Precinct events such as National Night Out, Monthly meetings and Holiday events for the neighborhood children; planning the Annual Dinner; our members represent us at many public meetings; Community Based Organization events and workshops; and facility on-site events.

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.

- *Efforts to improve access and service expansion*

Community Advisory Board Report
Page 7

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:

Donald Young by Frieda Fried

12/11/15

Executive
Director:

Date:

Maria Adams

12/11/15

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

Coler Rehabilitation & Nursing Care Center
Community Advisory Report
February 2, 2016

I. COMMUNITY NEEDS

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

1. Nursing Staffing
2. Discharge Planning
3. Environment
4. Food Services

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 type="checkbox"/> Needs Assessments | <input type="checkbox"/> Community Health Profile Data |
| <input type="checkbox"/> Reports from Community Organizations | <input checked="" type="checkbox"/> Other Activities (please list) |
- CAB's Patient Care Committee, Resident Council and Food & Nutrition Surveys.
 - Annual Press Ganey Report

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

yes no

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

1. Nursing Staffing

- Nursing administration, on a continuous basis, assesses the resident needs and acuity level and adjusts their staffing levels.

2. Discharge Planning and Housing:

Social Work Department, Discharge Planning, residents and family members work cooperatively in discussing concerns and plans for a dependable discharge into the community.

3. Environmental

Administration provides reports on the modernization and upgrading plans at the Facility and actions at the Community Advisory Board monthly meetings.

Board members are frequently asked to participate in various planning committee meetings.

4. Food Services:

The Food and Nutrition Department Managerial Staff attends the Resident Council/Food Planning Committee and the Community Advisory Board's monthly meetings to address the issues and comments regarding food preparations and services provided by the Department.

II. FACILITY'S PRIORITIES

What are the facility's strategic priorities?

- Provide quality care to the residents in a home setting atmosphere.
- Continuous facility renovations
- Supportive discharges into the community
- Patients/Residents Experience

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

- The Community Advisory Board members work with Administration on various Ad Hoc Committees to accomplishing the Facility's mission.
- The Chairperson attend and receive reports at the Facility's Medical Executive Committee monthly meetings.

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

6. Is signage about HHC's Options Program posted in areas that have high traffic?
 Yes No

CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

According to the CAB's By-laws, what is the CAB's total allowable membership? 35

3. What are current numbers of members? 17 What are current numbers of vacancies?
18

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

- Solicitation of the Resident's Council; Recommendations from the Nursing Department, Patient Relations Department and Auxiliary Planning Board 8.

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

Yes No

- Community residents are invited to attend our Board meetings.

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

- Executive Committee consists of Committee Chairpersons and is responsible for implementing all undertakings of the Board.
- Legislative Committee researches legislation as it relates to health services. The committee carries out the Board's mandates.
- Nomination and Monitoring Committee reports vacancies to the Board for consideration
- The Patient Care Committee carries out the mandates of the Board to research and evaluate the quality and quantity of patient/resident care as affected by facilities, equipment, personnel, programs and activities rendered at the Facility.

Community Advisory Board Report

Page 5

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.

We have a newly appointed Planning Board #8 member who will provide monthly reports to the CAB.

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

Yes No

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

yes no

- Board members attended the Network Community Advisory Board Annual Public meetings.

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?

- CAB members provides testimonies at the Annual Public Meeting held by HHC's Board of Directors. However, they would appreciate correspondence concerning the issues raised at the Public Meetings.

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

- The Board members assist in the Roosevelt Island Health and fitness workshops and assist with their yearly Influenza Programs. The members will appreciate becoming more involved in the outreach programs offered by the Facility.

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

CAB members find the conferences interesting and helpful?

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?

III. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

Signatures:

CAB

Chairperson:

Gladys Ripston

Date:

11/8/16

Acting Executive

Director

Floyd R. Long *Floyd R. Long*

Date:

11/8/16

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

Henry J. Carter Specialty Hospital and Nursing Facility
Community Advisory Report
January 20, 2016

I. COMMUNITY NEEDS

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

- Patient and Resident Experience
- Affordable housing for underserved population
- Adequately community medical services
- Employment opportunities unemployed and summer students

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

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

- CAB's Patient Care Committee
- Press Ganey Survey Report
- Members from Planning Board #11
- Facility Patients and Residents Experience Program

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

- Yes No

If yes, please give examples of what the facility leadership

II. FACILITY'S PRIORITIES

What are the facility's strategic priorities?

- Provide quality care for the patients/residents in a home setting atmosphere.
- Supportive discharges into the community
- Improving patients/residents experiences

- Improving patients/residents experiences

1. Describe how the CAB provides input into the development of the facility's strategic priorities. CAB was informed by Administration on the strategic priorities during the monthly meetings.
2. 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 Executive Administration provides information on the facility plans at the monthly Board meetings.

III. RESIDENTS' EXPERIENCES

1. Residents' safety and satisfaction is 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 residents?

Residents complained frequently about the food. However Food and Nutrition Department holds monthly meetings with residents to discuss the menu and sample testing of new selections of food.

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

Activities and trips provided by the Therapeutic Recreation Department

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings? **Not Applicable**

Yes

No

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

	Poor	Satisfactory	Very good
Cleanliness			x
Condition			x

Appearance x

6. Is signage about HHC's Options Program posted in areas that have high traffic?
x Yes No

CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

3. What are current numbers of members? 14 What are current numbers of vacancies? 11
4. What were the membership recruitment activities conducted by CAB this year?

- Recommendations from Resident Council
- Planning Board #10
- Planning Board #11
- Recommendations from local and state elected officials

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

xYes No

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

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

- Executive Committee meets monthly to discuss the monthly agenda and important issues as related to the Board.
- Legislative Committee researches legislation related to health care funding.
- Nomination and Monitoring Committee reports on the vacancies and membership recommendations.
- The Patient Care Committee meets monthly to discuss and evaluate the quality and quantity of the patient/resident care.

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

X Yes No

a. If yes, please describe actions taken.

Members of Planning Board #11 attends and the meeting and present a report on the issues affecting the surround community.

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

Yes No

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

Yes No

- Board members attended the Network Community Advisory Board Annual Public meetings.

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?

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

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

Yes No

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

Yes No

CAB members find the conferences interesting and helpful?

X Yes

No

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

not enough just right

If not enough, what assistance would you need?

III. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

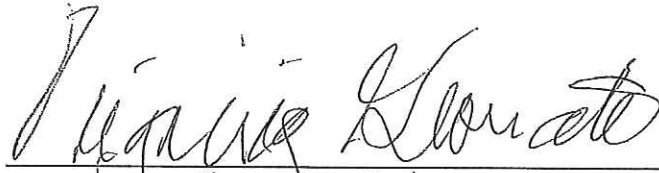
Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

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

Signatures:

CAB


Chairperson:



Date:

Jan. 22, 16

Acting Executive
Director



Date:

11/22/16

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE NYC HEALTH + HOSPITALS BOARD OF DIRECTORS
NYC Health + Hospitals/Metropolitan Community Advisory Board**

I. COMMUNITY NEEDS

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

- Among the most significant health care concerns in ranking order are (1) Diabetes, (2) Obesity, and (3) Asthma, (4) High Blood Pressure/Hypertension, (5) Mental Health, (6) Substance Abuse.
- Access to medical care is a major health care concern.
- Residents of East Harlem are more likely to lack medical insurance and a regular doctor than residents of NYC overall.
- The most common social concerns facing community residents are Crime/Violence, Drug Activity, Unemployment, Health care access, Housing, Poverty & Education.

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 | <input checked="" type="checkbox"/> Reports from Community Organizations |

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

Yes No

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

- The facility's leadership continues to ensure that MHC provides residents of East Harlem and neighboring areas with the most comprehensive medical and behavioral health services available at little or no cost.
- Metropolitan has implemented care teams in Adult Primary Care and embraced the Patient Centered Medical Home model.
- The Community Outreach Department provides free screenings, patient education and links patients to primary care services.
- Onsite WIC program and onsite Managed Care office.
- The Volunteer Services Department helps community residents prepare applications for Medicaid, Medicare, Social Security and food stamps.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Become the recognized provider of choice for comprehensive health care and supportive services for East Harlem and the surrounding communities.
- Be a leader in offering state-of-art primary care services with particular attention to the LGBT community and other underserved populations.
- Excel at services that support our mission, respond to the particular needs of the community, and build upon existing unique capabilities at Metropolitan.
- Achieve financial viability and long-term stability by increasing our market share in the communities we serve.
- Maintain status as a high-quality educational site for community-based, culturally-sensitive health care.

- Develop an organization with the infrastructure and culture to realize its picture of the future.
2. **Describe how the CAB provides input into the development of the facility's strategic priorities?**
- CAB members emphasize the importance of preventive medicine in their respective work and community environments.
 - The CAB initiated the Harvest Home Metropolitan Hospital Farmers Market several years ago, which provides the community, staff and patients with healthy eating choices. Screenings, education and nutrition literature are provided at the Market.
 - CAB members participate in facility events and provide recommendations as needed.
 - The Mental Health & Patient Care Committees work collaboratively with hospital staff to remain abreast of the needs of the community and ensure the programs and services provided by the Hospital address those needs.
 - The Program & Planning/Legislative Committee strives to enlist input and assistance from our local elected officials in line with the facilities strategic priorities.
 - CAB members obtain care and services at the facility and provide the Hospital's leadership with their observations and perspectives.
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 kept abreast of the Hospital's capital needs and works to assist the facility. Summary reports are provided at monthly meetings of the full CAB

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
- The Executive Director provides the CAB with reports on patient safety and patient satisfaction.
2. **What are the most frequent complaints raised by patients/residents?**
- During the time period January 1, 2015 through September 30, 2015, Patient Representatives assisted and visited with 10,266 patients in the acute care inpatient units, Emergency Department, Ambulatory Care clinics and Guest Relations Department. A small percentage of the patient encounters were complaints. Specifically, 257 of the patient encounters were complaints. All complaints were reviewed by leadership staff. The most frequent complaints are (1) care (nursing care and physician care); (2) attitude/behavior; and (3) communication.
3. **What are the most frequent compliments provided by patients/residents?**
- During the time period January 1, 2015 through September 30, 2015, 2,847 staff members including nurses, physicians, social workers, clerical and administrative staff received compliments. The most frequent compliments are about the patient experience, excellent quality of care, courtesy and caring/compassionate 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"/>	X
Condition	<input type="checkbox"/>	<input type="checkbox"/>	X
Appearance*	<input type="checkbox"/>	X	

* While CAB members rated the cleanliness and condition of the interior of the hospital as very good, the exterior appearance of the hospital, it is important to note, continues to be negatively impacted by the Second Avenue Subway construction project. And, as it has been indicated in previous reports, this report will also reflect that the areas surrounding the hospital continue to look like a major construction site.

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

X Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

28 Total Members: 25 Voting Members + 3 Ex-Officio Non-Voting Members

2. What are current numbers of members? 16

What are current numbers of vacancies? 09

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

- CAB brochure was created and is being utilized as a recruitment tool.
- CAB Committees Recruit Signing Sheets.
- Membership conducts outreach at health fairs and other community events.
- Recruitment announcements are made at CAB meetings.
- Recruitment announcements are made at the Planning/Community Boards.

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

X Yes No

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

Executive: The Committee has the authority to act on behalf of all Metropolitan CAB members when an opportunity for all members to act on a matter does not exist. Submits written reports to the full CAB on any action that may have been taken by the committee; with consensus during a recent meeting the idea of having joint committees meetings was approved.

Program and Planning/Legislative: The Committee plans, organizes, and coordinates all CAB related advocacy activities, including, but not limited to, the Legislative Forum and Annual Public Meeting. The committee also strives to communicate with, and collaborate with, our local elected officials, in supporting the Hospital's mission. Members work towards actively engaging the elected officials as part of their advocacy.

Patient Care Committee: Act as patient advocates for the community and advocate for quality patient care. Monitor delivery of health care and make recommendations. Maintain communication with patient advocates and the Hospital's Quality Improvement Committee. Investigates health related matters that are brought to the attention of the Committee.

Mental Health: Reviews, advises and assists with the planning of the mental health and outreach programs. Educates the community on issues related to mental health and substance abuse.

Membership: Reviews member attendance, make recommendations regarding attendance issues, and reviews applications of prospective members.

Environmental Taskforce: N/A

Participatory Budgeting Taskforce: N/A

By-Laws Ad-Hoc Committee: When necessary, the committee will review and make recommendations regarding CAB By-Laws. The CAB recently revised its By-Laws.

Project Development Taskforce: N/A

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.

CB11 Community Planning Board representatives on the CAB are the Chair and Vice-Chair of the Planning Board's Health, Human Services & Immigration Committee, and regularly communicates the facility's needs and concerns at Committee and Full Board meetings. Presentations are given periodically at CB 11, CB 10 and CB 8.

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

Yes No

Community Planning Board designees verbalize reports as part of the CAB's monthly full board meeting.

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

Yes No

The CAB's Annual Public Meeting took place on June 4, 2015, and included members of the community, CAB members, Hospital administration and staff, HHC representation, and guests. As was customary, the Annual Public Meeting included the presentation of awards, and among the awardees on this date were: Jewel Jones, MS, ED., CAB Chairperson (Petra Allende Advocacy Award); Ray Lopez, Director, Environmental Health Services, Little Sisters of the Assumption Family Health Service (J. Modibo Baker Community Service Award); Lillian Diaz, MBA, RN, NEA-BC, Deputy Executive Director and Chief Nurse Executive of Patient Care Services, Metropolitan Hospital Center (John B. Corser, MD Excellence in Community Health Service Award); and Willian J. Dionne, Executive Director, The Carter Burden Center for Aging (Jose R. Sanchez Community Leadership Award). Special recognition awards were presented to Jacqueline Fox Pascal, Director, NYC Asthma Initiative; Meryl Weinberg, Director, Medical Management MetroPlus Health Plan; Stacey Brecher, CAB Secretary; Antonio Rivera, Jr., CAB Member; and Jewel Jones, CAB Chairperson. The event was very successful in its preparation and execution.

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

Yes No

The CAB's Legislative Breakfast was held on March 5, 2015. The theme was *Collaborate! Educate! Advocate! For Better Healthcare-Together We Can Make a Difference*. Legislative representation included members from the hospital's southern district, as well as legislative representation from the East

Harlem and Harlem districts. Elected officials who provided remarks were NYS Assemblyman Robert Rodriguez, Manhattan Borough President Gale Brewer, along with representatives from the offices of NYC Council Speaker Melissa Mark-Viverito, and others. The representation from our elected officials was a very positive sign for our community as a whole.

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?

The CAB Chairperson provided testimony at NYC Health + Hospital's Board of Directors' Annual Public Meeting. There were no issues requiring follow up.

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

CAB members actively participate in community health fairs and other events including the annual Metropolitan's Family Day Health Fair, Hispanic Heritage Day Celebration, Cancer Survivor's Celebration, the Senior Health Fair and the Harvest Home Metropolitan Farmer's Market.

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

Yes No

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

Yes No

*The Council of CABs Annual Conference was not held last 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

The CAB is very pleased with the assistance and guidance provided by the Office of Intergovernmental Relations. The Liaison has been available to the CAB, readily responds to concerns, and actively participates in CAB initiatives.

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. There have been changes at MHC in terms of leadership – new Executive Director and new Medical Director. The CAB will continue to provide support and assistance to the Hospital and its staff.
2. CMS Survey: The CAB will continue to do everything in our power to ensure that the hospital is able to maintain its high standards following the CMS survey.
3. The CAB continues its request for funding for capital improvements throughout the hospital comparable to other facilities. We continue in our effort to make it more Patient-centered and patient friendly in collaboration with our Welcome Center.
4. The CAB is extremely proud to report on the success of NYC Health + Hospital/Metropolitan's Comprehensive LGBT Health Center. And, that MHC was again recognized as a Leader in LGBT Healthcare Equality by the Human Rights Campaign Foundation (HRC). Mr. Rajkumar was accepted into the AHA Healthcare Transformation Fellowship, focusing his work on a project related to Metropolitan's LGBT Health Center.

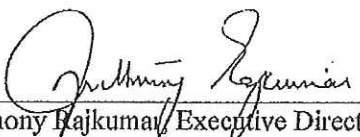
5. The Metro 99th Street project has been completed and it is a state-of-the-art building, with a mix of one bedroom and studio apartments, providing housing for patients from the NYC Health + Hospitals system with a priority for individuals discharged from Coler-Goldwater. We have been advised that Hospital Outreach staff have been working with residents and efforts are underway to link, recruit them to supportive services at Metropolitan Hospital.
6. There is much good news to report, the Draper Hall Redevelopment Project is well under way, with completion expected in 2017. There is a Draper Hall 2 project on the way, with space for community residents, housing for seniors, families and the possibility of a senior center, with an anticipated end date of 2020.

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

Signatures:

CAB Chairperson: 
J. Edward Shaw, CAB Chairperson

Date: 1/7/16

Executive Director: 
Anthony Rajkumar, Executive Director

Date: 1/7/16