

AGENDA

**COMMUNITY
RELATIONS
COMMITTEE
BOARD OF
DIRECTORS**

Meeting Date: May 5, 2015
Time: 5:30 P.M
Location: 125 Worth Street, Room 532

Joint Meeting with Council of Community Advisory Boards

CALL TO ORDER

Josephine Bolus, NP, BC

ADOPTION OF MINUTES

March 10, 2015

Josephine Bolus, NP, BC

CHAIRPERSON'S REPORT

Josephine Bolus, NP, BC

PRESIDENT'S REPORT

Ramanathan Raju, MD

INFORMATION ITEMS

Generations Plus/Northern Manhattan Network

Lincoln Medical & Mental Health Center

George Rodriguez

Morrisania Diagnostic & Treatment Center

George Robinson

Segundo Ruiz Belvis Diagnostic & Treatment
Center

Gabriel DeJesus

Harlem Hospital Center

Bette White

Renaissance Health Care Network
Diagnostic and Treatment Center

Jackie Rowe-Adams

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: March 10, 2015

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, NP-BC, Chair

Robert F. Nolan, Board Member

Ram Raju, President, New York City Health and Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Gladys Dixon, Chairperson, Coler Rehabilitation & Nursing Care Center CAB

Louise Dankberg, (Representing Lois Rakoff, Chairperson, Bellevue Hospital Center)

Jewel Jones, Chairperson, Metropolitan Hospital Center

Rosanne DeGennaro, Chairperson, Coney Island Hospital

Bette White, Chairperson, Harlem Hospital Center

Carlos Cortes, Chairperson, Elmhurst Hospital Center

Dalia Soto (Representing Donald Young, Acting Chairperson, Gouverneur Healthcare Services)

Jacqueline Boyce Chairperson, Queens Hospital Center

Veronica Obie, (Representing Jacqueline Narine Chairperson, Cumberland Diagnostic and Treatment Center)

Talib Nichiren, Chairperson, Woodhull Medical and Mental Health Center

Kenneth Campbell, Chairperson, Kings County Hospital Center

Antoine Jean-Pierre, Chairperson, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

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

HHC FACILITY CAB MEMBERS

Annabell Garcia, Woodhull Medical and Mental Health Center

Antonia Ortiz, Woodhull Medical and Mental Health Center

Mary McClellan, Woodhull Medical and Mental Health Center

Jullissa Henera, Woodhull Medical and Mental Health Center

Queenie Huling, Coney Island Hospital

Jeromane Berger-Gaskin, Kings County Hospital Center

Austin Tuitt, Kings County Hospital Center

Gloria Thomas, Kings County Hospital Center

Vivan P. Wallace, Kings County Hospital Center

Trina Jones, East New York Diagnostic and Treatment Center

Oneida Lewis, Cumberland Diagnostic and Treatment Center

Flize A. Bryant, M.D., Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Wilbur Johnson, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Charles Clark, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Leila Baird, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

James Mapp, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Bernice Diaz, Dr. Susan Smith McKinney Nursing and Rehabilitation Center

Gary Delamothe, Coler Rehabilitation & Nursing Care Center

Kent Mark, Bellevue Hospital Center

J. Edward Shaw, Metropolitan Hospital Center

Lydia Kensenhuis, Henry J. Carter Specialty Hospital and Nursing Facility
Virginia Granato, Henry J. Carter Specialty Hospital and Nursing Facility
Priscilla Douglas, Cumberland Diagnostic and Treatment Center
Cheryle Williams, Cumberland Diagnostic and Treatment Center
Stanley Parham, Cumberland Diagnostic and Treatment Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Intergovernmental Relations
Valerie Phillips, Office of Legal Affairs
Deborah Cates, Office of Board Affairs
Patricia Lockhart, Office of Board Affairs
Robb Burlage, Ph.D., Intergovernmental Relations
Manelle Belizaire, Intergovernmental Relations
Renee Rowell, Intergovernmental Relations
Alvin Young, Intergovernmental Relations
Agnes Abraham, Intergovernmental Relations
Mary C. Cooper, Intergovernmental Relations

HHC FACILITY STAFF

George Proctor, Senior Vice President Central/North Brooklyn Network
Ernest Baptist, Executive Director, Woodhull Medical and Mental Health Center
Michael Tartaglia Executive Director Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Steven Kaner, M.D, Medical Director, Dr. Susan Smith McKinney Nursing and Rehabilitation Center
Lynn Schulman, Senior Associate Executive Director, Central/North Brooklyn Network
Maria Hernandez, Associate Executive Director, Central/North Brooklyn Network
William Jones, Associate Director, Coler/Henry J. Carter Specialty and Nursing Facility
Angela Cooper, CAB Liaison, Dr. Susan Smith McKinney Rehabilitation and Nursing Home
Daphane Champagne, CAB Liaison, Kings County Hospital
Beverly Smith, CAB Liaison, East New York Diagnostic and Treatment Center
LisaMarie Izquierdo, CAB Liaison, Bellevue Hospital Center
Ronald Law, Director of Community Affairs, MetroPlus
Janice P. Ramsey, Program Director, Cumberland Diagnostic and Treatment Center

GUESTS

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 at 5:36 PM.

Mrs. Bolus noted that a quorum had been established and she requested a motion for the adoption of the minutes of March 10, 2015. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed everyone. She shared with the Committee members highlights of some recent events that had occurred across HHC over the past two months.

Mrs. Bolus reported that nearly every Community Advisory Board had held its annual legislative breakfast. She noted that these forums are held to educate the community and elected officials about key federal and state budget and policy proposals and how they affect HHC facilities. Mrs. Bolus added that she attended the breakfast at Woodhull Medical and Mental Health Center on February 20th and the Central Brooklyn Network held at Kings County Hospital on February 27th. Mrs. Bolus commended the CABs and facility staffs for conducting these well attended and informative forums.

Mrs. Bolus continued and reported that at Woodhull, the audience heard from Senator Martin Dilan, Assembly Member Maritza Davila and Council Member Stephen Levin and representatives who spoke about their support for the hospital and the important role that it plays in the community. Mrs. Bolus noted that she spoke and emphasized the importance of every community member's voice being heard by the policy makers and elected officials about the needs of their neighborhoods, including their HHC facilities.

Mrs. Bolus reported that at the breakfast forum convened by the CABs of Kings County Hospital, the Dr. Susan Smith McKinney Nursing and Rehabilitation Center and the East New York Diagnostic and Treatment Center, invited guests heard from several elected officials and their representatives. Mrs. Bolus noted that the highlight of the morning was a capital funding award presented by Council Member Mathieu Eugene. Mrs. Bolus informed members of the Committee that Council Member Eugene presented a check for \$2.8 million to Kings County for the purchase of two (2) state-of-the-art PET/CT scanners. Mrs. Bolus stated that "the purchase of this equipment will enable the hospital's Radiation Oncology Department to diagnose cancer conditions and evaluate patients' response to treatment faster; and it would replace older equipment in the Emergency Department."

Mrs. Bolus informed members of the Committee, CAB Chairs and invited guests that Metropolitan Hospital Center recently won the annual "Big Fig" awarded by The Fund for HHC. Mrs. Bolus noted that Metropolitan Hospital Center would use the grant to update its sensory room in the hospital's adolescent inpatient psychiatry unit.

Mrs. Bolus announced that Mrs. Mireille Leroy, RN, who works in Lincoln Medical and Mental Health Center's Ambulatory Surgery Department, was honored by Dr. Raju as an HHC "Featured Employee". Mrs. Bolus noted that her international and local volunteer service, particularly in her native Haiti, had also been recognized by the Haitian-American Nurses' Association, which named Ms. Leroy "Nurse of the Year".

Mrs. Bolus continued and congratulated Mrs. Prativa Singh, a nurse at Elmhurst Hospital Center, who recently received the Daisy Foundation Award for noting a serious medical condition in a newborn which was immediately diagnosed and treated.

Mrs. Bolus informed members of the Committee, CAB Chairs and invited guests that in January, Harlem Hospital Center hosted a quarterly meeting of the American Congress of Obstetricians and Gynecologists. Mrs. Bolus noted that this had been the first time this event was held at an HHC facility. Mrs. Bolus explained that their focus was on the "Safe Motherhood Initiative," She noted that this initiative would develop and implement standard approaches for handling obstetric emergencies associated with maternal mortality and morbidity. She added that more than 125 providers across New York State attended the event.

Mrs. Bolus announced that, both the Harlem World Magazine and The Daily News recognized the important contributions made to the health care field and to the Harlem community by Dr. Gene-Ann Polk. Mrs. Bolus noted that Dr. Polk was longtime director of Pediatrics and Ambulatory Care Services at Harlem Hospital. Mrs. Bolus added that Dr. Polk passed away on January 3rd at the age of 88.

Mrs. Bolus concluded her report by publicly thanking HHC's longtime friend and supporter, Mr. Henry (Hank) Carter. Mrs. Bolus reported that, Mr. Carter presented specially equipped motorized wheel chairs, specialty mattresses, and alternative augmentative communication devices to the residents at Coler Specialty Hospital and Nursing Facility and the Carter Specialty Hospital and Nursing Facility. Mrs. Bolus noted that Mr. Carter founded Wheelchair Charities, a non-profit philanthropic organization that had been in existence for more than four decades.

Mrs. Bolus turned the meeting over to President Raju for his remarks.

PRESIDENT'S REMARKS

RAM RAJU, M.D.

Dr. Raju greeted everyone. He informed the Committee that he would like to share with them the following highlights about the Corporation:

- **Designation of HHC's Gotham Health Inc. as a Federally Qualified Health Center (FQHC)**

Dr. Raju announced that HHC's Gotham Health Inc. has been designated as a Federally Qualified Health Center (FQHC) look alike. He commended Ms. LaRay Brown, Senior Vice President for Corporate Planning, Community Health and Intergovernmental Relations, for making this happen. Dr. Raju informed the Committee that HHC's Gotham Health will integrate all six of HHC's Diagnostic and Treatment Centers and community-based centers' 39 facilities under one umbrella as a city-wide network. In addition, Dr. Raju stated that this will help to strengthen HHC's focus on community-based, patient-centered ambulatory care.

- **DSRIP**

Dr. Raju reported that HHC is proceeding well with its Delivery System Reform Incentive Program, or DSRIP, application with the New York State Department of Health. He informed the Committee that "One City Health" is the name of HHC's "Performing Provider System" (PPS) under DSRIP. He noted that the PPS includes four borough-spanning "hubs" and includes more than 400 external partners.

- **Accountable Care Organization (ACO)**

Dr. Raju informed the Committee and invited guests that they will hear more tonight about the Accountable Care Organization (ACO) at the Council of CAB's meeting following the CRC meeting. He reported that HHC's Accountable Care Organization (ACO) has been concentrating on progressively relating the practices of all HHC's affiliated physicians to emphasize prevention and to foster referral for the appropriate level of care. He announced that because of their hard work in providing better, timely, right and cost-effective care to the patients which resulted in reducing unnecessary waste in the system, HHC is one of the few selected ACOs in the country which has a shared saving model. Dr. Raju explained that HHC received compensatory monies to share with the physicians that made this happen. Dr. Raju re-stated that ACO will be explored more later this evening.

HHC's A+ Rating

Dr. Raju reported that the global credit rating agency, Fitch Ratings last month had affirmed HHC's A+ rating for \$833.3 million in outstanding bonds and issued a

"stable" rating outlook for HHC. Dr. Raju noted that Fitch had emphasized the strong support from the City of New York and HHC's "essential role as the primary safety net provider to the City's Medicaid and indigent population". In addition, Fitch had highlighted HHC's "seasoned management team that continues to produce a relative stable financial performance."

- **Lincoln Medical and Mental Health Center designated as "Baby-Friendly" Hospital**

Dr. Raju reported that Lincoln Medical and Mental Health Center has been officially designated as a "Baby-Friendly" hospital. Dr. Raju noted that Lincoln is the third HHC facility to earn this designation. The other two are Harlem Hospital Center and Queens Hospital Center. Dr. Raju informed the Committee that to get this designation, a hospital has to go through a very rigorous process of getting certified and making sure that everything is in place.

- **HHC's Strategic Goals**

Dr. Raju reminded the Committee that two of his strategic goals are to expand access to care and increase HHC's market share. He reminded the Committee that currently one in six New Yorkers are served by HHC. He shared with the Committee his goal to increase this to one in four New Yorkers. Dr. Raju acknowledged CAB members and auxiliaries who are already helping with this goal. He also thanked them for being vital links in their community as they help to educate and inform community members about the services offered at their facilities.

Dr. Raju concluded his remarks by thanking the CAB members and auxiliaries for their efforts and asking them to redouble their efforts for the betterment of their community, facility and HHC.

CENTRAL/NORTH BROOKLYN FAMILY HEALTH NETWORK CABS' REPORTS

Kings County Hospital Center (Kings County) Community Advisory Board

Mrs. Bolus introduced Mr. Kenneth Campbell, Chairperson of Kings County Hospital Center and invited him to present the CAB's annual report.

Mr. Campbell began his presentation by greeting members of the Committee, fellow CAB Chairs, invited guests and he commended George Proctor, Senior Vice President, North/Central Brooklyn Network and Ernest Baptist, Executive Director, Kings County Hospital Center for their outstanding leadership.

Mr. Campbell announced that he had been appointed Chair of the Kings County CAB in September 2014. Mr. Campbell stated that "as the newly elected Chair he had taken the initiative to present details of his vision for the Kings County CAB." Mr. Campbell noted that the CAB's Vision is consistent with the goals of the facility.

Mr. Campbell concluded the Kings County CAB report by stating that the Vision is about culture change, customer service and to work with the facility's leadership to design models of care that are set to achieve the highest standard of patient care.

Ms. LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations thanked Mr. Campbell for his presentation and reminded everyone that Mr. Campbell shared a hard copy of his Vision: Service of Excellence with Council of CABs at a prior meeting.

Dr. Susan Smith McKinney Nursing & Rehabilitation Center's (DSSM) Community Advisory Board

Mrs. Bolus introduced Antoine Jean-Pierre, Chairperson of Dr. Susan Smith McKinney Nursing and Rehabilitation Center and invited him to present the CAB's annual report.

Mr. Jean-Pierre began the DSSM CAB's report by stating "Dr. Susan Smith McKinney Nursing and Rehabilitation Center continues to be a center of Excellence." Mr. Jean-Pierre noted that under the leadership of Mr. Michael Tartaglia, Executive Director and Ms. Charmaine Lewis, Deputy Executive Director, DSSM had maintained a five (5) star status. Mr. Jean-Pierre commended the leadership for their dedication and commitment.

Mr. Jean-Pierre continued and explained that the reason for the high achievement is based on the facility's health care practices that are in alignment with the Corporation's six (6) guiding principles. Mr. Jean-Pierre noted that the six guiding principles are: keeping the focus on residents, ensuring the safety of everyone at DSSM; working together, manage resources, strive for higher ideals and humane innovative ways to take care of our residents and our staff.

Mr. Jean-Pierre highlighted the DSSM CAB's participation in 2014 outreach activities and events. They included:

- GO Red Event
- Black History Month
- Father's Day Spa & Luncheon
- Resident Art Expo

- Thanksgiving Dinner sponsored by DSSM Auxiliary and Brooklyn Farragut Lions Club.
- Auxiliary sponsored Annual Super bowl event and the residents first evening trip to see the Holiday Lights at the famous Dyker Heights area in Brooklyn
- The CAB Annual Resident Satisfaction Survey
- The Annual Memorial Service (for the families of former residents)

Mr. Jean-Pierre noted that the outreach/events activities are planned and executed with participation from the residents and staff. Mr. Jean-Pierre noted that the activities and events boost patient care and staff morale.

Mr. Jean-Pierre concluded the DSSM CAB's report by again thanking the senior leadership George Proctor, Michael Tartaglia, Charmaine Lewis, Angela Cooper, CAB Liaison for their support of the CAB. Mr. Jean-Pierre closed by stating "as we celebrate Women History Month "Weaving the Stories of Women's Lives there is a real power in hearing women's stories, both personally and in a larger context. We must remember all women caregivers who blazed the trails and sacrificed for us. Remembering and recounting tales of their talents, sacrifices, and commitments because their work should be an inspiration for today's generations; opening the way to the future; a future saturated with quality care, quality health care, especially at Dr. Susan Smith McKinney Nursing & Rehabilitation Center."

East New York Diagnostic & Treatment Center's (East New York) Community Advisory Board

Mrs. Bolus introduced Mr. Ludwig Jones, Chairperson of the East New York CAB and invited him to present the CAB's annual report.

Mr. Jones began ENY CAB report by greeting members of the Committee, CAB Chairpersons and invited guests.

Mr. Jones added that he was honored to present for the ENY's CAB report.

Mr. Jones reported that for over thirty-six (36) years ENYD&TC had been providing quality health care to residents in one of the most underserved communities' in Brooklyn. Mr. Jones added that ENYD&TC is located in the Brownsville section of Brooklyn. Mr. Jones added that the clinic is striving to maintain their reputation in the community.

Mr. Jones reported that the most significant health care needs/concerns of the East New York community were hypertension, diabetes, obesity, mental health and HIV/AIDS. Mr. Jones noted that the facility's leadership addressed the needs and concerns of the community by implementing "Care Teams." Mr. Jones explained that Care Teams consists of a Physician, Nurse and Patient Care Associate (PCA) to assist patients in the treatment and management of hypertension, diabetes through educational classes, nutritional counselling and peer discussion.

Mr. Jones informed members of the Committee, CAB Chairpersons and invited guests that ENYD&TC received a Grant to purchase Blood Pressure Monitoring Kits. Mr. Jones explained that the kits are given to patients to monitor their blood pressure at home. Mr. Jones continued and noted that in addition Healthy Buck Coupons and free cooking lessons are given to patients to encourage and promote healthy cooking and eating.

Mr. Jones concluded the ENY CAB's presentation with an announcement. Mr. Jones announced that for the year 2014, ENY D&TC received over 300 complimentary notes and only 7 complaints. Mr. Jones thanked Mari Millet, site administrator.

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

Mrs. Bolus introduced Mr. Talib Nichiren, Chairperson, and invited him to present the CAB's annual report.

Mr. Nichiren began his presentation by thanking members of the Committee for the opportunity to share the Woodhull CAB's annual report. Mr. Nichiren also thanked George Proctor, Network Senior Vice President/Executive Director, Lynn Schulman, Senior Associate Executive Director and Maria Hernandez, Network Associate Director.

Mr. Nichiren reported that the facility strategic priorities are to redesign and continue to renovate primary care practices and specialty practices to accommodate growth, enhance quality of care and increase patient satisfaction and patient safety for the North Brooklyn Community.

Mr. Nichiren concluded the Woodhull CAB's report by commending the administration and staff of Woodhull Medical and Mental Health Center for their commitment and dedication to the LGBT community by the opening of the new LGBT clinic. Mr. Nichiren added that he is a proud member of the Woodhull CAB.

Cumberland Diagnostic & Treatment Center's (Cumberland) Community Advisory Board

Mrs. Bolus introduced Ms. Veronica Obie, CAB member, and invited her to present the CAB's annual report.

Ms. Obie began her presentation by thanking member of the Committee for the opportunity to present the Cumberland CAB's annual report. Ms. Obie thanked Dr. Ram Raju, President, Mr. George Proctor, Dr. Walid Michelen, Executive Director, Gotham Health.

Ms. Obie reported that 2014 had been an exciting year at Cumberland D&TC. Ms. Obie continued and stated that Cumberland had extended its practice hours to meet the needs of the community.

Ms. Obie continued and reported that the Cumberland CAB's outreach efforts had been extensive during 2014. Ms. Obie added that the CAB reached out to the community during their annual community health fair. Ms. Obie noted that the event resulted in community residents receiving preventive health screenings and the distribution of educational materials. Ms. Obie highlighted the Cumberland CAB's participation in 2014 outreach activities and events. They included:

- Take Care NY
- Go Red for Women's Health
- NYCHA Tenant's Association Meetings
- American Cancer Society Making Strides Against Breast Cancer
- Participation in the Delivery System Reform Incentive Payment (DSRIP) education forums
- Meet and Greet with the Brooklyn Borough President
- Voter Registration Drives

Ms. Obie added that the CAB recently hosted a successful Legislative Breakfast, providing the community a venue by which to express their health concerns to elected officials.

Ms. Obie concluded the her presentation by informing members of the Committee, CAB Chairpersons and invited guests the Cumberland CAB intends to address the issues of budget cuts and their impact on health care accessibility. Ms. Obie added that the CAB will work to maintain gains made in patient safety. Ms. Obie noted that the CAB members will focus on goals this year, which includes attending and representing

Cumberland at community meetings. Before closing Ms. Obie thanked Tracey M. Bowes, Administrator, Cheryl Jones and Sherry Davis for their continued support.

OLD BUSINESS

Bellevue Hospital Center CAB's Styrofoam Resolution

Ms. Louise Dankberg, Vice Chair, Bellevue Hospital Center reported that in August 2007, New York City Council Member de Blasio presented a local law to amend the administrative code to restrict the use of polystyrene. Ms. Dankberg added that within the document it states, "Polystyrene foam is a pollutant that breaks down to smaller, non-biodegradable pieces that are ingested by marine life ...thus injuring or killing them. Due to the physical properties of polystyrene foam, The United States Environmental Protection Agency (EPA) states, "that such materials can also have serious impacts on human health, wildlife, the aquatic environment and the economy."

Ms. Louise Dankberg, Bellevue continued and reported that on June 12, 2013, Int. 1060-2013 was introduced to restrict the sale or use of polystyrene items and in January 2015, a final decision was decided; New York City will ban polystyrene in July 1, 2015.

Ms. Dankberg stated that she would focus on the impact of human health. Ms. Dankberg noted "that if you pour hot tea and squeeze a lemon wedge into a polystyrene cup, a hole will appear where the lemon wedge rests." Ms. Dankberg noted that the demonstration shows that the polystyrene cup has migrated into the liquid in the cup.

Ms. Dankberg noted that migration of styrene occurs when foods containing acids, fat and/or alcohol leech into the foods, more quickly when foods or drinks are hot.

Ms. Dankberg reported the Health and Hospitals Corporation uses polystyrene products. Inpatients in public hospitals and public nursing homes are some of our most vulnerable populations in our community. Ms. Dankberg noted that when food is served on polystyrene products, the hazardous chemicals cause the following health problems:

- fatigue
- nervousness
- lack of concentration
- difficulty sleeping
- mucous membrane and eye irritation
- depression
- hearing loss

Ms. Dankberg noted that these symptoms are often attributed to seniors and styrene is a volatile organic compound (VOC). She noted that the damage is cumulative.

Ms. Dankberg informed members of the Committee and invited guests that in February 2013, the Bellevue Hospital Center Community Advisory Board, BHC-CAB adopted a resolution opposing the use of Styrene. She noted that the resolution also supported the proposed ban of polystyrene by former Mayor of New York City, Hon. Michael Bloomberg because its impact on landfills. Since 2007, former NYC Councilmember and now the Mayor of New York City Bill de Blasio has publically supported banning polystyrene in New York City.

Ms. Dankberg reported that in September 2014 at the Municipals Council of CAB's meeting, the Chairpersons unanimously voted in favor of the Bellevue Hospital CAB submission of documentation about the health hazards of polystyrene to HHC's Community Relations Committee.

Ms. Dankberg concluded by stating the Bellevue CAB resolution calls on the Municipal CABs of HHC to join the ban of polystyrene products at HHC facilities. Ms. Dankberg noted that the health and welfare of HHC's patients should always come first!

NEW BUSINESS

ADJOURNMENT

The meeting was adjourned at 6:25 PM.

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

**LINCOLN MEDICAL CENTER
(Tuesday, May 5, 2015)**

I. COMMUNITY NEEDS

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

The most significant concerns that the community at large has always had is about budget cuts, and the reality that services and programs provided by the facility are being threatened.

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

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

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

- yes no

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

The Community Advisory Board Members work together with the Administration in reaching out to Community Leaders and Legislators, advocating for them to help us maintain and restore the hospital services and programs. Administration keeps us informed.

The CAB is also pleased to be kept informed of the many great improvements that have taken place over the past year to ensure the health care needs and concerns of the community are met.

Some of these programs and accomplishments are:

1. Grand opening of Lincoln Medical Centers Emergency Department that has been newly renovated and expanded.
2. Grand opening of the new Specialty Clinic.
3. Ebola Readiness
4. Lincoln and Yankees annual back to school immunization campaign.
5. Annual Research Day which showcases the important specific work conducted at Lincoln by our Healthcare providers and brings the latest evidence and technology in care and treatment to our patients and community.
6. Lincoln Medical Center designated Baby Friendly.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

Providing the best possible health care to our community and making sure to maintain that quality of care.

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

Administration informs us on the development of the facility's strategic priorities through:

1. Our monthly full Board meetings.
2. Presentations on new initiatives and programs presented to the full Board on a monthly basis.
3. The Executive Director's Report, Medical Director's Report,
4. Financial Reports and Nursing Reports to the CAB.
5. Invitations to special programs such as Research Day, Focus Groups, etc.

This gives us the opportunity to give feedback and suggestions.

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

Wait time in the ER and Pharmacy.

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

- Excellent improvement of Doctor and Patient Relationships
- Good customer service
- New areas recently renovated and expanded services.

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? 24

2. What are current numbers of members? 11 What are current numbers of vacancies? 13

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

There is ongoing recruitment to ensure full membership. Board is recruiting from Community Events, Planning Boards and Health Fairs.

The Board is working with Public Affairs to ensure that representation through-out our catchment area is obtained. Several Candidates have been identified and are waiting to be interviewed.

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

Yes

No

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

Patient Care Committee Chair is Alice Simmons. This Committee keeps track of each Division of the Hospital by having the Directors give a presentation on their departments.

Intergovernmental Committee responsible for putting together the Annual Legislative Summit, as well as advocating to community leaders on behalf of the Facility.

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

Yes No

a. If yes, please describe actions taken.

Members representing Planning Boards 1, 2 and 4 forward information received at the Community Advisory Board full Board meetings such as the Executive Director's Report, Medical Director's Report and Financial Report as well as to any other committee CAB members belong to.

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

Yes No

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

yes no

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

yes no

The Bronx CABs (Lincoln, Morrisania and Belvis) hosted our Eleventh Annual Legislative Summit on Friday, March 13, 2015. Event was very well attended. Congressman Serrano attended the Event.

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

yes no

a. If so, were the issues subsequently addressed?

No Issues were reported.

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

CAB members represent and speak on behalf of the Facility at:

- Planning Boards and on committees they represent
- Health Fairs
- Community Events
- Public Hearings in the City and in Albany, NY.
- Voters Registration

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

Community Advisory Board Report
Page 7

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

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

Signatures:

CAB

Chairperson:

Date:

George Rodriguez
April 16, 2015

Executive
Director:

Date:

4/23/15

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

**MORRISANIA
DIAGNOSTIC AND TREATMENT CENTER
2015**

I. COMMUNITY NEEDS

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

The community's concern is that the funding that supports the facility in providing the best possible health care does not get compromised by the state budget cuts.

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

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

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

- yes no

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

The Community Advisory Board works together with the administration making sure that ongoing advocacy, visiting local Elected Officials and Community Based Organization's continues.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

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

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

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

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

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

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

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

Improvements in customer service.

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

Yes

No

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

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

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

Yes

No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15
2. What are current numbers of members? 5 What are current numbers of vacancies? 10

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

An ongoing recruitment continues to ensure full membership. Members are helping to recruit from Planning Boards, Community Based Organizations, local Churches and Schools. Public Affairs is helping us as well. Since the last CRC meeting we have lost three members, it has been hard to find committed individuals.

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

Yes

No

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

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

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

Yes

No

a. If yes, please describe actions taken.

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

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

Yes

No

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

yes no

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

yes no

We host a Joint Annual Legislative Event with Lincoln Hospital and Belvis D&TC.

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

yes no

a. If so, were the issues subsequently addressed?

No issues.

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

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

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

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

Signatures:

CAB

Chairperson:

Date:

George T. Roper

4/22/15

Executive
Director:

WLL

Date:

4/24/15

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

**SEGUNDO RUIZ BELVIS
DIAGNOSTIC AND TREATMENT CENTER
2015**

I. COMMUNITY NEEDS

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

The community's concern like every year is that the funding that supports the facility and is providing the best possible health care, does not get compromised by the state budget cuts.

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.

Advocacy is ongoing. Administration and the members of the Community Advisory Board continue reaching out to the local leaders and community based organizations, promoting the quality of care provided by Segundo Ruiz Belvis.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

To continue providing the best possible health care to our community.

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

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

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

yes

no

III. PATIENTS'/RESIDENTS' EXPERIENCES

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

Yes

No

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

- Waiting a long time to be seen by a Doctor. But administration has reported to the CAB that they are working on that issue to decrease the wait time.

- The facility looks run down and needs a face lift.

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

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

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

Yes No

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

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" 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? 15
2. What are current numbers of members? 7 What are current numbers of vacancies? 8
3. What were the membership recruitment activities conducted by CAB this year?

The members will continue working on an aggressive recruitment program reaching out to all Directors from Community Based Organizations, Community Committees, Churches and Tenant Associations. We are also committed to bringing in individuals who will be committed, who care about our community and are willing to work together to make sure that we continue our mission to provide the best possible health care to everyone in our communities.

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

Yes

No

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

The CAB has an Intergovernmental Committee in charge of the Legislative Breakfast, which is usually hosted together with the Lincoln Hospital and Morrisania D&TC Community Advisory Boards.

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

Yes

No

- a. If yes, please describe actions taken.

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

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

Yes

No

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

yes no

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

yes no

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

yes no

a. If so, were the issues subsequently addressed?

No issues.

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

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

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

yes no

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

yes no

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

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

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

Signatures:

CAB

Chairperson:

Date:

Gabriel Defesus

April 17, 2015

Executive

Director:

[Signature]

Date:

April 24, 2015



nyc.gov/hhc

REPORT TO THE COMMUNITY RELATIONS COMMITTEE OF THE HHC BOARD OF DIRECTORS HARLEM HOSPITAL CENTER

I. COMMUNITY NEEDS

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

The significant health care needs or concerns facing the community/communities served by Harlem Hospital include: Diabetes, Pre-Diabetes, Heart Disease, Obesity, Hypertension, Cancer, HIV/AIDS, Stroke, High Cholesterol, Smoking, Alcohol and Substance Abuse, Geriatrics, Depression, Mental Health, Stress, Domestic Violence, Poor Nutrition and Insurance for Uninsured.

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

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

- Focus groups
Community Stakeholders' Group
U.S. Census data from Nielsen Site Reports
New York City Health and Hospitals Corporation analyses of hospital and community health center cost report 2010.
Statements of Community District Needs, Fiscal Year 2013

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

X yes □ no

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

As outlined in the 2013 needs assessment, the Hospital has taken a proactive approach to prevention and treatment. This strategy is evidenced by how the leadership has developed a series of initiatives to address the identified needs. To that end, please find below some examples of initiatives:

- Diabetes

The Hospital has developed a continuum of early detection, diagnostic, and treatment services and support groups to provide effective management strategies for Diabetes. Special Hospital initiatives have been designed to reinforce the goal of assisting patients in managing their disease and controlling their blood glucose levels and other medical conditions associated with their

diabetes. Preventive and early detection interventions are offered through nutritional counseling, diabetes support groups, and cholesterol screenings. Patients are also enrolled in the Diabetes Registry which helps the patient and provider to monitor the management of disease and ensure patients have received appropriate screenings including HbA1c (a blood test that monitors long term blood glucose levels), ophthalmology/vision testing, podiatry/foot examinations, blood pressure and cholesterol monitoring, etc.

- **Cardiovascular Disease**

Cigarette smoking, poor diet, obesity, hypertension and diabetes are all high risk factors for cardiovascular disease. Addressing the high prevalence of these factors in our patient population, the Hospital has developed a continuum of early detection and diagnostic and treatment services to provide effective management strategies for this disease. These include Disease self-management, i.e., teaching patients how to manage their disease, a Quit Smoking Program, Hypertension and Cholesterol Screening, and Healthy Eating and Living Programs.

The most recent intervention, Project RED, utilizes an interdisciplinary team to provide a safety net for patients with Congestive Heart Failure. Nurses and Physicians educate patients about the importance of medication and dietary compliance in effectively managing their disease. Social workers assess a patient's eligibility for home care supports upon discharge. Post-discharge, each patient receives an appointment for follow-up in the cardiology clinic within one week. Patients also receive a post-discharge call to ensure they are compliant with medications, dietary restrictions and appointments and not exhibiting any signs of symptoms of heart failure. The system in effect provides a safety net, helping patients stay healthy in their community and prevents readmission to the hospital. Staff members also enroll eligible patients in Quit Smoking Program and the Diabetes Registry with referrals to Chemical Dependency programs as appropriate.

- **Obesity**

Bariatric Surgery Service provides a comprehensive continuum of services including medical, surgical, nutritional, educational, and psychological services required to support patients through their Bariatric procedures and post-operative recuperation and transition.

Central Harlem Health Revival is a coalition of Houses of Worship, healthcare and business organizations collaborating to provide healthy eating and living education forums, health screenings and structured activities designed to provide tools and information to motivate Harlem residents to adopt healthier lifestyles.

Hip Hop Healthy Eating and Living in Schools is an innovative program that focuses on the need to increase children's and parents' understanding and knowledge of calorie intake and weight management as it relates to chronic medical conditions. Targeting pre-adolescent children in communities with a disproportionate burden of obesity and its related illnesses, this program delivers an interactive multi-media, educational interventions, using music and animation, to children and their parents. The program seeks to help them develop

the skills required to make behavioral changes to maintain or initiate a healthy lifestyle.

San Bao Tai Chi and Qigong Workshops for Seniors pilot program offered workshops to Seniors. Participants in the workshops reported improvements in mood, cardiovascular and respiratory function, and balance, as well as reductions in stress and pain associated with arthritis, carpal tunnel syndrome, and other conditions.

Alvin Ailey Dance Workshops for Seniors in collaboration with The Friends of Harlem Hospital Center, Inc. provide Dance Workshops for Seniors. Body Conditioning, Jazz and West African Dance classes are taught by Alvin Ailey dance instructors. Participants in the Alvin Ailey Dance Workshops for Seniors reported improvements in a variety of health indicators including weight, blood pressure, cardiovascular and respiratory function, gait, flexibility and muscle integrity and mood.

Harlem Healthy Living is collaboration between Harlem Hospital Center, The Greater Harlem Chamber of Commerce, community leaders, businesses, healthcare organizations, media partners, governmental agencies, educational institutions and professional organizations to motivate community residents to adopt healthier lifestyles. Through this initiative, partners developed and convened community health forums and conferences, media partners reinforced these healthy eating and living messages in publications and through broadcasts and structured walk/run events.

Harlem Walk It Out! is a comprehensive physical activity program for Harlem's senior citizens. The program was funded by the Healthy Heart Program of the New York State Department of Health in response to the rising rates of heart disease, stroke, obesity, and diabetes-related morbidity and mortality in the Harlem community. The purpose of Walk It Out! is to enhance access to neighborhood spaces for physical activity and to develop informational outreach activities to promote holistic health and prevent disease and illness.

Shape Up NYC is a free family fitness program that is offered throughout the five boroughs via collaboration between the New York City Department of Health and Mental Hygiene, New York City Department of Parks and Recreation, and Equinox Fitness Clubs. Harlem Hospital Center currently offers two weekly Shape Up NYC classes, Kickboxing and Zumba. Over 200 community members and hospital staff have participated in the Harlem Hospital Shape Up NYC program since its inception. Many of the participants have reported decreases in weight and blood pressure, diminished stress levels, and improvements in mood and productivity as a result of their participation in the program.

- **HIV/AIDS**

Harlem Hospital Center has developed a seamless continuum of comprehensive programs for People Living with HIV/AIDS. Patients have access to HIV counseling and prevention education, primary care, testing, special services for women and children, nutrition care services and support groups. Existing programs include:

Adherence Programs, including the Harlem Adherence to Treatment Program, provide support services needed by people living with HIV/AIDS to assist them in complying with their medication regimen.

Family Care Center provides comprehensive medical, and support services for children, adolescents and adults with HIV/AIDS and their families. Services include medical care by infectious diseases specialist, pediatricians, dermatologist and gynecology. Other critical services provided include counseling and testing, health education, peer support, mental health services, nutrition assessments, anti-retroviral related adherence counseling, substance abuse counseling and social support services.

Family Centered Program provides comprehensive medical specialty and case management services to individuals who are HIV+/AIDS and their infected and affected family members.

HIV Rapid Testing Program provides HIV testing on all emergency, inpatient and outpatient units.

Harm Reduction Recovery Readiness Program uses a harm reduction model to engage HIV-infected individuals with past or current substance use issues so they may modify personal behavior patterns, improving quality of life and preventing transmission of HIV.

HIV Nutrition Care Services Program provides comprehensive nutrition assessments and counseling for treatment and prevention of HIV-associated nutrition problems. It also addresses fat redistribution and metabolic problems caused by the use of potent antiretroviral therapies.

Medical Care Management Program is a comprehensive HIV/AIDS model of care designed to ensure the navigation of healthcare and social services systems, the coordination of transportation and childcare services, linkage to eligible entitlements, and adherence to treatment support for individuals living with HIV and AIDS.

Ryan White Part C Program provides comprehensive primary care services to People Living with HIV/AIDS. Special program components address nutritional care and rapid testing

- **Cancer**

Harlem Hospital Center implemented aggressive early intervention and screening programs for breast, cervical, prostate and colorectal cancers. In addition, bilingual patient navigators are being utilized to assist patients in negotiating the Hospital system.

The Breast Imaging Center of Excellence provides all aspects of women's imaging--mammography and associated procedures, as well as Bone Densitometry.

Harlem Hospital Center has also recently installed state-of the-art equipment technology that provides precision and images needed to detect cancer in its earliest stages. This equipment includes a 64-slice CT scan, new ultrasound equipment is used to diagnose breast abnormalities detected by a physician during a clinical exam and to characterize potential abnormalities seen on mammography, and fluoroscopy equipment to detect gastroenterology related cancers.

During the months of May and October, Breast Cancer awareness tabling was arranged throughout the hospital to disseminate cancer information. Hospital

staff also developed special screening initiatives for community residents and patients.

In October 2014, the hospital partnered with the American Cancer Society for the Making Strides against Breast Cancer Walk.

Outreach efforts provide cancer education information and early intervention services to patients and residents of the Harlem community.

The Quit Smoking Program utilizes a holistic approach to provide services to our clients. Individualized and group modalities are used to assess and treat tobacco addiction. Tobacco education, health consequences associated with tobacco use, combined with addressing the physiological, psychological, and behavioral components are the primary focus of the Quit Smoking Program.

- **Trauma Related to Violence**

In August 2014, The Hospital collaborated with Mayor de Blasio's administration and City Council to launch the "Gun Violence Crisis Management System," a citywide initiative to reduce gun violence.

The system include organization to oversee: Hospital-based violence interruption program such as "Guns Down Life Up", "wrap around", community-based preventive services, school-based conflict mediation and anti-violence programs, anti-violence program training academy, community messaging and educational materials.

Since 2011, the hospital continues to partner with the Young Men's Initiative, Manhattan District Attorney Cyrus Vance, New York Mission Society Operation SNUG, the New York Police Department's 32nd Precinct and Harlem Mothers SAVE, Stop Another Violent End, to develop a Circle of Safety, an evidence-based violence reduction program which provides a continuum of health and support care services to the victims of gun shots, stabbings and assaults, and to their families.

Hospital staff members work with Violence Interrupters (SNUG) within the community to prevent violence from occurring. The Hospital utilizes a combination of best practice models designed to provide adolescents and young adults and their families who are the victims of violence with medical, social support and educational skills and conflict resolution resources to interrupt the cycle of violence.

Harlem Hospital Center also continues to host community forums to discuss strategies for preventing gun violence in our communities.

In 2014, the hospital collaborated with the New York State Office to launch campaigns for the Prevention of Domestic Violence. Harlem Hospital center hosted the Center for Victim Support for the Denim Day, a day to raise awareness of rape and sexual assault.

In September 2014, the Hospital participated in the 14th Annual Gladys Ricart & Victims of Domestic Violence Memorial Walk.

In October 2014, Harlem Hospital Center supported W.A.R.M. (We All Really Matter) to celebrate its 5th Annual Domestic Violence Panel Discussion and "Shine the light on Domestic Violence" march.

The Center for Victim Support facilitates Healing Circle groups, Empowerment groups, and Advocacy Forums to victims of domestic violence.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
Facility strategic priorities: Improve the Patient Experience; Increase Access (decrease no show rates and time to next available appointment in outpatient clinics and decrease waiting times in the ER and outpatient clinics) Increase Market Share & Outreach; Cost Reduction Strategies; Workforce Development and Modernization projects.
2. Describe how the CAB provides input into the development of the facility's strategic priorities?
*Members of the CAB participate in key committees held throughout the hospital. CAB members attend the Hospital Wide Patient Safety Committee, the Patient Advocacy Council, Breakthrough Report Out events and Medical and Dental Executive Committee meetings and collaborate with staff to ensure that access to quality healthcare is in the fore front of all discussion. We align this goal with the need to increase access, market share and outreach.
We work with staff to identify trends as well as share community feedback on patient's experiences in the hospital, ED and clinic.*
3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?
 yes No

The Community Advisory Board is notified through monthly reports given by the Senior Vice President/Executive Director, Medical Director, Chief Nursing Officer, Chief Financial Officer, and Chief Operating Officer and on various Harlem Hospital Center issues.

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?
 Yes No

The Chef Nurse Executive provides quarterly reports on patient satisfaction and the patient experience.

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

Complaints:

- *Staffing*
- *Waiting time to see physicians*
- *Appointment cancellation notifications*
- *Customer service issues*
- *Clinics need to expand to evening and weekend hours*

Community Advisory Board Report
Page 7

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

- *Quality of care*
- *Interpersonal relationships between staff and patients.*
- *Cultural diversity of staff complements the cultural diversity of the patient population.*
- *Commitment of the providers and staff to the community.*
- *Hospital provides "One Stop Shopping" through a comprehensive continuum of services providing health insurance, social services, financial and legal assistance, Mental Health, Women Infant Children (WIC) Supplement Food Program, NYSDOH Designated Stroke Center of Excellence, AIDS Center of Excellence, Bariatric Center of Excellence, Patient Centered Medical Home, Quit Smoking Program, and Project RED Congestive Heart Failure Project.*
- *Strong collaborations with community organizations including The Greater Harlem Chamber of Commerce's Harlem Healthy Living Initiative.*
- *Hospital's physicians are experts in their fields.*
- *Hospital has unique sub-specialties including Burn Unit; Plastic Surgery, Interventional and Muscular-Skeletal Radiology and sub-specialties for reconstructive facial surgery.*
- *Harlem Hospital Center is the only acute care facility in Harlem*
- *Ability to secure grant funds for special initiatives to bridge gaps in service.*
- *Patient-centered leadership empowers management staff to rise to their potential.*
- *Progressively enhancing the Information Technology Infrastructure to enhance the quality of care and communications.*

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

Yes No

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

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

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

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

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

The Membership Committee makes monthly announcements and encourages CAB members to refer applicants to the Board.

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

Membership Committee – this committee reviews applications, nominations, and recommend appointments to the applicable appointing source. The Committee convenes periodically as the need arises for new/replacement members.

Outreach and Public Relations Committee – this committee works with the Community Outreach Department of Harlem Hospital Center in efforts to promote the Hospital.

Patient Care Committee – this committee served by all CAB members serves as liaisons with departments within the hospital to evaluate the medical care and services rendered to patients. The Committee reports its findings and recommendations to the Board.

Joint Annual Public Meeting Committee – this committee is responsible for the planning and executing the CABs Joint Annual Public Meeting.

Joint Legislative Breakfast Committee – this committee is responsible for the planning and executing the CABs Joint Legislative Breakfast.

Newsletter Committee – this committee produces quarterly issues for the community at large.

Sunshine Committee – this committee is responsible for collecting dues from the CAB members and purchasing cards, gifts, for special occasions, and bereavement.

By-Laws Committee – this committee is responsible for reviewing the proposals of the Board for amending the By-Laws and reporting to the membership.

Community Advisory Board Report

Page 9

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

Yes No

a. If yes, please describe actions taken.

Community Board Members who are members of the CAB share reports and activities during monthly Community Board and Health Committee Meetings. This year, the Community Board and the Hospital leadership met to redefine its relationship and explored opportunities for further collaboration.

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

Yes No

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

Yes No

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

yes no

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

yes no

a. If so, were the issues subsequently addressed?

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

- *Active participants in Harlem Week*
- *Walk it out! Harlem*
- *Dance of the Village Elders*
- *Outreach Programs in the Hospital*
- *Hospital Health fairs: - Lenox Terrace Health Fair (9/2014)*
 - *Family Day(9/2014)*
 - *Community League of the Height Annual/Cultural Festival(8/14)*
- *Tenant Associations*
- *Local Churches*
- *Community Centers*
- *Senior centers*
- *School Boards*
- *Block Associations*
- *Various walks promoted by the Hospital*
 - *AIDS Walk New York*

Community Advisory Board Report
Page 10

- o *Breathe New York (Asthma Walk)*
- o *NYC Family Health Walk and The Percy Sutton 5K Run*
- o *Making Strides Against Breast Cancer*
- o *Step Out: A Fight Against Diabetes*
- o *Walk to End Alzheimer's "Harlem Supporters"*

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.

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

Signatures:

CAB

Chairperson: *Cate E. DeBate*

Date: *April 16, 2015*

Executive

Director: *William J. Brown*

Date: *4/16/15*

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

**RENAISSANCE HEALTH CARE NETWORK
COMMUNITY ADVISORY BOARD**

COMMUNITY NEEDS

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

- AIDS and HIV
- Asthma
- Childhood Obesity
- Dental
- Diabetes
- Hypertension
- Nutrition
- Smoking
- Social Services

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

- Community Board(s) meetings
- Needs Assessments
- Surveys
- Reports from Community Organizations
- Other Activities (please list)

- Other Public Meetings
- Community Health Profile Data

- Meet and Greet events have been planned with Community Organizations, Not for Profits, Senior Centers and Leadership
- Upcoming CAB Board Retreat – will be held on June 6, 2015
- Joint Annual Public Meeting – will be held with Harlem Hospital Center CAB on October 23, 2014
- CAB Pediatric Holiday Event – December 17, 2014
- Toy Recipient/Honorees at Melba's Restaurant Holiday Gospel Brunch, and received toys – December 21, 2014
- Joint Legislative Breakfast – March 7, 2015 with Harlem Hospital Center CAB

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

yes

no

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

- RHCN participated in the Annual HARLEM WEEK event, promoting services and performed health screenings
- Staff Training and Development is encouraged
- Joint Annual Public Meeting was held on October 23, 2014 theme was "Today's Good Health Is Tomorrow's Good Fortune"
- Joint Legislative Breakfast – was held on March 7, 2015 theme was held on "Intergenerational Health Care: A 21st Century Model"
- Ongoing efforts to promote partnerships and health screenings throughout the community
- CAB members were featured twice on WHCR 90.3 FM radio operated by City College discussing Renaissance Health Care Network, the Joint Annual Public Meeting and Joint Legislative Breakfast

FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

1. Improving Patient Flow
2. Improving Patient Appointments Availability
3. Improving Patient Satisfaction
4. Educating Patients on Healthy Eating
5. Community Outreach
6. Improving Patient Safety
7. Enhance School Based Partnerships
8. Enhance NYCHA Partnership in the developments where RHCN clinics are physically located
9. Improved Staff and Leadership relationships

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

- The CAB offers input on how to improve the outreach and strategic priorities
- The CAB hosts public meetings to improve community relations
- The CAB responds to information provided by the patients at RHCN sites about ways to improve the patient experience. Information is presented to the Council of CAB meetings, updating Senior Management aware of the concerns of the patient, and any potential problems.

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

- Applications were available at all Outreach and Community events
- Community Advisory Board Public Events
- Requests were made to Community Boards

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

yes

no

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

Executive Committee –establishes committees to carry out objectives of the Board. The Executive Committee has the authority to act on behalf of the entire Board subject to ratifications at the next regular Board Meeting when an opportunity for the full Board does not exist. Also receiving and acting on reports of committees of the Board, and prepare the agenda for the regular Board Meeting.

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

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

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

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

Finance Committee – advises in the development, preparation and submission of the RHCN capital and expense budge and proposals. Advises the RHCN Executive Director and Corporation on the establishment of priorities within appropriate budgets

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

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

yes

no

a. If yes, please describe actions taken

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

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

yes

no

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

yes

no

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

yes

no

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

yes

no

10. If so, were the issues subsequently addressed?

- Yes issues were addressed

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

- Hosting and attending screenings
- Participation at Harlem Week activities
- Presentation at the 28th precinct community affairs events
- Presentation at NYPD Grandparents raising Grandchildren breakfast
- RHCN Pediatric Holiday Event
- Community Meet and Greet events
- Participate RHCN school base PTA

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?

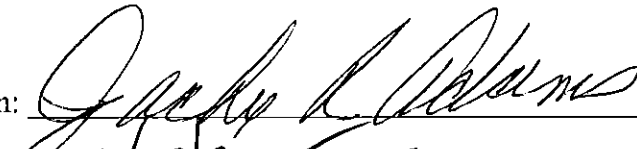
ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

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

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

Signatures:

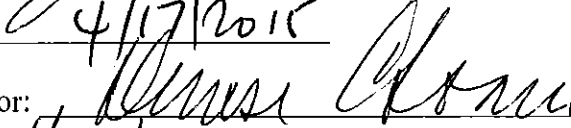
CAB Chairperson:



Date:

4/17/2015

Executive Director:



Date:

4/17/15