

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: February 4, 2014
Time: 5:30 P.M
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

Joint Meeting with Council of Community Advisory Boards

CALL TO ORDER

Josephine Bolus, NP, BC

ADOPTION OF MINUTES

November 19, 2013

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

INFORMATION ITEMS

South Manhattan Network

Coler Specialty Hospital and Skilled
Nursing Facility

Gladys Dixon

Gouverneur Healthcare Services

Gerald From, Ph.D.

Metropolitan Hospital Center

Jewel Jones

Bellevue Hospital Center

Bobby Lee

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: November 19, 2013

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP, BC, Chair

Robert F. Nolan, Board Member

Antonio Martin, Representing Alan Aviles, President, New York City Health and Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

**Gladys Dixon, Chairperson, Coler/Goldwater Specialty Hospital and Nursing Facility (Coler Campus)
CAB**

**Virginia Granato, Chairperson Coler/Goldwater Specialty Hospital and Nursing Facility (Goldwater
Campus)**

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Michelle Winfield (Representing Bobby Lee, Chairperson, Bellevue Hospital Center)

Edward Shaw, (Representing Jewel Jones, Chairperson, Metropolitan Hospital Center

May Thomas, Chairperson, Dr. Susan Smith McKinney Nursing & Rehabilitation Center)

Bette White, Chairperson, Harlem Hospital Center

Queenie Huling, Chairperson, Coney Island Hospital

Agnes Abraham, Chairperson, Kings County Hospital Center

Talib Nichiren, Chairperson, Woodhull Medical and Mental Health Center

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

HHC FACILITY CAB MEMBERS

Kent Mark, Bellevue Hospital Center

Marty Bromberger, Coney Island Hospital

Gary Delamothe, Coler Specialty Hospital and Nursing Facility

Flize Bryan, M.D., Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Annette Alleyne-Merritt, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Reverend Jean H. Montas, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Priscilla Douglas, Cumberland Diagnostic and Treatment Center

Hiawatha Campbell, Cumberland Diagnostic and Treatment Center

Oneida Lewis, Cumberland Diagnostic and Treatment Center

Elizabeth Atkinson, East New York Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations

Valerie Phillips, Office of Legal Affairs

Deborah Cates, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs

Manelle Belizaire, Intergovernmental Relations

Robb Burlage, Intergovernmental Relations

HHC FACILITY STAFF

Chris Constantino, Senior Vice President, Queens Health Network

Julius Wool, Executive Director Queens Hospital Center

Angela Cooper, CAB Liaison/Public Affairs, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

William Jones, Associate Director, Coler/Goldwater Specialty Hospital and Nursing Facility

Sonia Dell-Robinson, CAB Liaison, Coney Island Hospital

Debera Tyndall, CAB Liaison, Kings County Hospital Center

Ron Law, Metroplus, Intergovernmental Relations

Victor Bell, III, Metroplus, Health Plan

Roger Milliner, Metroplus, Health Plan

GUESTS

Eileen Schneider, Area Director HHC, New York State Nurses Association

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 p.m. by Mr. Robert F. Nolan, Board Member who was chairing the meeting on behalf of Mrs. Josephine Bolus.

Mr. Nolan noted that a quorum had been established and he requested a motion for the adoption of the minutes of September 3, 2013. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mr. Nolan welcomed members of the CRC and invited guests.

Before proceeding with the Annual activities reports from the Community Advisory Boards from the Queens Health Network, Mr. Nolan highlighted some notable developments that had occurred since the September meeting of the CRC.

Mr. Nolan noted that Mrs. Bolus had been deeply touched to receive the first "HHC Nursing Champion" award at the HHC 2013 Nursing Excellence Awards ceremony that had occurred on October 28th. He added Mrs. Bolus had found it especially meaningful to receive this award in the company of five exceptional HHC nurses. On the CRC Chairperson's behalf, Mr. Nolan thanked the HHC nursing leadership for bestowing this recognition.

Mr. Nolan reported that the season had begun for the Board of Directors' Annual Public Meetings. He stated that the first, the Staten Island Public Meeting, had been held on the campus of the Sea View Hospital Rehabilitation Center and Home, on November 7th. There were three speakers: Chris Bauer, representing Assembly Member Matthew Titone; Reverend Terry Troia, on behalf of Project Hospitality and The Staten Island Family Health Care Coalition and Family Health Center; and Joseph Carroll from Community Board 1. Mr. Nolan added that Mr. Bauer had thanked HHC for the expansion of primary care in the borough -- and asked for more to be done, including building a hospital.

Mr. Nolan reported that Reverend Troia had thanked HHC for what its South Brooklyn - Staten Island Network had done to respond to the needs of Staten Island residents during and after Hurricane Sandy. In her remarks Reverend Troia had also asked that HHC consider providing Mobile Medical Office (MMO) night or weekend hours (on at least a monthly basis). In addition, she had requested that HHC consider changing the MMO's presences at the Midland site to a more populated area.

Mr. Nolan informed the Committee that the Reverend had mentioned that child seats are needed in the van which transports patients from Staten Island to Coney Island Hospital. Reverend Troia has also offered to conduct informational outreach directed to MMO patients about services available at Coney Island Hospital. She remarked that she was pleased to hear that behavioral health services would be offered at the 155 Vanderbilt Diagnostic and Treatment Center; and had asked that HHC hire Spanish speaking staff at the Vanderbilt Center. Finally, Reverend Troia had suggested that, if Community Health Center of Richmond's physicians had privileges at Coney Island Hospital, it would be easier for patients.

Mr. Nolan reported that Joe Carroll had also thanked HHC for responding to borough residents' needs during and after Hurricane Sandy. Mr. Carroll said the MMO had been exceedingly helpful and he supported Reverend Troia's request for night and/or weekend hours.

Mr. Nolan reported on the Bronx Annual Public Meeting which was held on November 18th. Mr. Nolan stated that it was a lively forum with eighteen speakers. He noted that many of the speakers were union representatives – most notably from the New York State Nurses Association. Also providing testimony, were representatives from DC37 and the Committee on Interns and Residents 1199/SEIU. Members of the Lincoln Medical and Mental Health Center, Morrisania Diagnostic and Treatment Center and Segundo Ruiz Belvis Diagnostic and Treatment Center Community Advisory Boards, community representatives and health care advocates also made remarks.

Mr. Nolan noted that many of those who spoke focused on the temporary suspension of labor and delivery services at North Central Bronx Hospital and consolidation of these services at Jacobi Medical Center. Mr. Nolan reminded the Committee that HHC intends to resume labor and delivery services at North Central Bronx Hospital in 2014. He added that several speakers had also noted the need for additional staffing at HHC's facilities to accommodate what they observed to be an increase in the demand for services.

Mr. Nolan reported that the Board Members had also heard from community representatives about the importance of maintaining a good dialogue with those in the community. Mr. Nolan summarized that there was an appreciation and demonstration of ongoing support for HHC's unique mission as the health care safety net for Bronx residents and recognition of the quality of the health care HHC's facilities provide.

Mr. Nolan provided the scheduled of the remaining meetings: the Queens meeting was to be held on November 25th at Elmhurst Hospital Center; the Brooklyn meeting would take place on November 26th at Woodhull Medical & Mental Health Center; and the Manhattan meeting would occur on December 9th at Bellevue Hospital Center. All meetings would begin at 6:00 PM.

Mr. Nolan continued by sharing with those present that, on October 16th, Mrs. Bolus had taken part in an event that celebrated the legacy of Goldwater Specialty Hospital and Skilled Nursing Facility. Mr. Nolan noted that the purpose of the event, held in the Goldwater Auditorium, which had been attended by current and former patients and residents of both Goldwater and Coler, staff, volunteers and family members was to mark the many decades of service and historic contributions of the Goldwater facility. A video was shown which depicted the different eras of Goldwater and also recognized the historic contributions to long term care made by alumna of this great facility, including the work of a Nobel laureate and eminent rehabilitation medicine pioneers.

Mr. Nolan noted that Ms. Virginia Granato, who has been Acting Chair of the Goldwater Community Advisory Board, had given a moving speech at the October 16th event, and recounted her experience as a patient during her early teen-age years. Mr. Nolan informed the Committee that Virginia has worked and volunteered at Goldwater for decades; and she has been a member of the CAB for many years. In that capacity, she is with us tonight. Mr. Nolan thanked Virginia for representing the "heart" of Goldwater.

Mr. Nolan reminded the Committee that the Goldwater operations will soon be relocated to the new Henry J. Carter Specialty Hospital and Nursing Facility in Harlem. He noted that the Coler Rehabilitation and Nursing Facility will remain on Roosevelt Island and the Coler staff will continue to provide the high level of service they have rendered for many decades.

As an example of the exemplary staff at Coler-Goldwater, Mr. Nolan acknowledged Ms. Carla Paulino, who is a recipient of the Mayor's Excellence in Customer Service Award for 2013. Mr. Nolan noted that, Ms. Paulino, a social worker, was one of only 50 recipients of thousands of nominees for this award which recognizes the work of employees across all City agencies.

Mr. Nolan pointed out that Coler-Goldwater's excellence was also evident when the facility's team received the highest number of first place recognitions in the intensely competitive Annual HHC Patient Safety Expo, which was held on September 16th.

Mr. Nolan acknowledged that this is the season for celebrations. He noted that a number of galas and fundraisers had been held or were planned by the hospitals' auxiliaries. Mr. Nolan informed the Committee that the Lincoln Auxiliary's Recognition Awards Ceremony had been held on September 26th, the Queens Hospital Center Auxiliary's Biennial Gala on November 15th, and the Woodhull Auxiliary would hold its 2013 Fundraising Gala on November 21st.

Mr. Nolan reported that, HHC's continued investment in expanding services to its communities and for its most vulnerable patient populations was made evident by two

ribbon cutting events since the last Community Relations Committee meeting. A ribbon cutting ceremony had been held on October 30th for a new \$2.2 million child and adolescent psychiatry unit at Bellevue Hospital Center. He noted that this new unit will increase the hospital's capacity to serve children and adolescents in need of inpatient treatment by 50 percent. In addition, a new state-of-the-art psychiatric emergency room had opened at North Central Bronx Hospital at the beginning of November. The dignitaries in attendance at this opening included Congress Member Charles Rangel. Mr. Nolan noted that this \$2.4 million project would enable NCB to nearly triple the amount of space devoted to psychiatric emergency services.

Moving to more sobering news Mr. Nolan spoke about the devastating typhoon that had hit the Philippines. Mr. Nolan noted that many HHC employees are of Filipino descent and, of the estimated 215,000 people in the New York City Filipino community, many are HHC patients. Mr. Nolan urged everyone to contribute to HHC's relief effort, care of the Fund for HHC. He reminded those in attendance that their donations would be tax-deductible and would be distributed to two health-related charities that are medical relief and recovery work in the Philippines.

Mr. Nolan concluded his report by asking all for a moment of silence in memory of Ms. Carrie Thomas, a friend and advocate on behalf of New York City's public hospital system and, in particular, the Renaissance Diagnostic and Treatment Center and Harlem Hospital.

Mr. Nolan informed the Committee that Ms. Thomas had passed away peacefully at Harlem Hospital on October 3rd. She was one century young. Mr. Nolan remarked that Ms. Thomas may have been the longest serving and the oldest member in the history of HHC voluntarism. He also noted that Ms. Thomas had been a fierce advocate for Sydenham Hospital; and she had served as an original Community Board member of what was then called the Harlem Hospital Primary Care Network. When the Network later merged with Sydenham Neighborhood Family Care Center and was renamed the Renaissance Healthcare Network, Ms. Thomas had helped organize the original Renaissance Community Advisory Board.

Mr. Nolan added that Ms. Thomas had led numerous organizations, and had been engaged in many historic civic and political endeavors in Harlem. In addition, she had been an important advocate for the naming of the Ronald H. Brown Ambulatory Care Pavilion at Harlem Hospital in honor of the first African American U.S. Secretary of Commerce.

Mr. Nolan informed the Committee that a memorial tribute had taken place at Harlem Hospital on November 9th. Mr. Nolan asked for a moment of silence.

After the moment of silence, Mr. Nolan turned to Mr. Antonio Martin, Executive Vice President to present the President's remarks.

PRESIDENT'S REMARKS

Mr. Martin greeted everyone and thanked Mr. Nolan for his comprehensive report. He conveyed Mr. Aviles' regrets for not being in attendance at the meeting. Mr. Martin began his remarks by informing the Committee that Ann Marie Sullivan, M.D., former Senior Vice President of the Queens Healthcare Network, had left the HHC to become the New York State Mental Health Commissioner. Mr. Martin commended Dr. Sullivan's stellar job and noted that she would be a strong advocate for HHC in her Cabinet level position in the state government. Mr. Martin announced that Chris Constantino had been appointed Senior Vice President of the Queens Healthcare Network. Mr. Martin noted that Mr. Constantino was a long time veteran of HHC who would continue to move the Queen's facilities in the right direction.

Mr. Martin reported that he is proud to have been an honoree of the awards at the Queens Hospital Center's Auxiliary's gala, along with Lilian Roberts, Chair of DC 37 and Dr. Sullivan.

Mr. Martin noted that earlier in the day, he had been part of an event in which Mr. Henry "Hank" Carter had presented HHC with a gift of several specially outfitted buses. Mr. Martin stated that "it was so wonderful to see the faces of the Goldwater patients as they were transported by these very specialized buses from Goldwater to the new Henry J. Carter Specialty Hospital and Nursing Facility". He noted that the buses were very comfortable with widescreen TVs and that the wheelchairs could be securely locked into the buses. Mr. Martin said that Mr. Sisi Sebastian, from the Yankee's was in attendance at the event.

Mr. Martin concluded his remarks stating that Mr. Henry J. Carter is a great man and that his work at Wheelchair Charities had resulted in extraordinary support for the residents of Coler-Goldwater and now the new Carter facility.

Queens Health Network CABS' REPORTS

Elmhurst Hospital Center (Elmhurst) Community Advisory Board

Mr. Nolan introduced Mr. Carlos Cortes, Chairperson of the Elmhurst Hospital Community Advisory Board (CAB) and invited him to present the CAB's annual report.

Mr. Cortes began the Elmhurst CAB's report by thanking the members of the

Committee for the opportunity to present and to publically thank Dr. Ann Sullivan, former Senior Vice President, Queens Health Network, for her leadership of the Network over the years. Mr. Cortes added that the CAB was proud of her and wished her the best on her new endeavor as the New York State Commissioner of Mental Health. Mr. Cortes noted that Commissioner was an impressive position and that the Elmhurst CAB was confident that she would work hard for the state and the many patients and families who seek behavioral health services.

Mr. Cortes reported that the Elmhurst CAB was thrilled with the appointment of Mr. Chris Constantino to the position of Senior Vice President of the Queens Health Network. Mr. Cortes added that "Mr. Constantino was the perfect person for the job. He knows both Elmhurst and Queens's hospitals, has a proven track record and will be an excellent steward for both facilities. "

Mr. Cortes continued and announced that he had been elected to serve a second term, and was honored to continue to represent the Elmhurst CAB members and the communities that the hospital serves.

Continuing Mr. Cortes paused for a moment to mention an article that had appeared in "The New Yorker" magazine in May. Mr. Cortes explained that the article was about EHC's own Dr. Joseph Lieber. Mr. Cortes noted that it was a very positive story about Dr. Lieber's role as an outstanding teacher of medical students and residents. Mr. Cortes noted that the Elmhurst CAB was proud of Dr. Lieber and that the recognition was well deserved. Mr. Cortes added that the Elmhurst CAB members were also grateful for the constant, strong leadership of Dr. Jasmin Moshirpur over the years, and that they looked forward to many more years of working together with the hospital's leadership team to provide quality medical care to the community.

Mr. Cortes reported that the Elmhurst CAB receives monthly updates on the hospital's "Journey to Excellence." He added that Elmhurst is striving to be the best hospital and to provide patient centered care to all patients - all the time. Mr. Cortes noted that the Elmhurst CAB receives regular updates on all of the standards of excellence that the leadership espouses, such as, phone etiquette, dress code, elevator etiquette, patient communication and they are informed about the various outcomes of the rounds conducted with staff, leaders and patients. Mr. Cortes noted that the Elmhurst CAB had been included in employee forums, has had presentations from the Breakthrough teams as well as, and provided presentation on the Triple Aim.

Mr. Cortes highlighted the Elmhurst CAB's participation in 2013 outreach activities. They included:

- CAB's Child/Adolescent Committee offered educational opportunities for the community.
- Sponsored Nutritional Workshop at Elmhurst that was well attended.
- CAB members accompanied one of Elmhurst's doctors to Newtown High School to make a presentation on HIV Prevention. Almost 500 students were in attendance.
- CAB members worked closely with the hospital's pediatric team to host the first Pediatric Health Fair at the hospital - a very successful event,
- The hospital's palliative care team asked the CAB to help get the community behind a Livestrong Foundation grant that requires voting on line. The proposal won! Mr. Cortes noted that the grant will provide resources for the palliative care team's Commission readiness activities.
- CAB's Legislative /Community Relations Committee worked on a special card about Elmhurst that can be used by the members to present hospital information in a succinct and attractive format.
- The CAB participated when the hospital hosted an event for the Mayor's Office of Immigrant Affairs concerning its work with diverse communities and provision of language services to limited English proficient patients. Mr. Cortes added that this work has been an ongoing concern for the CAB members who are very sensitive to the ever evolving language access needs of the community and the importance of these services in order to guarantee quality healthcare to everyone.

Mr. Cortes informed members of the Committee, CAB Chairpersons and invited guests that EHC was experiencing a significant increase in patient volume in the Emergency Department. Mr. Cortes asked for HHC's help in expanding the Emergency Department. Mr. Cortes noted that the expansion would be extremely helpful to reduce wait times, improve patients' satisfaction and provide quality medical care to the community.

Mr. Cortes concluded the Elmhurst CAB's report by congratulating Mr. Constantino and the entire Elmhurst staff for the very successful Joint Commission Survey. Mr. Cortes noted that there had been a lot of work involved in ensuring that the hospital continues to meet local, state, federal and accreditation agencies' standards. Mr. Cortes added that the Elmhurst CAB continued to look forward to working with the leadership team at EHC.

Queens Hospital Center (Queens) Community Advisory Board

Mr. Nolan introduced Mr. Anthony Andrews, Chairperson of the Queens Hospital Community Advisory Board and invited him to present the CAB's annual report.

Mr. Andrews began the Queens CAB's report by thanking members of the Committee for the opportunity to report.

Mr. Andrews reported that the community's most significant health care concern is to ensure that Queens Hospital Center can efficiently continue to serve the influx of patients it has seen since the closure of five (5) area hospitals in recent years. Mr. Andrews added that the community concerns also include the need for services focused on prevention and treatment of cancer and diabetes.

Mr. Andrews noted that Queens Hospital Center had specifically addressed challenges in its Emergency Department by way of two expansion projects that had been completed within the past year. Mr. Andrews noted that, in early December 2012, the hospital had celebrated the opening of an expanded Comprehensive Psychiatric Emergency Program (CPEP). Mr. Andrews stated "this was extremely important given the increasing need for psychiatric care in the borough of Queens."

Mr. Andrews informed members of the Committee, CAB Chairpersons and invited guests that Julius Wool, Executive Director, continued to be extremely supportive of the CAB by helping them to increase their knowledge about the health care policy directions and the strategic vision for Queens Hospital Center. Mr. Andrews noted that Queens Hospital Center had been recognized for outstanding patient care with a Leap Frog award.

Mr. Andrews reported that the hospital administration continued to work closely with the CAB and its subcommittee, listening to community concerns and facilitating changes at Queens in response to emerging challenges in healthcare. Mr. Andrews added that the CAB members had been encouraged to provide input into the development of the hospital's strategic plan and had been given periodic updates on the modernization of the hospital.

Mr. Andrews reported that CAB's biggest complaints were waiting times in clinics and difficulty scheduling timely appointments for the clinics visits.

Mr. Andrews concluded the CAB's report by stating "the CAB currently has filled 32 out of 35 potential seats." He added that recruitment of new members had come from outreach to the hospital's clinics, local colleges, community meetings and from the many people who attend.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:25 p.m.



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

(COLER COMMUNITY ADVISORY BOARD) 2014

I. COMMUNITY NEEDS

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

1. Discharge Planning
2. Housing
3. Nursing
4. Substance Abuse
5. Environment
6. Food Service

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 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, Patient Care Committee, Resident Council and Surveys.

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

- yes no

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

1. Discharge Planning and Housing:

Social Work Department, residents and their family members work together to discuss concerns of the discharge plans.

2. Nursing Staffing and Resident Ratio

3. Substance Abuse

The Departments of Social Work, Patient Relation and Nursing work concurrently thru Focus and Interdisciplinary meeting.

Community Advisory Board Report

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The Patient Relation Department distributes Rights and Responsibilities booklets to the Patients and Residents upon their admission to the Facility.

4. Environmental

- The Community Board members receive monthly reports from Administration on the Facility modernization plans and surveys.

5. Food Services:

- Representatives from Food Service attend the monthly CAB and Resident Council meetings to discuss concerns of food being served. Dietitians monitor the patients/residents likes and dislikes of the foods. Daily evaluation of food being served to the residents is tested by Administration.

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.
- Successful discharges into the community

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

- The Community Advisory Board members receives information of Priorities from Administration at the monthly meetings.
- At the Administration's request Board members work on various Ad hoc Committees.
- The Chairperson attends and receives reports from the monthly Medical Executive Committee meeting.

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

Community Advisory Board Report

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The Executive Director provides information of facility plans at the monthly Board meetings. However, the members would appreciate being involved at the conception of the facility plans.

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?

Discharges
Housing
Food Service
Patient/Resident Pass Policy
Activities

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

Patient/Resident Care

- Dedicated staff and Departments services receive letters and compliment cards from the Resident Council.
- Community Advisory Board Recognition Awards are given to the employees and departments yearly.

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

Community Advisory Board Report Page 4

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

- The CAB members rating for the Facility is low due to renovations, installation of the sprinkler system and the effects of Hurricane Sandy.

Please Note: The patients/residents areas are well kept.

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

- Yes No

CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

35

4. What are current numbers of members? 13 What are current numbers of vacancies?

20

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

- Solicitation of the Resident's Council; Requesting recommendation from the Nursing department for potential residents; and Auxiliary members.

6. 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.

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

- Executive Committee reports to the full Board on actions that have been taken by the Community Board since the last meeting. The Committee request reports from standing Committees and appoint Ad-Hoc committees when necessary.

Community Advisory Board Report
Page 5

- 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 considered.
 - The Patient Care Committee will carry out the mandates of the Board research and evaluate the quality and quantity of patient/resident care as affected by facilities, equipment, personal, programs and activities rendered at the Facility.
8. 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.
9. 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
10. 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 meetings
11. Did the CAB host or participate with the facility's leadership in a legislative forum this year?
- yes no
12. 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

Community Advisory Board Report

Page 6

Meeting held by HHC's Board of Directors. However, there has been no correspondence pertaining to the concerns and issues raised at the Public Meetings.

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

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

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

yes no

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

yes no

CAB members find the conferences interesting and helpful.

Yes

16. 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.

Community Advisory Board Report

Page 6

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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: Madys Kluger

Date: 12/21/13

Executive Director: John K. Fyles

Date: 12/20/13

satisfaction, as measured by Press Ganey, has improved during the year as a result of managements' efforts.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Complete the Modernization; implement new healthcare models, such as the Patient Center Medical Home model; meet the community's need for sub-acute and rehab services; improve patient satisfaction at all levels of service and effectively use the new CT Scan that was put into service during the last year.

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

CAB is kept abreast of facilities 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 successfully advocated for Patient Surveys to be in Chinese and other languages.

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
- No reminder calls before visits

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? 22. What are current numbers of vacancies? 3
3. What were the membership recruitment activities conducted by CAB this year?
Contacting Elected Officials; 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. The Modernization committee was discontinued because the project is near completion.

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 meeting.

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. Numerous Elected Officials have 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?

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

Members of the CAB participate in the Flu Shot Campaign, 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.

1. Ambulatory Surgery Center status
2. Dialysis Center at Gouverneur
3. FQHC restructuring status
4. Service expansion and access
5. Developing new service models in D&TC (PCMH) and SNF (sub-acute/rehab)
6. Breakthrough

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

Signatures:

CAB

Chairperson: Dr. Gerald From by Yvonda Fuest

Date: 12/12/13

Senior Vice President

South Manhattan Healthcare Network:

Yvonda D. Cunt

Date: 12/17/13

FACILITY'S PRIORITIES

4. What are the facility's strategic priorities?

- Become the recognized provider of choice for comprehensive healthcare and supportive services for East Harlem and the surrounding communities.
- Be a leader in offering state-of-the-art primary care services and, in addition, to excel at other services that support that mission, respond to the particular needs of the community, and build upon existing unique capabilities at Metropolitan.
- Achieve financial viability and long-term stability.
- Maintain status as a high-quality educational site for community-based, culturally-sensitive healthcare.
- Develop an organization with the infrastructure and culture to realize its picture of the future.

5. 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 facility's strategic priorities.
- CAB members obtain care and services at the facility and provide the Hospital's leadership with their observations and perspectives.

6. 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.

II. 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?

Complaints are reviewed and investigated by the Hospital's leadership staff and a summary grid of complaints is shared with the CAB. During the time period January 1, 2013 through September 30, 2013, Patient Representatives assisted and visited with 10,252 patients in the Guest Relations Department, Emergency Department, Ambulatory Care clinics and in the acute care units. A small percentage of the patient encounters are complaints. 148 of the 10,252 patient encounters were complaints. The most frequent complaints raised by patients/family members are regarding the patients'/ family members' perception of care (1); attitude/behavior (2); and waiting time (3). Each complaint is investigated and if determined substantiated corrective actions are taken by the departments involved. The complainants are always informed of the resolution of their complaints.

- (1) 35
- (2) 51
- (3) 14

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

Metropolitan Hospital Center often receives complimentary letters from patients and their family members praising the caring and high level of quality care rendered to them. During this time period, January 1, 2013 through September 30, 2013, 2,179 staff members including nurses, physicians, social workers, clerical and administrative staff received compliments. The comments most mentioned in the compliments are that staff members are: empathic, caring, respectful, helpful, responsive, and compassionate.

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"/>

* While CAB members rated the condition of the interior of the hospital as very good, with regard to the exterior appearance of the hospital, it is important to note that the hospital 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?
 Yes No

III. 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? 21 What are current numbers of vacancies?
04
3. What were the membership recruitment activities conducted by CAB this year?
 - 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?
 Yes No

Metropolitan Hospital's CAB is comprised of a diverse representation of the community at large as well as representation from the community south of the East Harlem catchment. The CAB also has membership from new and longstanding East Harlem residents.

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

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. It submits written reports to the full CAB on any action that may have been taken by the committee.

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 healthcare and make recommendations.

Community Advisory Board Report

Page 5

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: The taskforce was formed to address environmental issues affecting the hospital itself, the facility's physical plant, and the surrounding areas of the hospital.

Participatory Budgeting Taskforce: The taskforce was convened to play a role in Councilmember Melissa Mark-Viverito's Participatory Budgeting Process for the benefit of MHC. In 2012, as a result of their efforts the taskforce successfully obtained funds to purchase 3D/4D ultrasound equipment for the hospital. The taskforce is hopeful that we soon see the 3D/4D ultrasound machine at the hospital and serving its patients.

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

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. They regularly communicate 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 healthcare related issues brought to Community Board meetings?

Yes No

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

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 20, 2013, and by all accounts was well attended by 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, Meryl Weinberg, Executive Director and Ronné Swift, MD, Chief of Psychiatry, Metropolitan Hospital Center; Edward Shaw, MHC CAB 2nd Vice Chair; and the Hon. Robert J. Rodriguez, Assemblyperson, 68th District.

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 22, 2013. The theme was "Working Together... We Move Forward." 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 the Honorable Charles B. Rangel, US House of Representatives, and the Honorable Robert J. Rodriguez, Assembly of the State of New York, 68th District.

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

Yes No

The former CAB Chair provided testimony at HHC's Board of Directors' Annual Public Meeting held at Harlem Hospital Center.

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

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, Making Strides Against Breast Cancer Walk, Asthma March, 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

Not Applicable as a Council of CABs Annual Conference was not held in 2013.

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?

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.

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

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

1. The CAB requests funding for capital improvements throughout the hospital comparable to other HHC facilities.
2. The CAB is happy to report that as a result of the tireless efforts of the CAB in calling attention to the location of a Dept. of Sanitation garage located directly across the street from the hospital at 99th Street; plans are finally underway to relocate the garage.
3. The 99th Street project is near completion and on schedule; it will be a state-of-the-art building, with a mix of one bedroom and studio apartments, providing housing for patients from HHC, with a priority for individuals discharged from Coler-Goldwater. The expectation is that the residents will be linked to supportive services at Metropolitan Hospital.
4. The CAB was recently provided with an update of the Draper Hall project. This will be a multi-faceted project, with a space for community residents - possibly to be utilized as a senior center. We are confident that we will play an integral role in this process as the project continues to progress.

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

Signatures:

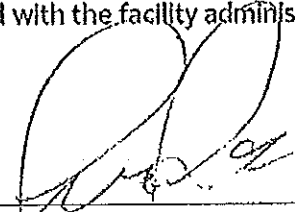
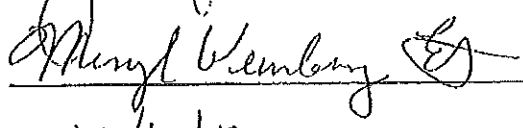
CAB

Chairperson: _____

Date: _____

Executive
Director: _____

Date: _____

- *Bellevue is engaged along with all HHC 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. Example; Pharmacy.*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- *To offer the best healthcare with efficiency, ease, quality, safety, respect and privacy.*

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

- *Full Board, Executive and Committee Meetings promote open discussion with hospital administration and elicits members' suggestions, critiques, comments, and compliments. Guest speakers attend monthly meetings to make presentations on related healthcare issues/initiatives.*
- *The Community Advisory Board continues to pass various Resolutions (see attached):*
 - *Opposition to the use of styrene*
 - *Installation of speed bumps and a stop sign at 448 East 26th Street*
 - *Opposition to the proposed sanitation garage on First Avenue and 27th Street*
- *CAB members participated in a Breakthrough which focused on the Pharmacy and the Ambulatory Care Clinics.*

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 Associate Medical Director on various Bellevue-related issues, such as Superstorm Sandy, the Pharmacy, and the Child-Adolescent Psychiatry program. The Community Advisory Board is also given reports on the status of contracts made with vendors such as River Renal Dialysis Unit, Optometry*

Service and food services such as Au Bon Pain and updates on Facilities' adds, changes, and moves within the Bellevue Hospital campus.

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 in certain outpatient clinics;*
- *Lack of appointment availability in certain outpatient clinics.*

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

- *Successful outcomes*

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

Discussed in the Contracts and Affiliations Committee

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? 29 What are current numbers of vacancies? 6

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

- *Recruiting at Bellevue Hospital health fairs, postings at community centers and libraries, elected officials' recommendations, word-of-mouth, Community Advisory Board tables at community events such as 13th Precinct's Night Out Against Crime, Take Care New York Fair, Men's Health Week Fair, and Go Red for Heart Health.*

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 HHC, Bellevue Hospital and New York University Medical Center and all contracts pertaining to patient care and services.*
- **Executive Committee** – *consists of the officers, committee chairs and co-chairs of all committees and coordinates the work of the committees.*
- **Events Committee** – *develops, organizes and assists with Bellevue Hospital healthcare events and Community Advisory Board related special events.*
- **Legislative Committee** – *works with HHC/Bellevue Hospital and Community Boards to disseminate health and budget information to Elected Officials; plans the Annual Legislative Breakfast; organizes Legislative outreach.*
- **Membership Committee** – *recruits and recommends potential members to the Community Advisory Board; monitors membership participation to assure adherence to the Bylaws.*
- **Patient Care and Advocacy Committee** – *works to assure that all patients are treated in accordance to the "Patients Bill of Rights"; monitors patient services and works to address issues concerning patient and medical services.*

- *Psychiatry Committee – is informed of the psychiatry inpatient/outpatient services that Bellevue Hospital offers to assure they meet the needs of the community.*
- *Security & Emergency Preparedness Committee – monitors security procedures within and surrounding Bellevue Hospital, to maintain safety and well-being of patients and staff.*

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

Yes

No

a. If yes, please describe actions taken.

- *Community Board 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

- *The Annual Legislative Breakfast featured keynote speaker Councilmember Richard Gottfried. Other legislatives present in person or by representative included Congresswoman Carolyn Maloney; Borough President Scott Stringer; State Senator Brad Hoylman; Assembly members Brian Kavanaugh and Micah Kellner; Council members Dan Garodnick, Rosie Mendez, Margaret Chin, and Jessica Lappin.*

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 Go Red for Heart Health and Men's Health Week Fairs, American Cancer Society's Making Strides Against Breast Cancer Walk, and the 13th Precinct's Annual Night Out Against Crime.*

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. Explore better ways to help us achieve our common goal.
2. The use of Styrene at all HHC Facilities.

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:

B. Hylton

1/2/14

Executive

Director:

J. Hylton

Date:

12-31-13



**BELLEVUE HOSPITAL CENTER
COMMUNITY ADVISORY BOARD**
462 First Avenue, Room MW2, New York, NY 10016
Phone: (212) 562-6185
CommunityAdvisoryBoard@bellevue.nychhc.org

At its Full Board Meeting on Wednesday, February 27, 2013, the Bellevue Hospital Center Community Advisory Board adopted the following resolution:

Opposition to Bellevue Hospital Center and HHC facilities to use Styrene disposal products to serve foods/drinks

WHEREAS, the Bellevue Hospital Center is located at 462 First Avenue, New York, NY 10016, in Manhattan and seeks to provide quality health care for all; and

WHEREAS, The Bellevue Hospital Center Community Advisory Board adopted resolutions on October 26, 2011 and September 19, 2012 urging a ban on the use of Styrene Products, also referred to as polystyrene foam, in the hospital facility, and

WHEREAS, such opposition to the use of Styrene products was based primarily on the acute health risks of polystyrene products and the federal government's listing of polystyrene as a cancer risk on June 10, 2011, and

WHEREAS, the Bellevue Hospital Center Community Advisory Board urged the Health and Hospital Corporation not to enter into contracts to purchase polystyrene products, and

WHEREAS, The Mayor of New York City, Hon. Michael Bloomberg supports a ban on the use of polystyrene in New York City from the point of view of polystyrene's non-biodegradability and its impact on landfills; and

WHEREAS, The New York City Council, Committee on Sanitation and Solid Waste Management, had the issue of restricting the use of polystyrene foam food packaging on its agenda since May, 2010 through Intro. 0228-2010,

THEREFORE BE IT RESOLVED that Bellevue Hospital Center Community Advisory Board opposes the use of polystyrene products at all Health and Hospital Corporation hospitals/nursing facilities: and

BE IT FURTHER RESOLVED, in light of both the health risks and environmental impact of polystyrene products, that Bellevue Hospital Center Community Advisory Board calls on New York City Council to ban the use of polystyrene products by passing legislation similar to Intro. 0228-2010 and calls on the Mayor to sign such legislation into law, and

BE IT FURTHER RESOLVED, that any legislation provide that no exemptions from its requirements be granted to public hospitals, public nursing home facilities, or any other public health facility.

BE IT FINALLY RESOLVED, that Bellevue Hospital Center Community Advisory Board calls all elected officials, Community Boards 1-6 Manhattan and Health and Hospital Corporation's Council of Community Advisory Board to prohibit the use of polystyrene products in public hospitals.

Please advise us of any decision or action taken in response to this resolution.

Sincerely,

Bobby Lee

Bobby Lee
Chairperson, Community Advisory Board
Bellevue Hospital Center

TO: NYC Council - Sanitation and Solid Waste Management Committee
FROM: Michelle D. Winfield, Bellevue Hospital Center, Community Advisory Board,
BHC-CAB Email: Shelleywinf@aol.com

DATE: November 25, 2013

RE: Supporting banning of polystyrene in New York City with no exemptions to public hospitals and nursing home facilities

In August 2007, NYC Council Member de Blasio presented a local law to amend the administrative code to restrict the use of polystyrene. Within the document it states, "Polystyrene foam is a pollutant that breaks down to smaller, non-biodegradable pieces that are ingested by marine life ... thus injuring or killing them. Due to the physical properties of polystyrene foam, The United States Environmental Protection Agency (EPA) states, "that such materials can also have serious impacts on human health, wildlife, the aquatic environment and the economy."

On June 12, 2013, Int. 1060-2013 was introduced to restrict the sale or use of polystyrene items.

I will focus on the impact of human health.

Years ago, my husband was given a cup of hot tea with lemon. He normally drank tea with milk. However, the school cafeteria provided a polystyrene cup and he proceeded to squeeze the lemon. As the lemon rested against the side of the cup, a hole visibly appeared. That was the first time, my family and I became aware of the hazards of polystyrene products. That was in 1984.

Migration of Styrene occurs when foods containing acids, fat and/or alcohol leech into the foods, more quickly when foods or drinks are hot.

The Health and Hospitals Corporation uses polystyrene products. Inpatients in public hospitals and public nursing homes are some of our most vulnerable populations in our community. When food is served on polystyrene products, the hazardous chemicals cause the following health problems:

- fatigue
- nervousness
- lack of concentration
- difficulty sleeping
- mucous membrane and eye irritation
- depression
- hearing loss

These symptoms are often attributed to seniors.

Styrene is a volatile organic compound (VOC). The damage is cumulative.

In February 2013, the Bellevue Hospital Center Community Advisory Board, BHC-CAB adopted a resolution opposing the use of Styrene. The resolution also supported the proposed ban of polystyrene by The Mayor of New York City, Hon. Michael Bloomberg because its impact on landfills.

BHC-CAB requests that any legislation provide no exemptions from its requirements be granted to public hospitals, public nursing homes or any other public health facility.

At this time there are reasonable alternatives to polystyrene. Among them is Ecovative, a company founded in New York. Ecovative has been continually growing for the last six years. One of its clients is Dell Computers.

I urge the Committee to add New York City to the list of cities that have banned polystyrene products.

Thank you for your consideration in this matter.

Attached: Articles supporting the dangers/hazards of migration of Styrene products.

Articles to support the dangers/hazards of the migration of styrene products are:

www.ejnet.org/plastics/polystyrene/mclibel_p6.html

"You can taste styrene in a food container, in the food product contained in a Styrofoam food container."

The Coast Guard and U.S. Park Service agreed to eliminate the use of foam products from their ship/restaurants.

www.epa.gov/ttn/atw/hlthef/styrene.html

Hazard Summary-1992; 2000

www.ejnet.org/plastics/polystyrene/health.html

Styrofoam drinking can leach into the liquids they contain. "The cups apparently lose weight during the time they are in use... 'tea with lemon' produced the most marked change in the weight of the foam cup."

"... long term exposure to small quantities of styrene can cause neurotoxic (fatigue, nervousness, sleeping difficulty)..."

"... migration of monomers from low and high density polyethylene into milk, yogurt, alcohol solutions."

www.grinningplanet.com

"The migration of styrene from a polystyrene cup containing cold or hot beverages has been observed to be as high as 0.025% for a single use... the higher the fat content, the higher the migration into the food." "...styrene tends to migrate more quickly when foods or drinks are hot."



CITIES THAT HAVE BANNED Styrofoam-Food Packaging

Cities and towns that have banned polystyrene:

Berkeley, CA
San Francisco, CA
Malibu, CA
Alameda, CA
Emeryville, CA
Fairfax, CA
Hercules, CA
Laguna Beach, CA
Los Angeles City, CA
Millbrae, CA
Monterey, CA
Newport Beach, CA
Huntington Beach, CA
Oakland, CA
Santa Cruz, CA
Pittsburg, CA
Palo Alto, CA
Pacific Grove, CA
San Bruno, CA
Santa Monica, CA
Orange County CA. (containing approx. 34 cities and towns)
http://en.wikipedia.org/wiki/Orange_County,_California

Seattle, WA

Portland, Oregon

San Mateo County CA. (containing approx. 20 cities and towns)
<http://www.recycleworks.org/cityinfo.html>

Santa Cruz County CA. (containing approx. 53 cities and towns)
<http://california.hometownlocator.com/ca/santa-cruz/>

Ventura County CA. (containing approx. 73 cities and towns)
<http://california.hometownlocator.com/ca/ventura/>

Glen Cove, N.Y.
Suffolk County N.Y. (containing approx. 263 cities and towns)
<http://newyork.hometownlocator.com/ny/suffolk/>

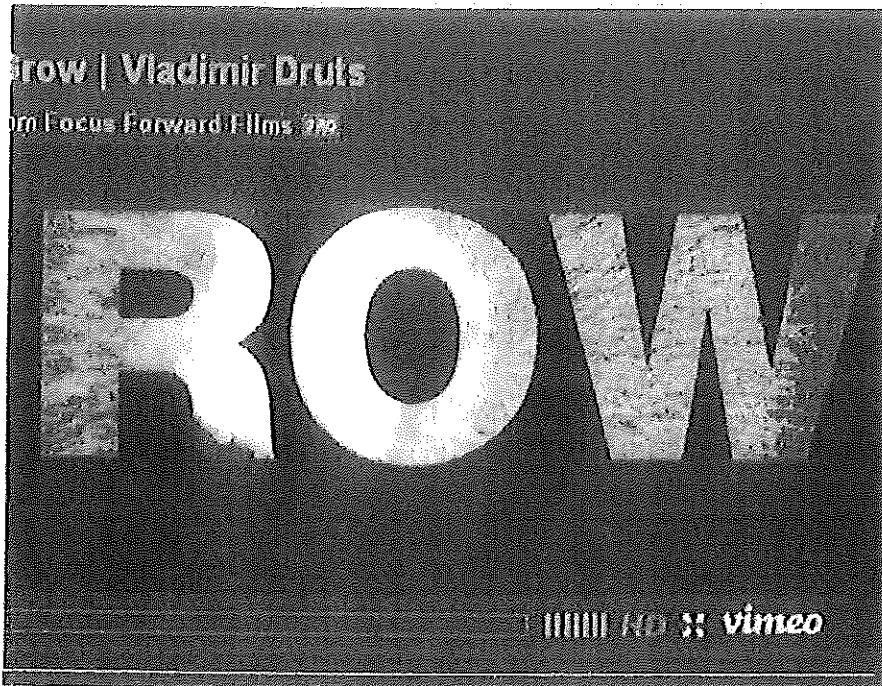
Online Sources:

www.cawrecycles.org/Issues/plastic_campaign/polystyrene/local
www.time.com/time/printout/0,8816,970470,00.html
www.farallones.org/e_newsletter/2006-07/AaronPeskin.htm
Wikipedia search for Polystyrene
www.genex.com/environment/paper-vs-styrofoam-vs-plastic-cups/

"like to think of it as low-tech biotech."

After graduation, he and McIntyre continued working with mycelium and soon earned grants from the American Society of Mechanical Engineers and the National Collegiate Inventors and Innovators Alliance. Larger awards followed from the New York State Energy Research and Development Authority and the EPA; these allowed them to hone their concept and bring it closer to market. Bayer even performed a TED talk in 2010

(http://www.ted.com/talks/eben_bayer_are_mushrooms_the_new_plastic.html).



They've replaced toxic products--styrofoam and insulation--with superior proxies that are biocompatible with the planet (meaning they're compostable). And perhaps the most compelling fact about Ecovative is that--like the product itself--the company continues to grow. What began as a bright idea between two college students is now the driving force for a company of more than 50 people. They've got a fully operational New York office and hope to open a 40,000-foot facility in the Midwest this summer. They're even working on growing a house entirely out of the fungal materials (<http://mushroomtinyhouse.com/>). Ultimately, they've unearthed a natural solution to a consumer problem.

"All of our clients came to us because they have a problem," said Bayer of styrofoam-based products. "They had to get out of plastic, either because their CEO said they're not going to do any more plastic or because their customers called up and asked them to stop



NOV. 25, 2013

PHOTO CREDIT WILLIAM HARRIS
NYE COUNCIL CHAMBERS



**BELLEVUE HOSPITAL CENTER
COMMUNITY ADVISORY BOARD**
462 First Avenue, Room MW2, New York, NY 10016
Phone: (212) 562-6185
CommunityAdvisoryBoard@bellevue.nychhc.org

At its Full Board Meeting on Wednesday, November 20, 2013, the Bellevue Hospital Center Community Advisory Board adopted the following resolution:

**RE: RESOLUTION FOR FDNY EMS BATTALION STATION 8 FOR THE
DEPARTMENT OF TRANSPORTATION TO INSTALL TWO SPEED BUMPS AND A
STOP SIGN AT 448 "EAST 26TH STREET" (UNMAPPED/DE-MAPPED CITY STREET)
BETWEEN BELLEVUE INTERNAL SERVICE ROAD AND FIRST AVENUE**

WHEREAS, FDNY EMS Battalion No. 8 is one of the first ambulance stations built in New York City, which is based on the Bellevue Hospital Center, BHC (East 26th Street) a "De-mapped" city street.

WHEREAS, the Medics and the EMTs of Station 8 are required to load and unload medical equipment (weighing about 50lbs. to 100lbs.) from ambulances parked on "East 26th Street"; and

WHEREAS, the vehicular traffic coming off the Bellevue internal service road, (adjacent to FDR Drive) traffic which comes from "30th Street" (unmapped street) and another Bellevue Hospital controlled street and then turning West onto "East 26th Street". There is a sign Speed Limit: 15 mph. The traffic moves at an average speed of around 40mph to 50mph which is a major safety concern for the EMS personnel loading their equipment onto the ambulances; and

WHEREAS, EMS personnel have come extremely close to being hit by a car or a truck while loading or unloading their equipment; and

WHEREAS, the "stop" signs on the north side of the street (Exit Street from underground parking garage) was knocked down and never replaced; and

WHEREAS, there are safety needs for "stop" signs and speed bumps to slow down traffic on "East 26th Street" to reduce the risk to EMS personnel from being struck by a car or a truck; now

THEREFORE, BE IT RESOLVED, That Bellevue Hospital Center Community Advisory Board calls upon HHC to approve and the New York City Department of Transportation to install the following:

- A "Stop" sign on the north side of the exit ramp of the Bellevue internal service road, which leads traffic to "East 26th Street"
- Another sign indicating a "STOP AHEAD" to be installed at the beginning of the curve of the Bellevue internal service exit ramp

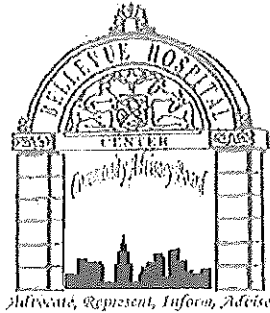
- To install a speed bump or bumps on "East 26th Street" in the middle of the block adjacent to the EMS Station Doors to slow down vehicular traffic for the safety of EMS personnel as indicated on drawing.

Please advise us of any decision or action taken in response to this resolution.

Sincerely,

Bobby Lee

Bobby Lee
Chairperson, Community Advisory Board
Bellevue Hospital Center



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At its Full Board meeting on Wednesday, March 27, 2013, the Bellevue Hospital Center Community Advisory Board adopted the following resolution:

**The proposed sanitation garage on the site of Hunter's Brookdale Campus
School of Nursing at East 26th Street and First Avenue.**

WHEREAS, the Department of Sanitation New York (DSNY) discussed plans for a proposed sanitation garage on the site of Hunter's Brookdale Campus at East 26th Street and First Avenue, which is City-owned property, to the Public Safety, Environment and Transportation Committee (PSE&TC) of Community Planning Board 6 on October 1, 2012; and

WHEREAS, the proposal calls for a five-story building, 120-150 feet in height, to accommodate parking for waste collection trucks, salt spreaders, mechanical brooms and other equipment in addition to office space with associated parking that is currently housed at 604 West 30th Street and Eleventh Avenue and at a location on West 29th Street, both of which are in Community District 4, that would serve Community Districts 6 and 8, stretching from East 14th to 96th Streets; and

WHEREAS, DSNY said the West 29th and West 30th Street locations must be vacated for development of the Hudson Rail Yards; and

WHEREAS, the proposed site for the sanitation garage is in a FEMA Category Zone "AE" which experiences the highest risk of flooding from a hurricane's storm surge; and

WHEREAS, the proposed site did experience such storm surge flooding during a December 1992 Nor'easter and during Superstorm Sandy in October 2012; and

WHEREAS, the Hunter Brookdale campus is slated to relocate to East 73rd Street, to a site jointly acquired by CUNY and Memorial Sloan-Kettering Cancer Center from the City for \$215 million with the present Hunter Brookdale site reverting to the City; and

WHEREAS, the DSNY asserts that the proposed location of the planned garage, which would not store any trash, would minimize adverse impacts on the surrounding communities as do two DSNY garages, one currently being built at Spring and West Streets and another that is operational at West 57th Street and 12th Avenue; and

WHEREAS, the Bellevue Hospital Center Community Advisory Board has expressed concern that conditions at the site for the proposed garage on the East Side are not the same as on the West Side and that the proposed site would have an adverse impact on the community for the following reasons:

- The proposed area has much more traffic than DSNY garages located on the West Side of Manhattan
- The Brookdale-site has many more nearby residential units than the West Side
- The proposed site is close to the Veterans Hospital to the south and the New York State Designated Regional Trauma Center at Bellevue Medical Center and NYU Langone Medical Center to the north
- The garage would hinder ambulances and, EMS vehicles and Access a Ride cars from transporting patient
- Already congested 1st and 2nd Aves. traffic would come to a dead halt
- Noise and pollution levels would increase
- The exit ramp of the FDR Drive would back up
- There are nearby schools to which children travel; and

WHEREAS, even though no trash will be stored at the proposed garage site, the community is concerned that the many sanitation collection trucks coming to and from the site would increase environmental and other risks to patients in adjacent hospitals and small children going to their schools; and

WHEREAS, an ideal location for a sanitation garage of this type is a site where such use would complement other manufacturing and industrial uses; and

WHEREAS, a sanitation garage for only one community district in lieu of two would require a smaller site and facilitate site selection; and

WHEREAS, the CB6 197a plan (See CB6 Website for details) designated the area within which this site is located as a Special Hospital Use District to conform to hospital and hospital-related uses; and, Whereas, City Planning did not endorse the Special Hospital Use District ...it stated that it "believes that the existing zoning has allowed [listed] institutions to develop in an appropriate fashion...meet their specific needs through carefully considered public review procedures..." and within the list of institutions is the Brookdale Campus and CB6 does not believe the sanitation garage falls within the definition of an institution which is hospital or hospital-related, and

WHEREAS, the site is in an R-8 zone, intended for residential use, thus the proposed facility is not permitted as-of-right and rezoning would result in "spot" zoning, which is not desirable; and

WHEREAS, DSNY presented a preliminary scope of work for an Environmental Impact Statement (EIS) in November 2012, and would commence the ULURP process tentatively planned for spring of 2013; and

WHEREAS, this development would not use the entirety of the block that is reverting to the city; and

WHEREAS, splitting up the block into three separate lots would forfeit a great opportunity for a grand development on a whole block of City property; now

THEREFORE, BE IT RESOLVED, that the Bellevue Hospital Center Community Advisory Board opposes this site for the proposed sanitation garage at 426 East 26th Street (Block 962, central part of lot 100)"; and

BE IT FURTHER RESOLVED, that the Bellevue Hospital Center Community Advisory Board will work with DSNY to determine a process and the criteria to be used to find other sites more appropriate for this use; and will work with DSNY to identify other potential sites, including sites that would allow a horizontal building configuration so that less space is utilized by ramps for transporting vehicles from level-to-level in a 5-story building.

Please advise us of any decision or action taken in response to this resolution.

Sincerely,

Bobby Lee

Bobby Lee
Chairperson, Community Advisory Board
Bellevue Hospital Center