

AGENDA

**COMMUNITY
RELATIONS
COMMITTEE**

Meeting Date: September 2, 2014
Time: 5:30 P.M
Location: 125 Worth Street, Room 532

**BOARD OF
DIRECTORS**

Joint Meeting with Council of Community Advisory Boards

CALL TO ORDER

Josephine Bolus, NP, BC

ADOPTION OF MINUTES
May 6, 2014

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

North Bronx Healthcare Network

Jacobi Hospital Center

Silvio Mazzella

North Central Bronx Hospital

Esme Lowe-Sattaur

Southern Brooklyn/Staten Island Network

Coney Island Hospital

Rosanne DeGennaro

Sea View Hospital Rehabilitation
Center and Home

Carol Dunn

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: May 6, 2014

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Robert F. Nolan, Board Member

Ramanathan Raju, M.D., President, New York City Health and Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

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

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

Jewel Jones, Chairperson, Metropolitan Hospital Center

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

Bette White, Chairperson, Harlem Hospital Center

Queenie Huling, Chairperson, Coney Island Hospital

Agnes Abraham, Chairperson, Kings County Hospital Center

Jacqueline Narine, Chairperson, Cumberland Diagnostic and Treatment Center

Ludwig Jones, Chairperson, East New York Diagnostic and Treatment Center

Talib Nichiren, Chairperson, Woodhull Medical and Mental Health Center

George Rodriguez, Chairperson Emeritus, Lincoln Medical and Mental Health Center

George Robinson, Chairperson, Morrisania Diagnostic and Treatment Center

Virginia Robinson, (Representing Jackie Rowe-Adams, Chairperson, Renaissance Health Care
Network)

HHC FACILITY CAB MEMBERS

Melvin P. Christian, Harlem Hospital Center

David Weaver, Harlem Hospital Center

Theresa Pratt, Harlem Hospital Center

Dorothy Payne Morehead, Harlem Hospital Center

Zorona Hamm, Harlem Hospital Center

Dorothy Gordon, Renaissance Healthcare Network

Paul Coverington, Renaissance Healthcare Network

Edward Shaw, Metropolitan Hospital Center

Carmen Vasquez, Metropolitan Hospital Center

Maria Zafra, Metropolitan Hospital Center

Frederick Monderson, Ph.D., Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Jeromane Berger Gaskin, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Gloria C. Thomas, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Susan Williams, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Dawn William Burton, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Priscilla Douglas, Cumberland Diagnostic and Treatment Center
Hiawatha Campbell, Cumberland Diagnostic and Treatment Center
Oneida Lewis, Cumberland Diagnostic and Treatment Center
Barbara Dialfordi, Cumberland Diagnostic and Treatment Center
Cheryle Williams, Cumberland Diagnostic and Treatment Center
Stanley Parham, Cumberland Diagnostic and Treatment Center
Tracey Barnett, Cumberland Diagnostic and Treatment Center
Gary Delamoth, Coler Specialty Hospital and Nursing Facility
Kent Mark, Bellevue Hospital Center
Sandra Stevens, Bellevue Hospital Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations
Valerie Phillips, Office of Legal Affairs
Deborah Cates, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Manelle Belizaire, Intergovernmental Relations
Robb Burlage, Intergovernmental Relations
Renee Rowell, Intergovernmental Relations
Alvin Young, Intergovernmental Relations

HHC FACILITY STAFF

Denise Soares, Senior Vice President, Generations/Plus Northern Manhattan Network
Dinah Surh, Senior Associate Executive Director, Generations/Plus Diagnostic and Treatment Centers
Maurice Wright, M.D., Medical Director, Harlem Hospital Center
Matthews Hurley, M.D., President Doctor's Council
Evelyn Hernandez, Associate Executive Director, Public Affairs Bellevue Hospital Center
Kencle Satchell, Associate Director Public Affairs, Harlem Hospital Center
Sherry Davis, Assistant Coordinating Manager, Cumberland Diagnostic and Treatment Center
William Jones, Associate Director, Coler/Goldwater Specialty Hospital and Nursing Facility
Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Debera Tyndall, CAB Liaison, Kings County Hospital Center
Yuvania Espino, CAB Liaison, Harlem Hospital Center
Antonio Montalvo, CAB Liaison, Lincoln Medical and Mental Health Center
Reverend Jean H. Montas, Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Nancy Simmons, Community Outreach Coordinator, Harlem Hospital Center

GUESTS

Mai Aiken
Glennis Bryant
Elizabeth Atkinson
Ruth Jones
William Hamer
Marty Bromberger

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order by Mr. Robert Nolan, Board Member at 5:35 PM.

Mr. Nolan noted that a quorum had been established and he requested a motion for the adoption of the minutes of March 4, 2014. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

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

Mr. Nolan announced that tonight's Annual Activity Reports will be from the Community Advisory Boards (CABs) of the Generations Plus and Northern Manhattan Networks. He acknowledged CAB leadership from Lincoln Medical and Mental Health Center, Morrisania Diagnostic and Treatment Center and the Segundo Ruiz Belvis Diagnostic and Treatment Center from the Bronx as well as CAB leadership from Harlem Hospital, and Renaissance Healthcare Network Diagnostic and Treatment Center in Manhattan.

Mr. Nolan also acknowledged HHC's newly elected President, Dr. Ram Raju, who was making his first appearance in this capacity at the CRC meeting.

Mr. Nolan began his remarks by highlighting some notable occurrences since the last Community Relations Committee meeting.

Mr. Nolan reported that the staffs of Harlem and Metropolitan Hospitals had made us all especially proud for the exemplary care they had provided to more than 30 victims of the East Harlem building explosion. He stated that, while much of the media attention had been focused on Dr. Maurice Wright, Chief Medical Officer of Harlem Hospital, and Dr. Gregory Almond, Chief of Emergency Medicine at Metropolitan, dozens of staff deserve recognition. It had been noted at the press conferences that all HHC hospitals routinely conduct emergency preparedness drills that include mass-casualty scenarios so that they are as prepared as they can be for when these unfortunate events actually happen.

Mr. Nolan reported that the father of the most seriously injured victim, a 16-year-old young man, had spoken at a press conference to express his appreciation to the Harlem Hospital staff. Ms. Denise Soares, the Generations Plus/Northern Manhattan Senior Vice-President had also praised the response of Harlem's Trauma and Burn Unit teams. Dr. Arthur Cooper, Harlem's Director of Trauma and Pediatric Surgical Services,

who had led the young man's treatment team, had called Harlem's Burn Unit nurses "angels", for their work to prevent his burn wounds from becoming infected.

Mr. Nolan reported that coincidentally a little more than a week later, Harlem Hospital staff, HHC representatives, elected officials and community leaders had marked the opening of Harlem Hospital's new, expanded Adult and Pediatric Emergency Departments (ED) and Level 1 Trauma Center. Mr. Nolan noted that this 30,000-square foot, \$19 million, state-of-the-art facility doubled the adult ED space and nearly tripled the pediatric ED space.

Mr. Nolan reported that the new ED will continue to be named in honor of Marshall C. England, a respected health care advocate and former chairperson of the Harlem Hospital Center CAB.

Staying in the Village of Harlem, Mr. Nolan acknowledged those CAB members who have attended the Commission on the Public's Health System's Annual Marshall England Public Health Awards Gala that had been held in the Mural Pavilion at Harlem Hospital. He noted that Ms. Agnes Abraham, Chairperson of the Kings County Hospital CAB and of the Council of CABs, had been one of the honorees.

Moving to his home borough, the Bronx, Mr. Nolan reported that Lincoln Medical and Mental Health Center's had celebrated the opening of an expanded Emergency Department last month. He added that a \$24 million capital project had enabled the hospital to increase the capacity of the adult, pediatric, and psychiatric emergency areas by almost 70 percent.

Mr. Nolan reported that at the end of March, Elmhurst Hospital had opened its new Women's Pavilion. He noted that the new ambulatory care center provides expanded access for women to OB-GYN and Perinatal Care services, including walk-in pregnancy testing, high-risk pregnancy care management, antepartum fetal testing and postpartum services. He added that there is also space for classes in childbirth, breastfeeding, nutrition and diabetes education.

Mr. Nolan reported that Council Member Julissa Ferreras, the Chairperson of the City Council's Finance Committee, had spoken at the event and commented: "As a new mother, I am extremely pleased to be part of the creation of the Women's Pavilion. For many of my constituents Elmhurst is the premiere destination to receive their health care services." Mr. Nolan added that the Corporation is thankful for the financial support that members of the City Council, both past and present, have provided to make the new pavilion a reality.

In Brooklyn, Mr. Nolan reported that Woodhull Medical and Mental Health Center is preparing to open a \$2 million pediatric dental clinic. He noted that the clinic is expected to serve more than 10,000 children annually.

In addition, Mr. Nolan reported that there was front page attention given last month to the successful trauma care provided by Kings County Hospital's physicians and other clinicians to a young victim of gun violence. He added that Gama Droiville has been discharged after the Trauma and Pediatric Ophthalmology teams had led his treatment and recovery from two stray bullets that hit the Brooklyn teen in the head.

Mr. Nolan stated that given this unfortunate incident, it is timely that the Kings County CAB is holding its Annual Public Meeting on Saturday, May 17th with the topic being "Violence As It Affects Your Health". Mr. Nolan announced that panelists will include representatives of the Brooklyn District Attorney's Office, the Kings County Hospital's Kings Against Violence Initiative (KAVI) and Sexual Assault Response teams, and the 67th and 71st Precincts.

Mr. Nolan announced that North Central Bronx Hospital intends to reopen its labor and delivery (L&D) services by this September. He added that an experienced team of physicians who specialize in obstetrics and gynecology care are being recruited to provide these services; and the L&D services will have a new staffing model that includes physician assistants, specially trained registered nurses and licensed midwives. He noted that the reopening plan includes an investment of \$4.5 million for restructuring the staff and operations of the Women's Health Services at NCB. In addition, HHC's Intergovernmental Relations Office and the North Bronx Health Care Network leadership are working with various community stakeholders, labor representatives, advocates and elected officials to develop communications and outreach strategies to ensure the successful reinstatement of these important services.

Mr. Nolan reported that HHC facilities have held several art, music and culinary events recently. He informed the Committee that in March, five hospitals hosted free, on-site concerts, courtesy of an ongoing partnership with the Carnegie Hall-Weill Music Institute's Musical Connections program. He added that these health and wellness themed concerts had been called "A Celebration of Healthy Living"; and had been convened in observance of National Nutrition Month. Moreover, hospital staff provided information on healthy eating and even provided samples of healthy snacks. Mr. Nolan noted that the events have been held at Bellevue, Queens Hospital Center, Kings County, Jacobi, and Lincoln.

Mr. Nolan reported that on April 17th, at the Henry J. Carter facility in Harlem, HHC Global Ambassador Kasseem "Swiss Beatz" Dean had unveiled his painting "Victory" to the residents and staff. Mr. Nolan stated that, as the Ambassador visited residents to "learn more about their inspirational stories", he shared that his painting was to serve as

"a powerful statement representing patients' struggles to triumph over the challenges of profound physical disability".

Mr. Nolan reported that in March, it was an honor for Queens Hospital Center to host former Mayor David Dinkins for a book signing of his new memoir, "A Mayor's Life". Mr. Nolan added that Mayor Dinkins had been very well received and had held a long conversation with Queens Hospital Center Community Advisory Board Chair Anthony Andrews.

Mr. Nolan informed the Committee that last week was "Patient Experience Week." Out of the many initiatives being carried out by the facilities to improve the care experience of patients and their families, Mr. Nolan highlighted one in particular. He informed the Committee that at Queens Hospital Center, a group of doctors, residents, and nurses meet regularly to discuss surgical findings, review lab results, or reconcile medications. In this huddle, they talk about the experience of care from the patient's perspective, as reported in the patient surveys used to determine QHC's HCAHPS scores. Mr. Nolan reminded the Committee that HCAHPS is short for national Hospital Consumer Assessment of Healthcare Providers and Systems. It is a publicly reported survey of patients' perspectives of hospital care. For instance, it is being considered as a component of determining Medicare's health care reimbursement rates for particular facilities and systems.

Mr. Nolan shared with the Committee that the HCAHPS huddle is the brainchild of Marie Elivert, RN, the hospital's Senior Associate Executive Director for Patient Care Services. Ms. Elivert noticed that HCAHPS scores tend to be higher when caregivers receive regular feedback on their work, because they can use it immediately to improve their interactions with patients and families.

Mr. Nolan concluded his remarks by recognizing a physician, administrator, and public servant who has demonstrated leadership over many years at many levels and in various roles at HHC. He informed the Committee that Dr. Raju has dedicated his 30-year career in public health to helping who he calls "the most vulnerable people" gain access to health care.

Mr. Nolan noted that Dr. Raju was away from for two years to serve as CEO of Chicago's Cook County Health & Hospitals System. Before that, he was HHC's Executive Vice-President, Chief Operating Officer and Chief Medical Officer. In addition, Dr. Raju has served the New York health care community as a vascular surgeon, director of emergency and trauma services, and in a myriad of executive level positions. Mr. Nolan noted that Dr. Raju has been on the job for a little more than a month and was honored to introduce him this evening.

PRESIDENT'S REMARKS

Dr. Raju greeted everyone. He stated that he is very happy to return to his sweet HHC home. Dr. Raju began his remarks by reminding the Committee that April was national volunteer month. He stated that there are no better volunteers in the health care system than our own Community Advisory Board members. He acknowledged that CAB members spend a lot of time and energy in dedicating themselves to ensuring that better health care is accessible to their communities. Dr. Raju informed the CAB members that his goal is to make HHC the provider of choice of New Yorkers. He shared with the Committee that he would like the CAB members to work with him to make HHC the best health care system in the nation. As such, he is looking forward to working closely with the CABs. Dr. Raju reiterated that he is very happy to return home and thanked the CAB members for their support.

Dr. Raju shared with the Committee that he has been touring many facilities and meeting a lot of front line people not only to have a sense of what is happening in the health care system but also to share his vision for HHC with them. Dr. Raju commended Mr. Aviles for his outstanding job in running HHC over the last nine years. Dr. Raju noted, however, that due to the Affordable Care Act, the health care system is changing rapidly. He stated that, as a result, more HHC patients had an option to choose another health care provider. Dr. Raju reminded the Committee that HHC has a social mission to keep its patients. He added that HHC's leadership and the CAB members ought to work together to ensure that the patient experience at HHC is remarkable. Dr. Raju noted that the patients that are seeking our services are very anxious and afraid and rely on our help and support in their vulnerable moments. Dr. Raju shared with the Committee his intention to work together with the CAB members to ensure that the patients receive good care in a much more compassionate way.

Dr. Raju reminded the Committee that open enrollment in the health insurance marketplace ended last month. He announced that MetroPlus is one of the major success on the New York State Exchange with more than 90,000 enrollees. Dr. Raju commented that more and more New Yorkers feel that they would get culturally competent and better care at the New York City Health and Hospitals Corporation. He noted that multilingual services have been used to enroll the members. He acknowledged that the Corporation is rich in diversity and attributed MetroPlus' success to multilingual counselors and navigators.

Dr. Raju announced that May is Mammography Month. He reminded everyone that Mammograms can significantly reduce the risk of breast cancer. He also announced that HHC will be undertaking the Mammogram Awareness Campaign in all the boroughs. Dr. Raju called the Committee's attention to health care access to women with disabilities. He stated that women with disabilities were faced with many barriers to accessing health care services as these women could not get access to mammography

services and GYN examinations. Dr. Raju informed the Committee that the City Council provided HHC with a \$5 million grant which will be used to fit the facilities with "disability careful" places (including spacious exam tables, bigger rooms, etc.) to improve health care access for people with disabilities. He also informed the Committee that replicating a pilot across the system is now underway.

Dr. Raju reported that the Joint commission on Accreditation of Healthcare Organization (JCAHO) is visiting the facilities. He reported that to date, Bellevue and NCB have completed their surveys and that their scores are outstanding. Both facilities were highly commended by JACHO staff. He also informed the Committee that JACHO was conducting its survey at Woodhull Hospital today and that he was confident that they will also score well.

Lastly, Dr. Raju informed the Committee that the New York State has been approved for a waiver from the federal government to transform the healthcare delivery system. He added that HHC is a major component of the waiver, especially since HHC is using an intergovernmental transfer (IGT) that will enable the state to draw down significant amounts of federal dollars. HHC plays a very crucial role both in the waiver's economic part as well as its clinical delivery system part. Dr. Raju explained that the waiver requires HHC to develop geographically convenient access for people as well as geographically-based program for the people to do that. He added that HHC will partner with many groups in the next few months to be able to develop specific programs and specific geography to improve the health care needs of specific population.

Dr. Raju ended his remarks by restating that he is glad to rejoin his HHC family.

Frederick Monderson, Duniv, KCHC CAB member, asked about the pilot program for health care access for people with disabilities. Dr. Monderson asked Dr. Raju where the pilot program will start.

Ms. Brown answered that the program with people with disabilities was first piloted at Morrisania Diagnostic and Treatment Center and then at Woodhull Medical and Mental Health Center. She reiterated Dr. Raju's comment that the success of those two pilot programs was due to City Council who provided HHC with \$5 million in capital funds. Ms. Brown commented that there are a large group of people, women in particular, who had avoided the health care system and/or, when trying to get health care services in other health care institutions; it was intimidating, disrespectful and could not get accommodated in terms of physical space, etc. Ms. Brown added that the City Council funds have helped HHC to make an assessment of physical space improvement throughout the HHC facilities including the diagnostic and treatment centers D(&TC's) and the long term care facilities (LTC's). She noted that, because the LTC's are specifically designed for people with disabilities, they would not be significant

beneficiaries of these improvements. Ms. Brown reported that HHC is working in partnership with Independent Care System (ICS), an organization whose sole purpose is to work on access for people with disabilities. Ms. Brown added that ICS is working with HHC to do the assessment, as well as training with HHC's clinicians (which was also part of the pilot at Morrisania and Woodhull) and to roll out this program throughout the system. Ms. Brown commented that we all should be very proud of this initiative. She noted that in addition to wheelchair accessibility, special equipment and spacious examination rooms, other issues were involved such as the sensitivity needed by all levels of staff (not just the doctors, not just the nurses) in how they interact with a person with disability. Ms. Brown took the opportunity to acknowledge a champion, Ms. Dinah Surh, Morrisania's Administrator, who has done so much work at the beginning of the program. Ms. Brown also informed the Committee that HHC has been recognized by the state who was interested to get our story out so that it can be shared with other hospitals and other health care providers.

Mr. Nolan thanked Dr. Raju for his remarks and Ms. Brown for her comments.

GENERATIONS PLUS/NORTHERN MANHATTAN NETWORK CABS' REPORTS

Lincoln Medical & Mental Health Center (Lincoln) Community Advisory Board

Mr. Nolan introduced George Rodriguez, Chairperson of the Lincoln Medical and Mental Health Center Community Advisory Board (CAB) and invited him to present the CAB's annual report.

Mr. Rodriguez began his presentation by greeting members of the Committee, fellow CAB Chairpersons, invited guests and acknowledged Denise Soares, Senior Vice President, Executive Director, Generations+/Northern Manhattan Network and he acknowledged Milton Nunez, Executive Director, Lincoln Medical and Mental Health Center for his willingness to work the community on mutual goals of strengthening the hospital and ensuring its viability in the community.

Mr. Rodriguez reported that on Saturday, May 3rd Lincoln Medical and Mental Health Center in partnership with the Bronx Borough President's Office recognized the Battle of the Puebla also known as "Cinco De Mayo" with a celebration. Mr. Rodriguez added the day was filled with honoring community members and leaders. Mr. Rodriguez noted participants of the event included; local elected officials, clergy, community based organizations, patient and the community. Mr. Rodriguez added the event was well attended and he noted that Lincoln Hospital serves a diverse community.

Mr. Rodriguez concluded his report by commending the hospital's leadership for the recent ribbon cutting ceremony on the opening of an expanded Emergency Department.

Mr. Nolan referred to question five (5) the rating of Lincoln Medical and Mental Health Center as satisfaction in cleanliness of the facility? Mr. Nolan asked "what is Mr. Nunez doing to move that rating from satisfactory to very good?" Mr. Rodriguez explained that there is always room for improvement.

Ms. Soares responded that she and Mr. Nunez had met with Crothall management and the environmental service team to discuss the issues as it pertains to heavy traffic areas. Ms. Soares noted that as a solution to the problem they are looking to hire more staff to rotate and accommodate the high volume of foot traffic.

Morrisania Diagnostic and Treatment Center (Morrisania) Community Advisory Board

Mr. Nolan introduced George Robinson, CAB Chairperson of Morrisania Community Advisory Board and invited him to present the CAB's annual report.

Mr. Robinson began his report with greetings to members of the Committee, CAB Chairpersons and invited guests.

Mr. Robinson reiterated comments made earlier that great things are happening with the D&TC, specifically, Morrisania D&TC. In addition, Mr. Robinson noted that Dentistry will now be offered at Morrisania.

Mr. Robinson reported that the Morrisania CAB work with the community to ensure quality health care is provided. Mr. Robinson noted that if there is a problem, the administration is quick to resolve the issue.

Mr. Robinson concluded the Morrisania's CAB report by acknowledging and thanking Dinah Surh, Sr. Associate Executive Director, Generations+/Northern Manhattan Network and the staff of Morrisania D&TC for their unwavering support.

Segundo Ruiz Belvis Diagnostic and Treatment Center (Belvis) Community Advisory Board

In the absence of Segundo Ruiz Belvis Diagnostic and Treatment Center's (D&TC) CAB Chairperson, Mr. Gaberial DeJesus Mr. Nolan introduced Antonio Montalvo, CAB Liaison and invited him to present the CAB Annual Report.

Mr. Montalvo extended apologies on behalf the CAB Chairperson, and explained that Mr. DeJesus recently became the father of a bouncing boy.

Mr. Montalvo concluded the Belvis' CAB report by informing members of the Committee, CAB Chairpersons and invited guest that Belvis CAB would like all to know it's a pleasure working with the Belvis D&TC's administration and staff to help provide the best possible healthcare to the community at-large.

Congratulations were extended to the Chair on his newest family member.

Ms. Surh responded that she too had met with Crothall Management team to pinpoint and evaluate challenging areas within the facility. Ms. Surh added that a shortage of staff was identified. Ms. Surh noted that all lines had been filled and the administration will monitor the situation closely.

Harlem Hospital Center (Harlem) Community Advisory Board

Mr. Nolan introduced Mr. Bette White, Chairperson of the Harlem Hospital Center Community Advisory Board (CAB) and invited her to present the CAB's annual report.

Ms. White began her presentation with a warm welcome to the Committee members, CAB's Chairpersons and invited guests.

Ms. White informed members of the Committee, CAB Chairpersons and invited guests that in lieu of giving the Harlem Hospital Center's CAB annual report; which everyone can read in their leisure, she would use the time to publically acknowledge staff for their dedication and commitment.

Ms. White thanked Ms. Denise Soares, Sr. Vice President Generation+/Northern Manhattan Network, Maurice Wright, M.D., Medical Director, Matthews Hurley, M.D., Doctor's Council President, Kencle Satchell, Director Public Affairs, Yuvania Espino, CAB Liaison, LaRay Brown, Sr. Vice President, Renee Rowell, Director of Community Affairs, Alvin Young, Director of Community Affairs and Manelle Belizaire.

Ms. White concluded the Harlem's CAB report by asking the Harlem CAB members in attendance to stand and be acknowledged.

Renaissance Health Care Network (Renaissance) Community Advisory Board

In the absence of Renaissance Health Care Network's CAB Chairperson, Ms. Jackie Rowe-Adams Mr. Nolan introduced Virginia Robinson, CAB member and invited her to present the CAB annual report.

Ms. Robinson began her presentation by thanking members of the Committee for the opportunity give the Renaissance CAB's report and she acknowledged the Renaissance's administration. Ms. Robinson stated that "Ms. Adams sends her regards and that she is home recuperating and getting much needed rest."

Ms. Robinson reported that since the CAB's last report, the Renaissance CAB has seven (7) new members, bringing the total of membership to fourteen (14). Ms. Robinson noted that recruitment is an ongoing process.

Ms. Robinson conclude the Renaissance CAB report by informing members of the Committee, CAB Chairperson and invited guests that some of the patients at Renaissance Health Care Network did not understand why they were being referred to Harlem Hospital Center and Lincoln Medical and Mental Health Center for specialty services. Ms. Robinson noted that patients did not understand the use of the word "Network." Ms. Robinson explained that through educational materials and outreach patients are now beginning to understand the connection between the diagnostic and treatment center and the hospitals.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:40 p.m.



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

JACOBI MEDICAL CENTER - 2014

I. COMMUNITY NEEDS

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

Obesity, diabetes, asthma and mental health/behavioral issues continue to be the most significant health concern affecting our community.

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

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

* CAB members participated in the Community Health Needs Assessment Survey

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

- X yes no

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

Facility leadership addresses these concerns by participating in corporate collaboratives, establishing special practice sessions, sponsoring health fairs where health education materials are distributed and free screenings are offered, and by the establishment and promotion of a Farmer's Market at the hospital. This is the fourth year that Jacobi has sponsored a Community Garden on the Jacobi

Community Advisory Board Report
Page 2

campus with over 130 individuals growing their own vegetables and herbs. Those involved in the Community Garden include community members, patients and staff. Garden beds have been allocated to patient/staff partnerships, providing an opportunity for quality recreation and patient education. Participating patient areas include: Breast Cancer Survivors Support Group, Behavioral Health Services, Family Weight Management and Comprehensive Alcohol Treatment Center.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The facility's strategic priorities include: the Network's Service Excellence initiative, that aims for patient satisfaction and quality care; high standards for patient safety; developing a diversified payor mix essential for fiscal responsibility; and the continued use of LEAN initiative to improve the quality, safety and efficiency of our services.

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

The CAB is provided presentations directly from the Network Leadership, including the Network Safety Officer, Network Chief Financial Officer and the Network LEAN Transformation Officer. These sessions provide opportunities for CAB members to raise questions and issues to be addressed.

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

X yes

no

Community Advisory Board Report
Page 3

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?

Most frequent complaints raised include wait time in the ER for relatively minor complaints, access to care and less than optimal communication between staff and patients.

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

Patients frequently compliment the medical staff on the attention they receive and the comprehensiveness of the care. Patients also compliment the facility on its unique services. In addition, patients and visitors to Jacobi frequently comment on how attractive the facility is, from the renovated buildings to the exterior grounds that has new lighting, security systems, pathways, plantings, and benches.

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

Yes

No

Community Advisory Board Report

Page 4

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

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

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

X Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 17 What are current numbers of vacancies?

There are three vacancies; however, one application is currently in process.
3. What were the membership recruitment activities conducted by CAB this year?

CAB members reach out to individuals in the community regarding the board, and interested individuals are invited to attend meetings as guests. Posters were created to promote the CAB and were prominently displayed within the hospital. Also, special CAB sponsored events bring attention to the role of the CAB, for instance, the annual September 11th Memorial Procession and the annual CAB sponsored Mental Health Conference which on average has 100 people in attendance.

Community Advisory Board Report

Page 5

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.

The following sub-committees meet monthly or as needed with the departments directly: Emergency Department, Behavioral Health and HIV/AIDS. Sub-committees are kept informed of new developments in the services and share this information at regular CAB meetings.

Additionally, several CAB members participate in the hospital's monthly Patient Experience Committee providing a consumer perspective, advice and guidance.

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 representatives (as well as CAB members in general) distribute information on our services, news and events to the Community Boards either through printed materials or emails.

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

Yes

No

Community Advisory Board Report

Page 6

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

yes X no

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

X yes no

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

yes X no

CAB members did not provide testimony but were present.

a. If so, were the issues subsequently addressed?

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

CAB members attend and support facility events, including Ribbon Cuttings, health fairs, health campaigns and hospital conferences, such as the Annual Social Work Disaster Response Conference... They also are involved in outreach activities by sharing information and distributing information about the hospital (new programs, services, events, etc.) in the community.

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

X yes no

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

Community Advisory Board Report

Page 7

yes no

There was not a Council of CABs Annual Conference last year; however, in the past CAB members participate in the conference whenever it is held.

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

not enough just right

If not enough, what assistance would you need?

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

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

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

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

Signatures:

CAB
Chairperson: Silvio Mazella / 23
Date: 8/27/14

Executive
Director: W. P. Wat
Date: 8/27/14



nyc.gov/hhc

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

NORTH CENTRAL BRONX HOSPITAL - 2014

I. COMMUNITY NEEDS

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

The most significant health concern affecting our community continues to be the high rate of obesity, diabetes, asthma and mental health/behavioral issues.

- 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)

*CAB members participated in the Community Health Needs Assessment Survey

- 3. Is your facility leadership addressing these needs/concerns?
 yes no

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

Facility leadership addresses these concerns in a variety of ways, including: participating in corporate collaboratives, establishing special practice session, sponsoring health fairs where health education materials are distributed and free screenings are offered,

Community Advisory Board Report
Page 2

and the establishments and promotion of a Farmer's Market at the hospital.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The facility's strategic priorities include the Service Excellence initiative that aims to encourage our staff to embrace new standards for service and civility. Also, a strategic priority continues to be becoming one of the safest hospitals in the nation. NCBH also aims to develop a diversified payor mix essential for fiscal responsibility, and employ the LEAN initiative to continue to improve the safety, efficiency and quality of its services and systems.

A strategic goal this year was to improve the infrastructure of the Psychiatric Emergency Room, which is near completion and will double the size of the facility.

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

The CAB is provided presentations directly from Network Leadership, including the Network Safety Officer, Network Chief Financial Officer and the Network LEAN Transformation Officer. These sessions provide opportunities for CAB members to raise questions and issues to be addressed.

The reopening of Labor and Delivery at NCBH in September 2014 has been a priority for the hospital. Senior staff, the Community Advisory Board, a CAB committee and outside community groups engaged in detailed conversation regarding the planning and promotion of the services. Several CAB members have regularly attended community meetings providing input to the outreach strategy for reopening.

Community Advisory Board Report

Page 3

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

X yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

X Yes

No

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

Most frequent complaints raised are the access to patient care, not optimal communication between staff and patients, and the wait time in the ER for relatively minor complaints.

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

Patients frequently compliment the expertise of our medical staff and staff attention and involvement. NCBH is a community hospital, serving generations of families, and patients remark that they feel comfortable and well-cared for in a familiar, compassionate setting.

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

X Yes

No

Community Advisory Board Report

Page 4

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

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

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

X Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 8 What are current numbers of vacancies? 12
3. What were the membership recruitment activities conducted by CAB this year?

CAB members reach out to individuals in the community regarding the board, and interested individuals are invited to attend meetings as guests. Posters were created to promote the CAB and were prominently displayed within the hospital. Also, special CAB sponsored events bring attention to the role of the CAB, for instance, the annual 9/11 Memorial Procession and the 2011 CAB sponsored Legislative Forum held at NCBH were announced in local newspapers.

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

Community Advisory Board Report

Page 5

Yes No

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

Two CAB members participate regularly on the hospital's monthly Patient Experience Committee providing a unique consumer perspective.

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.

Actions taken include follow-up meetings at the Community Planning Boards and distribution of literature/information on our services. News and events that are of interest with the Community Boards are shared with them through our CAB members.

7.
8. 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

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

yes no

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

yes no

Community Advisory Board Report

Page 6

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

yes no

CAB members do not provide testimony but they are present at Annual Public Meetings.

a. If so, were the issues subsequently addressed?

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

CAB members support the facility's outreach activities by attending Ribbon-Cuttings, health fairs, flu shots campaigns, and relevant hospital conferences. In addition, the CAB supports outreach activities by distributing communication and health materials in the community.

In addition, the CAB attended various hospital conferences, including The CAB sponsored Annual Mental Health Conference on peer counseling and The Social Work Emergency Response that included presentation from Social Workers involved in the Boston Marathon bombing.

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

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

Signatures:

CAB

Chairperson:

Esme Sattaur - Law CAB

Date:

8/27/14

Executive
Director:

W. P. Wa

Date:

8/27/14

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

**CONEY ISLAND HOSPITAL
COMMUNITY ADVISORY BOARD
2014**

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?
 - *Rebuild Ida G. Israel Community Health Center, which was destroyed by Super Storm Sandy, to the West end of Coney Island.*
 - *FEMA financial support and provision for consideration of Level One Trauma Center.*
 - *Improving the level of community/patient satisfaction.*
 - *Expanding access to specialty geriatric medical care services in light of the fact that southern Brooklyn has the largest geriatric population in NYC and CIH is surrounded by no less than six Naturally Occurring Retirement Communities.*
 - *Ensuring the future continued success of HHC's mission in the midst of national health care reform and governmental budget crisis.*
 - *Ensuring that the community's medical needs are addressed under the HHC Restructuring Plan, especially those needs which involve heart disease, diabetes, obesity, cancer, and high blood pressure.*
 - *Expand community anti-gun violence awareness initiatives in Coney Island*
 - *Access to outpatient clinics*
 - *Grow community partnerships and platforms which to provide disease management health education class.*

Community Advisory Board Report

Page 2

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

- Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys: HCAHPS
 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.

- *Rebuild Ida G. Israel Community Health Center as a modular building with FEMA funding on property owned by the New York City Housing Preservation and Development (HPD), located between W17th and 18th Streets on Surf Avenue. Mobile Medical Office is also serving the community on West 30th Street and Mermaid Avenue (Rite Aid Parking Lot).*
- *Although not a Level One Trauma Center, ED has been modernized and continues to improve operations to meet community needs.*
 - i. *Examples:*
 1. *Separate Pediatric triage area*
 2. *Direct ambulance access*
 3. *Psych ED -- 12 patients at a time*
 4. *Waiting Area – refurbished*
 5. *Express Area has been increased to 10 beds*
 6. *New GYN room in Express Area*
 7. *2015 begin Emergency Medicine Residency program*
- *Hospital leadership has taken steps to improve the level of community/patient satisfaction by maintaining ties with local community based organization and implementing mutli-tiered plan to improve patient satisfaction*
 - a. *Examples of initiatives:*
 - i. *Weekly administrative patient comfort rounds*
 - ii. *Enhanced dining service with birthday card, rolling dessert tray and redesigned cheerful placemat*
 - iii. *Music and pet therapy*
 - iv. *Daily newspaper delivery to inpatient units*
 - v. *'Carey Bear' visits outpatient pediatrics, inpatient pediatrics, and ED pediatrics unit.*
 - vi. *Monthly educational seminars*
 - vii. *Nutritional C.A.R.E.S service training*
 - viii. *ED patient satisfaction committee*

- *Hospital leadership is taking steps to maintain working relationships with the six Naturally Occurring Retirement Community organizations (NORCs) in CIH's primary service area. Various hospital departments, including Patient Relations, Social Work, Strategic Planning, Medical Affairs, and Public Affairs continue to meet with staff and members of the NORCs. The hospital leadership recognizes the importance of ensuring the continuity of care of its older patient population and is collaborating with the NORCs and with local SNF's and adult homes to ensure that patients avail themselves of the supportive social and clinical services offered in the community.*
- *The Brooklyn delegation of the NY City Council allocated \$1,370,000 to Coney Island Hospital for various equipment and services.*
 - a. ***\$250,000:** Simulation Center (Education and Training) to be located on the second floor of CIH - Now in Design Phase*
 - b. ***\$160,000:** Emergency Command Center to be located on second floor at CIH - Now in Design Phase*
 - c. ***\$960,000:** -Operating Room. A new dehumidification system is being fabricated and is scheduled to be installed before next cooling season.*
- *Hospital leadership has supported efforts to increase CAB membership commitment and diversity by canvassing community-based organizations, local elected officials, Community Board 11, 13, and 15 for additional candidates who represent the demographics of the Coney Island community.*
- *Attended HHC Anti-Gun Violence symposium to explore best practices and community agencies addressing this unfortunate epidemic. Build relationships with local grass roots organizers so when in crisis the hospital can best meet the needs of the victim and the victim's family and provide comfort and community support to recover from such tragedy.*
- *Primary Care Clinics have expanded hours and same-day appointments available:*
 - a. *Monday-Thursday 8AM-8PM*
 - b. *Friday, Saturday, Sunday 8AM-4PM*
- *Marketing Department establishing a speaker bureau to be available for community events, on-site expertise, and other venues. Aim to improve reach of hospital outside the walls of our campus to have positive health outcomes and provide necessary foundation to actively engaged patients to be champions of their own health conditions.*

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

New Mitigated Structure- Clinical Service Building
Restoration of Ida G. Israel Health Center
Clinical Excellence
Patient Safety
Patient & Customer Satisfaction
Information Technology
Facilities & Infrastructure
Financial Stewardship
High Quality Workforce
Community Partnerships
Community Resource

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

The CAB has a representative on the hospital's Patient Safety Committee. The CAB also provides input and suggestions in strategic and other plans presented at CAB meetings.

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

yes no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes No

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

The most frequent complaints raised is communication between patients and providers.

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

- *Impressed with positive changes and comment "pleasantly surprised CIH is changing for the better"*
- *Little to no wait times in Emergency Room*
- *Availability of outpatient clinic and more organized process for registration*

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 27

2. What are current numbers of members? 15 What are current numbers of vacancies? 6

**As of 7/29/14 roster*

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

The CAB membership canvassed community-based organizations, Community Boards 11, 13, 15 and reached out to individuals who represent the demographics of the Greater Coney Island community.

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.

The CAB currently has an active Executive Committee - that acts on behalf of the CAB between meetings, and keeps the CAB abreast of any proceedings. Legislative Committee- discusses Hospital legislative priorities and develops strategies to support those priorities. Membership Committee – reviews new membership applications and makes recommendations to the BOARD. Also, reviews status of all members to ensure they are in good standing. Sunshine Fund Committee – generate funds through voluntary contributions from Hospital members to acknowledge death, birth or hospitalization of a member, his or her (mother, father, spouse, children, sister or brother). Community Relations Committee-advise Board on issues that pertains to the community outreach activities. In addition, the Committee maintains a positive relationship between the hospital and the community. Patient Care/Relation Committee has been established.

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

Yes No

- *Except for CB 11, William Guarinello, Chair CB 11 appointed Dr. Tim Law, CB11 Representative to the CAB effective October 29, 2013 to replace Claudio Demeo. The Membership Committee and the full Board voted in favor of Dr.Law becoming a member of the CAB on November 7, 2013. Waiting confirmation of appointment.*

- a. If yes, please describe actions taken.

All needs and/or concerns are shared with the local elected officials and community leaders and are relayed to appropriate and responsible parties within local community based organizations.

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

* *Except for CB 11*

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?

These issues are being addressed

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

Through their contacts at community-based organizations, CAB members helped to identify screening event locations and helped coordinate outreach activities.

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

yes no

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

yes no

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

not enough 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. Ida G. Israel Community Health Center
2. Level 1 Trauma Center
3. Additional health screenings focused on heart disease, diabetes, obesity, cancer, and high blood pressure.

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:

Lucenie M. Hurling
August 21, 2014

Executive

Director:

Date:

V/S
8/21/2014

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

**SEA VIEW HOSPITAL REHABILITATION CENTER & HOME
COMMUNITY ADVISORY BOARD**

PRESENTED SEPTEMBER 2, 2014

I. COMMUNITY NEEDS

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

The growing need for Dementia-Care and the need for short term rehab.

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

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

Identification of these needs took place, in part, during CB meetings, surveys, public meetings, professional associations and state and national data collection reports, and through numerous media outlets.

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

yes

no

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

Leadership is addressing all concerns brought to them concerning any quality of care issues. Resident Council, Relative Council, Seminars/ Education, and Health Fairs are held. We open our facility to the community through Blood Drives, the Train Club, Knights of Columbus Volunteers, and the media.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Maintain CMS 5-Star rating. To provide the highest possible quality of care to all residents.

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

Through discussion and information sharing, CAB supports Sea View and carries Sea View's message to the community.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

2. What are the most frequent complaints raised by patients/residents?
Because residents live here and consider Sea View "home," they do not always accept the occasional room reassignment if necessary due to a higher medical need of a new admission.

3. What are the most frequent compliments provided by patients/residents?
A caring and professional staff tops the list along with satisfaction with activities and outings provided by Sea View. The residents always enjoy our "Winter Wonderland" celebration and our summer barbeques.

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

Yes N/A No

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

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

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

Yes N/A No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 14

2. What are current numbers of members? 14 What are current numbers of vacancies? 0

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

Keeping Community groups informed of our recruitment activities. Advising local elected officials when vacancies occur.

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.

No

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.

Reports at monthly CAB meetings.

CB members on CAB.

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

Yes

No

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

yes

no

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?

N/A

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

CAB members are community leaders and professionals. They carry Sea View's message in their daily activities.

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

yes no

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

yes no

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

not enough 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:

Executive

Director:

Date:






