



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

November 14, 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 May 2, 2017, September 12, 2017<br>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. Action Item   |                         |
| Adopting a revised Policy and Guidelines governing Community Advisory Boards (CABs) in all NYC Health + Hospitals' facilities. |                         |
| VI. Information Items (Annual CAB Reports):  |                         |
| a. NYC Health + Hospitals/Bellevue   | Louise Dankberg         |
| b. NYC Health + Hospitals/Metropolitan   | J. Edward Shaw          |
| c. NYC Health + Hospitals/Renaissance  | Ruth Clark              |
| d. NYC Health + Hospitals/Belvis   | Gabriel DeJesus         |
| e. NYC Health + Hospitals/Morrisania   | George Robinson         |
| VII. Old Business  |                         |
| VIII. New Business   |                         |
| IX. Adjournment  |                         |



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

May 2, 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 Nolan, Board Member  
Helen Arteaga-Landaverde, Board Member  
Stanley Brezenoff, Interim President, NYC Health + Hospitals

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

Talib Nichiren, Chairperson, Council of CABs, NYC Health + Hospitals/Woodhull  
Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island  
Carmen Benitez, representing (Chairperson, George Rodriguez) NYC Health + Hospitals/Lincoln  
Ludwig Jones, Chairperson, East New York/A Gotham Health Center  
Jacqueline Narine, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center  
Gary Delamothe (representing 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 Stemberge, Chairperson, NYC Health + Hospitals/Harlem  
Antoine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney  
Gloria C. Thomas (representing Kenneth Campbell, Chairperson, NYC Health + Hospitals/Kings)

**FACILITY COMMUNITY ADVISORY BOARD MEMBERS**

Eunice Sabro, NYC Health + Hospitals/ McKinney  
Judy Wessler, NYC Health + Hospitals/Gouverneur/A Gotham Health Center  
Bernice E. Diaz, NYC Health + Hospitals/ McKinney  
May Thomas, NYC Health + Hospitals/McKinney  
Claudette Brown, NYC Health + Hospitals/McKinney  
Jeromane Berger Gaskin, NYC Health + Hospitals/Kings  
Janet B. Larghi, NYC Health + Hospitals/McKinney  
Reverend Harry Jean, NYC Health + Hospitals/Queens  
Marty Bromberger, NYC Health + Hospitals/Coney Island  
Jennifer Dublin, NYC Health + Hospitals/Coney Island  
Hiawatha Campbell, NYC Health + Hospitals/Cumberland/A Gotham Health Center  
Fred Monderson, Ph.D., NYC Health + Hospitals/McKinney  
Bobby Lee, NYC Health + Hospitals/Bellevue

**NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF**

Machelle Allen, M.D., Chief Medical Officer, NYC Health + Hospitals  
Salvatore Russo, Chief Counsel, NYC Health + Hospitals  
John Jurenko, Government Relations  
Colicia Hercules, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs  
Steven Newmark, Office of Legal Affairs  
Alvin Young, Office of Community Relations  
Manelle Belizaire, Office of Community Relations  
Robb Burlage, Office of Community Relations  
Renee Rowell, Office of Government Relations

**NYC HEALTH + HOSPITALS FACILITY STAFF**

Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals/Harlem  
Milton Nunez, Chief Executive Officer, NYC Health + Hospitals/Lincoln  
David Weinstein, Chief Executive Officer, NYC Health + Hospitals/McKinney  
Philip Cooke, Sr. Associate Director, NYC Health + Hospitals/Harlem  
C. Jill Brooker, CAB Liaison, NYC Health + Hospitals/Bellevue  
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings  
Angela Cooper, CAB Liaison, NYC Health + Hospitals/McKinney  
William Jones, CAB Liaison, NYC Health + Hospitals/Carter  
Ron Law, Director Intergovernmental Relations, NYC Health + Hospitals/MetroPlus

**GUESTS:**

Jewel Jones, Resident

## CALL TO ORDER

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:35 PM. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of March 7, 2017. A motion was made and seconded. The minutes were adopted.

Mr. Salvatore Russo, Senior Vice President, General Counsel introduced Mr. Steven Newmark, Legal Affairs. Mr. Russo added that Mr. Newmark will represent legal affairs during the Community Relations Committee meetings. Mr. Russo noted that Ms. Valarie Phillips former representative had retired.

## CHAIRPERSON'S REPORT

Before presenting her report Mrs. Bolus asked that special recognition be given for Ms. Virginia Granato who passed away on Sunday, April 30<sup>th</sup>. Mrs. Bolus added that we all knew Virginia as the founding Chairperson of the Carter CAB and as a most thoughtful member of the CABs Council. She went on to say that Ms. Granato lived practically her whole lifetime in her respirator-equipped, motorized wheelchair, yet with omnipresent, never-deterred, mobility. She was an early resident of Roosevelt Island, where she declared her "life was saved" from "infantile paralysis" at the old Goldwater City Hospital. Mrs. Bolus noted that Ms. Granato was a truly inspirational leader and spokesperson for the disabled on the Island and across the City. She will forever be remembered as someone who fully dedicated her life to the health and health care of all of the people of our City. Mrs. Bolus asked for a moment of silence in memory of Virginia Granato."

Mrs. Bolus began her report by reminding all of the upcoming NYC Health + Hospitals' Annual Public meetings. Mrs. Bolus added that the Bronx meeting was held on April 19<sup>th</sup> at Jacobi and was well attended. She continued and noted that at that meeting, President Brezenoff discussed some of the national recognitions that NYC Health + Hospitals Bronx facilities had received including Jacobi's designation as a Level 1 Trauma Center. He also shared that Jacobi, Lincoln and NCB had exceeded national standards established by the American Heart Association and the American Stroke Association. The schedule for the remaining meetings are as follows:

- **For Staten Island:** Wednesday, May 10<sup>th</sup> at 6pm at Sea View
- **For Brooklyn:** Wednesday, May 17<sup>th</sup> at 6pm at Coney Island
- **For Manhattan:** Wednesday, June 7, 2017 at 6pm at Harlem
- **For Queens:** Wednesday, June 14<sup>th</sup> at 6pm at Elmhurst

Mrs. Bolus continued by highlighting key NYC Health + Hospitals' events that occurred since the March 7, 2017 meeting . She reported the following:

- MetroPlus had announced its opening of new community locations in Brooklyn, Queens, and Staten Island. Mrs. Bolus noted that the three sites would serve as resource centers for New Yorkers to get answers to health insurance program questions and receive assistance to enroll in plans such as Child Health Plus, Medicaid, Qualified Health Plans and the Essential Plan. Health care specialists who speak English, Chinese, Spanish, and a number of other languages are available at most MetroPlus community locations. The new community sites are the following:
  - MetroPlus at Flushing's Skyview Mall in Queens

- Open Monday through Saturday: 9:30 a.m. to 9 p.m.  
Sunday: 11 a.m. to 7 p.m.
- MetroPlus at Staten Island Mall on Staten Island  
Open Monday through Saturday: 10:00 a.m. to 9 p.m.  
Sunday: 11 a.m. to 6:00 p.m.
- MetroPlus in Sunset Park in Brooklyn  
807 48th Street, 2nd Floor  
Open Monday through Saturday: 9 a.m. to 5 p.m.  
Sunday: Closed
- NYC Health + Hospitals hosted five Immigrant Health Care Rights panel discussions across the City to help educate immigrant communities and provide access to information and resources. The panel included representatives from NYC Health + Hospitals, Mayor's Office of Immigrant Affairs, New York Immigration Coalition, and New York Legal Assistance Group. Forums addressed a variety of important health care topics affecting immigrants, such as health care rights, access to care, services and programs for immigrants, and privacy concerns regarding immigration status. Forums were held at Elmhurst, Kings Harlem and Lincoln.
- Announced that the Jacobi Community Advisory Board in conjunction with the Auxiliary would host its Annual Mental Health Conference on Thursday, May 18, 2017 at 6pm at Jacobi's Conference Center. Mrs. Bolus continued and stated that "this conference will be dedicated to the memory of Blanche Comras-Rifkin who was a longstanding CAB member and community activist." The theme of the conference is "Living with Stability and Dignity," which would highlight the need for safe and supportive housing for individuals with mental illness.
- Announced planning had begun on this year's annual Marjorie Matthews Recognition event, which will be held in July. The date and location of this event would be finalized shortly and shared with CAB and Auxiliaries. Mrs. Bolus noted that the Marjorie Matthews event will be held in lieu of a July Community Relations Committee meeting. As such, the next Community Relations Committee meeting will be held on September 12th.
- Invited CAB members and facility staff to participate in the Canarsie Memorial Day Walk to honor Veterans. The walk will be held from 10:30am – 2:00pm.

Mrs. Bolus concluded her report by acknowledging the leadership staff in attendance. They were:

- David Weinstein, Chief Executive Officer, NYC Health + Hospitals/ McKinney
- Milton Nunez, Chief Executive Officer, NYC Health + Hospitals Lincoln
- Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals Harlem

**INTERM PRESIDENT'S REMARKS:**

Stanley Brezenoff

Mr. Brezenoff greeted Committee members, CAB Chairs and invited guests. The following overview was presented:

- Washington continues to roil the nation's health care landscape with reports of a revived attempt to repeal and replace the Affordable Care Act (ACA). Mr. Brezenoff continued and noted that the

latest version would be a grave disservice to the Nation. He added that the House of Representatives are expected to pass the bill on Thursday, May 4<sup>th</sup>.

- In the event that the House pass the bill, as a result of their action hundreds of thousands New Yorkers are a step closer to being stripped of their health insurance coverage. Mr. Brezenoff noted that repealing the Affordable Care Act would cut billions from the Medicaid program resulting in huge setbacks to work that had been done to make New Yorkers healthier.

Mr. Brezenoff concluded his remarks by reiterating NYC Health + Hospitals commitment to its immigrant community. He 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. He continued and reported that the Mayor opposes any harm to NYC safety net hospitals and is very active in making it clear to the immigrant communities that NYC Health + Hospitals remains committed to serving all, regardless of immigration status and without fear of federal authority.

## **COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS**

### **NYC Health + Hospitals/McKinney**

Mrs. Bolus introduced Mr. Antoine Jean-Pierre, Chairperson of NYC Health + Hospitals/McKinney and invited him to present the CAB's annual report.

Mr. Jean-Pierre began his presentation by thanking members of the Committee for the opportunity to present the McKinney CAB's annual report. He presented the following summary:

- Informed members of the Committee and invited guests that under the leadership of David Weinstein, Chief Executive Officer and Charmaine Lewis, Deputy Executive Director McKinney remains the Waldorf of Post-Acute Care. He went on to explain the reason for great achievements supports the principles and transformational goals of keeping the focus on the residents, ensuring their greatest experiences and expectations of quality care is met.
- Highlighted several in-house activities that occurred over the past year. They were: GO Red Event, Black History Month, Father's Day Event Resident's Art Expo and the Annual Summer Youth Employment Program. Mr. Jean-Pierre noted that The CAB's annual resident satisfaction survey was completed with excellent outcomes.
- Reported that the senior staff of McKinney along with the joint labor team continued to recognize staff during monthly ceremony. He note that Angela Cooper, CAB Liaison had been honored by the Trinidad and Tobago Nurses Association for her outstanding community stewardship services.
- Pharmacy improvement project would allow McKinney pharmacy to align themselves with services of Central Admixture Pharmacy Services (CAPS) to provide IV nutrition (food) for critically ill residents. This team approach will enable McKinney to be in the lead in serving the complex nutritional needs of special residents.

Mr. Jean-Pierre concluded his report by congratulating NYC Health + Hospitals/McKinney's leadership and staff on receiving a five star rating from the Centers of Medicare and Medicaid Services. Mr. Jean-Pierre added the CAB will continue to support McKinney in all its endeavors to ensure quality care and premier quality health care at NYC Health + Hospitals/ McKinney

A pictorial report of NYC Health + Hospitals/McKinney year in review was distributed.

### **NYC Health + Hospitals/Woodhull**

Mrs. Bolus introduced Mr. Talib Nichiren, Chairperson, NYC Health + Hospitals/Woodhull and invited him to present the CAB's annual report.

Mr. Nichiren began his presentation with a warm welcome to the Committee members, CAB Chairpersons and invited guests.

Mr. Nichiren informed members of the Committee that in lieu of giving the NYC Health + Hospitals/Woodhull CAB's annual report he would address health care concerns of the North Brooklyn community.

Mr. Nichiren reported that the community is in a "crossroad" in light of a recent NY Post article that implied the City municipal hospitals will lay off as many as 600 employees in coming months to help close a deficit estimated at \$1.1billion FY 2018. Mr. Nichiren continued and asked members of the Committee and current administration to be very mindful of the patients served. He went on to say that the north Brooklyn community dependent upon NYC Health + Hospitals/ Woodhull.

Mr. Nichirin concluded the Woodhull CAB report by asking for transparency and community input. He added that transformation plans should be shared with the community so that Woodhull patients can continue to get the great services they deserve.

### **NYC Health + Hospitals/Lincoln**

In the excused absence of Lincoln CAB Chairperson, George Rodriguez, Mrs. Bolus introduced Carmen Benitez, and invited her to present the CAB's annual report.

Ms. Benitez began the NYC Health + Hospitals/Lincoln CAB Report by thanking members of the Committee for the opportunity to present. Ms. Benitez continued and acknowledged Mr. Milton Nunez, CEO of Lincoln and Antonio Montalvo, CAB Liaison for their outstanding leadership and support.

The following overview was presented:

- Reported that the most significant health care concerns for the facility's catchment area is the budget deficit and how it would affect NYC Health + Hospitals/Lincoln patients
- Reported that on Tuesday, April 11<sup>th</sup> Immigrant Health Care Rights forum was held. Ms. Benitez noted that the event was informative and well attended.
- Announced NYC Health + Hospitals/Lincoln had been recognized for outstanding patient care with a Leap Frog award.



Ms. Benitez concluded the Lincoln CAB report by thanking Cheryl Oliver, Senior Associate Director, Public Affairs for her support of the CAB's postcard campaign to Senator Charles Schumer supporting the Affordable Care Act.

Mr. Robert Nolan, Board members extended well wishes to George Rodriguez, Lincoln CAB Chair.

### **NYC Health + Hospitals/Carter**

Mrs. Bolus introduced Benita Stembridge, Chairperson NYC Health + Hospitals/Harlem and invited her to present the CAB's annual report.

Ms. Benita began the Harlem CAB report by thanking members of the Committee for the opportunity to present and acknowledging Ms. Ebone Carrington, Chief Executive Officer and Philip Cooke, Associate Director, Public Affairs for always doing an excellent job and making the patient's experience a top priority. Ms. Stembridge shared the following highlights:

- Harlem's infectious Disease Division received an unexpected notice of award from Public Health Solutions, Master Contractor for the New York City Department of Health and Mental Hygiene from City Council as designated funding to provide prevention, education, outreach and support services that support a statewide plan to decrease new HIV infections.
- NYC Health + Hospitals/Harlem was also selected to participate in the Historic National Institute of Health's Precision Medicine Initiative. This study will help to improve health outcomes nationally.
- Announced the Cooper Hewitt Smithsonian Design Museum selected the Vertis Hayes Mural entitled "The Pursuit of Happiness" which graces the facade of The Mural Pavilion at NYC Health + Hospitals/Harlem to be featured in their Exhibit "By The People: Designing A Better America."
- Noted the facility's strategic priority is to improve the Patient Experience, increase access, increase market share and outreach.
- Reported that the patient care committee of the CAB works closely with the hospital's Patient Experience Officer and Director of Guest Relations to serve as secret shoppers. Continued and noted that members of the CAB give real time reports on the Patient Experience.
- Reported that the CAB actively attends monthly hospital committee meetings such as: Patient Advocacy Committee, Patient Safety Committee, Patient Experience Committee Emergency Preparedness, Medical/Dental Executive Committee

Ms. Stembridge concluded her report by stating "2016 was a great year, filled with obtaining knowledge, growth and accomplishments." Ms. Stembridge added that the Harlem CAB's Annual Public Meeting focused on understanding the "Roadmap to Mental Health." She closed by asking members of the Harlem CAB to stand.

**OLD BUSINESS**

**NEW BUSINESS**

**ADJOURNMENT**

The meeting was adjourned at 6:10 PM.

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

September 12, 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 (excused)  
Robert Nolan, Board Member  
Helen Arteaga-Landaverde, Board Member (excused)  
Stanley Brezenoff, Interim President, NYC Health + Hospitals

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island  
Carmen Benitez, representing (Chairperson, George Rodriquez) NYC Health + Hospitals/Lincoln  
Ludwig Jones, Chairperson, East New York/A Gotham Health Center  
Sharon Oliver-Henderson, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center  
Gary Delamothe (representing Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler)  
James Boneparte (representing, Chairperson, Anthony Andrews, Ed.D.) NYC Health + Hospitals/Queens  
Louise Dankberg, Chairperson, NYC Health + Hospitals/Bellevue  
Eartha Washington, NYC Health + Hospitals/Elmhurst  
Sylvia Lask, (representing Silvio Mazzella, Chairperson) NYC Health + Hospitals/Jacobi  
Esme Sattaur-Low, Chairperson, NYC Health + Hospitals/North Central Bronx  
J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan  
Benita Stenbridge, Chairperson, NYC Health + Hospitals/Harlem  
Warren Berke, Chairperson, NYC Health + Hospitals/Kings

**FACILITY COMMUNITY ADVISORY BOARD MEMBERS**

Brenda F. Harris, NYC Health + Hospitals/ Harlem  
Cheryl Alleyne, NYC Health + Hospitals/North Central Bronx  
Abena Smith, NYC Health + Hospitals/ Harlem  
Tim Law, NYC Health + Hospitals/Coney Island  
Glennes Bryant, NYC Health + Hospitals/Harlem  
Zorona Hamm, NYC Health + Hospitals/Harlem  
Patricia Roman, NYC Health + Hospitals/Coney Island  
Diane Dixon, NYC Health + Hospitals  
Bobby Lee, NYC Health + Hospitals/Bellevue

**NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF**

Colicia Hercules, Office of Board Affairs  
Patricia Lockhart, Office of Board Affairs  
Leonard Guttman, Office of Government Relations  
Bridgette Ingraham-Roberts, Office of Government Relations  
Kathleen Whyte, Office of Government Relations  
Manelle Belizaire, Office of Government Relations  
Robb Burlage, Office of Government Relations  
Renee Rowell, Office of Government Relations

**NYC HEALTH + HOSPITALS FACILITY STAFF**

Anthony Rajkumar, Chief Executive Officer, NYC Health + Hospitals/Coney Island

Christopher Mastromano, Chief Executive Officer, NYC Health + Hospitals/Jacobi

Angelo Mascia, Chief Executive Officer, NYC Health + Hospitals/Sea View

Mei Kong, Chief Operating Officer, NYC Health + Hospitals/Coney Island

Christine Contras, Sr. Associate Director, NYC Health + Hospitals/North Central Bronx

C. Jill Brooker, CAB Liaison, NYC Health + Hospitals/Bellevue

Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens

LaKeisha Weston, CAB Liaison, NYC Health + Hospitals/Coney Island

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

**GUESTS:**

Bobby Lee, Consumer

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 p.m. by Mr. Stanley Brezenoff, NYC Health + Hospitals Interim' President, who chaired the meeting on behalf of Mrs. Josephine Bolus, NP, BC. Mr. Brezenoff noted that a quorum had not been established and deferred the adoption of the Minutes of the May 2, 2017 meeting until the November 14<sup>th</sup> CRC Meeting.

#### **CHAIRPERSON'S REMARKS:**

Mr. Brezenoff began his remarks with a warm welcome to the first fall 2017 meeting of the Community Relations Committee of the Board of Directors. Mr. Brezenoff continued and thanked all who attended the Annual Marjorie Matthews Community Advocate Recognition Barbecue that was held on July 18<sup>th</sup>. Mr. Brezenoff explained that the event is NYC Health + Hospitals' way of recognizing and thanking members of the CABs and Auxiliaries for their support. He added that more than 200 CAB and Auxiliary members, leadership and facility staff were in attendance.

Mr. Brezenoff continued and highlighted key NYC Health + Hospitals events/activities that had occurred since May 2, 2017 meeting. He reported the following:

Mr. Brezenoff reported that over the summer months, there had been many initiatives that were launched across the health care system to improve community wellness; visibility and to promote NYC Health + Hospitals' services. Some of these activities included:

- Staff participating in the Puerto Rican Day Parade and LGBTQ Pride Parades
- NYC Health + Hospitals/Coney Island, Metropolitan, Queens and Woodhull serving as "pop-up" enrollment host sites for IDNYC
- Hosting farmers markets at our hospitals and community health centers across NYC, until November, to promote good nutrition and healthy eating habits
- Back-to-School events to promote the importance of physicals and immunization for children, before the start of the school year
- Launch of a new series of Health and Wellness Educational Events throughout Queens through collaboration between Elmhurst Hospital and Queens Library
- MetroPlus opening a new community office in Morris Heights in the Bronx.

Mr. Brezenoff continued and highlighted facility specific recognition and system-wide initiatives. Including:

- Elmhurst becoming the first hospital in Queens to receive "Gold" Safe Sleep Certification
- Woodhull becoming the first Brooklyn Hospital to receive Baby Friendly designation
- Our expansion of maternal depression screenings for pregnant women and new moms at all hospital-based pre-natal clinics and at Gouverneur. This is part of First Lady Chirlane McCray's ThriveNYC program to address mental health in the community. We expect to screen 15,000 patients over the next year through the expansion of the program.
- North Central Bronx becoming the first hospital in the Bronx to receive Certified Safe Sleep Designation from Cribs for Kids. According to Cribs for Kids, its National Safe Sleep Hospital Certification Program recognizes hospitals' commitment to making babies as safe as possible in their sleep environment and to eliminating as many sleep-related deaths as possible.

- Seven of our hospitals being recognized as a Best Hospital for 2017-18 for Heart Failure. Of those, three hospitals also earned Best Hospital for 2017-18 for Chronic Obstructive Pulmonary Disease (COPD) care. The rankings were published by U.S. News & World Report. Mr. Brezenoff presented the “high performing” public hospitals by borough as the following:

**Bronx:**

- NYC Health + Hospitals/Jacobi: Heart Failure
- NYC Health + Hospitals/Lincoln: COPD & Heart Failure

**Brooklyn:**

- NYC Health + Hospitals/Coney Island: COPD & Heart Failure
- NYC Health + Hospitals/Kings County: Heart Failure
- NYC Health + Hospitals/Woodhull: Heart Failure

**Queens:**

- NYC Health + Hospitals/Queens: Heart Failure

**Manhattan:**

- NYC Health + Hospitals/Metropolitan: COPD & Heart Failure

Mr. Brezenoff announced that NYC Health + Hospitals will once again partner with the Centers for Medicare and Medicaid Services to provide Health Insurance 101 Workshops at three of the health care system’s facilities. He added that the workshops will cover Medicare Parts A, B, C, and D; Medicaid basics; preventive services and what’s new for 2018 and beyond. These workshops will be held on:

- Tuesday, October 17, 2017, 8:30 AM – 1:00 PM at Kings County
- Wednesday, October 25, 2017, 8:30 AM – 1:00 PM at Lincoln
- Wednesday, November 15, 2017, 8:30 AM – 1:00 PM at Bellevue

Mr. Brezenoff concluded his remarks by asking all CAB Chairs to please save the date for this year’s annual CAB Conference. He added that this year’s Conference will be held on Thursday, November 2<sup>nd</sup> at Baruch College, and that details on this year’s conference would be forthcoming.

Before moving the agenda to the CAB’s annual reports, Mr. Brezenoff informed members of the Committee, CAB Chairs and invited guests that due to a conflict Joseph Tornello, CAB Chairperson, NYC Health + Hospitals/Sea View was unable to attend tonight’s meeting and his report was included in the packet of materials for all to read at their leisure.

**COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS**

## NYC Health + Hospitals/Coney Island

Mr. Brezenoff introduced Ms. Roseann Degenarro, Chairperson of NYC Health + Hospitals/Coney Island CAB and invited her to present the CAB's annual report.

Before presenting the CAB's report Ms. Degenarro conveyed Coney Island's CAB appreciation for Mr. Alvin Young's many years of dedicated services. Ms. Degenarro noted that the CAB will miss Mr. Young who willingly shared a wealth of knowledge and information. She added that the CAB wishes him all the best in his future endeavors.

Ms. Degenarro began her presentation by greeting members of the Committee and thanking them for the opportunity to present. She continued and acknowledged Anthony Rajkumar, Chief Executive Officer, Mei Kong, Chief Operating Officer, Lakeshia Weston, CAB Liaison and the leadership for their dedication and commitment to the CAB and the Coney Island community. Ms. Degenarro gave the following report:

Since the CAB's last report, Coney Island Hospital had received the following awards:

- Level III Patient Centered Medical Home (PCMH)
- Gold+ Award for the management of stroke patients from the American Heart Association
- Gold Safe Sleep Hospital Certification recognition -the highest award form Cribs for Kids' National Safe Sleep Hospital Certification Program for its commitment to best practices and education on infant safe sleep. She noted that Coney Island Hospital is the city's first public hospital to receive "Gold" recognition.
- The hospital was recognized by US News & World Report as "high performing" for heart failure and COPD care.

Ms. Degenarro highlighted several new programs and initiatives during the past year:

- July 6, 2016 Ribbon Cutting Ceremony for the Emergency Department Critical Care Unit
- OB/GYN started a Women's Cardiovascular initiative to provide follow-up care for women with preeclampsia and eclampsia to minimize the risks of strokes and heart attacks
- Dec 6, 2016— Launch of the Lactation Lounge for visiting mothers and employees. The President of Delta Children outfitted the lounge.

Ms. Degenarro stated that the hospital is continuing its work on the FEMA projects post Sandy. She highlighted the following projects:

- Construction for the Outpatient Radiology Department to be completed by the end of October 2017
- Construction of the 1<sup>st</sup> floor is near completion. This area will be occupied by staff who were located in Building #6 (Human Resources, Payroll, PAGNY, and Engineer).

Ms. Degenarro stated that NYC Health + Hospitals/Coney Island persistently reviews the

Patient Satisfaction Survey results. The biggest challenge is the inpatient area. She added that initiatives have been put in place to improve the scores.

Ms. Degenarro concluded her presentation by requesting that the NYC Health + Hospitals/Coney Island become a Level 1 Trauma Center. Ms. Degenarro continued and explained that it takes approximately one (1) hour to get to the nearest Trauma Center (Maimonides). She is aware that but stated that “It takes money, planning and time but aren’t the lives of those living and visiting Coney Island worth it?”

Mr. Robert Nolan, Committee member referred to page (7) of the CAB’s report and asked “what happened that improved the operations in the Emergency Department (ED)”?

Mr. Anthony Rajkumar, Chief Executive Officer, NYC Health + Hospitals/Coney Island responded that the opening of a new suite and increase in physicians helped to improve operations in the ED.

Referring to NYC Health + Hospitals/Coney Island becoming a Level 1 Trauma Center, Mr. Bobby Lee, community resident, recommended that the CAB should raise the issue with their elected State representatives.

## **NYC Health + Hospitals/Jacobi**

In the excused absence of Jacobi CAB Chairperson, Mr. Silvio Mazella, Mr. Brezenoff introduced Ms. Sylvia Lask, Vice Chairperson and invited her to present the CAB’s annual report.

Before presenting Ms. Lask, on behalf of Jacobi’s CAB, expressed appreciation and gratitude for Mr. Young’s many years of dedication and commitment to the North Bronx community.

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

Ms. Lask highlighted special CAB sponsored events, supported by the facility which included:

- The Annual 9/11 Memorial event, which was attended by CAB members, community members, elected officials, district leaders, staff and patients. Ms. Lask added that the event was held at the 9/11 Jacobi Memorial Garden that was established and designed to pay homage to the Bronx victims of 9/11. She noted that this memorial garden is always accessible to the public.
- The CAB’s Legislative Forum, which focused not only on legislative and fiscal issues that impact healthcare, but also on the critical role public hospitals play in responding to emergencies and crisis.



- The CAB's Annual Mental Health Conference, which focused on access to safe and supportive housing for those with mental illness. Ann Sullivan, MD, Commissioner, NYS Office of Mental Health, provided opening remarks.
- Jacobi's unique "Stand up To Violence" program, a partnership with Senator Klein, is the first hospital-based cure violence program in New York State. Ms. Lask added the program sends messengers into neighborhoods where gun violence is high to educate and intercede.

Ms. Lask reported that the significant health issues facing the North Bronx community include obesity, diabetes, asthma, mental health issues, gun violence and opioid abuse. The CAB learned about these serious illnesses and the hospital's scope of services and unique programs to address these and other health issues at the CAB's monthly meetings. She added that the CAB is kept informed of Jacobi's Comprehensive Addiction Center's services and the community outreach efforts to promote awareness.

Ms. Lask concluded her presentation by stating, "The CAB is proud of Jacobi's long history of medical accomplishments and innovations, unique services and programs, and staff who are dedicated, knowledgeable and compassionate."

Mr. Nolan referred to page (3) of the CAB's annual report and noted that the most frequent complaints raised included wait time in the ER for relatively minor illnesses.

Mr. Christopher Mastromano, Chief Executive Officer responded and noted that NYC Health + Hospital/Jacobi had experienced a staffing issue.

Mr. Lee complimented NYC Health +Hospitals/Jacobi on its new 3D imaging technology.

### **NYC Health + Hospitals/North Central Bronx**

Mr. Brezenoff introduced Ms. Esme Sattaur-Low, Chairperson of NYC Health + Hospitals/ North Central Bronx and invited her to present the CAB's annual report.

Ms. Sattaur-Low began her presentation by thanking members of the Committee for the opportunity to present. Referring to the former NYC Health + Hospitals' network structure, Ms. Sattaur-Low informed the Committee that the NCB CAB over the past had been focused on becoming an independent CAB. Ms. Sattaur-Low continued and the following overview was presented:

- The most significant health issues in the North Bronx community continues to be diabetes, high blood pressure, obesity and mental illness. Ms. Sattaur-Low stated that to deal with these health issues, the hospital's leadership encourages each department to do educational outreach. She explained that clinical staff would go to various community events passing out educational material that teaches healthy

nutrition and provide blood pressure screenings in addition to referrals. Ms. Low added that information about how to get health insurance is also provided.

- NYC Health + Hospitals/North Central Bronx wants to be one of the safest hospitals in the nation; therefore, the leadership holds daily safety huddles to discuss any and all issues that affect patient safety.
- During regularly scheduled monthly meetings, the hospital leadership update the CAB members on any new facility plans and programs. Ms. Sattaur-Low noted that at these meetings, the CAB also discuss patient satisfaction, appointment availability and cycle times.

Ms. Sattaur-Low concluded her presentation by informing members of the Committee that in the coming year, CAB members and leadership look forward to recruiting and filling the CAB vacancies, and to establish North Central Bronx's committee structure.

Mr. Nolan informed Ms. Sattaur-Low that he would assist the CAB in their recruitment efforts by reaching out the Bronx Borough President's office for support.

## **OLD BUSINESS**

## **NEW BUSINESS**

Mr. Ludwig Jones, Chairperson NYC Health + Hospitals/East New York, commented on the issue of behavioral health and children.

Mr. Brezenoff informed the Committee, CAB Chairs and invited guests that NYC Health + Hospitals is the single largest provider of behavioral health services in the City. He noted that the Mayor has made a commitment and working very closely with the NYC Department of Health and Mental Hygiene to address the issue. Mr. Brezenoff noted that no other City comes close to what New York is doing.

Mr. Ed Shaw, Chairperson NYC Health + Hospitals/Metropolitan announced that he attended the NY Association on HIV over 50 Conference in Washington D.C. Mr. Shaw stated that the conference was well attended and informative.

For the purpose of sharing information, Mr. Shaw distributed information on the Fully Integrated Duals Advantage (FIDA) - A New Choice for Adults with Medicare and Medicaid Booklet.

## **ADJOURNMENT**

The meeting was adjourned at 6:25 PM.

## RESOLUTION

Adopting a revised Policy and Guidelines governing Community Advisory Boards (CABs) in all NYC Health + Hospitals' facilities.

**WHEREAS**, the Board of Directors of NYC Health + Hospitals adopted Policy and Guidelines for CABs on January 7, 1982; amended such guidelines on July 16, 1987; February 27, 1992; and on March 26, 1992;

**WHEREAS**, the Board of Directors has recognized the need to update the Policy and Guidelines to meet current CAB and facility needs throughout NYC Health + Hospitals' system, especially pertaining to CAB membership terms, number of voting members, new background screening requirement for CAB applicants and members, and resolution of disputes;

**WHEREAS**, the Office of Government and Community Relations of NYC Health + Hospitals in consultation with the Community Relations Committee of the Board of Directors has been working on revising the Policy and Guidelines with extensive input from the CABs;

**NOW THEREFORE, BE IT RESOLVED**, that the revised Policy and Guidelines for Community Advisory Boards, dated November 30, 2017 (annexed hereto) be adopted as the Policy and Guidelines governing the Community Advisory Boards in all NYC Health + Hospitals' facilities, in accordance with McKinney's Unconsolidated Laws, Title 18, Section 7384.11.





## PROPOSED AMENDMENTS TO NYC HEALTH + HOSPITALS' POLICY AND GUIDELINES FOR COMMUNITY ADVISORY BOARDS

### EXECUTIVE SUMMARY

#### Overview

NYC Health + Hospitals' enabling statute calls for the establishment of Community Advisory Boards (CABs) to consider and advise the Corporation and its facilities on matters concerning the development of any plans or programs. CABs discuss and advise facility leadership on: the establishment of priorities in relationship to community health needs and /or plans; the allocation of funds within the facility's budget; quality of services which patients receive, and the mechanism for reporting problems or issues that develop; and the community's views on the delivery of patient care services. CABs represent the views of the community in the health care facility's decision-making process, they keep the community informed and serve as major advocates of NYC Health + Hospitals' goals and objectives within their communities.

NYC Health + Hospitals' CAB Policy and Guidelines governs the way that CABs operate in all NYC Health + Hospitals facilities. The current CAB Policy and Guidelines that is in effect was last amended on March 26, 1992, nearly 25 years ago. The process to amend the CAB Policy and Guidelines began in fall 2014. Facility leadership staff were asked to provide input on March 26, 2015; and proposed amendments have been shared with the executive committee and/or the Council of CABs specifically in August 2015, July 2016, August 2017 and October 2017. An update on key proposed amendments was presented to the Council of CABs on April 4, 2017. A meeting to discuss CAB's concerns was held with CAB Chairs on May 12, 2017. In addition to input from the Council of CABs, the proposed amendments were discussed with NYC Health + Hospitals' Office of Legal Affairs, the Compliance Office, the Board Chair and Chair of the Community Relations Committee of the Board. A draft of the amended CAB Policy and Guidelines were also sent to the five Borough Presidents for their review and input.

The CAB Policy and Guidelines is being updated to meet current CAB and facility needs throughout the NYC Health + Hospitals system and to facilitate consistent and standard practices across the system with regard to CAB operations. The proposed amendments to the NYC Health + Hospitals' CAB Policy and Guidelines are described below.

## **CAB Membership Terms**

The draft amended CAB Policy and Guidelines proposes a change in CAB membership terms from three 3-year terms to three 2-year terms, not to exceed six years. This proposed change allows for congruity of terms between the CABs and the Community Boards and eliminates the propensity of a Community Board appointment to be interrupted by incongruent terms of appointment. Moreover, this change will also allow for CABs to assess CAB members' engagement and productivity on a more frequent basis while still providing options for longer service.

The term for CAB officers will be for two years and no officer of a CAB will be allowed to serve more than two consecutive terms or four years in the same office.

## **Number of Voting Members**

The draft amended CAB Policy and Guidelines proposes to reduce and consolidate the range of voting members across all facility types to a range of 15 to 27 members, with such members being demographically representative of the diverse population of the community served by the NYC Health + Hospitals facility. This reduction is being proposed because a vast majority of CABs have been challenged to recruit the current minimum number of voting members, which is 15 for Gotham sites and 24 for acute care facilities. Currently, the average CAB membership for acute care hospitals is 18 and 13 for Gotham and skilled nursing facilities. Reducing the number of voting members will provide a realistic target for facilities based on experience to date.

## **New York City Community Boards**

The language concerning representation of New York City Community Boards (NYCCB) on CABs has been updated to reflect that Community Board appointees will now be considered in the total complement of members appointed by the Borough President. Moreover, a provision has also been added that if a NYCCB member who is appointed to a CAB becomes an employee of the facility or the affiliate, a corporate officer or a corporate employee who holds a direct supervisory position of the CABs or an organization that gets grant funding from NYC Health + Hospitals, that member will no longer be eligible to serve on the CAB. The CAB must request that the NYCCB designate another member who is not an employee.

## **Resolution of Disputes**

In response to comments by members of the Council of CABs, the current sections on Discontinuance/Establishment of a CAB and Exceptions and Due Process were revamped in the amended draft of the CAB Policy and Guidelines. A new section was created called Resolution of Disputes. This new section calls for CABs to resolve disputes and conflicts within the CAB and for CABs to establish dispute resolution processes. Language recommended by the Council of

CABs was added to this section, which states that, “As a last resort, the President, or his/her designee, in consultation with the facility’s CEO and the Chairperson of the Council of CABs or their respective designees, may intervene in any way deemed appropriate, including but not limited to the discontinuance and reestablishment of a CAB or the termination of membership of one or more CAB members.”

### **Other Updates**

There are other minor updates that were made to the current CAB Policy and Guidelines. These minor changes include updating the name of the organization to reflect our new name, which is NYC Health + Hospitals. Language was also added to direct CABs to other resources like Roberts Rules of Order to aid CABs with developing their Bylaws and to provide guidance on parliamentary procedures to help CABs to operate in a smooth and orderly fashion. In addition to minutes of meetings, CAB annual report, and roster of members, CABs are also asked to provide their updated Bylaws to the Office of Government and Community Relations. The draft guidelines also advises CABs to submit requests for clarification regarding the interpretation and/or how the provisions of the policy and guidelines should be applied to the Office of Government and Community Relations.

### **New Background Screening Requirement for CABs**

Like all other volunteers, workforce and contractors, a limited scope background check screening requirement for all new CAB applicants and renewing CAB members prior to their appointment or re-appointment to an NYC Health + Hospitals CAB has been added to the draft amended CAB Policy and Guidelines. This background screening requirement applies to all CAB applicants who are being appointed by the President of the NYC Health + Hospitals and by the Borough Presidents. It has two components. The first is a screening to determine if a CAB member is excluded from participating in federal health care programs (*e.g.*, Medicare and Medicaid) or is debarred by the federal General Services Administration (GSA) from any Executive Branch procurement or non-procurement program or activities; and the second screening is a criminal history record check.

The exclusion screening is being implemented to ensure NYC Health + Hospitals’ compliance with the Center for Medicare and Medicaid Services’ (CMS) requirement that our workforce members (*i.e.*, employees, personnel, medical staff members, students, Members of the Board of Directors, and volunteers), and business partners (*i.e.*, vendors and other contractors) are periodically screened to determine if they are excluded from participating in federal health care programs or debarred by the GSA from procurement or non-procurement activities. Because our CAB members are NYC Health + Hospitals volunteers, the Office of Corporate Compliance has determined that this screening requirement must also include all CAB members. Accordingly, monthly exclusion screenings will also be conducted on the current CAB membership, which is also conducted for all other NYC Health + Hospitals volunteers, as well as all other workforce members. It is important to highlight that this screening is necessary to secure NYC Health + Hospitals’ ability to participate in the Medicare and Medicaid programs. This screening will entail

a review of databases including the following three publically available databases: (i) NYS Office of the Medicaid Inspector General (NYS OMIG); (ii) Office of Inspector General of the Department of Health and Human Services (Federal OIG); and (iii) and the System for Award Management (SAM) database.

In addition to the above, the exclusion screening is being performed to ensure each CAB member's compliance with the NYC Health + Hospitals Principles of Professional Conduct (POPC). The POPC outlines the standards of conduct that all workforce members, including volunteers such as CAB members, must adhere to at all times. It is deemed unprofessional conduct under the POPC for NYC Health + Hospitals to establish a volunteer relationship with any person who is excluded from participation in federal health care programs.

NYC Health + Hospitals' Operating Procedure (OP) 20-46 provides the process for background investigations for volunteers and non-employees who work within our facilities. This OP is currently being revised and will specifically name CAB members as volunteers who are covered under this OP. Like all other volunteers and non-employees, new CAB applicants and renewing CAB members will be subject to a criminal history record check, prior to being appointed or re-appointed to a CAB.

To help facilitate this new background screening requirement, the CAB Membership Application has been revised to collect CAB applicants' date of birth and to secure applicants' agreement to have a background screening conducted.

## **Conclusion**

In summary, the CAB Policy and Guidelines was last amended in March 1992, more than 25 years ago. Key changes that are being proposed include changes such as: CAB member term limits, number of voting members, Community Board representation on CAB, and the addition of a dispute resolution provision. Amending the CAB Policy and Guidelines will: provide long overdue clarity on key issues that have come up over the years, standardize CAB operations across the system, and will improve the overall efficiency and effectiveness of NYC Health + Hospitals' CABs.



# **Updated Policy & Guidelines for Community Advisory Boards (CAB)**

**November 2017**



## CAB Policy & Guidelines Amendment Timeline

- Policy and Guidelines last amended in **March** 1992 ~ 25 years ago!
- Meetings with CAB Council Executive Committee to discuss amendment of Policy and Guidelines
- Draft amended guidelines circulated to CAB Chairs -- comments reviewed and language included

## Proposed Key Amendments to CAB Policy & Guidelines

- CAB Terms of Appointment
  - CAB membership terms will change from three 3-year terms to **three 2-year terms, not to exceed a total of six years**
  - The length for an officer's term will be 2-years. **No officer will serve more than 2 consecutive terms**
- Number of Voting Members
  - Change from 15 to 35 to **15 to 27 members**
- New background screening requirement for CAB members and applicants
  - Align with NYC Health + Hospitals' background screening policy for all volunteers (OP 20-56)
  - Compliance screening required by the Centers for Medicare and Medicaid Services (CMS)

## Proposed Key Changes to CAB Policy & Guidelines

- NYC Community Board Representation on CABs
  - Community Board appointees will be considered in the total complement of members appointed by the Borough President, which should not exceed 1/3 of CABs' membership
- Exceptions, Appeals and Due Process section revamped to create two new sections – “Exceptions” and “Resolution of Disputes”
  - Under new Resolution of Disputes section:
    - ✓ CABs are to resolve disputes and conflicts within the CAB and establish dispute resolution processes
    - ✓ New language recommended by the Executive Committee of the Council of CABs was added. It states that, “As a last resort, the President, or his/her designee, in consultation with the facility’s Chief Executive Officer and the Chairperson of the Council of Community Advisory Boards or their respective designees, may intervene in any way deemed appropriate, including but not limited to the discontinuance and reestablishment of the CAB or the termination of membership of one or more CAB members.”

## Changes & Next Steps

- CAB Policy and Guidelines reviewed by the Office of Legal Affairs
- Amended the CAB Application to include notification of the new background check requirement, to obtain certification of agreement to having a background check and to request CAB applicant's date of birth
  - CAB application reviewed by the Office of Compliance and Office of Legal Affairs
- Next Steps
  - Brief Borough President's staff
  - Presentation to the Community Relations Committee of the Board of Directors - November 2017
  - Presentation to the Board of Directors for approval November 2017





**POLICY AND GUIDELINES**  
**FOR**  
**COMMUNITY ADVISORY BOARDS**

**Adopted February 27, 1992**  
**Amended March 26, 1992**  
**And November 30, 2017**

Draft

## **PREAMBLE**

The enabling act which created the New York City Health and Hospitals Corporation, Unconsolidated Laws, Title 18, Section 7384.11 provides: "The Corporation shall establish a Community Advisory Board for each of its hospitals to consider and advise the corporation and its hospitals upon matters concerning the development of any plans or programs of the corporation, and may establish rules and regulations with respect to such boards." Corporation means NYC Health + Hospitals, and hospitals includes the neighborhood health centers and long term care facilities. The following revised Guidelines which detail the workings of CABs in alignment with NYC Health + Hospitals' focus on expanding access to patient-centered and culturally-sensitive care are promulgated.

## **GUIDELINES**

### **I. ORGANIZATION**

- A. There will be one Community Advisory Board (CAB) for each NYC Health + Hospitals facility. All meetings of the CAB and its committees will be open to the public in accordance with the NYS Open Meetings Law, also known as the Sunshine Law.
- B. Each CAB will adopt Bylaws, which will enable it to function effectively. This may include adopting rules which govern General Limits of Debate and Decorum in Debate (see Robert's Rule of Order). Such rules may assist the carrying on of debate in a smooth and orderly manner as may be appropriate to serve CAB needs. The CAB will submit these Bylaws and any subsequent repeal or amendment to them to the facility's Chief Executive Officer or Executive Director for comments prior to requesting approval of the President of NYC Health + Hospitals. The Bylaws, and any subsequent repeal or amendment will be subject to the review and approval of the President of NYC Health + Hospitals or his/her designee and may not be in conflict with the Bylaws of NYC Health + Hospitals, those policies adopted by the Board of Directors concerning CABs or these or any other guidelines promulgated thereunder.



- C. The number of members on CABs may vary according to the needs of the facilities and the communities served and membership will be consistent with those policies and guidelines approved by the Board of Directors.
- D. Each CAB may have between 15 to 27 voting members. CABs should strive to ensure that such members are representative of the diverse population of the communities served by NYC Health + Hospitals' facilities.

## **II. RESPONSIBILITIES OF THE CAB**

- A. Each CAB will consider and advise NYC Health + Hospitals and the facility upon matters concerning the development of plans and programs of NYC Health + Hospitals and the facility.
- B. Each CAB will by request during regular CAB meetings or as otherwise appropriate be made aware of and given the opportunity to discuss and advise the Chief Executive Officer of the facility on the following:
  - 1) The establishment of priorities in relationship to the most recent community needs assessment and or strategic plans
  - 2) The facility's budget
  - 3) Services which patients receive, reports on problems or issues which develop, and the facility leadership's actions to improve any deficiencies and the patient experience
  - 4) Collaborations with other entities including community-based organizations (CBOs), community boards, other governmental agencies and health care providers

5) Other health care and social needs that may be relevant to the health of the community served by the facility

C. The CAB is responsible for soliciting and representing the view of the community in the facility's catchment areas. It is a responsibility of the CAB to help ensure that the facility's Chief Executive Officer is kept informed of the community's views relating to the delivery of patient care services. It is also the responsibility of the CAB to help ensure that the community is kept informed of the strategic plans and goals of NYC Health + Hospitals and its respective facilities. These responsibilities may be accomplished during CAB reports at the CABs' Annual Public Meetings.

D. The CABs may consult with outside entities in carrying out their duties and responsibilities.

E. CABs will not become involved in any manner (including discussion) in any labor or management issues. This includes grievances, negotiations, disciplinary proceedings, the hiring or firing of any employee, and any other labor management issue in any NYC Health + Hospitals facility.

F. Each CAB will provide the following information and documents to NYC Health + Hospitals' Office of Government, Community Relations and Planning:

- 1) Minutes of full Community Advisory Board meetings
- 2) Annual CAB Activity Report to the NYC Health + Hospitals Community Relations Committee
- 3) Accurate and up-to-date roster of members as prescribed by NYC Health + Hospitals, including appointment categories, date of original appointment and terms served
- 4) Updated By-laws

- G. Each CAB by its designee(s) shall participate on any committee established by NYC Health + Hospitals for the selection of its facility's Chief Executive Officer. If it is determined that a Chief Executive Officer will be appointed without the establishment of a search committee, NYC Health + Hospitals' leadership will inform the CAB's leadership of such plans prior to the appointment being made.
- H. Each CAB Chairperson or an alternate representative that is selected by the full CAB will participate in the Council of Community Advisory Boards.
- I. Each CAB will hold its general election of officers during the month of June. Elected officers shall not be seated until the month of September of the election year.

### **III. MEMBERSHIP**

CAB membership will consist of the following categories:

- Community Representative
- Consumer
- New York City Community Board (NYCCB)
- Non-Managerial Employee Representative
- Ex-Officio

#### **A. Community Representative**

A Community Representative will reside, be employed, or be involved in the community served by the facility.

## **B. Consumers**

- 1) A consumer member will be at least 18 years of age, not a direct provider of health care, and a registered patient who utilizes a NYC Health + Hospitals facility as his/her primary source of health care services (Inpatient, Ambulatory, Long Term/Post-Acute Care) within the past 24 months.
- 2) A consumer member may also be the parent or legal guardian of a person who utilizes the facility as his/her primary source of health care services as described above.
- 3) Consumers will constitute at least a majority (51%) of the CAB's membership.

## **C. New York City Community Boards**

New York City Community Boards (NYCCB) will have representation appointed by the Borough President on CABs. Community Board appointees will be considered in the total complement of members appointed by the Borough President as set forth in Article IV section E.

The Borough President's appointments should be in the following preferred order:

- Chairperson of the Health Committee;
  - Member of the Health and/or Social Services Committee; or
  - Member of the NYCCB
- 1) CAB members who are appointed from the NYCCB shall have the following additional responsibilities:
    - a. To act as a liaison between the CAB and the NYCCB, ensuring that both are informed about their respective concerns, interests and actions regarding community

health planning and NYC Health + Hospitals facility needs.

- b. NYCCB representatives shall notify the Community Advisory Boards of NYCCB actions affecting the NYC Health + Hospitals facility or health services within the area prior to such action being taken. Such notification should foster discussion and feedback by the CAB and/or Chief Executive Officer regarding the proposed actions.

- 2) If a NYCCB member who is appointed to a CAB becomes an employee of the facility or the affiliate, a corporate officer or a corporate employee of NYC Health + Hospitals who holds a direct supervisory position of the CABs, or an employee of an organization that gets grant funding from NYC Health + Hospitals, that member will no longer be eligible to serve on the CAB. The CAB must request that the NYCCB designate another member who is not an employee (as described above) to the CAB.

#### **D. Non-Managerial Employee Representative**

There shall be one non-managerial employee representative on a CAB, who will be selected or elected from among the non-managerial employees of each facility. The term of appointment and method of selection/election of the non-managerial employee will be set forth in the CAB Bylaws.

#### **E. Ex-Officio Membership**

The following representatives are designated to serve as non-voting, ex-officio members to their respective CABs:

- Chief Executive Officer of the Facility or his/her designee

- The facility's Medical Director or his/her designee
- The facility's Director of Nursing or his/her designee

## **F. Exclusions from Membership**

Persons excluded from membership are:

- 1) Employees of the facility or the Affiliate (except as set forth in sections D and E above), corporate officers, and corporate employees of NYC Health + Hospitals who hold a direct supervisory position of the CABs
- 2) Members of CABs who become employees of the facility or the affiliate (except as set forth in sections D and E above) corporate officers, and corporate employees who hold a direct supervisory position of the CABs
- 3) People who are employed by or whose spouses are employed by a vendor in a contractual relationship with the facility or with NYC Health + Hospitals
- 4) Salaried elected officials, or their authorized representatives
- 5) Persons who have been excluded from participation in any Federal health care program (e.g. Medicare and Medicaid), debarred by the General Services Administration from Federal procurement or non-procurement programs or who appear on the U.S. Treasury Office of Foreign Assets Control list. Exclusion from participation in the foregoing programs is unrelated to an individual's ineligibility to receive personal Federal health care program benefits.

## **TERMS OF APPOINTMENT**

### **A. Appointment Date**

All CAB members will have effective appointment dates that begin September 1<sup>st</sup> and end on August 31<sup>st</sup>.

### **B. Duration**

Each CAB member may serve up to three 2-year terms not to exceed a total of six years.

### **C. Composition**

Newly established CABs will be constituted as follows:

1. One-third of members will be given a one year term. Thereafter, all appointees will serve for terms of two years. Consequently some members may serve three terms totaling only five years.
2. Two-thirds of the members will be given two year terms.

### **D. Re-appointment**

CAB members who are eligible and wish to serve additional terms must be reappointed following the completion of each 2-year term. CAB members who have served three consecutive terms will not be eligible for membership on the facility's CAB until one (1) full year from the last date he/she served.

## **E. CAB Officer Term**

The length for an officer's term will be two (2) years. No officer of a CAB can serve more than two (2) consecutive terms in the same office.

## **F. Unexpired Terms**

Unexpired terms are considered vacancies. If a seat becomes vacant with more than half the term remaining, when filled, the new appointee will serve the remaining unexpired portion of the term. If a seat becomes vacant with less than half the term remaining, when filled, the new appointee will serve for the full term consistent with the terms of appointment. The termination date must be consistent with the standard term begin and end dates. Bylaws should include a timetable to act on filling a vacancy.

## **IV. APPOINTMENT OF MEMBERS**

- A. Appointments to the CABs will be made only by the President of NYC Health + Hospitals and by the Borough President.
- B. Each CAB must establish a membership committee to recruit candidates for the Chief Executive Officer's consideration and subsequent recommendation for appointment by the President. The facility's CAB Liaison will also be a member of this Committee. This applies to those staff persons with CAB responsibilities.
- C. The facility's CAB Liaison is responsible for ensuring that the CAB's Membership Committee is provided with all information concerning prospective applicants.
- D. Prior to an appointment, prospective applicants are subject to Operating Procedure 20-56 - Background Investigation of Volunteers and Other Non-Employees Working in NYC Health +



Hospitals facilities and NYC Health + Hospitals Principles of Professional Conduct (POPC).

- E. The Borough Presidents will appoint not more than one-third (1/3) of the CAB membership.
- F. The Chief Executive Officer may petition the President or Borough President to grant an additional term (beyond duration cited in IV B.) to a CAB member if extenuating circumstances exist. The petition must describe the extenuating circumstances in detail.

## **V. FISCAL AND ADMINISTRATIVE SUPPORT**

- A. The facility shall, with the participation and input of the facility's CAB Chairperson or designee, assign personnel to assist the CAB in its work.
- B. Each CAB will be provided adequate and appropriate office and meeting space.
- C. CAB members will be reimbursed for expenses incurred in the performance of their duties as CAB members, and for expenses incurred to attend meetings up to and including \$35.00 per month in accordance with Operating Procedure 40-28.
- D. The Chief Executive Officer will reimburse additional cost to the member of the CAB responsible to represent the CAB at the Council of CABs or (subject to prior approval) any other meeting occurring off-site of the facility, if the \$35.00 monthly allotment is exceeded.
- E. Provision of funds for special purposes such as transportation for persons who are physically unable to use public transportation to participate in CAB activities will be made upon prior review and approval by the Chief Executive Officer.

F. The NYC Health + Hospitals Office of Government and Community Relations will provide advice, information and technical assistance as may be required by CABs. This office will act as liaison with all other departments of the NYC Health + Hospitals.

## **VI. INTRA-HOSPITAL RELATIONSHIP (Departmental Reports)**

A. The Chief Executive Officer is responsible for the operation of the facility and for the application and implementation of established policies. He/she will provide regular oral or written reports to the CAB on developments which affect the delivery of health care.

B. To the extent permitted by law, and policies of the NYC Health + Hospitals, CABs are entitled to complete current information, and shall have access to:

- 1) Information on personnel policies and procedures that affect the operation of the facility.
- 2) Policies and procedures and rules of the facilities and the affiliate that affect patient care.
- 3) Descriptions and protocols of all current and projected research being carried out in the facility.
- 4) Copies of affiliation contracts and all side letters minus personnel information.
- 5) Appropriate information on patient care services and procedures to the extent permitted by law and by policies of NYC Health + Hospitals and the Patient's Bill of Rights consistent with HIPAA Regulations.
- 6) Public documents including, but not limited to, financial or budgetary reports and regulatory survey reports at the time they are formally released by NYC Health + Hospitals.

- C. The CAB will not be given protected health information, quality assurance information, or information deemed confidential or proprietary.

## **VII. GRANT FUNDED PROGRAMS**

When a granting agency requires a grant funded program to have an advisory board, NYC Health + Hospitals or the NYC Health + Hospitals facility may authorize the facility's CAB to serve in that capacity. The CAB authorized to perform such functions must comply not only with the grant funding agency's requirements, but also with these Policy and Guidelines.

## **VIII. COUNCIL OF COMMUNITY ADVISORY BOARDS**

- A. There shall be a Council of Community Advisory Boards composed solely of Chairpersons of NYC Health + Hospitals' facility CABs or his/her selected alternate representative. The CAB Chairperson or alternate representative must attend meetings of the Council of Community Advisory Boards. The Council will represent the CABs of the NYC Health + Hospitals facilities at the various meetings of the NYC Health + Hospitals Board of Directors and/or its Committees and will act as liaison between the CABs of the facilities and the Board of Directors of the NYC Health + Hospitals.
- B. The Executive Committee of the Council of CABs will meet at least four times per year with the Community Relations Committee of NYC Health + Hospitals' Board of Directors. This body will provide the Community Relations Committee with concerns and input related to the Council of the Community Advisory Boards in accordance with these guidelines.

## **IX. RESOLUTION OF DISPUTES**

- A. Requests for clarification regarding the interpretation and/or how the provisions included herein are applied should be submitted or brought to the attention of NYC Health + Hospitals' Office of Government and Community Relations.
- B. CABs will make every effort to resolve disputes and conflicts within the CAB. As such, CABs should develop dispute resolution processes.
- C. As a last resort, the President, or his/her designee, in consultation with the facility's Chief Executive Officer and the Chairperson of the Council of Community Advisory Boards or their respective designees, may intervene in any way deemed appropriate, including but not limited to the discontinuance and reestablishment of the CAB or the termination of membership of one or more CAB members.

#### **X. ESTABLISHMENT/ DISCONTINUANCE OF A CAB**

- A. As NYC Health + Hospitals' role in providing health care services and facilities broadens, NYC Health + Hospitals may seek to create additional CABs or broaden roles of existing CABs.
- B. For a new NYC Health + Hospitals facility, the facility Chief Executive Officer will develop a plan for the establishment of a CAB for his/her facility, which should be consistent with these Policy and Guidelines and be subject to the approval of the President of NYC Health + Hospitals.
- C. A CAB may be discontinued by the President if the facility it serves is closed permanently.

## **XI. EXCEPTIONS TO POLICY**

The President may grant exceptions for any of the provisions outlined herein upon request made by the CAB or facility's Chief Executive Officer.

September 28, 2017

Draft





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

**NYC Health + Hospitals/Bellevue**

**I. COMMUNITY NEEDS**

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

Needs:

- Need for sub-acute /Post Hospital Care Facility
- Substance Abuse/ High Opioid Abuse
- Hospice Care
- Residential Day Care for Seniors

Concerns:

- Closings of local hospitals in the catchment area of NYC Health + Hospitals/Bellevue
- Too many Urgent Care Centers not affiliated with NYC Health + Hospitals/Bellevue
- Call center needs to be updated to handle number of calls

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

X Community Board(s) meetings  
Meetings

X Other Public

X Needs Assessments X Surveys  
Profile Data

X Community Health

X Reports from Community Organizations

X Other Activities (please list)\*

\*Public sessions

\*Tours of Facility

\*Communication with elected officials

\*Outreach with local community organizations focused on monthly health initiatives.

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

yes  no

- If yes, please give examples of what the facility leadership is doing.
- Monthly meeting with staff
- "Ask the CEO" meetings open to all staff
- Monthly reports to the CAB
- Weekly meetings with hospital leadership (Cabinet)
- Executive Rounds

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Monthly meeting with staff "Ask the CEO"
- Monthly reports to the CAB
- Employee Safety Survey
- Staff Engagement
- Access
- Quality Outcomes
- Staff Recognition

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

- Meetings with the full board
- Work with Patient Advocacy to ensure patient satisfaction
- Resolutions:
  - NYS Assembly Bill A92370
  - Senate Bill 913

(See attached copies of resolutions)

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

yes  no



- The CAB receives reports from the COO who updates the CAB on projects. In particular, our hospital has shown us how the dollars received from FEMA (from Storm Sandy) will be spent to ensure the facility does not flood in the future
- Information received on DSH funding and the lack of receiving funds for 2017
- Information on DISRIP Funding for the facility

### **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 Wait Time in clinics and in making follow up appointments
- Long wait times in Pharmacy
- More monitoring of cleanliness of bathrooms on ground floor of facility
- Need to increase the number of clinical staff
- Front Line staff in need of training on professionalism

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

- Great medical care
- No patient turned away regardless of their ability to pay
- Hospital open to immigrants
- Generally the facility is cleaner

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

Yes

No

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

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

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

Yes

No

#### IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 35
2. What are current numbers of members? 21 What are current numbers of vacancies? 14
3. What were the membership recruitment activities conducted by CAB this year?

- Local Health Fairs and community actives

- 13<sup>th</sup> Precinct Night Out Against Crime
- Legislative Breakfast
- Health Awareness Campaigns at the facility
- Recruitment in Ambulatory Care Clinic waiting areas
- CAB Brochures
- Outreach at local Libraries, Senior Centers and at local Community Boards

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? Yes  
Please list committees and briefly describe their responsibilities.

**Patient Advocacy**

Purpose: The committee works to assure that all patients are treated in accordance with the *Patient's Bill of Rights*, and works toward that end with the Office of Patient Advocacy to assure that it is supported and resourced to effectively represent patients' interests. The Committee also identifies access problems, makes recommendations for their correction and monitors the results.

**Psychiatry**

Purpose – The committee is informed of the psychiatry services NYC Health+Hospitals/Bellevue offers to assure that they meet the needs of the community in terms of problems and resources available for the community. It also seeks to have the community informed about the services which are available, and to try and assure that Bellevue can provide a continuum of care, particularly with prevention and basic outpatient services as the cornerstone for specialty and inpatient psychiatry care.

**Security and Preparedness**

Purpose: The committee will monitor security procedures within and surrounding NYC Health+Hospitals/Bellevue to maintain safety and well-being of patients. The committee seeks to inform CAB members of procedures used to secure the hospital facility.

### **Membership**

Purpose: The committee monitors membership participation to assure adherence to the Board by-laws. As a membership committee it seeks to maintain a full roster of eligible and active members, as well as a pool of Board candidates who are active on Board committees

### **Events**

Purpose: The committee seeks to develop, organize, and assist with NYC Health+Hospitals/Bellevue's healthcare and cultural activities and Community Advisory Board related special events.

### **Virology and Oncology**

Purpose: The committee seeks to maximize appropriate and compassionate care, support and follow-up of NYC Health+Hospitals/Bellevue's HIV/AIDS and cancer patients and assure that the facility is adequately resourced to do so. The committee sponsors and facilitates Community Board education and supports staff, patient and community education about HIV/AIDS and cancer.

### **Legislative**

Purpose: The committee works with NYC Health+Hospitals/Bellevue's Community (Planning) Boards, and Elected Officials to disseminate health and budget information to/for the community.

### **Budget and Planning**

Purpose: The committee works with financial and planning staff to develop expertise, participate in budget and planning development, allocation of funds within NYC Health+Hospitals/Bellevue, identify planning priorities for programmatic and capital budget funding, and issues of adequate financing for Bellevue. The committee obtains each committee's priorities for the annual expense and capital budget and prepares a report for the Community Advisory Board. This is shared with the Community Advisory Board members who are representatives from the Community (Planning) Boards so they submit Bellevue priorities for inclusion in the C (P) B priorities

### **Contract and Affiliations**

Purpose: The committee shall become knowledgeable about the affiliation contracts between NYC Health+Hospitals/Bellevue, New

York University/Langone Medical Center, and all contracts pertaining (but not limited) to patient care and physicians services

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.
- b. Community Advisory Board members speak at public sessions at the local Community Board. Flyers of upcoming health awareness events at NYC Health + Hospitals/Bellevue are also posted.

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?

No

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

- The CAB has a recruitment table at most of the hospitals outreach campaigns held on campus.

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?

- Need for more CAB orientation sessions.

**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. More timely knowledge of upcoming Fiscal changes in the system
2. Input from CAB members when making decisions that will affect their community outreach.

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

Community Advisory Board Report

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Signatures:

CAB

Chairperson:

 (83)

Date:

10/20/17

Executive

Director:



Date:

10/20/17





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

**I. COMMUNITY NEEDS**

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

- Among the most significant health care concerns in ranking order are (1) Diabetes, (2) High Blood Pressure/Hypertension, (3) Obesity, (4) Asthma, and (5) Heart Disease, High Cholesterol, Stroke. In addition, Behavioral Health Substance Use Disorder are key drivers in our catchment area.
- Access to medical care is a major health care concern.
- Residents of East Harlem are more likely to lack medical insurance and a regular doctor than residents of NYC overall.
- The most common social concerns facing community residents are Crime/Violence, Drug Activity, Unemployment, Health care access, Housing, Poverty and Education.

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

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

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

- Yes                       No

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

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

**II. FACILITY’S PRIORITIES**

**1. What are the facility’s strategic priorities?**

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

- Maintain status as a high-quality educational site for community-based, culturally-sensitive health care.
  - Develop an organization with the infrastructure and culture to realize its picture of the future.
2. **Describe how the CAB provides input into the development of the facility's strategic priorities?**
- CAB members emphasize the importance of preventive medicine in their respective work and community environments.
  - The CAB initiated the Harvest Home Metropolitan Hospital Farmers Market several years ago, which provides the community, staff and patients with healthy eating choices. Screenings, education and nutrition literature are provided at the Market.
  - CAB members participate in facility events and provide recommendations as needed.
  - The Mental Health & Patient Care Committees work collaboratively with hospital staff to remain abreast of the needs of the community and ensure the programs and services provided by the Hospital address those needs. They too provide quarterly Lunch and learn series on trendy issues.
  - The Program & Planning/Legislative Committee strives to enlist input and assistance from our local elected officials in line with the facilities strategic priorities.
  - CAB members obtain care and services at the facility and provide the Hospital's leadership with their observations and perspectives on their patient experiences.
3. **Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?**
- Yes                       No
- The CAB is kept abreast of the Hospital's capital needs and works to assist the facility. Summary reports are provided at monthly meetings of the full CAB

### III. PATIENTS'/RESIDENTS' EXPERIENCES

1. **Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?**
- Yes                       No
- The Chief Executive Officer provides the CAB with reports on patient safety and patient satisfaction.
2. **What are the most frequent complaints raised by patients/residents?**
- Patient Representatives regularly meet with and assist patients in the acute care inpatient units, Emergency Department, Ambulatory Care clinics and Guest Relations Department. A small percentage of the patient encounters are complaints. The most frequent complaints are (1) care (nursing care and physician care); (2) attitude/behavior; and (3) communication. All complaints are reviewed at the individual unit level as well as by leadership staff.
3. **What are the most frequent compliments provided by patients/residents?**
- Patients often provide compliments to our staff, including nurses, physicians, social workers, clerical and administrative staff. The most frequent compliments are about patient experience, excellent quality of care, courtesy and caring/compassionate staff. Compliment are shared with departments and occasionally included in the employee newsletter.
4. **(For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?**
- Yes                       No

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

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

\* While CAB members rated the cleanliness and condition of the interior of the hospital as very good, the exterior appearance of the hospital, it is important to note, continues to look like a blighted environment.

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

X Yes                       No

**IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

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

25 Total Members: 22 Voting Members + 3 Ex-Officio Non-Voting Members

2. **What are current numbers of members? 18**

**What are current numbers of vacancies? 07**

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

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

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

X Yes                       No

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

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

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

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

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

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

Environmental Taskforce: N/A

Participatory Budgeting Taskforce: N/A

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

Project Development Taskforce: N/A

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

Yes  No

a. If yes, please describe actions taken.

Community Planning Board 11 representatives that have membership on the CAB are either the Chair or Vice-Chair of the Health committee, and regularly communicates the facility's needs and concerns at Committee and Full Board meetings. Presentations are given periodically at CB 11, CB 10 and CB 8 meetings.

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

Yes  No

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

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

Yes  No

The CAB's Annual Public Meeting was held on June 1, 2017, and included members of the community, CAB members, hospital administration and staff, and guests. As was customary, the Meeting included the presentation of awards, and among the awardees on this date were: CAB member Daniel Gardner and community member and district leader Hon. Theresa Richardson (Petra Allende Advocacy Award); Margaret McDermott, Coordinator of Outreach Services at Odyssey House (J. Modibo Baker Community Service Award); Metropolitan Chief Operating Officer William Wang, MD and Sarah Bender, Associate Director of Gender Equity at the NYC Health + Hospitals Office of Diversity and Inclusion (John B. Corser, MD Excellence in Community Health Service Award); and Metropolitan CEO Alina Moran and Carmen Vasquez, CAB member and community advocate (Jose R. Sanchez Community Leadership Award). Special recognition awards were presented to Diana Ayala; the Students of the School of Cooperative Technical Education; Mark Fowler of Odyssey House; Claudia Duarte, Metropolitan Outreach Team; Eugene Song, Metropolitan Public Affairs; and members of the Metropolitan CAB. The event was very successful in its preparation and execution.

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

Yes

No

The CAB's Legislative Breakfast was held on March 2, 2017. The theme was *Quality Health Care for All: Transforming Lives*. Legislative representation included members from the hospital's southern district, as well as legislative representation from the East Harlem and Harlem districts. Elected officials who provided remarks were NYS Assemblyman Robert Rodriguez, Manhattan Borough President Gale Brewer, along with representatives from the offices of NYC Council Speaker Melissa Mark-Viverito, and others. The representation from our elected officials was a very positive sign for our community as a whole.

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

Yes

No

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

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

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

CAB members actively participate in community health fairs and other events including the annual Senior Health Fair in Thomas Jefferson Park, and at events at the hospital including the Hispanic Heritage Day Celebration, African American Day Celebration, Puerto Rican Day Parade, LGBTQ Pride March, and Cancer Survivor's Celebration. The CAB also organized a Lunch + Learn event on Housing and the Drug Epidemic in East Harlem, on March 30.

**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

The CAB appreciates the assistance and guidance provided by the Office of Intergovernmental Relations. The Liaison partners with our CAB, and is always available and responsive to our needs. That said, CAB would appreciate technical assistance for a broader reach to local elected officials to afford better sustainability and improved partnerships.

**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. We are proud to announce that the hospital has been designated with the following designations/accreditations: Breast Health Center accreditation by NAPBC, Baby Friendly Designation, and Diabetes Center of Excellence by AADE, and Best Hospital for care of Heart Failure and Chronic Obstructive Pulmonary Disease (COPD).

Community Advisory Board Report


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2. The CAB continues its request for funding for capital improvements throughout the hospital comparable to other facilities. We continue in our effort to make it more Patient-centered and patient friendly in collaboration with our Welcome Center.
3. The CAB is extremely proud to report on the success of NYC Health + Hospital/Metropolitan's LGBTQ Health Center. And, the Metropolitan was again recognized as a Leader in LGBT Healthcare Equality by the Human Rights Campaign Foundation (HRC).

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

Signatures:

CAB Chairperson:

  
J. Edward Shaw, CAB Chairperson

Date:

10/18/17

Chief Executive Officer:

  
Alina Moran, Chief Executive Officer

Date:

10/19/17

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

**RENAISSANCE HEALTH CARE NETWORK  
COMMUNITY ADVISORY BOARD**

**COMMUNITY NEEDS**

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

- AIDS and HIV
- Asthma
- Cancer Screening
- Childhood Obesity
- Dental
- Diabetes
- Eye Care
- Heart Disease
- Hypertension
- Mental Health and Counseling
- Nutrition
- Opioid Program
- Prenatal care
- Smoking
- Social Services
- Weight Management

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)

- Six New CAB members
- Annual Public Meeting, October 27, 2017
- Created English and Spanish Patient Survey December, 2016
- HIV/AIDS Outreach testing at Touro College Health Fair March 6, 2017

- Upcoming HIV/AIDS at Touro College Health Fair November 13, 2017
- Board Meeting Retreat “What it Means to be a CAB Member” facilitated by Renee Rowell on June 15, 2017
- August, 2017 coordinated RHCN leadership Arthritis classes at Sydenham Health Center with Health Advocates for Older People, Inc.
- Met with NYC Health + Hospitals/Sydenham Medical Director and Assistant Director of Nursing/Substance Abuse Coordinator in 2016 discuss the Opioid Program. The Opioid Medication Assistance Treatment Program started in 2017
- Coordinate Meetings with Political Leaders. In attendance were Gregory Atwater, Ruth Clark, and Randreta Ward
- Assisted Outreach Director with Back to School Give-aways at NYC Health + Hospitals/Sydenham Centers

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

yes  no

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

- Hosting Health Outreach screenings throughout RHCN
- Hosting Health Outreach screenings and promoting services through the Harlem Community
- Staff Training and Development
- Meeting with community leaders, politicians, organizations and other health care advocates

### **FACILITY’S PRIORITIES**

1. What are the facility’s strategic priorities?

- Improving Patient Flow
- Improving Patient Appointments Availability
- Improving Patient Customer Service
- Educating Patients on Healthy Eating
- Diabetes and Hearth Education
- Community Outreach
- Improving Patient Safety
- Increasing School Based Partnerships



- Increasing NYCHA Partnership in the developments that RHCN Centers are located
- Mental Health Counseling
- Prenatal care, ObGyn
- Improving Staff and Leadership Working relationships

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

- The CAB offers input on how to improve the outreach and strategic priorities
- The CAB offers input on staff customer service
- The CAB hold public meetings to improve community relations
- The CAB reacts to information given by the patients in RHCN sites on how to improve health care. Information is brought to the Council of CAB meetings, making Senior Management aware of the concerns of the patients, and potential problems.

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

yes  no

- The Senior Management team share information at the CAB full board meetings.

• **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?

- Do not understand why there are not more subspecialties as Sydenham.
- The reduction in services and patients are referred to Harlem and Lincoln Hospitals.

3. (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

- Deputy Executive Director, Medical Director, and Director of Nursing updated the CAB at the full board meetings.

1. 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"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yes  No

**• CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 26

2. What are current numbers of members? 17 What are current numbers of vacancies? 9

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

- Applications were available at all Outreach and Community events.
- Community Advisory Board Public Events
- Requests were made to Community Boards.
- CAB and Senior Management recommendations have been made.

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

Yes                       No

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

**Executive Committee** –establishes committees to carry out objectives of the Board. The Executive Committee has the authority to act on behalf of the entire Board subject to ratifications at the next regular Board meeting, when an opportunity for the full Board does not exist.

Receiving and acting on reports of committees of the Board. Prepare the agenda for the regular Board Meeting. Sponsor relevant community programs in health.

**Membership Committee** – solicits, screens and recommends to the Associate Executive Director and/or Manhattan Borough President names of proposed candidates for membership under the proper categories for replacement or categories for replacement or vacancies on the Board

**Legislative Committee** – is responsible for considering rules and regulations by which the Board will conduct its business. The committee shall keep abreast of New York City, New York State and Federal Legislations, which will affect the health needs of the consumers. The committee will be responsible for the election process.

**Patient Care Committee**- participate in the planning and/or initiation of programs for the patients, evaluates and monitors the acceptability of services rendered to patients; help to establish priorities within the RHCN.

**Public Relations Committee** – reaches out to the community to educate, increase health awareness, and promote the growth of a health constituency in concert with Patient Care Committee. Plans and coordinated the Annual Public Meetings.

**Finance Committee** – advises in the development, preparation and submission of the RHCN capital and expense budge and proposals. Advises the RHCN Executive

Director and Corporation on the establishment of priorities within appropriate budgets.

**Sunshine Committee** – shall be responsible for the hospitality, good, and welfare to the Board members at times of illness and special recognition. The committee shall keep the records of the Board members voluntary contributions and transactions.

3. 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

- The representative gives a report on RHCN to the Health Committee.

1. 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

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

yes  no

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

yes  no

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

yes  no

1. If so, were the issues subsequently addressed?

- Yes issues were addressed

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

- Hosting and attending outreach screenings

- Pediatric Holiday Event
- Touro College Health Fair

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

yes  no

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

yes  no

3. 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?

**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. CABs have a marketing discussion/plans with Central Office's Public Affairs department.

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

Signatures:

CAB Chairperson:

Ruth Clark

Date:

10/27/2017

Deputy Executive Director:

[Signature]

Date:

October 27, 2017





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

**BELVIS  
GOTHAM HEALTH CENTER  
Tuesday, November 14, 2017**

**I. COMMUNITY NEEDS**

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

The most significant concerns that the community at large has is now that NYC Health + Hospitals has a huge deficit, what will happen to the delivery of health care to the community? How can you continue quality care with less staff on board because of the cut backs and layoffs?

- 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 works together with the administration making sure that ongoing advocacy, visiting local Elected Officials and Community Based Organization’s continues.

## **II. FACILITY'S PRIORITIES**

1. What are the facility's strategic priorities?

To continue providing the best possible health care to our community. Improving patient flow and decreasing the total amount of time it takes for a patient to be discharged from the clinic.

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

The Administration gives us the opportunity to give feed-back and make suggestions on the reports presented.  
(Administrative Report, Financial Report and the Medical Director's Report.)

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?

Waiting time to be seen by a doctor is still an issue but progress has been made by the Administration and work is still be done to improve the issue at large.



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

- Good Doctor and Patient Relationships.
- Residents are happy that the Clinic is in the community.
- Staff attitude has improved overall.

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

Yes

No

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

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

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

Yes

No

#### **IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

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

2. What are current numbers of members? 7 What are current numbers of vacancies? 8

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

The members continue working on an aggressive recruitment program reaching out to all Directors from Community Based Organizations,

Community Committees, Churches and Tenant Associations. An ongoing recruitment continues to ensure we move in the right direction which is to a full membership. Public Affairs is helping us as well.

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.

We have an active Intergovernmental committee in charge of putting together Annual Legislative Event along with Lincoln Hospital and Morrisania.

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

Yes

No

a. If yes, please describe actions taken.

Members representing the Planning Boards and the 40th Precinct Council forward information received at the Community Advisory Board Full Board meetings at their other committee meetings. (Administrative Report, Financial Report and the Medical Director's Report.)

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 Bronx CABs (Lincoln, Morrisania and Belvis) hosted our thirteenth Annual Legislative Summit on Friday, March 3, 2017. Event was very well attended, 150 guest. Councilwoman Vanesa Gibson, Rep. from Senator Jose Serranos, Rep. from Assemblywoman Carmen Arroyo, and a Rep. from Bronx Borough President's office attended the Event. This year the format was changed to an interactive form with the community at large (Town Hall Format) which turned out to be very successful and well received by the stakeholders and community.

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?

No Issues were reported.

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

CAB members speak on behalf of the Facility at: Planning Boards, Health Fairs, and Events throughout the community and hosted by the facility, and at Public Hearings.

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

yes

no

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

yes

no

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

not enough       just right

If not enough, what assistance would you need?

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

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

1. None.
- 2.
- 3.
- 4.
- 5.

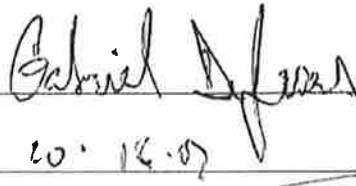
**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

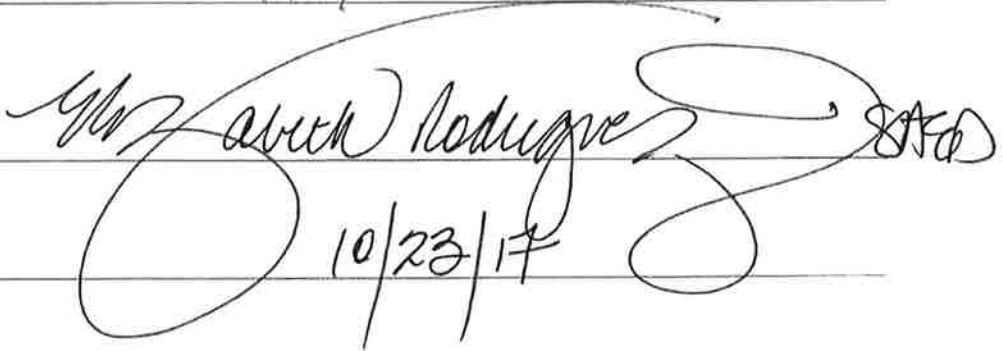
Date:

  
20. 12. 07

Executive

Director:

Date:

  
10/23/17



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

**MORRISANIA  
GOTHAM HEALTH CENTER  
Tuesday, November 14, 2017**

**I. COMMUNITY NEEDS**

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

The most significant concerns that the community at large has is now that NYC Health + Hospitals has a huge deficit, what will happen to the delivery of health care to the community? The reality that services and programs provided by the facility are being threatened has become a near reality. How can you continue quality care with less staff on board because of the cut backs and layoffs?

- 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)  
Legislative Summit

- 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 works together with the administration making sure that ongoing advocacy, visiting local Elected Officials and Community Based Organization’s continues.

## **II. FACILITY'S PRIORITIES**

1. What are the facility's strategic priorities?

To continue providing the best possible health care to our community by making improvements such as improving patient flow and decreasing the total amount of time it takes for a patient to be discharged from the clinic.

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

On a monthly basis the Administration gives the Community Advisory Board status reports giving the Community Advisory Board members an opportunity to give feedback and suggestions at these monthly meetings. These reports are: Administration reports mentions all new initiatives and programs, Medical Director's Report and Financial Report.

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?

Waiting time to be seen by a doctor is still an issue but progress has been made by the Administration.

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

Major improvements have been made to the facility's appearance. Facility feels more inviting. Improvements in customer service.

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

Yes  No

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

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

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

Yes  No

#### **IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15
2. What are current numbers of members? 7 What are current numbers of vacancies? 6
3. What were the membership recruitment activities conducted by CAB this year?

An ongoing recruitment continues to ensure full membership. Members are helping to recruit from Planning Boards, Community

Based Organizations, local Churches and Schools. Public Affairs is helping us as well.

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.

We have an active Intergovernmental committee in charge of putting together Annual Legislative Event along with Lincoln Hospital and Belvis.

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.

Mr. Robinson, representative from Planning Board 4, and other members bring information to the Planning Boards and committees they are a member of.

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 Bronx CABs (Lincoln, Morrisania and Belvis) hosted our thirteenth Annual Legislative Summit on Friday, March 3, 2017. Event was very well attended, 150 guest. Councilwoman Vanesa Gibson, Rep. from Senator Jose Serranos, Rep. from Assemblywoman Carmen Arroyo, and a Rep. from Bronx Borough President's office attended the Event. This year the format was changed to an interactive form with the community at large (Town Hall Format) which turned out to be very successful and well received by the stakeholders and community.

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?

No Issues were reported.

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

CAB members participate in outreach activities sponsored by the Clinic as well as outside entities.  
(Health Fairs, Advocacy in the city when necessary, Planning Board's, etc.)

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

yes  no

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

yes  no

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

not enough  just right

If not enough, what assistance would you need?

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

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

1. None.
- 2.
- 3.
- 4.
- 5.

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

Signatures:

CAB

Chairperson:

Date:

Deory T. Robinson  
10-16-17

Executive

Director:

Date:

[Signature]

10/23/17