

## AGENDA

### COMMUNITY RELATIONS COMMITTEE

Meeting Date: September 4, 2012

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, R.N.

#### ADOPTION OF MINUTES

May 1, 2012

Josephine Bolus, R.N.

#### CHAIRPERSON'S REPORT

Josephine Bolus, R.N.

#### INFORMATION ITEMS

##### North Bronx Healthcare Network

Jacobi Medical Center

Sylvia Lask

North Central Bronx Hospital

Esme Sattaur-Low

##### Queens Health Network

Elmhurst Hospital Center

Carlos Cortes

Queens Hospital Center

Anthony Andrews

#### OLD BUSINESS

#### NEW BUSINESS

#### ADJOURNMENT

**COMMUNITY  
RELATIONS**

Meeting Date: May 1, 2012

**COMMITTEE**

**BOARD OF DIRECTORS**

**ATTENDEES**

**COMMITTEE MEMBERS**

**Josephine Bolus, RN, Chair**

**Robert F. Nolan, Board Member**

**Alan Aviles, President, New York City Health & Hospitals Corporation**

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

**Agnes Abraham, Chairperson, Kings County Hospital Center**

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

**Virginia Granato, (Representing Sunderam Srinivasan, Chairperson, Coler/Goldwater Specialty Hospital and Skilled Nursing Facility (Goldwater Campus) CAB**

**Bobby Lee, (Representing Louise Dankberg, Chairperson, Bellevue Hospital Center**

**Dalia Soto, (Representing Gerald From, Ph.D., Chairperson Gouverneur Healthcare Services)**

**Jose Grajalas, Chairperson, Metropolitan Hospital Center**

**Julia Blair, Chairperson, Queens Hospital Center**

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

**Stephane Howze, Chairperson, Harlem Hospital Center**

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

**George Robinson, Chairperson, Morrisania Diagnostic and Treatment Center**

**Jackie Rowe-Adams, Chairperson, Renaissance Health Care Network**

**Queenie Huling, Chairperson, Coney Island Hospital**

**Carlos Cortes, Chairperson, Elmhurst Hospital Center**

**Marie Harley, (Representing Jeannette Carter Chairperson), East New York Diagnostic & Treatment Center**

**HHC FACILITY CAB MEMBERS**

**Fredrick Monderson, Ph.D, Dr. Susan Smith McKinney Nursing & Rehabilitation Center**

**Jeromane Berger-Gaskin, Dr. Susan Smith McKinney Nursing & Rehabilitation Center**

**Enid Sampson, Kings County Hospital Center**

**Richard Coleman, Coler/Goldwater Specialty Hospital and Nursing Facility**

**Priscilla Douglas, Cumberland Diagnostic and Treatment Center Auxiliary**

**Hiawatha Campbell, Cumberland Diagnostic and Treatment Center Auxiliary**

**Margaret Burke, Kings County Hospital Center**

**Gloria C. Thomas, Kings County Hospital Center**

**Jeromane Berger-Gaskin, R.N., Kings County Hospital Center**

**Dorothy Payne-Morehead, Harlem Hospital Center**

**Gloria Jackson, Harlem Hospital Center**

**Virginia Robinson**, Renaissance Healthcare Network  
**Bette White**, Harlem Hospital Center

**HHC CENTRAL OFFICE STAFF**

**Antonio Martin**, Executive Vice President/Corporate Chief Operating Officer  
**LaRay Brown**, Senior Vice President, Corporate Planning, Community Health Intergovernmental Relations  
**Valerie Phillips**, Office of Legal Affairs  
**Deborah Cates**, Office of Board Affairs  
**Patricia Lockhart**, Office of Board Affairs  
**John Jurenko**, Intergovernmental Relations  
**Robb Burlage**, Intergovernmental Relations  
**Renee Rowell**, Intergovernmental Relations

**HHC FACILITY STAFF**

**Iris Jimenez-Hernandez**, Senior Vice President, Generations+/Northern Manhattan Network  
**Kencle Satchell-McCoy**, Associate Director, Harlem Hospital Center  
**Sonia Dell-Robinson**, CAB Liaison, Coney Island Hospital  
**William Jones**, Associate Director Coler/Goldwater Specialty Hospital and Skilled Nursing Facility  
**Christina Harris**, CAB Liaison, Harlem Hospital Center  
**Antonio Montalvo**, CAB Liaison, Lincoln Medical and Mental Health Center  
**Debera Tyndall**, CAB Liaison, Kings County Hospital Center  
**Ron Law**, Director of Community Affairs, MetroPlus  
**Nuna Velasquez**, Harlem Hospital Center

**GUESTS**

**Judy Wessler**, Commission on the Public's Health System  
**Marie Littlejohn**, Harlem Community Advocate  
**Pastor James Deleston**, Brooklyn, New York

## **ADOPTION OF MINUTES**

The meeting of the Community Relations Committee (CRC) was called to order at 5:39 p.m. by the CRC Chairperson, Mrs. Josephine Bolus, RN.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of the March 6, 2012. A motion was made and seconded. The minutes were adopted.

## **CHAIRPERSON'S REPORT**

Mrs. Bolus opened the meeting with a warm welcome to everyone in attendance. She shared with the Committee members highlights of important community-related events that had occurred since the committee's March meeting.

Mrs. Bolus thanked Community Advisory Board (CAB) and Auxiliary members for their advocacy during the final phases of state budget negotiations. Mrs. Bolus stated that \$60 million had been appropriated for supportive housing initiatives. She noted that this was very important to HHC's long term care restructuring and health home efforts.

Mrs. Bolus informed all CAB Chairpersons that their help would be needed again before the legislative session concluded at the end of June. She explained that the State still needed to make changes to how charity care funds are distributed to hospitals to conform to federal law. Mrs. Bolus noted that New York State's Disproportionate Hospital Share (DSH) funding allotment would be reduced by more than \$18 billion between federal fiscal years 2014 and 2020 and that HHC will also lose substantial amounts of DSH funding beginning in 2014 under current federal law. Mrs. Bolus explained that if New York State does not reform how charity care funds are distributed to hospitals, it risks losing considerably more DSH funding; this will mean that HHC could also lose more DSH funding. She added that this is funding that HHC vitally needs to support our services and mission. Mrs. Bolus asked that all CAB Chairperson and Auxilians keep their eyes out for emails with talking points on this issue in the coming weeks.

Mrs. Bolus announced that on the public health front, there had been a 62% increase in the rate of colonoscopies provided by HHC in just under a decade. Mrs. Bolus noted that the increase in the number of colonoscopies performed at HHC facilities grew by nearly 400% during this period. She added that this increase is the result of hard work by all of HHC's facilities to educate patients and the public about the importance of getting a colonoscopy. Mrs. Bolus stated that, as Mr. Aviles had said at a press conference last month when announcing the increase, "colon cancer is preventable, treatable and beatable." Mrs. Bolus continued by saying that there is still more work to

be done though. She noted that since 2003, the disparity in colonoscopy rates between whites, Asians, African-Americans, and Hispanics has vanished. However, the rate in the Russian-speaking community remains low. She added that the staff at Coney Island Hospital, where one-third of the patients are from this community, stand ready to help close this gap.

Mrs. Bolus reported that over the past two months, many different groups of employees had been honored. In March, to recognize their dedication and commitment to their patients, President Aviles honored 28 HHC physicians "For their leadership and commitment to advancing the mission of the public hospital system and providing the highest quality healthcare to New Yorkers. She noted that the awards were presented at the annual HHC National Doctors' Day ceremony at Metropolitan Hospital and that many of the physicians had provided several decades of service to their communities and mirrors the rich ethnic diversity of HHC's patients.

Mrs. Bolus stated that as HHC honored its physicians, HHC is also trying to recruit new ones to add to their ranks. Mrs. Bolus informed Committee members and invited guests that last month, HHC announced the "CityDoctors" medical scholarship program in conjunction with St. Georges University. She explained that over the next five years, the CityDoctors program will provide full and half scholarships worth more than \$11million to New York City residents who aspire to become doctors at HHC facilities. Mrs. Bolus noted that upon graduation, program participants will give back to their communities by becoming primary care doctors at HHC facilities. Mrs. Bolus added that the first class will be awarded scholarships this summer with five (5) New Yorkers who will receive full tuition scholarships and another twenty (20) recipients who will receive half-tuition scholarships.

Mrs. Bolus reported that in addition to recognizing HHC physicians, HHC also recognized the contributions of Social Workers in March as part of Social Work Awareness Month. She stated that President Aviles acknowledged the work of more than 800 social workers from HHC hospitals, health centers and nursing homes.

Mrs. Bolus announced that last month, during National Volunteer Week, HHC had celebrated the efforts of more than 8,000 volunteers who donated more than a million hours of contributing their skills at HHC facilities. She acknowledged that some of the volunteers were present in the room. She continued by explaining that this year's National Volunteer Week theme had been "Celebrating People in Action" and, President Aviles paid tribute to the Directors of Volunteer Services. Mrs. Bolus thanked all the volunteers and stated that as most of you likely know first-hand, many of HHC's volunteers provide interpretation services, offer spiritual comfort, transport patients to religious services, and also assist patients, by reading aloud to them or writing letters on their behalf.

Mrs. Bolus concluded her report by announcing that on Wednesday, May 9th, HHC's Board of Directors will convene a public hearing at Metropolitan Hospital concerning the proposed lease by HHC of a parcel of land currently on Metropolitan Hospital's campus. Mrs. Bolus stated that under the proposed lease, a building will be constructed on the property to create 176 apartments, 175 will be rented to low income elderly and disabled individuals who are currently patients at Coler Goldwater's skilled nursing facility. She noted that these individuals can more appropriately benefit from community based, non-institutional long term care. However, affordable and accessible housing is in very short supply.

Mrs. Bolus turned the meeting over to President Aviles for his report.

#### **PRESIDENT REMARKS**

Alan D. Aviles

Mr. Aviles greeted Committee members and invited guests. He apologized that he would have to leave before the meeting ended. He began his remarks by thanking the CAB members for their effective advocacy on behalf of HHC during the State budget process. On a positive note, Mr. Aviles announced that there had been no new cuts to HHC. However, the bad news is that in last year's State budget there had been \$174 million in Medicaid funding in last year's State budget is still moving forward and that the combined cuts over the last three years, amount to \$.5 billion. In addition, the Medicaid spending cap requires millions of dollars in savings in spending by hospitals, nursing homes and other health care providers. Mr. Aviles stated that Governor Andrew M. Cuomo had announced at a press conference earlier today that spending under the health care program stayed \$14 million under the cap, which sounds like a lot of money, but is only about .1% of the overall Medicaid budget of \$15 billion. However, Mr. Aviles noted that, as the Medicaid enrollment continues to grow there is a threat of spending potentially going above the cap in the next fiscal year and thereby having to contend with more cuts.

Mr. Aviles reminded everyone in the HHC community that, HHC deficit continues to have extensive cost cutting measures including the attrition of 2,600 employees and various outsourcing initiatives, HHC is still struggling with a structural budget and is projecting significant deficits going forward. Mr. Aviles explained that, the structural deficit has been offset temporarily because HHC has been receiving supplemental Medicaid payments dating from the Bush's Administration. Mr. Aviles stated that these payments amount to payments of hundreds of millions of dollars over the course of the last couple of years. He reported that the last retroactive supplemental payment will be made between now and June 30, 2012. Mr. Aviles added that the supplemental payment monies have been used to cover a lot of the deficits as HHC attempts to close

the budget gap. Mr. Aviles warned Committee members and invited guests that the budget crisis will exacerbate going forward, as there will not be any additional retroactive federal supplemental Medicaid funds available.

Mr. Aviles alerted the Committee of a proposed outsourcing of chronic dialysis services that will be submitted to the Board next month. Mr. Aviles informed the Committee that HHC had successfully outsourced dialysis services at two HHC facilities. Most recently at Bellevue Hospital Center and for the last six years at Elmhurst Hospital Center. He explained that HHC rents space to the private providers who provide the dialysis services at the facilities. Mr. Aviles noted that in each case there were no layoffs. In addition, the cost incurred by the private entities to provide these services is significantly less than what it cost HHC. Mr. Aviles added that, by replicating the outsourcing initiative at the other five HHC facilities that now provide chronic dialysis services, HHC would save approximately \$180 million over nine years; roughly an average of about \$20 million a year. Mr. Aviles reassured the Committee that HHC is committed to ensure that: the quality of care would be as good as or even better than HHC providing these services; those services would continue to be accessible to uninsured patients including undocumented patients; and no layoffs would ensue as a result of this outsourcing initiative.

Mr. Aviles stated that there were some concerns about HHC repeating what had occurred with the Grady Health System. Mr. Aviles explained that the Grady Health System is the public hospital system in Atlanta, Georgia. Several years ago, Grady closed its outpatient dialysis clinic and turned it over to a private vendor through a one-year contract. When the contract was extended for another year, there was a lot of controversy about the fact that undocumented patients, in particular, were threatened with having access to dialysis treatment denied and the new contract ended up costing Grady a lot of money. Mr. Aviles clarified that, while chronic dialysis does not qualify for Emergency Medicaid in Georgia, it does in New York State. Therefore, undocumented patients are not at risk of not getting treatment needed.

Mr. Aviles added that private dialysis center at Elmhurst Hospital Center, which has a higher number of undocumented patients than any other HHC facility, had never turned away a patient. He commented that the private dialysis provided has accepted that in order to obtain Emergency Medicaid for its patients, there is a lot of paper work as the patients are required to be recertified every three months. He added that the vendor's staffs have mastered how to process the paperwork and nobody has been denied services. Mr. Aviles reiterated that open access to undocumented and other uninsured patients is the only circumstance under which HHC would allow an outside vendor to provide chronic dialysis services that were provided by HHC staff. Mr. Aviles noted that the previous outsourcing initiatives undertaken by leadership were around ancillary support services and admitted that it is a big deal to outsource a service pertaining to the delivery of healthcare services.

Ms. Stephane Howze, Harlem CAB member, stated that she was made aware of a scheduled conference call with elected officials to discuss the outsourcing initiative. In addition, there are a lot of rumors in the Harlem Community about HHC's outsourcing chronic dialysis services as well as privatizing some HHC facilities. She asked about HHC's five-year plan around the outsourcing issue.

Mr. Aviles responded that HHC is looking at every conceivable way to close the budget gap without impacting its capacity to provide services to the community and maintain the same level of access and quality of care. He noted that, unfortunately a reduction in job opportunities throughout the Corporation, which is not something that HHC leadership is keen on doing, is inevitable. He added, however, that the outsourcing initiative does keep jobs in the community because as the facilities outsource, people are hired locally. Mr. Aviles pointed out that the jobs may not be the same; in some cases, the salary and fringe benefits may be comparable while they may not be, in other cases.

Mr. Aviles emphasized that, HHC is looking at every possible way to save significant amount of money to address its structural deficit while retaining capacity and remaining true to its mission. He added that while outsourcing chronic dialysis services may not be the preferred way to go, it is preferable to closing a D&TC or shutting down completely other programs.

Mr. Aviles clarified that the issue is not about privatizing HHC's hospitals or other facilities.

Mr. Aviles reported that HHC is also looking at consolidating some of its laboratories' functions within the system or at a potential joint venture with others in the hospital industry that might be able to jointly run an operation that would serve the HHC system more cost effectively. He added that these possibilities are in the early stages of analysis and that it would take some time before a final decision is made.

Mr. Aviles stated that outsourcing chronic dialysis services is the only clinical service outsourcing initiative under imminent consideration by HHC's Board. However, considering the financial picture that HHC is facing moving forward, he is not at liberty to say that it will be the last outsourcing initiative that would be presented to the Board.

Mr. Aviles noted that the upcoming November election is of paramount importance to the hospital industry, public and private hospitals alike, especially if there is a change of administration in Washington. Mr. Aviles provided as an example the Republican leadership's budget proposals to include block granting Medicaid, which would cost New York State, in particular, billions of dollars in lost Medicaid revenue. He added that, even under the best case scenario, which is to have a divided Congress, it is going to be a difficult and challenging time over the next few years. It is hopeful that the



economy will turn around enough so that there is more latitude and support forthcoming that we are going to need to have. Mr. Aviles ended his remarks stating that a lot of advocacy efforts are needed to continue to close the budget gap going forward.

Ms. Brown added that she would forward to Ms. Howze the three-year Executive Summary of the Restructuring plan, which was shared with this Committee a couple of years ago. She added that HHC is currently implementing this plan and had just completed the second year of that plan. She reminded the Committee that the restructuring plan was developed to address HHC's current structural deficit; it did not assume the kind of proposals and their impact on HHC that are being contemplated down in Washington. She reiterated Mr. Aviles' comment that if some of these proposals go through, we must look at even greater savings or restructuring opportunities. Ms. Brown clarified that the conference call Ms. Howze referred to is scheduled with Harlem elected officials and Ms. Howze to respond to their inquiries about outsourcing dialysis at Harlem Hospital.

Mr. George Rodriguez, Chairperson of Lincoln Medical and Mental Health Center Community Advisory Board, applauded Ms. Howze for her leadership of the Harlem CAB and her advocacy efforts. He added that the fact of the matter is what is coming down the pipeline does not look good. He stated that the Corporation is a leading economic force throughout the City of New York. He invited the CAB members to get the word out about the Corporation's financial situation and to make sure that the "powers," namely the "elected officials," are motivated to address HHC's needs. He reminded the Committee and invited guests that the elected officials depend on constituents' votes to get elected. In addition, Mr. Rodriguez stated that the business sector and the community-based organizations also depend on HHC. For example, Lincoln Hospital Center employs about 3,000 people. He invited CAB members to also join forces with the community-based organizations to advocate on behalf of HHC. Mr. Rodriguez urged CAB members to look at the State's charity care laws to ensure that the hospitals serving Medicaid and uninsured patients get the funding they deserve.

Ms. Agnes Abraham, Kings County Hospital Center CAB Chairperson echoed Mr. Rodriguez' appeal to motivate the elected officials. She invited the Council of CABs to "agitate and advocate". She added that, "while we may like the Governor, the Mayor and all the other elected officials, love has nothing to do with advocacy." She added that "healthcare is not about the Boys Scout or the Boys Club; it is about the welfare of our communities." She reminded Committee members and invited guests that elected officials are public servants and that their responsibility is to satisfy the needs of the people who employ them. She emphasized that "the reason why *we have not*, is because we *ask not* and that *better* will not come until we seek better." She recommended that in order to do so, the CABs need to focus on those who seek to block the health initiatives to help the least among us. She added that, in order to keep HHC true to its mission, advocacy efforts from CAB members and constituents should

be done consistently, persistently and persuasively. She restated "that we cannot get if we do not ask," and invited CAB members to ask and demand with respect, the things that are paid for with taxpayers' dollars, sweat and blood.

### **Generations Plus Northern Manhattan Network**

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

Mrs. Bolus introduced Mr. George Rodriguez, Chairperson of the Lincoln Medical and Mental Health Center CAB and invited him to present the CAB's annual report.

Mr. Rodriguez began the Lincoln CAB report by thanking the members of the Committee for the opportunity to present.

Mr. Rodriguez reported that the Lincoln CAB works very closely with the hospital leadership in many ways to make sure the needs of the community are met. Mr. Rodriguez commended Ms. Iris Hernandez, Senior Vice President of Generations Plus / Northern Manhattan Network for the outstanding job she has been doing since she was appointed to this position.

Mr. Rodriguez reported that the Lincoln CAB is given reports and presentations by the hospital's senior staff on a monthly basis. He noted that the Lincoln CAB members are encouraged to ask questions and to advise the administration on plans and programs.

Mr. Rodriguez suggested that the Office of Intergovernmental Relations modify the CAB's annual report to include benchmarks to make sure that all of HHC's CABs are in compliance with the guidelines for CABs.

Mr. Rodriguez concluded by stating the Lincoln hospital community needs/concerns in the hospital's catchment area are key and very crucial and it's the CABs responsibility to make sure that the staff at each HHC facility are motivated to provide health services to the community with dignity and respect.

Mr. Nolan, Committee member asked Mr. Rodriguez about the Lincoln CAB 50% membership vacancies. Mr. Nolan recommended that the Lincoln CAB reach out to Ms. Tracey McDermott, Bronx Borough President's office and ask for assistance in recruitment of members. Mr. Nolan explained that the Borough President's office receive numerous applicant for a position on the borough of the Bronx Community Boards. He noted that a number of applicants are not placed and may be interested in volunteering on Lincoln's Community Advisory Board.

Mr. Rodriguez responded by stating that he has reached out to the Bronx Borough President's office and is working with Tom and Tracey to fill Lincoln, Morrisania and Belvis CABs vacancies.

### **Segundo Ruiz Belvis Diagnostic & Treatment Center (Belvis) Community Advisory Board**

Mrs. Bolus re-introduced George Rodriguez and invited him to present the Segundo Ruiz Belvis Diagnostic and Treatment Center CAB's annual report on behalf of Mr. Gabriel DeJesus, Chairperson of the Belvis CAB.

Mr. Rodriguez reported that the Belvis CAB's membership recruitment is on going. He explained that current CAB members are reaching out to local community leaders; community based organizations and tenants associations and inviting them to attend the CAB's monthly meeting. Mr. Rodriguez added that several community residents have attended.

Mr. Rodriguez concluded the Belvis CABs report by stating that the administration is working closely with the Belvis CAB in the recruitment process of new members. He noted an Open House for Belvis D&TC will be held during the month of September 2012.

### **Morrisania Diagnostic & Treatment Center (Morrisania) Community Advisory Board**

Mrs. Bolus introduced George Robinson, Acting Chairperson of Morrisania Diagnostic and Treatment Center and invited him to present the CAB's annual report.

Mr. Robinson began the Morrisania CAB's report by thanking the Committee for the opportunity to report the CAB's annual report.

Mr. Robinson reported that major improvements were made to the Morrisania D&TC. Mr. Robinson stated that a wonderful Ribbon Cutting Celebration of its newly renovated Adult Medicine and Pediatric Suites were held attendees included Mrs. Bolus, HHC Board of Directors Community Relations Committee Chairperson, Mr. Alan Aviles, HHC President, Iris Hernandez, Sr. Vice President, Generations+/Northern Manhattan Network and Carmen Arroyo, New York State Assembly.

Mr. Robinson concluded the Morrisania CAB's report by stating that the community is very pleased with the changes made to the facility.

## **Harlem Hospital Center (Harlem) Community Advisory Board**

Mrs. Bolus introduced Stephane Howze, Harlem Hospital Center CAB Chairperson and invited her to present the CAB's annual report.

Ms. Howze began her presentation with a warm welcome to the Committee members, CAB's Chairpersons and invited guests. Ms Howze commended Denise Soares, RN, Executive Director for her leadership. Ms. Howze explained that the Harlem CAB works closely with the senior administration and together, they work hand-in-hand for the betterment of the community.

Ms. Howze reported that the significant health care needs or concerns facing the community/communities served by Harlem Hospital include:

- Asthma;
- Cancer;
- HIV/AIDS;
- Diabetes,
- Hypertension,
- Low Birth Weight;
- Geriatric Services;
- Mental Illness;
- Nutrition; and
- Shortage of healthcare professionals.

Ms. Howze reported that the Harlem Hospital Center administration is meeting the needs of the Harlem community through various primary care, prevention and health promotion programs such as:

- The Cancer Prevention and Control Initiative
- The Family Center & Pediatric Injury Prevention Program
- The Harlem Children's Asthma Zone Asthma Initiative and Harlem Family Asthma Program
- The Medina Clinic
- Redesign of Primary Care
- Breakthrough @ Harlem Hospital
- One Stop Shop Care for AIDS and HIV
- Outreach Center of Excellence

Ms. Howze reported that facility strategic priorities are patient care, decrease waiting times in the ER and outpatient clinics, to improve patient safety, increase HIV testing, increase mammography screening, decrease no-show rates, the hospitals' Modernization Project, outreach and cost containment while keeping our continuum of care intact.

Ms. Howze reported that the Harlem CAB monitors waiting times via monthly reports produced by the senior staff at Harlem Hospital. She stated that the CAB work with staff to identify trends as well as share feedback on patient's experiences in the clinic to inform the data reviewed. Ms. Howze added that the hospital has experienced improved waiting times in several clinics as well as the ER. She noted that most recently, the hospital re-opened the Fast Track unit which allows patients with non-emergency illnesses and injuries to be seen quickly. She added that two things were evident almost immediately: patients are being seen faster and there are fewer patients leaving the ER without being seen.

Ms. Howze continued and stated that due to the incidence of HIV in East and Central Harlem it is imperative that the Hospital provide a HIV test at every entry point. She noted that the hospital has made tremendous strides in identify new cases of HIV and engaging patients in treatment.

Ms. Howze reported that the most frequent compliments given by patients at Harlem Hospital is the excellent patient care delivered by the Nursing and Physician staff. She continued and noted that the most compliant raised by patients at Harlem Hospital is:

- Staffing shortages;
- Lengthy waiting time for appointments;
- Cost of health care;
- Customer service;
- Pharmacy;
- Diversity of providers;
- PAGNY; and
- Quality of care.

Ms. Howze reported that the Harlem CAB currently have 28 CAB members and have 7 vacancies. She stated that the CAB's recruitment efforts are lead by the Membership Committee under the direction of Betty White. Ms. Howze noted that Community Board Members who are members of the CAB share reports and activities during monthly Community Board and Health Committee Meetings. Ms. Howze added that this year, the Community Board and the Hospital leadership met to redefine its relationship and explored opportunities for further collaboration.

Ms. Howze concluded the Harlem CAB report by highlighting the Harlem CAB participation in various outreach activities, such as: Harlem Week, Health Fairs, Street Fairs, Outreach Programs in the Hospital, Tenant Associations meetings, School Boards meetings, Block Associations, various walks promoted by the Hospital, Breathe New York (Asthma Walk) NYC Family Health Walk, The Percy Sutton 5K Run Making Strides Against Breast Cancer and Step Out: A Fight Against Diabetes

**Renaissance Health Care Network Diagnostic & Treatment Center (Renaissance)  
Community Advisory Board**

Mrs. Bolus introduced Jackie Rowe Adams, Chairperson of the Renaissance Health Care Network Community Advisory Board and invited her to present the CAB's annual report.

Ms. Adams began her report by thanking members of the Committee for the opportunity to give the Renaissance CAB's report and by informing members of the Committee and invited guest that she is the newly elected CAB Chairperson serving in her new capacity for the last four (4) months.

Ms. Adams reported that the most significant health care needs continue to be hypertension, diabetes, childhood obesity, asthma and dental care. She stated that the needs were identified through community board meetings, needs assessments, reports from community organizations and other activities.

Ms. Adams informed members of the Committee, CAB Chairpersons and invited guests that the Renaissance CAB is currently working on this year's CAB Annual Public Meeting. Ms. Adams noted that she will ask Antonio Martin, HHC's Executive Vice President to be this year's Keynote Speaker. She added that the Annual Public Meeting will be held in October 2012.

Ms. Adams concluded that CAB report by commending the leadership of the Renaissance Health Care Network and inviting all to attend this year's Harlem Week Celebration. Ms. Adam noted that the event will be held in August 2012 and the event is sponsored by various healthcare organizations including HHC.

**OLD BUSINESS**

None.

**NEW BUSINESS**

**ADJOURNMENT**

The meeting was adjourned at 7:05 p.m.

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

**JACOBI MEDICAL CENTER - 2012**

**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 is the high rate of obesity and diabetes.

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

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

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

yes       no

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

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 second year that Jacobi has sponsored a Community Garden on the Jacobi campus for community members, patients and staff to grow their own vegetables. In addition, this year five garden beds were

allocated to patient/staff partnerships, providing an opportunity for quality recreation and patient education.

## 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 to embrace new standards for service and civility; becoming one of the safest hospitals in the nation; developing a diversified payor mix essential for fiscal responsibility; and the continued use of LEAN initiative to improve the quality 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 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?

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



Following a Consumer Report article critical of JMC, the CAB wrote a detailed letter supporting the hospital and citing many of the hospital's safety and improvement issues. This letter was posted on the hospital's internet site.

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

Most frequent complaints raised are the wait time in the ER for relatively minor complaints, and usually when this is investigated the consumer expectation is unrealistic.

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

Patients frequently compliment the expertise of our medical staff, the comprehensive and unique services available, and staff attention and involvement. In addition, patients and visitors to Jacobi frequently comment how beautiful the new buildings and renovated areas are. Complimentary comments now include the exterior since Jacobi has created seating areas on the Pelham Parkway side of the complex and in front of Building 4. In addition, the grounds have been renovated with new lighting, security systems, pathways and plantings.

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

Yes

No

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

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

Appearance

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? 20
2. What are current numbers of members? 18 What are current numbers of vacancies? 2
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 11<sup>th</sup> Memorial Procession and the CAB sponsored Mental Health Conference that was promoted throughout the tri-state area (e.g., hospitals, psychiatric organizations/agencies, nursing homes, schools and libraries). This event was presented at no cost and served not only as an important forum of information but also to introduce the general public to the role of the CAB.

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.

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 to the Community Boards are shared with them by our CAB members.

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 support the facility's outreach activities by attending Ribbon-Cuttings events, health fairs, flu shots campaigns, and by distributing information about the hospital (new programs, services, etc.) and health materials in the community.

In addition, this year many CAB members attended the hospital's Social Work Conference, which focused on Emergency Response action in the community.

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.
- 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:

*Sylvia Lant / CAB*  
8/23/12

Executive  
Director:

Date:

*Wm P. Walsh*

8/23/12

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

**NORTH CENTRAL BRONX HOSPITAL**

**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 is the high rate of obesity and diabetes.

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

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

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

yes       no

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

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, 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 its services and systems.

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 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?

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?

Most frequent complaints raised are on the wait time in the ER for relatively minor complaints, and usually when this is investigated the consumer expectation is unrealistic.

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?

Yes

No

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

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

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

Yes

No



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

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 20
2. What are current numbers of members? 9 What are current numbers of vacancies? 10
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?

Yes  No

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

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. 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 support the facility's outreach activities by attending Ribbon-Cuttings events, health fairs, flu shots campaigns, relevant hospital conferences, and by disseminating communication and health materials in the community.

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

yes  no

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

Signatures:

CAB

Chairperson: Ernie Sattain-Low

Date: 8/23/12

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Executive

Director:

Wm P. Walker

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Date: 8/23/12

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nyc.gov/hhc

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

ELMHURST HOSPITAL CENTER

I. COMMUNITY NEEDS

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

- 1) Financial Stability/Impact of Affordable Care Act
2) Women's Health Services/New Building
3) Emergency Department Expansion/Increased Workload
4) Cardiac Services
5) Health Promotion
6) Language Access/Diverse Community
7) Journey to Excellence
8) Continued equal access to health care for local population.

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) Health Fairs, Interactions with neighbors and local business owners.

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 members and the hospital leaders work closely on addressing these concerns and meeting the needs of our communities. We work with our elected representatives to share ideas/plans for the ongoing capital projects in our ED and Women's Health Pavilion. We recently opened a new cardiac observation unit in our ED and started construction on our Women's Health Pavilion.

The following guest speakers and agenda items addressed many of these issues:

- Financial Concerns/General State of HHC – Al Aviles, HHC President
- Sexual Assault Response Team – Rebecca Carmen, Social Work.
- Journey to Excellence – Victor Snyder, Social Work  
Karen Bernsten, Patient Services
- Libertas Program (Services for torture survivors) – Brandon Hexon, MD, Dinali Fernandez, MD, Leah Weinzimer, Social Work.
- Surgery Breakthrough Initiatives – Renee Spiegel, MD, Chief of Surgery
- Medicare Part D Resources – Dean Mihaltzes
- Traumatic Brain Injury Trail – Jaime Ullman, MD Neurosurgery
- Oral, Head, Neck Cancer Awareness – Benjamin Malkin, MD
- Blood Donor Program – Rebecca Alexander.

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
  - 1) Completion of Women's Health Pavilion
  - 2) Preparation for Affordable Care Act
  - 3) Journey to Excellence – HCAHPS Scores
  - 4) Care Management – Reduce number of patient readmissions and to better coordinate care to patients with chronic illness

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

The Executive Director, Mt. Sinai Medical Director, Chief Financial Officer, and Senior Vice-President provide reports at our CAB monthly meetings. There is an open exchange of ideas, needs, and plans on these strategic plans. Mr. Aviles attendance at one of our meetings was extremely beneficial in learning about HHC strategic plans in relationship to EHC initiatives.

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 times in the Emergency Department and Pharmacy
  - 2) Increased workload/Some staff reduction
  - 3) Poor directional signage in clinic areas

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

- 1) Overall quality of care/follow-up
- 2) Compassionate and caring staff
- 3) Healthy outcome

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? 28

2. What are current numbers of members? 25 What are current numbers of vacancies? 3

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

Since we anticipated the appointment of three new members in September bringing the total to 28, we did not pursue any new recruitment activities. We have held the 2 referrals from the Mayor's Office of Immigrant Affairs until next year.

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

Yes                       No

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

We have the following active committees:

- Patient Care – Monitors patient services and works to address any issues concerning patient and medical services.
- Women's Health – Plans with the hospital's Labor/Management Women's Issues Committee, annual Women's Health forum.
- Finance – Works with the Chief Financial Officer to discuss the major budget issues and the impact of the hospital finances on our delivery of health care services to our community.
- Legislative/Community Relations – Plans the annual Legislative Meeting and assists in organizing Legislative outreach.
- Membership – Recruits, interviews, and mentors new members after appointment to the CAB.
- Child/Adolescent Health – Works with hospital staff to address health issues for this age group: teen pregnancy, HIV Prevention, suicide prevention and healthy eating (obesity).

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 CAB members who represent the Community Boards (CB) bring any community concerns to the CAB meetings. They also take information discussed at the CAB meetings back to the CB meetings. The External Affairs staff attends community meetings when invited and they also provide tours to any interested community organizations. This year, members of the QHC CAB attended a Spring meeting to exchange valuable information about the Queens community.

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?

HHC supports our efforts to complete the new Women's Health Pavilion and other small capital projects. We continue to work at decompressing our overcrowded clinic areas.

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

Our CAB have been very involved in our annual community outreach events: Legislative Luncheon, Women's Health Forum, and the New Year's Day Basket distribution. There were several new initiatives sponsored with the CAB support:

- 1) Speakers to Schools – Prevention: HIV and Teen Pregnancy (over 125 students) and Suicide (Guidance Counselors from 2 high schools).
- 2) CAB members assisted in the Holiday gift distribution to staff
- 3) Oral, Head and Neck Cancer Awareness Week
- 4) Community Notification – Traumatic Brain Injury Trail.
- 5) Blood Donor Recruitment Drive
- 6) 180<sup>th</sup> Anniversary Gala.

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.

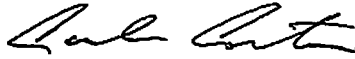
1. HHC's Preparations for the implementation of the Affordable Care Act.
2. Care Management team's role in providing coordinated service to our chronically ill patients.
3. Review and evaluation of the independent patient surveys conducted by private company.

**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:

8/13/12

Executive

Director:



Date:

8/13/12

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?

Our most significant concern is to ensure that QHC can efficiently continue to serve the influx of patients it has seen since the closure of local hospitals which has caused the ER to be over capacity on many occasions. Additional concern is the ongoing prevention and treatment of cancer in underserved populations in the community. Additionally, the continuous budget deficit does nothing to help these situations.

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)  
Meetings with QHC Administration to provide community feedback and address concerns/issues that are raised.

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

Yes  No

- a. If yes, please give examples of what the facility leadership is doing. QHC's ED expansion project is currently nearing completion. Construction for the Psych Emergency Unit was completed in July. The move-in date is dependent on regulatory agencies going through to inspect the space and grant approval.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

QHC Executive Director Julius Wool continues to be extremely supportive in all CAB endeavors to increase our knowledge of the HHC network and the healthcare industry. He has recently introduced a revised Strategic Vision for QHC for Fiscal Year 2013 which incorporates 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 unnecessary admissions, readmissions and average-length-of-stay (ALOS).

QHC also maintains a sharp focus on **improving quality and safety at our facility**. In order to improve **patient safety** we have identified two hospital-wide activities, **hand hygiene** and **patient identification**, where we need to improve. These two priorities have been identified as National Patient Safety Goals by The Joint Commission and as issues representing areas of potential harm to patients at QHC. We have established **red rules** that **require 100 percent practice of safe hand hygiene and patient identification**.

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

The Executive Director presents to the CAB at general board meetings and provides periodic updates and input and feedback from the CAB. The CAB members provide feedback to hospital administration both at general board meetings as well as at regularly scheduled and ad-hoc executive board meetings. The CAB also has regularly scheduled sub-committee meetings such as Patient Care and Community Relations which allows additional feedback to the administration and staff.

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

Yes

No

### III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

2. What are the most frequent complaints raised by patients/residents?  
The most frequent complaints are waiting times in the clinics to see a doctor.

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? 24 What are current numbers of vacancies? 11

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 in March, the Volunteer Recognition Celebration in April and the Haitian Heritage Event in May.

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; 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 board representatives have invited hospital representatives to give presentations on various issues at the community board meetings.

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

- a. If so, were the issues subsequently addressed? Not applicable.

11. Describe the CAB's involvement in its facility's outreach activities? CAB members are regularly invited and attend some of QHC's outreach

activities, which have recently included a Latin jazz concert in January, a Black History Month event in February, a Women's History Month event in March, a Volunteer Recognition event in April, and a Haitian Heritage Awards program in May.

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.

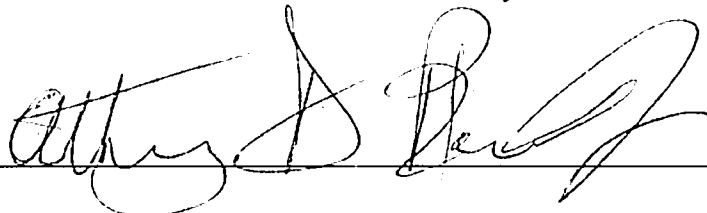
- 1.
- 2.
- 3.
- 4.
- 5.

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

Signatures:

CAB

Chairperson:



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Community Advisory Board Report  
Page 7

Date:

8/22/12

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Executive  
Director:

*John Wool*

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Date:

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