



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

March 7, 2017
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 January 10, 2017
Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report | Josephine Bolus, NP, BC |
| IV. Interim CEO President's Report | Stanley Brezenoff |
| V. Information Items (Annual CAB Reports): | |
| a. NYC Health + Hospitals/East New York | Ludwig Jones |
| b. NYC Health + Hospitals/Cumberland | Jacqueline Narine |
| c. NYC Health + Hospitals/Kings | Kenneth Campbell |
| d. NYC Health + Hospitals/Gouverneur | Donald Young |
| VI. Old Business | |
| VII. New Business | |
| VIII. Adjournment | |

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

January 10, 2017

5:30 P.M.

NYC Health + Hospitals Board Room

125 Worth Street, Room 532

MINUTES

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Committee Chair

Robert F. Nolan, Board Member

Stanley Brezenoff, Interim President, NYC Health + Hospitals

COUNCIL OF COMMUNITY ADVISORY BOARDS

Talib Nichiren, Chairperson, Council of CABs, NYC Health + Hospitals/Woodhull

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island

Damian Mercado (representing Ludwig Jones, Chairperson, East New York/A Gotham Health Center)

Jacqueline Narine, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center

Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler

Jacqueline Boyce, Chairperson, NYC Health + Hospitals/Queens

Alicia Zanelli (representing Louise Dankberg, Chairperson, NYC Health + Hospitals/Bellevue)

Eartha Washington, NYC Health + Hospitals/Elmhurst

J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan

Benita Stembridge, Chairperson, NYC Health + Hospitals/Harlem

Eunice Sebro (representing Antoine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney)

Gloria C. Thomas (representing Kenneth Campbell, Chairperson, NYC Health + Hospitals/Kings)

Virginia Granato, Chairperson, NYC Health + Hospitals/Carter

FACILITY COMMUNITY ADVISORY BOARD MEMBERS

Cindy Cain, NYC Health + Hospitals/Harlem

Queenie Huling, NYC Health + Hospitals/Coney Island

Jeromane Berger-Gaskin, NYC Health + Hospitals/Kings/ACO

Bobby Lee, NYC Health + Hospitals/Bellevue

Zaum Der Taulian, NYC Health + Hospitals/East New York/A Gotham Health Center

Joann Gull, NYC Health + Hospitals/ Elmhurst

Bobby Lee, NYC Health + Hospitals/Bellevue

Vivian Dock, NYC Health + Hospitals/Elmhurst

Zorona Hamm, NYC Health + Hospitals/ Harlem

Elsie Trotman, NYC Health + Hospitals/Harlem

Margaret Burke, NYC Health + Hospitals/Kings

Lydia Kensenhuis, NYC Health + Hospitals/ Carter

Allen P. Wallace, NYC Health + Hospitals/Kings

Claudette Browne, NYC Health + Hospitals/McKinney

Jennifer Dublin, NYC Health + Hospitals/Coney Island

Lynette Thomas, NYC Health + Hospitals/McKinney

Aliya Hussein, NYC Health + Hospitals/Queens

Gary Delamothe, NYC Health + Hospitals/Coler

Judy Wessler, NYC Health + Hospitals/Gouverneur/A Gotham Health Center

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

John Jurenko, Government Relations
Kathleen Whyte, Community Relations
Colicia Hercules, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Valerie Phillips, Office of Legal Affairs
Alvin Young, Office of Community Relations
Manelle Belizaire, Office of Community Relations
Robb Burlage, Office of Community Relations
Bridgette Roberts, Office of Government Relations

NYC HEALTH + HOSPITALS FACILITY STAFF

Israel Roche, Chief Executive Officer, NYC Health + Hospitals/Elmhurst
Floyd Long, Chief Executive Officer, NYC Health + Hospitals/ Carter
Robert Hughes, Chief Executive Officer, NYC Health + Hospitals/Coler
Christopher Roker, Chief Executive Officer, NYC Health + Hospitals/ Queens
Janet E. Larghi, Associate Director, NYC Health + Hospitals/McKinney
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings
Jayne Maerker, CAB Liaison, NYC Health + Hospitals/Elmhurst
William Jones, CAB Liaison, NYC Health + Hospitals/Carter
Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens
Angela Cooper, CAB Liaison, NYC Health + Hospitals/McKinney
Jeanne Waller, CAB Liaison, NYC Health + Hospitals/Coler

GUESTS

Leon Bell, New York State Nurses Association
Martha Ayan, New York State Nurses Association
Anthony Feliciano, Commission on the Public's Health System
Moiria Dolan, DC 37, AFSCME

CALL TO ORDER

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:45 PM. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of September 13, 2016. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus opened the meeting by wishing everyone and their families a prosperous and healthy New Year.

Before presenting her report Mrs. Bolus asked that special recognition be given for Mr. David Weaver, longtime Harlem CAB Chair, activist and CABs Council representative, who had recently passed away. Mr. Weaver's highly articulate, incessant and sometimes independent, even singular, advocacy for NYC Health + Hospitals/Harlem, as well as for the entire system, will be deeply missed. Mrs. Bolus continued and noted that NYC Health + Hospitals appreciated Mr. Weaver's personally as a colleague with unique community connections, with a remarkable and unavoidable sense of urgency, and an unforgettable sense of humor. Mrs. Bolus asked that a moment of silence be given in memory of Mr. David Weaver.

Mrs. Bolus began her report by highlighting key NYC Health + Hospitals' events that occurred since the September 13, 2016 meeting:

- Mrs. Bolus thanked the Council of CABs, NYC Health + Hospitals' leadership, facility staff, CAB Chairs and members for their participation and support of the annual CAB Educational Conference that was held on Friday, November 4th at Baruch College's Vertical Conference Center. Mrs. Bolus noted that the theme of the conference was "Transforming NYC Health + Hospitals and the role of our CABs," which she pointed out was both fitting and timely to help the CABs to better understand how all the various transformation initiatives fit together. She added that at the conference, Dr. Ram Raju gave the key note presentation, which focused on his 2020 Vision and the trajectory of NYC Health + Hospitals' transformation. She added that Mr. Martin, NYC Health + Hospitals, Executive Vice President/COO discussed the imperative of the system's shift from a network structure to a renewed focus on service lines. He introduced the new service line senior vice presidents including Mr. Bussey, Chief of Ambulatory Care Services; Mr. Gannotta, SVP, Acute Care Services; and Mrs. McClusky, SVP, Post-Acute Care Services. She added that each SVP shared their vision for their respective service lines.
- Mrs. Bolus congratulated Ms. Sylvia Lask of NYC Health + Hospitals/Jacobi CAB for being awarded the first Agnes M. Abraham Humanitarian Award at the CAB Conference. Mrs. Bolus noted that this award recognizes and honors outstanding civic and humanitarian work of CAB members, in memory of NYC Health + Hospitals' dear friend and advocate, Agnes Abraham.
- A series of twelve community engagement meetings titled, "The Future of Health Care in NYC" were held during November and December to gather community members' perspectives on ways that the health care system can redesign care to meet or exceed its expectations of service and quality. She added that these forums were held at health care centers or locations near NYC

Health + Hospitals facilities and included three focus groups conducted by the New York Immigration Coalition. She stated that at these meetings, attendees heard presentations from NYC Health + Hospitals' representatives and attendees and were encouraged to offer their views on the services they felt were needed in their communities. Attendees provided recommendations including the need for pop-up clinics offering immunizations and screenings, shorter wait times and expanded hours for ambulatory care, and improved communication and care coordination between departments and facilities.

- Ms. Bolus joined Dr. Raju, Former President and CEO of NYC Health + Hospitals and other city government and health care leaders to break ground for a new NYC Health + Hospitals/Gotham Health ambulatory care facility on the North Shore section of Staten Island. She added that this 18,000 square-foot facility located at 155 Vanderbilt Avenue is scheduled to open in the fall of 2017 and will offer comprehensive primary medical and mental health services for children and adults.

Mrs. Bolus concluded her remarks by asking the Committee to give a warm welcome to Mr. Stanley Brezenoff, Interim President and CEO.

INTERIM PRESIDENT'S REMARKS:

Stanley Brezenoff

Mr. Brezenoff greeted Committee members, CAB Chairs and invited guests. He added that the meeting was his introductory meeting however, there were many in the audience that he has known for years He then reported the following:

- NYC Health + Hospitals is the most important institution in New York City and at the heart of our city's historic commitment to treat all patient regardless of their ability to pay.
- First 30 days spent focusing on the challenges and making it clear that NYC Health + Hospitals will remain true to its historic mission. Mr. Brezenoff noted that NYC Health + Hospitals joined with the Office of Immigrant Affairs to restate to our immigration population that NYC Health + Hospitals will continue to honor their right to privacy.
- Joined Brooklyn elected officials at an event at NYC Health + Hospitals/Woodhull in support of the Affordable Care Act. Mr. Brezenoff noted that his participation was an effort to demonstrate overwhelming support for the Affordable Care Act and to demand that the provisions are maintained for those in need. He added that NYC Health + Hospitals is engaged in enrolling large numbers of individuals who are eligible for coverage under the Affordable Care Act but have not avail themselves. He noted that NYC Health + Hospitals target is to enroll 50,000 new individuals.

Mr. Brezenoff concluded his remarks by asserting that he is part of a marathon race that Dr. Raju, former President had begun and now the baton has been passed to him. He added that his role is to continue the efforts to safeguard, enhance and bring NYC Health + Hospitals into the decades ahead while staying true to its mission.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS**NYC Health + Hospitals/Elmhurst**

Mrs. Bolus introduced Ms. Eartha Washington, Chairperson of NYC Health + Hospitals/Elmhurst and invited her to present the CAB's annual report.

Ms. Washington began her presentation by thanking members of the Committee for the opportunity to present the Elmhurst CAB's annual report. She presented the following summary:

- EPIC was successfully launched due to the dedication and commitment from the leadership team to the frontline staff.
- MYCHART is actively being promoted to Elmhurst patients.
- Elmhurst CAB members are pleased with the appointment of Mr. Israel Rocha as the CEO. She added that Mr. Rocha had demonstrated a strong commitment to working with the CAB and the community.
- December 2016, representing the CAB, she participated in the Senior Leadership Strategic Planning Retreat. She added that six (6) work groups were established: Optimization, Patient/Family Experience, Clinical Excellence, Growth and Innovation, Workforce Development, and Community Engagement. Ms. Washington noted that members will be informed of the work groups progress during the CAB's monthly meetings.
- Emphasized the importance of the expansion of the Emergency Department (ED). Ms. Washington stated that "it's important that this project moves forward so that the ED is providing optimal services to the Elmhurst community."

Ms. Washington concluded her presentation by thanking Mr. Rocha, Mr. Zimmermann, Ms. Gull and Dr. Moshirpur for their dedication and commitment to the hospital and the community.

NYC Health + Hospitals/Queens

Mrs. Bolus introduced Ms. Jacqueline Boyce, Chairperson of NYC Health + Hospitals/Queens and invited her to present the CAB's annual report.

Ms. Boyce began her presentation by introducing herself and thanking the Committee for the opportunity to present the NYC Health + Hospitals Queens' CAB report. Ms. Boyce continued and highlighted the following:

- NYC Health + Hospitals/Queens has concluded a very busy year serving the community's patient population.
- The hospital is preparing for its upcoming Joint Commission Triennial Survey, which is expected to occur anytime between now and the end of February. Ms. Boyce noted that during this time, a renewed emphasis had been placed upon fulfilling The Joint Commission's National Patient Safety Goals. As always, the focus is on addressing specific areas of concern which will improve patient safety.

- In September, Queens Hospital welcomed a new CEO, Christopher Roker, MBA, a native from Saint Albans, Queens. Ms. Boyce added that Mr. Roker was chosen for his more than twenty years of healthcare experience and extensive background in operations, maximizing revenue, enhancing patient services, and increasing productivity. She added that Mr. Roker's experience in managing healthcare organizations included his tenure with MetroHealth Systems in Cleveland, Saint Barnabas Hospital in The Bronx, Beth Israel Hospital in Manhattan, and Parkway Hospital in Queens.
- NYC Health + Hospitals/Queens was one of only two hospitals in New York City to receive an 'A' grade from The Leapfrog Group, a national patient safety watchdog. She explained that Leapfrog's Hospital Safety Scores assess hospitals nationwide using thirty evidence-based measures of hospital safety. The Leapfrog Group is the only independent ratings program that focuses solely on how effectively hospitals keep their patients safe.
- NYC Health + Hospitals/Queens introduced GO-EMR, a new electronic medical record. She continued and noted that it also provides patients with a free, convenient and secure tool called MyChart that will make it possible for patients to manage their health information online at any time.
- Informed the Committee that many members of the CAB are themselves consumers of NYC Health + Hospitals/Queens, and have a vested interest in making sure that problems get resolved and patients get the best treatment possible when they are at the facility.

Ms. Boyce concluded her report by reiterating her commitment to continue to work closely with other CAB members and to do everything within her purview to make a difference at NYC Health + Hospitals/Queens.

NYC Health + Hospitals/Coler

Mrs. Bolus introduced Gladys Dixon, Chairperson NYC Health + Hospitals/Coler and invited her to present the CAB's annual report.

Ms. Dixon began the NYC Health + Hospitals/Coler CAB Report by thanking members of the Committee for the opportunity to present. Ms. Dixon continued and acknowledged Mr. Hughes, CEO of Coler, Mr. Floyd Long, CEO of NYC Health + Hospitals/Carter, William Jones, Sr. Associate Director/Community Advisory Board Liaison, Robb Burlage, Ph.D., NYC Health and Hospitals Intergovernmental Relations staff for their supervision, assistance and encouragement.

The following overview was presented:

- Chief Executive Officer and the administrative staff had provided essential information pertaining to the facility's operational initiatives and healthcare issues at the CAB's monthly meetings. Met with CEO on a monthly basis and at the administration's request CAB members assisted in the Facility's Ad-Hoc Committee meetings.

- The CAB's activities included: CAB's Council monthly meeting, attended CRC quarterly meetings, Health and Hospital's Public Hearings, Legislative Forums and the Health and Hospitals Council of Community Advisory Boards Conference. Ms. Dixon noted that the Coler CAB also shared best practices, the roles and responsibilities of the CAB with other NYC Health + Hospitals CAB.

Ms. Dixon concluded her report by stating "as 2016 brought challenges to our public health care system the CAB is mindful that 2017 may create difficulties and challenges; however, with determination the NYC's Health + Hospitals 2020 transformation will be successful."

NYC Health + Hospitals/Carter

Mrs. Bolus introduced Virginia Granato, Chairperson NYC Health + Hospitals/Carter 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. Ms. Granato shared the following highlights:

- The Board continues to be involved with the facility and the community. In March 2016, the CAB held its first Annual Legislative Brunch. Ms. Granato noted that local and state representatives attended and made a commitment to support the facility and the NYC Health + Hospitals.
- The CAB participated in the facility's voter registration drive, as result, several residents were registered to vote.
- The CAB participated in Health + Hospitals letter writing campaign to Governor Cuomo to support a bill which would make the allocation of Medicaid funds more equitable to Safety Net Hospitals.
- On November 17th, NYC Health + Hospitals/Carter hosted the NYC Health + Hospitals' community forum on "Transformation." Ms. Granato noted that the forum was well attended by the community leaders, faith base organizations and local elected officials.
- CAB members worked closely with Planning Board #11 on a variety of issues such as zoning codes, affordable housing, employment and employment opportunities for summer students.

Ms. Granato concluded her report by informing members of the Committee, CAB Chairs and invited guests that Floyd Long, CEO reports monthly on the Health + Hospitals initiatives, facility's strategic priorities, patient experience status and other issues effecting the facility. Ms. Granato continued and noted that under the leadership of Mr. Long and his team, the facility is now a Five Star rated Nursing Home and received perfect score Article 28 Survey. She added that the CAB Board is grateful for the assistance and the relationship with Mr. Long and Mr. Jones.

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:30 PM.

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

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities? HIV, Diabetes, Hypertension, Asthma

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) Registries

3. Is your facility leadership addressing these needs/concerns?
 - yes no
 - a. If yes, please give examples of what the facility leadership is doing.
 - Diabetes Group Visit
 - Peer Viral Suppression Group
 - Asthma DISRIP
 - Treat To Target
 - Wellness Group
 - Population Health Management

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Treat the patient as "Whole Being," in all aspect of health- social, physical, emotional and intellectual, with respect, pride, passion and purpose.

We are addressing the strategic priorities through our community garden, diabetic group visits, and collaborative care for depression, Read Aloud for Children and providing bananas for patients in the medical clinic during the mornings.

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

The CAB is supportive of 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

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

2. What are the most frequent complaints raised by patients/residents?
Wait time and the need for improved customer service.

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

Staff interactions and physical appearance 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"/>	X
Condition	<input type="checkbox"/>	<input type="checkbox"/>	X
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	X

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

X Yes No

All insurances should be listed for the specific services.

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? 13 What are current numbers of vacancies? 2
3. What were the membership recruitment activities conducted by CAB this year?
Health Fairs and other events hosted throughout the year.
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.

Executive Committee
Membership Committee

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.

Attends monthly 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

Plans are in development to host Annual Public Health meeting.

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?

Health Fair and other 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?

Is excellent.

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. Greater involvement with CAB from Administration
- 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:



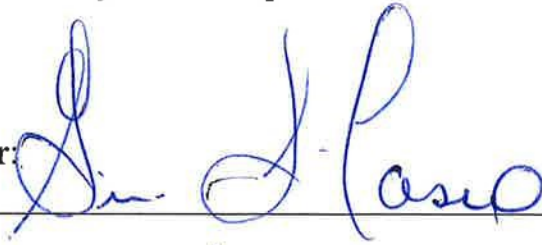
2/15/17

Executive

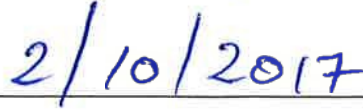
Community Advisory Board Report

Page 6

Director:

A handwritten signature in blue ink, appearing to read "Jim J. Casp", written over a horizontal line.

Date:

A handwritten date "2/10/2017" in blue ink, written over a horizontal line.



**2017 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? Pediatrics, HIV, Dental, Women's Health, Men's Health, Asthma and Teen Health.

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.

The Community Advisory Board, Gotham Board, and Administration work together toward an ongoing advocacy with the community by increasing community outreach through health fairs, health campaigns and expansion of services and having a more robust presence in our communities. Further expanding on health campaigns and inviting the community into our facility to promote programs that benefit our patients.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities? To continue providing the best health care to our community by improving patient flow,

decreasing wait time and next available appointments. Expanding on clinical programs such as Treat to Target and Asthma Initiatives.

2. Describe how the CAB provides input into the development of the facility's strategic priorities? On a monthly basis the CAB receives status reports from the Administrator, Medical Director, Finance and Operations and is afforded the opportunity to give feedback and recommendations. We work with the facility team to address issues in the community as they arise.
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
 Yes No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
 Yes No
2. What are the most frequent complaints raised by patients/residents? Wait time to be seen by the provider is still an issue but Administration has reported to the CAB that they are working on decreasing the wait time.
3. What are the most frequent compliments provided by patients/residents? The facility is viewed, by the patients and community, as a center that addresses their health care and social service needs with the utmost concern.
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? 12 What are current numbers of vacancies? 9

3. What were the membership recruitment activities conducted by CAB this year? Public meetings, community session at CAB meetings, NYCHA presentation and 88th Precinct Community 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.

Patient Care – This committee has the responsibility of acting as a patient care 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 – This committee reviews, advises and makes recommendations to the Executive Director on proposals relating to the Finance and Capital Projects of the facility.

Community Relations – The mission of this 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 – 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 the 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, Annual Legislative Forum, Annual Public Meeting, Chemical Dependency events, NYCHA Resident 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?

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

1. Affordable Care
2. Insurance Options
- 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:



2/10/17

Interim

Executive

Director:



Date:

2/10/17



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

I. COMMUNITY NEEDS:

NYC Health + Hospitals | Kings County is an integral part of the community and has long provided support through community outreach and wellness activities, education and counseling, and free/low cost health screenings. Our roster of services is determined by the unique needs of our community which we determine through our own analysis and evaluation. Additionally, we use the New York City Department of Health’s Community Health Profile for Central Brooklyn as a tool to inform our work. Through our 2016 Community Health Needs Assessment process, we have identified the need for outreach services that target prevalent diseases.

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

Health Care Service Needs	Community Concerns
Hypertension/ High Blood Pressure	Affordable Housing
Diabetes	Healthy Food Access
Heart Disease	Youth Violence
Obesity	Personal (Safety)
Asthma	Youth Development
Mental Illness	Maternal Health
HIV/ AIDS/ STIs	

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

Good Customer Services	Reduce length of waiting time-for Appointments & Services
Modern & Inviting Facility	Up to date treatment through the acquisition of superior staffing, technology and up to date treatment regimes.

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.

At NYC Health + Hospitals/ Kings County leadership continues to work to meet the needs of the community through the promotion of services and programs as well as education and outreach to the community. The Public/ Community Affairs Department works with clinicians and administrators across the hospital to advance the goals of facility, and indeed the corporate office - which includes the aforementioned areas of need. There is also a concerted push to improve access to services and improve patient experience.

ONGOING COMMUNITY OUTREACH INITIATIVES

- Speaker's Bureau – Provides experts on topical issues
- Participation in community health fairs hosted by elected officials, churches, schools, senior centers, etc.
- School presentations – Career day
- Educational programs hosted onsite and offsite that focus on health-related issues including heart health, diabetes, cancer, nutrition and mental health
- Farmer's Market – Partnership with Harvest Home to provide access to healthy food options, available from July - November
- Community Health Needs Assessment conducted every three years to identify major health concerns in the community and Blood pressure and other screenings are offered periodically to the public during the year
- HIV/STI Program – offers educational programs within the Community (e.g. partnerships with elected officials, schools, churches)

ANNUAL EVENTS

- Annual Legislative Breakfast
- Annual Guns Down Life Up Anti-violence Youth Event
- World AIDS Day Recognition Event
- Go Red activities for staff and patients
- Domestic Violence activities for staff and patients
- Breast Cancer Education and Outreach

MATERNAL HEALTH

- Breast Feeding Workshops in partnership with Local Community Based Organization – Caribbean Women's Health Association
- Prenatal Care Workshop – STORK Program
- Maternal Depression Screening pilot program

PEDIATRIC OUTREACH SERVICES

- Asthma Outreach including the creation of an Asthma registry to connect with patients have not been seen or failed to attend follow- appointments.

- Ongoing “Reach Out and Read” activities to retain patients.
- Manage Care outreach for patients with missing vaccines.
- Obesity Clinic
- Monthly Story Time for pediatric inpatients

PEDIATRIC OUTREACH SERVICES - RONALD McDONALD HOUSE PARTNERSHIP

KCHC has developed a partnership with the Ronald McDonald House of New York’s community service program, with intent to provide pediatric patients and families with activities which are empowering and uplifting. The partnership includes the following initiatives:

- A newly opened Family Room to enhance family resources and provide respite for families of pediatric in patients.
- Group activities designed for children and families.
- The co-hosting of special activities and holiday celebrations which enhance therapeutic, emotional and psycho-social support for children and families, including an annual Halloween party, NICU Reunion, and free Back-to school back-pack and school supplies
- Reading enrichment programs for parents and children, in order to help improve reading skills and parent engagement with children, especially those in the NICU and PICU.

Additional support services and material which enhance the patient and family experience at KCHC, during times of great emotional difficulty.

KCHC LIVE! VIOLENCE PREVENTION & INTERVENTION PROGRAM

New York City Health + Hospitals/ Kings County is host to a violence prevention and intervention program that is a partnership with Kings County and three community-based organizations – this program was recently named **“KCHC LIVE!” (Kings County Hospital Center – Let’s Interrupt Violence Everywhere!)**

Our partners are Kings against Violence Initiative (KAVI), Save Our Streets – Crown Heights (SOS), and Man Up! Real People Do Real Things.

The initiative includes an robust Hospital Responder program whereby partner CBOs dispatch responders to NYC Health + Hospitals/ Kings County to engage victims and the family members of guns and other forms of violent trauma. .

- The program has helped to interrupt the cycle of violence and reduce recidivism for gunshot patients, primarily young men.

DIABETES CLINIC & DIABETES RESOURCE CENTER

- NYC Health + Hospitals/Kings County manages one of the largest populations of diabetes patients in New York City, and we provide ongoing education which empowers patients to “self-manage” their diabetes care.
- Every June, participants of the diabetes education program hold a “graduation ceremony” to recognize those who have completed the education program - approximately 100 patients have completed the program.
- In addition to a comprehensive diabetes clinic the hospital is home to a Diabetes Resource Center and Diabetes Wellness Center.

- With funding from NYSDOH HEAL (capital monies), we were able to renovate and co-locate our Diabetes clinic with our Diabetes Resource Center in one. This consolidation has helped to enhance patient education and self-management of their disease.

BEHAVIORAL HEALTH OUTREACH SERVICES

- Mobile Crisis Unit – Responds to referrals from the community to provide immediate care to persons in crisis, 7 days a week
- Intensive Crisis Stabilization and Treatment Unit (ICST) – Provides crisis intervention to children and adolescents, ages 5-17, who are at imminent risk of psychiatric hospitalization and/or are in the midst of an acute crisis. Works with parents & caregivers to provide tools on how to cope with children who are acting out.
- C.A.F.F.E (Caring About Family Friends Education) was created to provide psychosocial education and support, regarding the multifaceted and sometimes overwhelming issues that families and caregivers of our consumers face. The forum includes education and resources regarding psychiatric diagnosis, symptoms, treatment options, communication tools, financial resources, and wellness tactics. In addition we provide engagement with Peer Counselors, Social Workers and substance abuse service providers.

PARTNERSHIP WITH LOCAL CLERGY

- Lay Chaplaincy Program includes 25 Interfaith Chaplains; the group meets monthly
- Dedicated parking spot for Clergy to facilitate visiting parishioners who are in the hospital

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Kings County continues to work diligently to provide the community with High Quality Services in a timely manner and without exceptions. Hospital leadership is focused on improvements in the following areas:

- Enhance Access to Primary Care and Improve Overall Quality of Care
- Reduce patient wait time for scheduling an appointment
- Reduce patient wait time at appointments
- Improve Patient Experience
- Continue Staff Wellness Programs, staff engagement and improve staff satisfaction.
- Increase Access to HIV Counseling and Testing in the Community
- Provide additional Health Screenings at community events

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

Kings County Community Advisory Board is the formal and direct link between the hospital, its patients and local advocates. The CAB members consist of residents, patients and community workers and represent the views of the community as they relate to the facility's decision making-process. Further the CAB and senior leadership engage monthly to discuss major issues and ensure access to the best possible medical care in their communities. The CAB members provide vital insight on the development of facility plans and programs, as well as keep the community informed of Kings County goals and objectives.

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

Kings County CEO and senior staff monthly committee and full board meetings to share major issues and projects with the CAB. Further, the CAB share has ongoing meetings with the CEO and/ or senior staff as issues arise.

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes No

Patient Safety and Patient Satisfaction are topics mentioned on a monthly basis at the Patient Care Committee. The committee meets the first Thursday of every month. The Assistant Director of Patient Guest Relations provides update to the board with updates from Patients Grievances. The Patient Experience Associate Executive Director is overseeing Patient Guest Relations department to improve Kings County Patient experience.

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

- Excessive wait time for appointments
- Food
- Customer Service

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

- Proper health care provided
- Knowledgeable and competent staff
- Good Customer Service
- Facility is modern and clean

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 New York City Health + Hospitals Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

The total allowable membership is 29: 23 voting members and six ex officio

2. What are current numbers of members? ____ What are current numbers of vacancies?

Total of 5 vacancies

- The total number of vacancies under the Executive Director Appointees are (0)
- The total number of vacancies under the Borough President Appointees are (3)
- The total number of vacancies under the Community Planning Boards are (2)

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

Outreach to Brooklyn Borough President

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

Yes No

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

- CAB Meeting, takes place on the 3rd Thursday of each month
- Behavioral Health Committee meets on the on the 1st Monday of each month
- Patient Care Committee meets on the 1st Thursday of each month
- Planning and Development Committee

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

Yes No

Kings County Community Board CAB members report monthly to Community Board 9 and 17.

a. If yes, please describe actions taken.

N/A

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

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

Yes No

Kings County's CAB members attended Woodhull Hospital's Annual Public Health Meeting.

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

Yes No

Friday, March 3, 2017

9. 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?

Kings County Chairperson participates in the monthly board meetings

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

Kings County's Community Advisory Board members participated and supported numerous activities in the facility:

- Voter Registration Drives
- Recruitment of attendees/ participants in the Annual Guns Down/ Anti Violence Youth Event
- Annual Legislative Breakfast

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

Yes No

- The Vice Chairperson and Liaison attend the monthly Council of Community Advisory Boards meetings.

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

Yes No

- (6) CAB members
- (1) CAB Liaison
- (1) Associate Executive Director Public/Community Affairs

13. 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. Bylaw Amendments

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: _____

Ken Campbell
2/16/17

Chief Executive

Officer: _____

Date: _____

ECB
2/16/17

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

December 2016

Gouverneur Health Community Advisory Board

I. COMMUNITY NEEDS

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

- *The facility needs to ensure timely access to services despite a significant demand for primary care and specialty services in our community that exceeds current available capacity.*
 - *The zip code 10002 has the highest amount of Medicaid beneficiaries in New York County*
- *Gouverneur should continue its efforts to reach out to its community so that the uninsured and other underserved groups seek care.*

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

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

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

yes no

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

- *The facility is adopting new healthcare models to address these concerns. The facility has implemented an Access Improvement Plan and continuously seeks to develop new strategies for progress.*

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

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

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

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

CAB is kept abreast of facility priorities through meetings and presentations. 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?

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?

Yes No

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

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

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

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

- *Quality of Care*
- *Physical environment*
- *Care provided by physicians*

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

Yes No

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

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

The facility looks beautiful after the modernization.

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

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

Contacting elected officials; community meetings, communication with community based organizations; contacting clergy; announcements at CAB meetings and Annual Public Meeting.

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

Yes No

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

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

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)? Yes No

a. If yes, please describe actions taken.

- *Planning Boards are apprised of programs and new initiatives.*
- *Planning Board members are also members of our CAB and they act as liaisons and advocate for us at Planning Board meetings.*

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

Yes No

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

yes no

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

yes no

A Legislative event is planned for March 16th.

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

yes no

a. If so, were the issues subsequently addressed?

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

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

- *Members of the CAB participate in the Flu Shot Campaign, Community Open House, Local Precinct events such as National Night Out, Monthly meetings and Holiday events for the neighborhood children; planning the Annual Dinner; our members represent us at many public meetings; Community Based Organization events and workshops; and facility on-site events.*
- *A CAB Annual Meeting was held and a Legislative event is planned for March 16th*

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

- *Efforts to improve access and service expansion*
- *Budget and Staffing issues*

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:



2/23/17

Executive

Director:



Date:

2/27/17