

AGENDA

**COMMUNITY
RELATIONS
COMMITTEE**

Meeting Date: October 7, 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
September 2, 2014

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

Queens Healthcare Network

Elmhurst Hospital Center

Carlos Cortes

Queens Hospital Center

Jacqueline Boyce

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: September 2, 2014

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chair

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 Rehabilitation & Nursing Care Center CAB

Michelle Winfield, (Representing Lois Rakoff, Chairperson, Bellevue Hospital Center)

Jewel Jones, Chairperson, Metropolitan Hospital Center

Rosanne DeGennaro, 1st Vice Chairperson, Coney Island Hospital

Bette White, Chairperson, Harlem Hospital Center

Sylvia Lask, (Representing Silvio Mazzella, Chairperson) Jacobi Medical Center

Cheryl Alleyne (Representing Esme Sattaur-Low, Chairperson) North Central Bronx Hospital

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Kenneth Campbell, 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

Carol Dunn, Chairperson Sea View Hospital Rehabilitation Center & Home

Jackie Rowe-Adams, Chairperson, Renaissance Health Care Network

HHC FACILITY CAB MEMBERS

Abida N. Sattar, Coney Island Hospital

Queenie Huling, Coney Island Hospital

Cindy Cain, Harlem Hospital Center

Bobby Lee, Bellevue Hospital Center

Kent Mark, Bellevue Hospital Center

Louise Velez, Bellevue Hospital Center

Agnes Abraham, Kings County Hospital Center

Judith Benitez, Jacobi Medical Center

Zena Twyman, Jacobi Medical Center

Gertrude Chamlee, North Central Bronx Hospital

Esme Sattaur-Low, Jacobi Medical Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations
Randall Mark, Chief of Staff, President's Office
Valerie Phillips, Office of Legal Affairs
Deborah Cates, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Manelle Belizaire, Intergovernmental Relations
Renee Rowell, Intergovernmental Relations
Alvin Young, Intergovernmental Relations

HHC FACILITY STAFF

William Walsh Senior Vice President, North Bronx Health Network
Hannah Nelson, Senior Associate Executive Director, North Bronx Health Network
Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network
Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center & Home
Milton Nunez, Executive Director, Lincoln Medical and Mental Health Center
Misty Teitel, Administration, Coney Island Hospital
Deborah Tyndall, CAB Liaison, Kings County Hospital
Lisa Marie Izquierdo, CAB Liaison, Bellevue Hospital Center
William Jones, Associate Director, Coler Rehabilitation & Nursing Care Center

GUESTS

Elizabeth Atkinson
Andrew Brokman, Department of Consumer Affairs
Anthony Feliciano, Commission on the Public's Health System
Karen Jarrett, New York State Nurses Association

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order by the CRC Chairperson, Mrs. Josephine Bolus, NP-BC.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of May 6, 2014. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed members of the CRC and invited guests.

Mrs. Bolus began her remarks wishing that everyone had enjoyed their summer. She announced that she would first highlight some notable events and recognitions that have occurred since our last meeting and then proceed to the Annual Activity Reports from the Community Advisory Boards of the North Bronx Healthcare Network and the Southern Brooklyn/Staten Island Network.

Mrs. Bolus noted that many CAB members had attended the 10th annual Marjorie Matthews Awards event in July during which the Board had honored some of the most active CAB and Auxiliary members. Mrs. Bolus noted that this event has become a lively annual HHC family gathering, with more than 250 guests – the most we've ever had. Mrs. Bolus congratulated all those who were honored.

Mrs. Bolus reported that, in addition to recognizing the work of many CAB and Auxiliary members, HHC recently issued a report showcasing the exemplary work of its facilities. The 100 page report, entitled, "Better, Pursuing Excellence at the New York City Health and Hospitals Corporation", describes many of HHC's accomplishments over the past several years. Included is a section on the Community Advisory Boards, which also features the most recent former Council of CABs Chairperson Agnes Abraham, who said that "HHC listens to the voices of its communities and by listening, really learns how to improve." The report points out some of the work performed by the CAB members including, "making sure that care is delivered with appropriate sensitivity" and playing an "active role in ensuring that the quality of care is reliable and that it meets community needs." Mrs. Bolus added that the report goes on to describe how CAB members are leaders who "educate the community about programs and services at the facilities," and advocate with elected officials to inform them of the health care needs of the communities and on behalf of the patients served by the HHC facilities. Finally, Mrs. Bolus stated that the report states that the voice of the CABs has "become an intrinsic part of day-to-day operations, aiding HHC administrators in addressing and creating programs to meet the needs of the community." Mrs. Bolus encouraged everyone to

read this valuable report and share it with the full CAB membership of all the facilities and with other constituents and stakeholders.

Mrs. Bolus reminded the Committee of the New York State's recent \$8 billion Medicaid Waiver. She reported that there has been a substantial amount of work at HHC focused on this waiver. She informed the Committee that the main tenet of the waiver is the Delivery System Reform Incentive Program, or DSRIP, which accounts for more than \$6.4 billion of the \$8 billion in funding that New York State can receive. In addition, DSRIP is intended both to transform health care delivery in New York State and to significantly reduce Medicaid costs, with an overall goal of reducing preventable hospitalizations by 25% statewide over five years.

Mrs. Bolus reported that in June, HHC had submitted its initial planning applications for this program. The application explores development of "Performing Provider Systems" (PPSs) that will undertake clinical projects intended to improve the health of Medicaid and uninsured patients in New York City. Final applications will be submitted at the end of this year. Mrs. Bolus informed members of the Committee that they will hear more about HHC's proposed DSRIP projects as they are fully developed this fall.

As it was rumored, Mrs. Bolus noted that HHC has been awarded significant funding recently by different agencies in the state and federal government. In May, HHC was one of a dozen recipients to be awarded funding under the Center for Medicare & Medicaid Services Health Care Innovation Awards Program. HHC will receive almost \$18 million over three years to expand and enhance its current pilot Emergency Department Care Management model. The model deploys a multi-disciplinary team that comprehensively assesses patients who present in the emergency room for ambulatory care sensitive conditions. The team creates a care plan to avoid an unnecessary hospitalization and to provide ongoing support after discharge. Mrs. Bolus informed the Committee that these enhanced programs will be operated at Bellevue, Elmhurst, Jacobi, Kings, Lincoln and Queens.

Mrs. Bolus reported that in July, New York State had awarded HHC approximately \$150 million from the Interim Access Assurance Fund pool. She explained that these funds are another component of the Medicaid waiver. Mrs. Bolus added that this funding is to provide support to public and safety net hospitals to sustain key health care services while these facilities develop their DSRIP plans.

Mrs. Bolus reported that last month, Senators Gillibrand and Schumer had announced that HHC will receive \$117 million in funding from the Federal Emergency Management Agency (FEMA). These FEMA funds will reimburse HHC for many of the repairs made at Bellevue after Superstorm Sandy. Mrs. Bolus also reported that HHC is still working with Senators Gillibrand, Schumer and FEMA on reimbursement needed to make other repairs and to ensure long term mitigation at other HHC facilities.

Mrs. Bolus reported that over the past four months, The Joint Commission had completed its accreditation surveys at Woodhull Medical and Mental Health Center, Coler Rehabilitation Care Center and at the Henry J. Carter Specialty Hospital and Nursing Facility. Mrs. Bolus informed the Committee that all facilities have done extremely well. She reported that Henry J. Carter Specialty Hospital and Nursing Facility had its first survey by The Joint Commission. Mrs. Bolus stressed that a physician surveyor noted during the leadership session at the end of the Henry J. Carter survey, that it was clear that the organization is very committed to becoming a high reliability organization, as demonstrated by its patient safety and performance improvement outcomes. Mrs. Bolus acknowledged the staff at all of these facilities.

Before concluding her remarks and inviting Dr. Raju to provide his report, Mrs. Bolus congratulated him for being recognized by Modern Healthcare Magazine as one of the "Top 100 Most Influential People in Healthcare" as well as being named as a Trustee of the American Hospital Association. Mrs. Bolus acknowledged Dr. Raju on these achievements.

PRESIDENT'S REMARKS

Dr. Raju greeted everyone. He began his remarks by referencing a situation that was in the media this past weekend. Dr. Raju reported that there was a story in the *Daily News* Monday about a patient who was treated at Kings County Hospital Center after the tip of his thumb had been detached in an accident. Dr. Raju informed the Committee that HIPAA and other patient confidentiality issues had prevented the Corporation from providing any details to the *Daily News* and also limits his comments about this issue in this meeting. However, Dr. Raju assured everyone that the incident is being investigated and that the Corporation will take any steps deemed necessary based on the investigation. Dr. Raju apologized that he could not comment any further, but also warned the Committee to keep in mind that "what you see in print is not always the complete story."

Dr. Raju reported on some recent activities of the Federal Emergency Management Agency (FEMA):

- NYU recently received from FEMA about \$1 billion in funding for storm repairs and future storm mitigation efforts. This was one of the largest grants FEMA has ever given. Dr. Raju noted that HHC was encouraged by this, as it demonstrates that FEMA recognizes that NYC hospitals are vulnerable and deserving of aid related to Sandy and future storms. He added that HHC has been actively

engaged with FEMA for several months, and we are very confident that we will soon receive a substantial package of funding similar to that received by NYU.

- On August 14, Senator Charles Schumer announced that FEMA had awarded HHC more than \$117 million for repairs at Bellevue. That amount brings the total reimbursement received from FEMA to date to almost \$200 million. These funds are for reimbursement for repairs already completed. Dr. Raju noted however that the \$200 million is just a portion of the funds HHC expects to receive from FEMA.
- Additionally, HHC expects to receive more than \$1 billion from FEMA as reimbursement for the cost of repairs already completed at other HHC facilities and for long term storm mitigation at the most vulnerable HHC facilities: Bellevue, Coney Island, Metropolitan and Coler.
- HHC is very appreciative of the efforts of Senators Schumer and Gillibrand in expediting the FEMA process. HHC is also grateful for the support of its labor partners, including New York State Nurses Association (NYSNA), which last week wrote to both Senators expressing its support for our FEMA applications. Dr. Raju noted that this letter was the subject of a brief item in today *Crain's Health Pulse*.
- Dr. Raju announced that on Wednesday, September 10, at 6:00 PM the HHC Board of Directors will convene a public hearing at Metropolitan Hospital concerning a proposal to convert Draper Hall into housing for low income seniors and persons with disabilities. HHC is partnering with HPD, HDC, NYCHA and a developer, SKA Marin, on this important project. Dr. Raju noted that the Draper Hall site at 1918 First Avenue, is just south of East 99th Street, had previously been used by Metropolitan as a nurses residence.

Dr. Raju reported on the Delivery System Reform Incentive Payment program, or DSRIP. He stated that HHC is well underway in its process to secure funds under the State's recent Medicaid waiver, which includes the Delivery System Reform Incentive Payment program, or DSRIP. Dr. Raju explained that DSRIP is a great opportunity for HHC in many ways. He added that by supporting patient-centered, high quality care for all New Yorkers, DSRIP fits squarely into HHC's mission and its transformation goal of creating more access to primary care and non-hospital based care.

Dr. Raju informed the Committee that DSRIP is a five-year program to foster and reward comprehensive Medicaid reform efforts. In addition, DSRIP provides incentives for increased collaboration among Medicaid providers and community service organizations to improve patient and population health. Dr. Raju commented that from a financial perspective, HHC can't afford not to participate. He also noted that Healthcare

reimbursement is quickly moving to payment models that emphasize strong care management of patients across all settings, as well as the health and wellness of populations.

Dr. Raju reported that the State and Federal government, through DSRIP, expect that coalitions of providers will become Performing Provider Systems (or PPSs). A PPS will be expected to provide integrated health care for a defined population. Dr. Raju informed the Committee that a Steering Committee comprising of leadership from across HHC has been hard at work developing a governance structure for an HHC PPS, identifying potential PPS partners and developing criteria for selection of DSRIP projects. Dr. Raju noted that HHC must submit an application outlining its intentions to the State by December 16, 2014 and the DSRIP program will commence in the spring of 2015.

Dr. Raju stated that for many years, several HHC facilities have hosted farmers' markets. He reported that this year, eight HHC facilities are hosting markets, including Metropolitan and Harlem hospitals in Manhattan; Jacobi, North Central and Lincoln in the Bronx; Coney Island Hospital in Brooklyn; and both Queens and Elmhurst in Queens. Dr. Raju commented that HHC is happy to host these markets as they are a service for communities that often lack access to affordable healthy food options. He reminded the Committee that Farmers' markets are consistent with HHC's efforts to support healthy communities.

Dr. Raju noted that shoppers can take advantage of a variety of payment options, including EBT/SNAP, Health Bucks, Green Checks, Senior Farmers' Market Nutrition Program (FMNP) coupons and Women, Infants and Children (WIC) coupons. He also informed the Committee that for the second year in a row HHC has been working with the group Wholesome Wave to implement the popular "Fruit and Vegetable Prescription Program." He explained that through this program, a doctor and nutritionist assess the health and nutritional habits of patients and families at risk for obesity and provide "prescriptions" to consume more fruits and vegetables. Patients then receive Health Bucks, which are coupons from the Human Resources Administration and the Health Department that can be redeemed for fruits and vegetables at all New York City farmers' markets, and return for monthly evaluations of various health indicators such as their blood pressure and cholesterol levels.

Dr. Raju concluded his remarks by announcing that the Fruit and Vegetable Prescription Program this year is at Harlem and Elmhurst hospitals, and will be starting soon at Bellevue.

NORTH BRONX NETWORK CABS' REPORTS

Jacobi Hospital Center (Jacobi) Community Advisory Board

In the absence of Jacobi Hospital Center's Chairperson, Mr. Silvio Mazzella Mrs. Bolus introduced Ms. Sylvia Lask, CAB member and invited her to present the CAB's annual report.

Ms. Lask began the Jacobi CAB's report by thanking the members of the Committee for the opportunity to present. Ms. Lask informed members of the committee and invited guests that she has been a long standing member of the Jacobi's Community Advisory Board and that the Jacobi CAB is actively engaged in promoting the hospital's services and unique programs to the community.

Ms. Lask reported that the Jacobi CAB had sponsored several special events in response to important current issues facing the hospital and the healthcare arena. Ms. Lask explained that one of the special events was focused on The Affordable Care Act and NYS Health Exchange. Ms. Lask added that experts from HHC, the New York State Health Exchange, and MetroPlus presented to a well-attended audience comprised of CAB members, hospital staff, and community members.

Ms. Lask continued and highlighted the Jacobi CAB's Annual Mental Health Conference. Ms. Lask noted that this year's conference focused on the important role of Peer Counselors. Ms. Lask explained that this is an area that has become increasingly important to the hospital as it transforms the delivery of behavioral health services. Ms. Lask added that guest speakers included experts from various national mental health organizations. Ms. Lask added that the CAB also sponsored its Annual 9/11 Memorial Procession, which is held on September 11th and is open to the community. Ms. Lask added that the Jacobi CAB also sponsored their annual Legislative Forum to discuss maintaining a strong public health system and the fiscal challenges ahead.

Ms. Lask continued and reported that the most significant health issues in the North Bronx community include: obesity, diabetes and hypertension. Ms. Lask noted that the Bronx is also at the center of the HIV/AIDS epidemic.

Ms. Lask reported that the Jacobi CAB learn about the incidence of these serious illnesses and the hospital's scope of services and unique programs at their monthly CAB meetings. Ms. Lask added that Mr. Walsh, Senior Vice President, North Bronx Healthcare Network, provides the CAB with a comprehensive review of hospital and fiscal issues as well as information about new programs and initiatives.

Ms. Lask informed members of the Committee, CAB Chairpersons and invited guests that the hospital's leadership attends the CAB's monthly meeting. Ms. Lask noted that

during the monthly meetings the CAB members take advantage of the opportunity to ask questions and learn more about the hospitals' healthcare and economic challenges. Ms. Lask stated that "updates on the LEAN initiative are also shared with the CAB. Ms. Lask explained that LEAN is an ongoing improvement program hospital-wide, that continues to be very successful in making Jacobi's systems and services safer and more effective."

Ms. Lask concluded the Jacobi's CAB report by thanking Mr. Walsh and his executive team for their determination in making Jacobi Hospital Center one of the safest hospitals in the nation. Ms. Lask added that the Jacobi CAB is proud of their hospital and enthusiastically can say "Jacobi is what great looks like."

North Central Bronx Hospital (NCB) Community Advisory Board

Mrs. Bolus introduced Ms. Cheryl Alleyne, CAB Member of the North Central Bronx CAB and invited her to present the CAB's Annual Report

Ms. Alleyne began the NCB's CAB report by announcing that the Labor & Delivery Service at North Central Bronx Hospital is scheduled to reopen soon. Ms. Alleyne noted that the hospital's target date is October 2014.

Ms. Alleyne continued and thanked the hospital's leadership for maintaining open communications, the sharing of information and involving the CAB in the decision making process. Ms. Alleyne noted that for a year, CAB members participated in ongoing community forums regarding Labor & Delivery reopening plans. Ms. Alleyne added that the NCB CAB was fully engaged in the process of getting the word out to the community regarding the reopening and promoting the services. Ms. Alleyne noted that the CAB's participation in the various community forums had provided the CAB the opportunity to network and identified several individuals from the community to join the CAB.

Ms. Alleyne reported that the community's most significant health issues include obesity, diabetes and hypertension. Ms. Alleyne added that special care for geriatric patients with psychiatric disorders is also a pressing concern. Ms. Alleyne noted that the Executive and clinical leadership keeps the CAB informed of these serious and complex illnesses as well as the hospital's response to the health issues of the community during the CAB's monthly meetings Ms. Alleyne added that this year the CAB received updates on topics such as: women's health, chronic disease programs and patient safety.

Ms. Alleyne concluded the NCB CAB report by commending Mr. William Walsh Senior Vice President, North Bronx Healthcare Network for always providing stellar leadership the CAB a comprehensive review of issues and concern that affects the community. Ms. Alleyne added that the NCB CAB would also like to thank Sheldon McLeod, NCB's

Chief Operating Officer, for all his support, and to wish him well on his new position at Kings County Hospital. Ms. Alleyne noted that the CAB welcomed Mr. Sheldon's successor. Ms. Alleyne stated that "the NCB CAB is proud of their hospital and our community and will continue to work to make both stronger."

SOUTHERN BROOKLYN/STATEN ISLAND NETWORK CABS' REPORTS

Coney Island Hospital (Coney Island) Community Advisory Board

Mrs. Bolus introduced Ms. Rosanne DeGennaro, Acting Chairperson of the Coney Island Hospital Community Advisory Board (CAB) and invited her to present the CAB's annual report.

Ms. DeGennaro began her presentation thanking the Committee for giving her the opportunity to share the Coney Island Hospital CAB's report.

Ms. DeGennaro reported that in the Coney Island Hospital community, the most significant health care service needs /concerns are:

- To replace the Ida G. Israel Community Health Center, that was destroyed by Super Storm Sandy, to the west end of Coney Island.
- The financial support and provision for a level one trauma center, and the continued modernization of CIH in plans for the redevelopment of Coney Island by NYC EDC/Coney Island Development Corp.
- 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 (6) 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 hypertension, diabetes, obesity, and cancer.
- Expand community anti-gun violence awareness initiatives in Coney Island.
- Improve access to outpatient clinics.
- Grow community partnerships and platforms in order to provide disease management health education.

Ms. DeGennaro continued and noted that the hospital's leadership of is addressing the needs and concerns of the community by:

- Rebuilding the Ida G. Israel Health Center with Federal Emergency Management Agency (FEMA) funding between W. 17th & W. 18th Streets on Surf Avenue. Ms. DeGennaro noted that a mobile Medical Office is now located on W. 30th Street & Mermaid Avenue.
- Ms. DeGennaro noted that although not a Level One Trauma Center, The Emergency Department had been modernized and continues to improve operations to meet community needs.
- Hospital leadership had taken steps to improve the level of community /patient satisfaction by maintaining ties with local community based organizations and implementing multi-tiered plan to improve patient satisfaction.
- Hospital leadership had taking steps to maintain working relationships with the six Naturally Occurring Retirement Community Organizations.
- The Brooklyn delegation of the New York City Council allocated \$1,370,000 to Coney Island Hospital for various equipment and services.
- Hospital staff attended HHC's Anti-Gun Violence Symposium.
- Primary Clinics have expanded their hours and same day appointments are available.
- The marketing department established a speaker's bureau and is available for community events both on site and at other venues.

Ms. DeGennaro reported that the patients and patient's satisfaction are a priority at Coney Island Hospital and reports are provided to the CAB by the Executive Director, to the CAB's representative on the Hospital's Patient Care and Safety Committee. Ms. DeGennaro added that patients had commented on how Coney Island Hospital is changing for the better. Ms. DeGennaro explained that with the expanded clinic hours, there is little to no waiting time in the Emergency Department.

Ms. DeGennaro continued and reported that Coney Island CAB total allowable membership is 27. Ms. DeGennaro noted that presently there are 15 members and 6 vacancies. She added that the Coney Island CAB is in the process of reviewing applications of perspective board members. Ms. DeGennaro emphasized that In order to fill the vacancies the CAB membership communicated with community based organizations, Community Boards 11, 13 & 15 and also reached out to individuals who represent the demographics of the Greater Coney Island Community.

Ms. DeGennaro concluded her presentation by noting the following events in which the Coney Island CAB participated:

- On August 30th and August 24th 2013, the CAB hosted a Voter's Registration Drive at Coney Island Hospital.

- On August 6th, CAB members manned a table at the 60th Police Precincts National Night Out.
- On June 15, 2014, the CAB held an Annual Public Health Meeting.
- On February 15, 2014, Coney Island Hospital CAB along with the Administration of the Hospital held a legislative breakfast that was well attended by our elected officials.
- On January 13, 2014, CAB members attended the reopening of Coney Island Hospital's Psychiatric Emergency Department.
- The Coney Island CAB gave testimony at HHC's Annual Public Meeting and also participated in the Council of CABs Annual Conference.
- On September 21st 2013, the CAB took part in the Ida G. Israel Health Fair.

Sea View Hospital Rehabilitation Center and Home (Sea View) Community Advisory Board

Mrs. Bolus introduced Ms. Carol Dunn, the newly appointed CAB Chairperson of Sea View Hospital and Home and invited her to present the CAB's Annual Report.

Ms. Dunn began her presentation by thanking members of the Community Relations Committee for the opportunity to present the Sea View CAB's annual report. Ms. Dunn introduced herself as being a long standing member of the Sea View CAB.

Ms. Dunn stated she "greatly appreciates her role as the CAB's Chairperson and representing the community, the residents and relatives of Sea View."

Ms. Dunn concluded her report by commending the hospital's leadership.

Ms. Dunn was reminded about the importance of attending the Council of CAB's monthly meetings by Gladys Dixon, 1st Vice Chair, Council of CABs and Jewel Jones, Secretary, Council of CABs.

OLD BUSINESS

None.

NEW BUSINESS

ADJOURNMENT

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

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

(ELMHURST HOSPITAL CENTER COMMUNITY ADVISORY BOARD)

I. COMMUNITY NEEDS

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

- 1) Emergency Department Expansion
- 2) Healthy Living – Preventive Health -Nutrition – Safety – Health Education
- 3) Equal Access – Uninsured/Underinsured/ Undocumented
- 4) Improved/Expanded – Mental Health Services
- 5) Care Management – Chronic Diseases (Diabetes, Heart Disease, Depression, and Asthma)
- 6) Language Access/Interpreting Services/Cultural Diversity

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 | <input checked="" type="checkbox"/> Other Activities (please list)
Health Fairs, Workshop, Forums. |

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 CAB and senior leaders work closely on these important issues and concerns. There is a CAB member on the Medical Board who can bring some of these concerns/needs to their attention. This also encourages the collaboration of the community, the hospital, and the Mt. Sinai affiliate. There is a report on the Journey to Excellence (JTE) at the CAB monthly meetings and members are encouraged to participate in any JTE activities. Of course, there is an ongoing conversation with the elected officials on these important concerns/needs. The following guest speakers gave presentations on some of these concerns as well as other important topics:

- Anju Galer, Trauma Coordinator: Gave a brief update on Pedestrian injuries treated in our ED – Invited members to the 2013 Summit on Pedestrian Injuries in December
- Alina Moran, Chief Financial Officer: Discussed the New York State of Health (Affordable Care Act) enrollment process for the community and EHC
- Stewart Kessler, MD Emergency Department: Discussed the development and roll out of the new electronic medical record – EPIC - creating better access to their records, their doctors and their community resources.
- Victor Snyder, Director of Patient Services and Karen Bernstein, Journey to Excellence: Updated the progress of patient and staff satisfaction initiative – provided an overview of the staff communication training course.
- Benjamin Malkin MD, ENT: Discussed major new research on HPV related head and neck cancers – Invited members to participate in activities during the National Oral, Head & Neck Cancer Awareness Week.
- Sharon Behar, Quality and Risk Management: Discussed department goals of improving patient care and reducing risk.
- Guillermo Chacon, Latino Commission on AIDS: Special presentation on the Latino community and their health care needs – Discussed the importance of community advocacy.
- Joseph Masci, MD, Internal Medicine: Presented current information on Ebola virus and the hospital's preparation and response to an unlikely occurrence in our ED.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
 - 1) Expansion of Emergency Department
 - 2) Medicaid Waiver - DSRIP
 - 3) Journey to Excellence – Patient and Employee Satisfaction
 - 4) Patient Safety
 - 5) New electronic medical record (EPIC)

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

These priorities are often presented and discussed at the monthly Executive Committee and Board Meetings. Our CAB has active Committees that meet with senior staff to discuss activities and to offer recommendations. The Committees then report at the Board Meeting. Members are comfortable seeking out the hospital leaders when needed. The CAB members stress the importance of the community needs listed in Part I in any discussions on formulating priorities and implementing action plans.

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?
 - 1) Longer wait time in the Emergency Department as a result of increased workload
 - 2) Experiencing delays in non-critical clinic appointments

3. What are the most frequent compliments provided by patients/residents?
- 1) Streamlined the process to see doctor in the clinic – Improved wait time
 - 2) Excellent care and professionalism
 - 3) Comprehensive language access service
 - 4) Courtesy of the staff
4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

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"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	√
Appearance	<input type="checkbox"/>	<input 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? 24-28
2. What are current numbers of members? 22 What are current numbers of vacancies? 2-6

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

We have two pending applications. Word of mouth and members' referrals have proven to be the most effective tools. We plan to contact the new Borough President's office to ask for referrals.

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 the following active committees:

- Patient Care – Monitors patient services and works to address any issues concerning patients and medical services – This year's focus was Journey to Excellence, hospital signage, and patient identification.
- Women's Health – Working with the hospital's Labor/Management Women's Issues Committee sponsored a successful Women's Health Forum.
- Finance – Works with Chief Financial officer if major budget issues arise. They also discussed electronic payments.
- Legislative/Community Relations – Plans annual Legislative Meeting and other community and legislative outreach. The Committee coordinated the Voter Registration campaigns.
- Membership – Recruits, interviews and mentors new members to the Board.
- Child/Adolescent Health – Addresses health issues for this age group: teen pregnancy, HIV prevention, suicide prevention and healthy eating/lifestyles.
- Nominating (Ad hoc) – Recruits and nominates officers for the Board.

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.

The Community Board representatives on the CAB are the critical link to a successful collaboration. The meeting packets are available to be shared with the Community Board. Our staff is often asked to be guest speakers. The CAB is publishing a newsletter to be distributed twice a year to the Community Board.

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

Yes No

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 CAB hosted event was postponed.
The CAB members participated in several special events in March where the elected officials were in attendance.

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?

HHC has been supportive of our efforts to open the Women's Pavilion and to expand our Emergency Department. The expense of providing interpreting services at no costs to the patient remains a concern, particularly without some reimbursement from the State/City.

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

Our CAB has been very involved in our annual community outreach events:

- 1) Pediatric Health Fair
- 2) Women's Health Forum
- 3) New Year's Day Basket Distribution (First Baby of the year)
- 4) Voter Registration Drive
- 5) Prostate Cancer Screening Event
- 6) EHC's Green Market

There were several new initiatives:

- 1) Pedestrian Safety Research and Forum
- 2) Healthy Eating/Healthy Living – Nutrition Workshops IS 145's PTA.
- 3) Volunteer Recognition Ceremony
- 4) Journey to Excellence Forum on Empathy
- 5) Ribbon-Cutting Ceremony – Women's Health Pavilion
- 6) Oral, Head, and Neck Cancer Awareness Week
- 7) DSRIP Focus Group – Community Health needs.
- 8) Auxiliary's Healthy Taste of Queens.

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. Collaboration on implementing the Medicaid Waiver – DSRIP fund
2. Continued support of the ED expansion
3. Support our efforts to meet the new, higher standards from the American College of Surgeon for an ED Trauma Certification.
4. Renewed focus on Health Promotion/Preventive Health.

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: _____

Carl Cortez
9/24/14

Executive
Director: _____

Chris Stabile

Date: _____

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

Queens Hospital Center
Community Advisory Board

I. COMMUNITY NEEDS

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

The community of Southeast Queens has consistently experienced high rates of diabetes, cancer, heart disease and various pulmonary diseases. In addition, the community has a high rate of psychiatric illness and substance abuse. We also have a large number of patients with Sickle Cell Disease. Approximately 50 percent of the people who live in Queens County are foreign born and this presents challenges in terms of lack of access to health insurance and a significant need for language interpretation services. The hospital has also experienced re-admission rates that are higher than average throughout New York State.

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

The hospital has specifically addressed these needs by continuing to enhance its Centers of Excellence in Diabetes Care and Cancer and by expanding the services offered to patients suffering from heart disease. During the past year the Diabetes Center has initiated a series of clinical trials, which make the most advanced medications available to our patients. The Center has also continued to provide one-on-one and group education for patients and remains a Certified Diabetes Education program with two fulltime Diabetes Educators. The Cancer Center continues to offer a full array of medical and surgical services to patients with cancer and has also participated in a large number of clinical trials of the latest cancer drugs. The Cancer Center recently received funding for an enhancement of its Linear Accelerator, which will enable it to provide Stereotactic Radiosurgery for tumors of the brain and spine. The Cardiology program has implemented several new initiatives this past year, including creation of a dedicated inpatient Heart Failure Unit in which all patients are cared for by an interdisciplinary team of physicians, nurses, social workers and pharmacists with expertise in heart failure. The hospital has also recently established a Metabolic Clinic, which provides timely post-hospital care for all patients discharged from the Heart Failure Unit, as well as a Cardiac Rehab Clinic. In the Department of Psychiatry and Chemical Dependency Services there has been a major focus this year on improving the connection between inpatient and ambulatory services to insure that patients have timely access to ambulatory services post-discharge and remain in the ambulatory services for the duration of their treatment. The hospital has also expanded its Sickle Cell Disease Program by adding a fulltime Nurse Practitioner who will serve as a Care Manager for SCD patients.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

The strategic priorities of the hospital include the following: **(a) continuous improvement in the quality of care**, meaning the right care at the right time to achieve the best clinical outcomes for individual patients and the best health status for our community (i.e. safe, timely, efficient, effective, patient-centered and equitable); **(b) increase staff engagement** by improving communication with staff and including all staff in collaborative improvement projects and activities; **(c) continuous**

improvement in patient experience and engagement by improving communication with patients and families and actively engaging patients in planning and managing their care; and **(d) continuous reduction in the cost of care** by reducing waste, including unnecessary admissions, readmissions and diagnostic tests, as well as increasing revenue by collecting full payment for all services provided.

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

The strategic priorities of the hospital are shared with the members of the CAB at the monthly meeting of the full Board, at the Executive Committee as well as at regularly scheduled sub-committee meetings such as Patient Care and Community Relations. At the monthly meeting of the full Board, directors of each of the hospital's major services, e.g. Internal Medicine, Ambulatory Care, Psychiatry, Emergency Services, and Women's Health make presentations on the strategic issues facing their departments and their plans to address these issues. Members of the CAB provide their input during these discussions. Every major service is reviewed on an annual basis. The hospital has also provided several presentations this past year on the New York State Delivery System Reform Incentive Program, including discussing the specific projects that will be the focus of this effort. Members of the CAB participated in a focus group as part of the formal DSRIP Community Needs Assessment.

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

There is discussion at the full CAB meetings of new programs and projects. This past year there has been a great deal of discussion regarding the proposal by QHC to lease the T Building to a community-based organization who will renovate the building to provide supportive housing to patients with chronic medical and psychiatric conditions and who live in inadequate housing. The

members of the CAB have met with the sponsoring organization, visited other sites operated by the organization, and actively participated in defining the size and scope of this project. Members of the CAB have also joined the hospital administration at Community Planning Board and other community meetings to discuss the project.

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 are long waiting times in the clinics and the Emergency Department to see a doctor and difficulty in obtaining appointments in some clinics, such as the Dental Clinic.

3. What are the most frequent compliments provided by patients/residents?
The most frequent compliments provided are that staff members at QHC are very accommodating and helpful to members of the public, as well as of the cleanliness and welcoming atmosphere of the facility.

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

Yes No

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

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

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

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? 31 What are current numbers of vacancies? 4

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

The QHC CAB has recruited new members by approaching patients in the hospital and also at various events hosted at the hospital such as the Legislative Brunch, at events in the community and at the local universities.

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

Yes

No

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

- Yes: The **Bylaws Committee** consistently reviews the bylaws to ensure that they adequately govern the CAB; the **Community Relations Committee** identifies the various means by which the CAB can build bridges with the community and sponsors community health education events; the **Membership Committee** is charged with looking at ways to attract active members of the community, as well as consumers, to the CAB; the **Patient Care Committee** receives regular reports from Ambulatory Care and Nursing and

addresses patient care issues and complaints; the **Finance Committee** regularly monitors and maintains an account set up to secure monies that are collected on behalf of the membership to provide for spontaneous situations in which the CAB agrees to show support to an individual or CAB members during a time of illness and/or grief, or to support an initiative of the hospital; the **Executive Committee** meets regularly before every CAB meeting to discuss new business and at times sensitive issues and whether they should be addressed at the general CAB meeting.

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.

CAB members that are community planning board representatives have invited hospital representatives to give presentations on various issues at the community planning board meetings. For example, this past year hospital administration attended several community planning board meetings to discuss the Affordable Care Act and the New York State Health Exchange. The community planning boards' leaders and members also attended the hospital's annual Legislative Brunch, at which time they supported the hospital's request for funding for a series of priority capital projects, including expansion of the Emergency Department. This project has been fully funded by the Queens Borough President and City Council delegation.

7. Do community planning board designees provide information at CAB meetings concerning the community board's(s') priorities or healthcare-related issues brought to community board meetings?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

11. Describe the CAB's involvement in its facility's outreach activities? CAB members regularly participate in QHC's outreach activities, which have included several Voter Registration Drives, a Senior Health Forum and Breakfast in May, and a Black History Month event in March. Members of the CAB also regularly recommend specific health fairs and other community outreach activities that the hospital should participate in.

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. HHC DSRIP strategy, including proposed community partnerships
2. Impact of the Affordable Care Act on HHC financial condition
- 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:

Jacqueline Boyce
9/29/14

(JBP)

X Executive
Director:

Julia Wood
9/29/14

X Date: