



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

March 15, 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 February 9, 2016
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. President's Report | Ram Raju, MD |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/Woodhull | Talib Nichiren |
| b. NYC Health + Hospitals/Cumberland | Jacqueline Narine |
| c. NYC Health + Hospitals/Kings | Kenneth Campbell |
| d. NYC Health + Hospitals/McKinney | Antoine Jean-Pierre |
| e. NYC Health + Hospitals/East New York | Ludwig Jones |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

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

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

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Committee Chair
Robert F. Nolan, Board Member
Antonio Martin, Representing Ram Raju, President, NYC Health + Hospitals

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

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 Dixon, Chairperson, NYC Health + Hospitals/Coler
Lois Rakoff, Chairperson, NYC Health + Hospitals/Bellevue
Donald Young, NYC Health + Hospitals/Gouverneur/A Gotham Health Center
J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan
Bette White, Chairperson, NYC Health + Hospitals/Harlem
Jackie Rowe-Adams, Chairperson NYC Health + Hospitals/ Renaissance/A Gotham Health Center

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Hiawatha Campbell, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Gary Delamothe, NYC Health + Hospitals/Coler
Priscilla Douglas, NYC Health + Hospitals/Cumberland/A Gotham Health Center
Wilbur Johnson, NYC Health + Hospitals/McKinney
Oneida Lewis, NYC Health + Hospitals/Cumberland/A Gotham Health Center
James Mapp, NYC Health + Hospitals/McKinney
Louis Velez, NYC Health + Hospitals/Bellevue
John Roane, Health + Hospitals/Bellevue
Erma Campbell, NYC Health + Hospitals/ Bellevue
Gloria C. Thomas, NYC Health + Hospitals/ Kings
Claudette Browne, NYC Health + Hospitals/McKinney
Bobby Lee, NYC Health + Hospitals/Bellevue
Kent Mark, NYC Health + Hospitals/Bellevue
Myrna LePree, NYC Health + Hospitals/Bellevue
Veronica Obie, NYC Health + Hospitals/ Cumberland/A Gotham Health Center
Marty Bromberger, NYC Health + Hospitals/ Coney Island
Zorona Hamn, NYC Health + Hospitals/Harlem
Benita Stemberge, NYC Health + Hospitals/Harlem
Carmen Vasquez, NYC Health + Hospitals/ Metropolitan
Lydia Kensehuis/ NYC Health + Hospitals/ Carter

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

John Jurenko, Interim, Senior Vice President/Intergovernmental Relations

Kathleen Whyte, Senior Director, Community Affairs

Colicia Hercules, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs

Valerie Phillips, Office of Legal Affairs

Renee Rowell, Office of Community Affairs

Alvin Young, Office of Community Affairs

Manelle Belizaire, Office of Community Affairs

Mary C. Cooper, Office of Community Affairs

NYC HEALTH + HOSPITALS FACILITY STAFF

Martha Sullivan, DSW, Executive Director, NYC Health + Hospitals/Gouverneur/A Gotham Health Center

Anthony Rajkumar, Executive Director, NYC Health + Hospitals/ Metropolitan

William Hicks, Interim Executive Director/ NYC Health + Hospitals/ Bellevue

Floyd Long, Interim Executive Director/ NYC Health + Hospitals/ Coler/Carter

Sanford Operowsky, Associate Executive Director, NYC Health + Hospitals/ Gouverneur/ A Gotham Health Center

Freda Fried, CAB Liaison, NYC Health + Hospitals/Gouverneur/A Gotham Health Center

Angela Cooper, CAB Liaison, NYC Health + Hospitals/McKinney

Noel Alicea, Associate Director, NYC Health + Hospitals/Metropolitan

Nancy Cuevas, Assistant Director, NYC Health + Hospitals/ Metropolitan

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

GUESTS

Sandra Stevens, Consumer

Anthony Feliciano, Commission on the Public's Health System

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 5:30 PM. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of the February 9, 2016 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 occurred since the November 10, 2015 meeting. She reported the following:

- Mrs. Bolus thanked the staff at each and every facility who demonstrated their commitment and determination to care for patients during last month's blizzard. Mrs. Bolus added that, in spite of over two feet of snow, impassable roads and mass transit disruption, staff showed up to work and were prepared.
- Mrs. Bolus recognized the extraordinary leadership and dedication of a former colleague and leader, Ms. LaRay Brown. Mrs. Bolus publicly thanked her for her commitment over the past 29 years to NYC Health + Hospitals and for her contributions to the Community Relations Committee. Mrs. Bolus stated that Ms. Brown is now the President and Chief Executive Officer of Interfaith Hospital in Brooklyn. She added that with her appointment, Ms. Brown becomes the first African-American woman to lead a voluntary hospital in New York City.
- Mrs. Bolus announced that many CABs would be hosting their annual legislative forums to hear from their local elected officials and to educate them about NYC Health + Hospitals' issues. Mrs. Bolus noted that the Metropolitan CAB held their Legislative Breakfast on Thursday, February 4th. Mrs. Bolus added that the event was well attended.

Before concluding her remarks, Mrs. Bolus asked for a moment of silence to pause and recognize the passing of Ms. Agnes Abraham. Mrs. Bolus added that Ms. Abraham was an outstanding community leader and educator, serving memorably as Chair of the Council of Community Advisory Boards, as well as the Kings County CAB. Mrs. Bolus noted that Ms. Abraham was a uniquely thoughtful, eloquent and determined advocate for Kings County Hospital, for Brooklyn, for patients everywhere and for NYC Health + Hospitals.

Mrs. Bolus turned the meeting over to Mr. Antonio Martin for his remarks.

PRESIDENT'S REMARKS

ANTONIO MARTIN

Mr. Martin greeted Committee members and invited guests. He echoed Mrs. Bolus' words concerning Ms. Abraham. He emphasized Ms. Abraham's commitment to not only the hospitals in Central Brooklyn but also to the entire system.

Mr. Martin applauded NYC Health + Hospitals' staff for their work during the blizzard. He added that he was very impressed and proud of the number of staff that stayed and worked two, three or four shifts, neglecting their families in order to care for patients. Mr. Martin noted that recognition celebrations

were held at all of the facilities to thank the staff for their efforts. He gave a big shout out to the staff for making him so proud.

Mr. Martin reported that the first stage of the selection process for the three service line senior vice presidents and some of the executive director positions had been completed. The candidates were vetted. In addition, a number of the service line candidates and potential executive director candidates have moved on to the second interview phase and will be scheduled to meet with him and Dr. Raju over the next week or two. Mr. Martin thanked the Committee members who were present at the meeting for their input and attention to the process.

Mr. Martin concluded his remarks by highlighting that the process provides an opportunity to bring a lot of new leadership at one time in order to achieve Dr. Raju's 2020 Vision.

Mrs. Bolus introduced Mr. John E. Jurenko, Jr., Interim Senior Vice President for Corporate Planning, Community Health and Intergovernmental Relations to present the Senior Vice President Remarks.

LEGISLATIVE UPDATE

JOHN E. JURENKO, JR.

Federal Update

Mr. Jurenko reported that MedPAC (the Medicare Payment and Advisory Commission) had recommended reducing payment rates by 10% for 340B hospitals' Part B drugs. He explained that the role of MedPAC is to advise the US Congress on issues affecting the administration of the Medicare program and on ways to change Medicare spending. The 10% reduction or an estimated \$300 million in program savings, would be redistributed to the Medicare uncompensated care pool. Mr. Jurenko reminded the Committee that the 340B Program provides \$25 million in annual savings for NYC Health + Hospitals on inpatient pharmaceuticals. Therefore, a 10% reduction could translate to a loss of \$2.5 million for NYC Health + Hospitals.

Mr. Jurenko reported that the President's budget that was released today included proposals to generate savings for the Medicare and Medicaid programs (e.g., Medicaid DSH cuts and reductions in hospital funding). Mr. Jurenko noted that the budget proposals now go to Congress. With increased estimates for the cost of federal health care programs, a Republican-controlled Congress may adopt some of them. A short session due to the elections, however, may result in few legislative initiatives this year. Mr. Jurenko reported that the 340B Program, which was expanded under the Affordable Care Act, has seen a stark rise in the number of covered hospitals over the past decade. One-third of all hospitals now participate, and the Government Accountability Office has estimated that 40% of hospitals are eligible. According to MedPAC, the 340B-covered entities spent more than \$7 billion on drugs under the program in 2013, three times what was spent in 2005. The American Hospital Association (AHA) stated that, "We are disappointed MedPAC has ventured so far afield from their mission, especially in the face of such strong opposition by several commissioners. Making a recommendation that penalizes hospitals for their participation in a non-Medicare, public health program that is designed to increase patient access to care is outside of MedPAC's scope, and is inappropriate." MedPAC's core mission is to make recommendations regarding Medicare, which is administered by the Centers for Medicare and Medicaid Services (CMS). The 340B Program is a separate program, which is administered by HRSA.

State Budget Update

Mr. Jurenko reported that Governor Cuomo's Executive Budget included a 3.4% Global Medicaid Cap increase, which does not equate to rate increases. The Governor's Executive Budget:

- Proposes \$541 million in health savings and \$541 million in investments
- Funding continued for financially distressed Safety Net hospitals
- Exclusion continues for hospitals run by Public Benefit Corporations

Mr. Jurenko explained that the Global Cap is tied to the 10-year rolling average of the medical CPI. Savings includes managed care profit cap, pharmacy reductions, LTC transportation carve out, and early elective delivery penalty. Investments include VAP, VAPAP, breast cancer screening, and HIV ETE. Capital funds will be continued.

Federal - State DSH

DSH Funding Preservation

Mr. Jurenko reported that the Disproportionate Share Hospital (DSH) funding that NYC Health + Hospitals receives for serving indigent patients is at risk

- Current federal law requires that there be cuts to DSH funding allocated to states beginning in Federal Fiscal Year 2018 (October 1, 2017). States that do not target DSH funding to "high indigent care providers" will be most vulnerable to these cuts.
- Unless NYS puts in place changes to criteria used for eligible hospitals and the formula to distribute DSH funds before October 1, 2017, it could lose federal DSH funds
- NYC Health + Hospitals would be the first to be cut because of language in current NYS law concerning funding distribution
 - **Action Needed:** Legislation is needed to change the current definition of a safety net hospital. Additional legislation is needed to target DSH funding and eliminate restriction of NYC Health + Hospitals being last to receive funds.

State Distribution

State Indigent Care Funding Distribution

- NYC Health + Hospitals, the single largest provider for uninsured New Yorkers, does not receive its fair share of NYS indigent care funding
 - NYS distributes \$3.5 billion/year to nearly all hospitals (50% federal)
 - Voluntary hospital pool equals \$1 billion (state only funds)
 - Public hospital pool is \$139 million
 - \$96 million is specifically dedicated to NYC Health + Hospitals
- NYC Health + Hospitals can only receive additional indigent care funding after all other public hospitals receive funds to support their losses incurred for serving indigent (Medicaid and uninsured) patients. Example – additional funding decreased from \$376 million to \$278 million.
- **Action Needed:** This inequity must be fixed. Indigent care funds must go to the safety net hospitals that serve a disproportionate number of indigent patients.

State Update

Limits & Exemptions on Funds

- Over the last two years, NYS provided new funds to hospitals to offset shortfalls from providing primary and preventive care to indigent patients.
- Two years ago, NYC Health + Hospitals applied for \$213 million in Interim Access Assurance Funding but received only \$152 million
- Last year, NYS awarded Vital Access Provider funding to hospitals, but NYC Health + Hospitals received none of this funding.
- New funds appropriated in Governor's Executive Budget.
- **Action Needed:** Language barring NYC Health + Hospitals from receipt of these funds needs to be eliminated. Funding must be awarded based upon losses incurred in primary and preventive care to indigent patients and for losses incurred in serving special needs populations.

Mr. Jurenko explained that NYC Health + Hospitals loses more than \$360 million in primary and preventive care services provided to indigent patients. Moreover, it is estimated that NYC Health + Hospitals loses more than \$472 million/year serving patients with co-morbidities, developmental disabilities, serious and persistent mental illness, substance abuse disorders, and those who are homeless or unstably housed.

City Update

Mr. Jurenko reported that the Mayor released his Preliminary Budget last month. He added that it contained \$337 million in new support for NYC Health + Hospitals. He also reported that the City Council would be holding its Preliminary Budget Hearing on March 28, 2016.

Mr. Jurenko announced that the City Council's Recovery and Resiliency Committee Hearing on NYC Health + Hospitals' efforts post-Superstorm Sandy was scheduled for February 23rd. Ms. Roslyn Weinstein, Senior Assistant Vice President, will provide testimony with other partners from EDC and the Mayor's Office of Recovery and Resiliency.

Ms. Carmen Velazquez from Metropolitan Hospital CAB asked about the type of drugs covered under the 340B Program. Mr. Jurenko explained that the program covered all drugs on the outpatient side at a discount. As such, NYC Health + Hospitals saves 15% over group purchasing rates. He noted that NYC Health + Hospitals spends more than \$175 million on pharmacy across the system each year with \$2,100,000 prescriptions for uninsured individuals.

Mr. Bobby Lee, Bellevue CAB member, commented that, on the DSRIP side, voluntary hospitals, which are also very profitable, are the ones going after poverty money. He asked if something could be mentioned in their advocacy efforts. Mr. Jurenko answered that it could certainly be part of his own advocacy effort not on the DSRIP side, but on the Disproportionate Share Hospital side. Mr. Jurenko explained that NYS distributes these funds more or less proportionately not disproportionately. He stated that the formula was established in 1983 and that very minor changes have been made since then. It decreases by 2.5% based on the number of qualified patients being seen. Logically, the dollar should follow the patient; however, in this case, 92.5% of the dollars are distributed based on formula, not based on patient utilization. On the DSRIP side, based on the proposals that the Performing Provider Systems (PPSs) have submitted, they are given a certain level of attribution based on their partners and what their workload would be. Mr. Jurenko stated that most facilities across the State were very unhappy with their attribution. NYC Health + Hospitals submitted a plan for \$1.6 billion and was only attributed \$1.2 billion.

Mrs. Bolus asked Mr. Jurenko to convene a small group to provide a more detailed explanation. Mr. Jurenko responded that he is scheduled to participate in many of the facilities' legislative forums and that he would be happy to discuss individually with staff at that time. He also promised to share another detailed slide on DSRIP.

CAB ANNUAL REPORTS

NYC Health + Hospitals/Bellevue (Bellevue) Community Advisory Board

Mrs. Bolus introduced Ms. Lois Rakoff, Chairperson of Bellevue Hospital Center and invited her to present the CAB's annual report.

Ms. Rakoff began the Bellevue CAB's report by greeting members of the Committee, CAB Chairperson and invited guests. Ms. Rakoff highlighted the following key points and accomplishments:

- Bellevue continues to strengthen its behavioral health services, especially in the Adult and Child CPEP.
- May 2015, First Lady Chirlane McCray toured the Child CPEP and the Children's Partial Hospitalization Program and returned in November to announce a new city-wide program to screen all pregnant women for depression and new mothers for post-partum depression.
- Ms. Rakoff noted that Bellevue is the flagship of NYC Health + Hospitals, provides inpatient and outpatient care to New York City's Correctional facility and most notably is the designated hospital for the President of the United States.
- Bellevue continues to make strides in improving the patient and family experience, especially in the ambulatory care clinics, where there had been vast improvements due to the hard work and dedication of the staff and Administration.
- The CAB passed 3 Resolutions:
 - a. Opposition to Bellevue and NYC Health + Hospitals' facilities use of styrene disposal products to serve food/drinks
 - b. Navigators to improve the patient experience
 - c. Voted against the support of S. 843 and H.R. 1571 on the Two-Midnight Rule and observation status
- Bellevue continues to strengthen its surgical expertise in the areas of cardiothoracic, bariatric, breast and neurosurgery.

Ms. Rakoff concluded the CAB's report by informing members of the Committee that the CAB received monthly presentations at the full board meeting on topics such as: the sleep and dental clinic and a road map of how one can expect to receive services at Bellevue from the moment they walk through the door to completion of visit.

NYC Health + Hospitals/Gouverneur a Gotham Health Center (Gouverneur) Community Advisory Board (CAB)

Mrs. Bolus introduced Donald Young, Chairperson of Gouverneur CAB and invited him present the CAB's annual report.

Mr. Young began the Gouverneur CAB report by thanking members of the Committee for the opportunity to present the CAB's annual report and presented the following report summary:

- Many of Gouverneur's CAB members reached their term-limits and as a result the CAB have many new Board members who range in age from twenty seven to ninety one. Mr. Young noted that inasmuch as the CAB lost several valued members, the CAB is stronger because the Board better reflects the cultural diversity of the Lower East Side with a mix of backgrounds that enriches the Board. He added that the CAB also benefits from the active participation of Gouverneur staff, patients, and residents. Mr. Young acknowledged the contributions of our Skilled Nursing Facility (SNF) representative, Ms. Lombardi, who served the CAB until she recently passed away.
- Dr. Sullivan and the Gouverneur administration continues to make Gouverneur a valued member of the community.
- The CAB also co-sponsored several events in the community with MetroPlus, most notably the annual Back to School event that attracted several thousand people.
- An Open House was organized with MetroPlus that also attracted several thousand people to the Gouverneur.
- Other on-site activities included health lectures, presentations and an IDNYC pop-up center that is presently located on the first floor.
- Worked with the Auxiliary to create a Youth Market which is operated by neighborhood young people to provide fresh, locally-grown produce to the community. Mr. Young noted that the Youth Market was a success and that the facility is discussing opportunities to expand the market for next year with NYC Grow.
- The CAB is planning other activities with local community based organizations, healthcare associations, New York City agencies and elected officials.
- The CAB is committed to working with Gouverneur administration to achieve Dr. Raju's Vision 2020 goals.

Mr. Young concluded the CAB's report by informing members of the Committee, CAB Chairpersons and invited guests that the new Gouverneur Board feels energized and looks forward to working with Dr. Sullivan and all to achieve 20/20 Vision.

NYC Health + Hospitals/Coler Community Advisory Board (CAB)

Mrs. Bolus introduced Gladys Dixon, Chairperson of Coler CAB and invited her to present the CAB's annual report.

Ms. Dixon began her presentation by acknowledging Mrs. Bolus, members of the Community Relations Committee and guests. Ms. Dixon thanked the Committee for the opportunity to present the Coler CAB's annual report as presented below:

- The CAB experienced leadership changes and challenges. The CAB is most appreciative of Mr. Floyd Long, Interim Executive Director, and Mr. William Jones, Sr. Associate Director and Community Advisory Board Liaison for their continuous support.

- The administrative staff provided necessary information pertaining to the facility's operational initiatives and healthcare issues at the CAB's monthly meetings. Ms. Dixon noted that she continues to meet once a month with the Interim Executive Director.
- Members of the CAB participated in the Annual Council of CAB Conference. Ms. Dixon noted that Coler CAB members appreciated the sharing of healthcare ideas and activities with other NYC Health + Hospitals CAB and Auxiliary members. CAB members also participated in outreach programs such as; a Voters' Registration Drive, Roosevelt Town Hall and Seniors Flu Program.

Ms. Dixon concluded the Coler CAB's annual report by thanking the staff of NYC Health + Hospitals Intergovernmental Relations for their support. Ms. Dixon added that the Coler CAB looks forward to a continuous working relationship in accomplishing the Dr. Raju's 2020 Vision.

NYC Health + Hospitals/Carter (Carter) Community Advisory Board

Mrs. Bolus introduced Virginia Granato, Chairperson of Carter CAB and invited her to present the CAB's annual report.

Ms. Granato began the Carter CAB report by thanking members of the Committee for the opportunity to present and informing the Committee that she would like to share with them the following highlights:

- The Carter CAB continues to be involved with the facility and the community. Ms. Granato noted that last year the Carter CAB participated in the facility's voter registration drive, as result, several residents were registered to vote.
- The Carter CAB worked closely with Planning Board #11 on community zoning codes, housing and employment opportunities for summer students.
- The CAB's Patient Care Committee met with department heads concerning the results of the Press Gainey Report and the complaints from the residents about the food, laundry and fine dining programs. Ms. Granato noted that the department heads will continue to provide updated reports on the status of these programs.
- The Nursing department met with the CAB on several occasions to discuss staff training and the patient experience initiative. Ms. Granato noted the information was impressive and informative regarding the patient experience programs. The CAB looks forward to hearing more about the next level of training.
- The CAB participated in the Carter Branding Roll-Outs 2015, and the event was a great success. Carter's executive leadership and a record number of Carter staff participated in a red carpet display and a fun filled day of games, prizes and raffles.
- CAB members participated in the 46th Annual African American Parade in Harlem. Mr. Hank Carter, Chairman of Wheelchair Charity was the Grand Marshall. Ms. Granato noted that the staff were joined by Wheelchair Charities' volunteers and Coler/Carter residents, who traveled in the parade route in their motorized and manual wheelchairs. She added that the parade had a viewing of over 60,000 people.

Ms. Granato concluded the Carter CAB report by thanking Mr. Floyd Long, Interim Executive Director and Mr. William Jones, Associate Director for their dedication and support.

NYC Health + Hospitals/Metropolitan (Met) Community Advisory Board

Mrs. Bolus introduced J. Edward Shaw, Chairperson of Metropolitan CAB and invited him to present the CAB's annual report.

Mr. Shaw began the Met CAB report by thanking members of the Committee for the opportunity to present. Mr. Shaw continued and acknowledged with gratitude, Jewels Jones, former Chair of the Metropolitan Community Advisory Board, Anthony Rajkumar, Executive Director of NYC Health + Hospitals/Metropolitan and CAB colleagues. The following overview was presented:

- On Thursday, February 4th the Met CAB held its annual Legislative Breakfast. The CAB honored Mrs. Melissa Mark-Viverito, NYC Council Speaker and Ms. LaRay Brown, newly appointed President/CEO of Interfaith Medical Center. Mr. Shaw noted that the two very distinguished individuals were lauded for their tremendous contributions to NYC Health + Hospitals, and the community.
- The Met CAB is currently preparing for an upcoming community forum on PrEP/ PEP and HIV prevention. Mr. Shaw added that last year, the CAB held a community forum to raise awareness of K-2, a synthetic drug that decimates our communities. He noted that the CAB also created and distributed throughout the community an educational booklet about the dangers of the drug.

Mr. Shaw concluded the Metropolitan CAB by stating, "The Met CAB has been heavily involved in discussions concerning residential development projects around the hospital. The CAB continues to work closely with hospital administration and the staff to ensure that all projects improve and strengthen the hospital and its ability to serve the community."

OLD BUSINESS**NEW BUSINESS****ADJOURNMENT**

The meeting was adjourned at 6:20 PM.



WOODHULL

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

WOODHULL COMMUNITY ADVISORY BOARD

I. COMMUNITY NEEDS

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

- a. Department of Emergency Medicine
- b. Mental Health Services
- c. Geriatric Services
- d. Pediatric Dental Services
- e. Women’s Health Services

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

- Community Board(s) meetings
- Needs Assessments
- Reports from Community Organizations
- Other Activities (please list)
 - Community Outreach Health Education Events
 - The Breakthrough Philosophy
 - Committee Meetings (i.e. Patient Advocacy Committee)
- Other Public Meetings
- Surveys
- Community Health Profile Data

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

- yes
- no

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

Under the leadership of Mr. George M. Proctor, the Network Senior Vice President the CAB would meet monthly and as needed to address the needs and concerns.

For examples: Comunlife Project, Comprehensive Psychiatry Emergency Program, Ebola Training, K-2 Synthetic Marijuana updates, Flu Vaccine and Re-Branding Initiative. (these are just a few).

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Woodhull's strategic priorities are to redesign and continue to renovate primary care practices and specialty practices to accommodate growth, enhance quality of care, and improve the patient experience and patient safety for the North Brooklyn Community.

In addition, the implementation of the New York State (NYS) Delivery System Reform Incentive Payment (DSRIP) Program that will provide funding for public and safety net providers to transform the NYS Health Care Delivery System.

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

The Woodhull CAB meets monthly and as needed with the Network Senior Vice President, Medical Director, Chief Nurse Executive, and Senior Cabinet Members and NYU Affiliate staff, and the CAB provides input into the development of the facility's strategic priorities.

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 provided with monthly updates, and the CAB provides input as necessary regarding the implementation of new programs and modernization of any new projects.

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 CAB is provided monthly with reports from the Medical Director on patient safety and patient satisfaction subjects.

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

The most frequent complaints is the waiting time for an appointment.

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

The most frequent compliments are the following, but not limited to:

- *Extended hours in the Primary and Specialty Practices
- *The hiring of additional physicians to address the workload
- *The hiring of new Nurse Practitioners to address the workload
- *The Cleanliness of the facility

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

The facility also provides tabling in front of the practices for quick and easy enrollment.

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24
2. What are current numbers of members? 21 What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by CAB this year?

The CAB reaches out to former retired employees.

The CAB takes a proactive recruitment approach by participating in community outreach events and church activities in the community. The CAB also distributes CAB Applications and brochures at meetings and events.

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

Yes

No

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

1. Membership Committee
2. Ambulatory Care Committee
3. Mental Health Committee
4. Planning/Development & Financial Committee
5. By-Laws Committee

Membership Committee:

The Membership Committee has the responsibility of recruitment and oversight of the Membership Roster (name, category of appointee and vacancies.) It also reviews attendance of the CAB Members and submit recommendations as need necessary.

Ambulatory Care Committee

The Ambulatory Care Committee has the responsibility of acting as a patient advocate for the community and its patients. The Committee monitors and conducts site visits to the various practices and makes recommendation to the Network Senior Vice President, Mr. George Proctor as it relates to the delivery of patient care.

Mental Health Committee

The Mental Health Committee reviews and monitors projects and programs and makes recommendations to the Network Senior Vice President, Mr. Proctor.

Planning/Development & Financial Committee Finance Committee

The Finance Committee makes recommendations to the Network Senior Vice President and the Chief Financial Officer regarding new areas of focus based upon needs in the community and reviews the Hospital's Budget as appropriate.

By-Laws

The By-Laws Committee has the responsibility for ensuring that the By-Laws are followed and are in compliance with corporate operating procedures and guidelines. The By-Laws Committee also has the responsibility for reviewing and updating the By-Laws and submitting for appropriate approvals.

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.

Each Community Planning Board representatives are provided with newsletters, brochures, flyers, report, announcement of special events or functions and notices of public hearing at the monthly CAB meetings, and its share back to their perspective community planning boards meetings and reported as such.

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

Thursday, January 7, 2016 on Comunilife, Inc.

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

yes no

Friday, February 20, 2015

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

yes no

a. If so, were the issues subsequently addressed?

Yes.

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

The Woodhull Community Advisory Board (CAB) attends and participates in all of the facility outreach event and activities.

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

yes no

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

yes no

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

not enough **Excellent**

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. N/A
2. N/A
3. N/A
4. N/A
5. N/A

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:

Talib M

2/19/16

Executive

Director:

Edel Friedman

Date:

2/22/16

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

**CUMBERLAND A GOTHAM HEALTH CENTER
COMMUNITY ADVISORY BOARD**

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?
Women/Men's Health, pediatrics, diabetes, asthma, dental, and HIV/AIDS.

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.

Our designation of FQHC status (Federally Qualified Health Center) has allowed the facility leadership to address these concerns through workshops, health campaigns, outreach and the expansion of services.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Patient safety, optimal customer satisfaction, expansion of services, efficiency in cycle time and access, and optimal care.

2. Describe how the CAB provides input into the development of the facility's strategic priorities? The CAB's various committees provide reports of its findings and recommendations from community feedback and patient input. In addition, the CAB shares and reports back information received at Council of CAB meetings to administration and community.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
 yes no

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
 Yes No
2. What are the most frequent complaints raised by patients/residents? Due to the shortage of providers and staff, cycle time and appointment scheduling.
3. What are the most frequent compliments provided by patients/residents?
Patients view the facility as a community center, obtaining health care, social services, and the concern and compassion of staff. In addition, the facility is a center for community education. Learning events have included information distribution about changes in Medicaid and Medicare, as well as obesity, heart failure, diabetes and cancer.

Patients enjoy the free enrichment activities the facility provides and other incentive programs.

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? **21**
2. What are current numbers of members? **15** What are current numbers of vacancies? **6**
3. What were the membership recruitment activities conducted by CAB this year? Public meetings, community sessions at CAB meetings, health fairs, NYCHA presentations and 88th Precinct Council meetings.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?
 Yes No
5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities. Yes.

Patient Care Committee

This committee has the responsibility of acting as a patient advocate for the community and as an advocate of quality patient care. This committee monitors the delivery of health care at the facility and makes recommendations to the Executive Director as it relates to the delivery of care.

Finance Committee

This committee reviews, advises and makes recommendations to the Executive Director on proposals relating to Finance and Capital Projects of the facility.

Community Relations

The mission of community relations committee is to help establish priorities within the facility's programs. The committee recommends programs aimed at developing and maintaining good relationships with all the communities served by the facility. The committee also participates with other groups and agencies in the development of community plans in health care and considers and advises the facility upon matters concerning the development of plans and programs of the facility.

By-Laws Committee

This committee is responsible for reviewing and updating the By-Laws.

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

Yes No

a. If yes, please describe actions taken.
Attendance at Community Board meetings.

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

Yes No

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

yes no

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

yes no

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?

Go Red for Women

Annual Health Fair

American Cancer Society Making Strides Against Breast Cancer

Flu Shot Campaign

Mammograms for Women's Health

Medicaid 101 Workshop

Annual National Night Out Against Crime

Annual Legislative Forum

Annual Public Meeting

Chemical Dependency Patient Involvement Events

NYCHA Tenants Association Meetings

Voter Registration Drive

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

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

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


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

Signatures:

CAB

Chairperson: _____

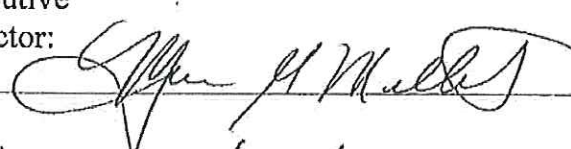
Date: _____


2/25/16

Executive

Director: _____

Date: _____


2/25/16

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
 OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
 Kings County Hospital Community Advisory Board**

I. COMMUNITY NEEDS

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

Brooklyn has unique healthcare needs, given its mix of high, medium and low income neighborhoods comprising of multiple racial and ethnic groups. In planning our outreach services, we assess community needs through our own analysis and evaluation, as well as by consulting the New York City Department of Health's Community Health Profile for Central Brooklyn. Through our community needs assessment process, we have identified the need for outreach services that target high-prevalence diseases, such as asthma, diabetes and heart disease, which compromise the health of the communities we serve. Some of the significant health care service needs and concerns in Central Brooklyn include:

- Healthcare Needs**
- Chronic Diseases (Diabetes and Heart Disease)
 - Obesity
 - Physical Activity
 - Cancers
 - HIV/AIDS/STDs
 - Mental Health

- Community Concerns/Issues**
- Affordable Housing
 - Healthy Food Access
 - Violence (Domestic and Personal Safety)
 - Youth Development

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community Board(s) meetings | <input type="checkbox"/> Other Public Meetings |
| <input checked="" type="checkbox"/> Needs Assessments | <input type="checkbox"/> Surveys |
| <input checked="" type="checkbox"/> Community Health Profile Data | <input type="checkbox"/> Reports from Community Organizations |
| | <input type="checkbox"/> Other Activities (please list) |

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

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

Yes

No

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

The leadership at Kings County Hospital recognizes that a high proportion of potentially preventable admissions are due to chronic conditions such as respiratory illnesses (asthma, COPD), cardiovascular diseases (heart failure, hypertension), and diabetes. In response, NYC Health + Hospitals/Kings County provides a broad array of community outreach and wellness activities, delivering educational materials and counseling, offering free or low cost health screenings and hosting patient and family support groups. The Office of Community Affairs implements the Hospital's community-related agenda through community outreach initiatives that support the hospital's mission and coordinate with the goals of the system-wide strategic initiatives to grow our business and improve access to our services. The goal is to strengthen and/or develop alliances with community leaders and elected officials through community outreach activities that respond to the needs and sensitivity of the community, while attracting new customers. **Below is a description of some additional programs we have implemented to meet the staff and community's needs and concerns.**

Healthy Food Access: Harvest Home's KHC Farmers Market

In addition to conducting outreach activities in the community, the hospital is also fighting obesity, managing chronic diseases and teaching the community about healthy eating options on campus. In collaboration with Harvest Home, we are making a variety of affordable, regionally-grown vegetables, fruits and fresh juices more accessible to staff, patients and residents through our farmers market program located outside the hospital every Wednesday starting July – November from 8am - 5pm. In light of high diabetes and obesity rates, our nutritionists are available for consults, and they also accompany us to large community events, especially those targeting children and teens, and they offer free BMI assessments.

Diabetes/Obesity

As a certified Center of Excellence for Diabetes Education, we understand the importance of teaching people with diabetes how to manage the disease and how to eat and prepare meals. We also refer patients who are physically able to our Wellness Center where a customized exercise program is developed for them. There is a separate program for adolescents, including a pediatric clinic session dedicated to the care of pediatric patients who have obesity issues.

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

If yes, please give examples of what the facility leadership is doing (con't)?

Heart Disease

Heart disease remains the leading cause of death in Brooklyn for White, Black and Hispanic populations. Therefore, the hospital offers a dedicated Heart Disease-Ambulatory Care Clinic, which works collaboratively with the Inpatient CHF team to follow-up with discharged patients to help them remain stable and to reduce the need for re-admission.

Fitness Activities/Programs for Staff & Community Residents

Staff Wellness Program

Given that over 70% of the KCH staff reside in the surrounding communities, it is only natural that several programs have been implemented on campus to improve staff wellness. The hospital has partnered with the New York City Department of Health and Mental Hygiene to offer on-site exercise/fitness sessions for staff twice a week, offering yoga and aerobics. Each year a "Go Red" Day is organized for staff to highlight heart disease awareness for women. This staff wellness day includes heart risk assessments provided by the Cardiology Department, free heart healthy information, healthy taste-testing and nutritional drink sampling, and fitness demonstrations.

Shape Up New York @ KCH

Since our Wellness Center caters to the fitness needs of our staff and patients living with diabetes, we decided to team up with Shape Up NYC to expand our reach beyond staff to also include residents in the community. We currently offer free, drop-in fitness programs in the B Building every Tuesday from 5:15 - 6:15pm and every Wednesday from 5:15 - 6:15pm. There is no class registration so interested clients can simply show up and take fitness classes like Latin aerobics and yoga to improve core strengthening and flexibility.

Cancer

Cancer is the second leading cause of death in Brooklyn. In response, KCH has established an on-site comprehensive Cancer Care Center. The Center is fully equipped, providing a variety of treatment and supportive services for cancer patients and their families. These services include chemotherapy, social services and family support, a Breast Cancer Patient Navigator Program, medicine, pharmacy and nutritional support. Moreover, on-site radiation therapy services are offered along with a full range of services such as mammograms, colonoscopy, pap smears and prostate cancer screenings. Currently, with funding from the City Council, we have installed a 2nd linear accelerator at the facility to better meet the needs of the radiation therapy patients along with adding a second oncologist to decrease patient waiting time to see a specialist.

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

If yes, please give examples of what the facility leadership is doing (con't)?

HIV/AIDS

Brooklyn continues to be burdened by high HIV and STDs rates, with Blacks and Hispanics disproportionately affected. The Central Brooklyn neighborhoods of Bedford Stuyvesant, Williamsburg-Bushwick, Crown Heights, East New York, Flatbush and Flatlands, many of which are primary catchment areas of the hospital, are home to the city's largest group of those living with the disease and are especially hard hit by disparities in HIV and STDs detection and treatment. While NYS has made HIV testing a routine part of a patient's health care, thousands of HIV-positive New Yorkers are unaware of their status and this includes many Brooklyn residents. As a result, the hospital has created several programs, and applied for grants that focus on screening and treating patients who have HIV, since AIDS is the fifth leading cause of premature death in the borough. HIV testing and counseling is offered to all patients at the hospital. Primary Care Providers ask each patient if they would like to be screened and screening is also offered in the emergency department. KCH has also added an additional testing location on the 7th floor of the Ambulatory Care Building to make HIV counseling and testing more accessible to patients. Additional testing is also being done within the HIV/AIDS Program, the Center for Hope.

Violence Awareness & Prevention/Youth Development

In an effort to address the issue of violence in the communities we serve, the hospital has developed several programs focusing on violence awareness and prevention. Since the hospital provides care to a large immigrant population, domestic violence is a topic that resonates in families with mixed immigration status due to fear of deportation. Therefore, within the Social Services Department, we have implemented policies and procedures to ensure early identification of victims of domestic violence and provide optimal medical care, psychosocial assessment and referral to community agencies that will be able to assist in their continued care and support.

While crime has overall been decreasing in NYC, some of the hospital's catchment neighborhoods remain heavily impacted by personal safety concerns. In response, the Kings Against Violence Initiative (KAVI), a hospital, school, and community-based program, was developed. The program provides young people with productive and safe alternatives to engaging in interpersonal violence by empowering youth and cultivating their untapped potential. KAVI's "Young Ones" (KAVI YO) program serves youth 10-15 in grades 6, 7, and 8 by providing an after-school empowerment and development program. KAVI YO's mission is to prevent and intervene in violence by supporting young people as they develop self-control, identity, healthy relationships, and an expanded awareness of their role in their own communities. KAVI YO also offers academic support, mental health assessment and referral, and linkage to summer jobs and ongoing youth empowerment activities. Furthermore, as part

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

of KCH Community Advisory Annual Public Meeting on Youth Anti-Violence, KAVI works with the CAB members, as well as other concerned partners to address this issue and develop recommendations for additional intervention strategies.

Mental Health

The Department of Behavioral Health provides a complete range of mental health and chemical dependency services. We are the largest provider of behavioral health services in Brooklyn. We have Adult and Child Mental Health Divisions, with Inpatient and Outpatient programs for all ages, as well as Chemical Dependency Services for adults and adolescents. Treatment across the continuum of care focuses on the principles of wellness and recovery. Patient-centered care, family involvement, and Peer Case Management are central to this treatment philosophy. Our treatment philosophy is based on patient-centered care, family involvement and peer counseling. Treatment is multi-disciplinary and multi-modal, with a goal of successful community re-integration. Psychiatrists, psychologists, social workers, nurses, therapeutic rehabilitation counselors, peer counselors and others collaborate to provide care and treatment so that consumers can achieve their goals.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

To thrive in the changing healthcare environment and to stand out among all the choices patients have today, we must deliver care in a manner that addresses their medical needs as well as delivers the kind of experience we would want for ourselves and our own families. We are galvanized by the vision of creating a collaborative, accessible, high quality and culturally competent health care experience.

In keeping with NYC Health + Hospital's 20/20 vision, there are five strategic focus areas that we must improve upon— our patients, our workforce, access, quality and safety, and efficiency. It is essential that we work with a variety of stakeholders (patients, physicians, nurses, support staff, administrators, legislative bodies, CAB members, Auxiliary members, CBOs, faith-based intuitions, professional associations, and accrediting agencies) to accomplish our 20/20 vision.

Areas of focus includes:

- Staff Development and Engagement
- Patient-Focused Culture that Values Customer Service/Patient Experience
- Promote Healthy Lifestyles to Internal and External Customers
- Expand Access to Services/Resources through Collaboration and Outreach
- Increase Market Share

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

2. Describe how the CAB provides input into the development of the facility's strategic priorities?
- The CAB Chair meets monthly with the Hospital's Executive Director.
 - The CAB hosts a general monthly CAB meeting which is attended by the senior leadership team.
 - In addition, the CAB provides input at the monthly sub-committee meetings.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
- (X) Yes No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
- (X) Yes No

2. What are the most frequent complaints raised by patients/residents?
Concerns raised by our patients are divided into 2 categories: **Grievances** and **Complaints**.

Grievances are patient/family concerns regarding our institution, staff, or services that require department head review. **Grievances** are written and tend to be more serious in nature.

Complaints are patient/family concerns regarding our institution, staff, or services that can be addressed immediately (within 24 hours) by any member of staff.

In CY2015 the most frequently recorded **grievance** issues were related to:
(1) Care (2) Communication (3) Patient Safety (4) Attitude

In CY2015 the most frequently recorded **complaint** issues were related to:
(1) Communication (2) Care (3) *Wait Time {Ambulatory Care Services}* (4) Attitude

3. What are the most frequent compliments provided by patients/residents?
The majority of the compliments received are from the relatives of inpatients who wish to acknowledge staff for providing great care.
4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?
- (X) Yes No

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

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

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

6. Is signage about HHC's Options Program posted in areas that have high traffic?
(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?
29

2. What are current numbers of members? 20 What are current numbers of vacancies? 9

3. What were the membership recruitment activities conducted by CAB this year?
Membership activities involved presentations to the Community Planning 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.

- **Patients Services Committee:** The Patient Services Committee evaluates the quality of services and care provided to the patients and residents of the community.
- **Planning and Development Committee:** The Planning and Development Committee assists the hospitals in determining their priorities based upon the needs of the community.
- **Behavioral Health Committee:** The Behavioral Health Committee evaluates and monitors the patient services, special programs and projects in Behavioral Health/Chemical Dependency.

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.

Deon Weise, the representative of CB 17 and the Chair of Social Services, Health and Mental Health, is a strong advocate and voice with respect to communicating the CAB needs to CB 17.

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory 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

Each month the Community Planning Board Chair provides a report as part of the CAB's 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 was held on Saturday, June 27, 2015 in collaboration with New York City Health + Hospitals the Guns Down Life Up (GDLU) program, including support from Kings Against Violence Initiative (KAVI). Once again, KCH CAB Youth Anti-Violence outreach event focused on developing positive skills such as physical, psychological, social, economic and spiritual, given that the highest rates of serious crime in Brooklyn are in neighborhoods (Williamsburg-Bushwick, Bedford-Stuyvesant-Crown Heights, Canarsie-Flatlands) surrounding the hospital. The event received an attendance of over 60 young people ranging from ages 7 to 18, as well as concerned parents. Elected officials, churches and local schools were contacted, in an effort to get their involvement and support.

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 Friday, February 26, 2015. The breakfast was well-attended by community leaders and CAB members. NYC Councilmember Mathieu Eugene (D-40) presented a check for \$2.8 million to the hospital at the Annual Legislative Breakfast to be used to purchase new high-tech PET/CT and CT scanners. The funds were acquired under two appropriations. Councilman Eugene sponsored \$1 million under one bill, and he joined with Council Speaker Mark-Viverito, Health Committee Chair Corey Johnson and Finance Chair Julissa Ferreras to sponsor \$1.8 million under another bill. The hospital was very pleased to receive the funding from the City Council members on the behalf of the Radiology Department as we meet the needs of the radiation therapy patients.

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

Yes No

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

Yes, the issues that were identified in the hospital's needs assessment were addressed at the meeting.

**REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS
(Kings County Hospital Community Advisory Board)**

11. Describe the CAB's involvement in its facility's outreach activities?
- The CAB hosted Voter Registration Drives
 - Free Flu/Shot Health Fairs at CAB members' congregations
12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?
- (X) Yes No
13. Did your CAB participate in last year's Council of CABs Annual Conference?
- (X) Yes No
14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?
- not enough (X) just right
- If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

- 1.
- 2.
- 3.

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:


02/25/2016

Executive
Director:

Date:



2/25/16

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

NYC Health+ Hospitals/McKinney
Community Advisory Board

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?
 - *Diabetes and their related illnesses*
 - *Availability of appropriate housing after discharge from facility*

2. How were these needs/concerns identified? (Please check all that apply).
 - Community Board(s) meetings Other Public Meetings
 - Needs Assessments Surveys Community Health Profile Data
 - Reports from Community Organizations Other Activities (*Resident care Meetings*)

3. Is your facility leadership addressing these needs/concerns?
 - yes no
 - a. If yes, please give examples of what the facility leadership is doing.
 - *Advocating wherever possible. Utilizing CAB and Auxiliary and all resources to find appropriate housing for short and long term residents.*
 - *Ongoing education of residents, families and staff*
 - *Interfacing with other representatives within network and other facilities within NYCH+H.*
 - *Continued partnership w/ Community Based Organizations, keeping them informed*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - *Quality short term and long term care in a changing market place.*
 - *Assist residents who can be discharged to the proper setting.*
 - *Fiscal Viability*
 - *Residents and their families are kept engaged as partners in their care*
 - *Working closely w/ community to promote and enable healthy living*
 - *Continued Improvement in the Provision of Quality Care & Services*
 - *Increase Community Awareness of Facility and the Services Offered*
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
 - *Continues advocacy for facility.*
 - *Provides insights into community needs.*
 - *Lobbies elected Officials where possible*
 - *Executive Director discusses strategic initiatives with CAB members at monthly meetings. Members share their input about the development of those plans.*
 - *Facility's strategic plan is shared with all CAB members.*
 - *CAB conducts an annual resident satisfaction survey*
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?
- *Internal complaints are quality and variety of meals*
 - *Occasional lost items*

3. What are the most frequent compliments provided by patients/residents?
- *Good medical management*
 - *Therapy in short term care*
 - *Enhancement and Cleanliness of the Facility*
 - *Special Events at Facility particularly at Holidays*
 - *Commitment and dedication of 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

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? **15**
2. What are current numbers of members? **14** What are current numbers of vacancies? **1**

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

Community Outreach to health fairs, churches / Word of Mouth and Community Board 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.

Health Outreach Committee

Circulates information to the community, churches and their various CBOs

Plans and coordinates health care forums

Attend community events on behalf of the CAB

Membership Committee

Assist with recruitment of new members

Resident Care Committee

Conducts annually Resident Satisfaction Survey

Does walk through and interaction with staff and residents

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

Yes

No

a. If yes, please describe actions taken.

*Members give feed back to their respective Community Boards.
Regarding the operations and needs of McKinney.*

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?

- *CAB members assist in community Health Fair: handouts and recruiting of new members.*
- *Attends educational community events that are coordinated by In-reach Committee*
- *Attends facility's special events.*
- *Assist the Auxiliary with their 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

A conference was not held in 2015

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 *they are always*

extremely helpful to assist whenever the need arise and addresses all situations promptly and respectfully.

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.

No

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



Community Advisory Board Report

Page 7

Signatures:

CAB

Chairperson:

Date: 2/19/16

Executive
Director:

Date: 2/19/16

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

East New York

I. COMMUNITY NEEDS

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

- Diabetes
- Hypertension
- HIV/AIDS
- Gun Violence
- Depression
- Obesity
- Cardio-Vascular Disease
- Hyperlipidemia

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.

Implemented the following programs:

- Pharm D

Touro College is currently onsite at the facility implementing a PharmD program. This program is geared towards ensuring our patients adhere to their medication regime. Ensuring medication compliance will improve the health outcomes of our patients.

- Food as Medicine

East New York has implemented a “Food as Medicine” program improving the access of healthy foods to our patients. We’ve achieved this through partnerships offering onsite farmers markets.

- Community Garden

ENY in partnership with EATS introduced onsite food production at no cost to our patients. Our providers offer patients “Food Prescriptions” redeemable for freshly grown produce right in our backyard!

- Children’s Art Program

East New York’s art program serves as Art therapy for children. This is proven to decrease depression, social anxiety as well as keep children engaged in safe indoor fun.

II. FACILITY’S PRIORITIES

1. What are the facility’s strategic priorities?

East New York’s Strategic priorities are as follows:

- Increase access to quality health care
- Address all aspects of patients health including chronic disease management, social, emotional and overall wellness
- Improve access to affordable healthy food options through onsite food production and farmers markets.
- Improve Patient experience moving through the visit

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

The CAB will assist with planning and discussions of steps towards achieving our strategic goals. CAB provides first hand input on ENY challenges to help us better address our patient's needs.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

The most frequent complaints raised by our patients is a lack of customer service skills presented to them by our staff. This mayor complaint is followed by long in clinic wait times.

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

The most frequent compliments offered to us by our patients are improved services we provide followed by improved aesthetics and overall look of the facility.

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

Yes

No

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

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

2. What are current numbers of members? 10 What are current numbers of vacancies? 5

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

The CAB tabled adjacent to the community affairs department recruiting new applicants. Additionally, we announced vacancies during all community 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.

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.

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

Yes

No

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

yes

no

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

yes

no

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

yes

no

a. If so, were the issues subsequently addressed?

YES

11. Describe the CAB's involvement in its facility's outreach activities?
The CAB is involved in all events and outreach efforts as requested 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

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

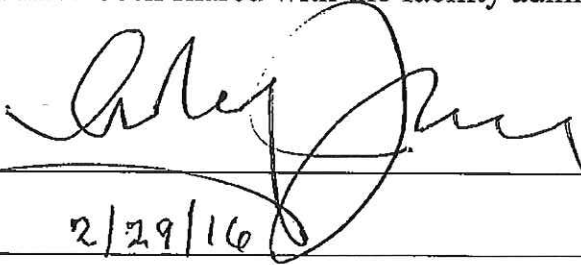
NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:




2/29/16

Executive

Director:

Date:



2/29/16
