

**STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS**

**JANUARY 14, 2014
10:00 A.M.
HHC BOARD ROOM
125 WORTH STREET**

AGENDA

- I. CALL TO ORDER** **JOSEPHINE BOLUS, RN**
- II. ADOPTION OF DECEMBER 10, 2013
STRATEGIC PLANNING COMMITTEE MEETING MINUTES** **JOSEPHINE BOLUS, RN**
- III. SENIOR VICE PRESIDENT'S REPORT** **LARAY BROWN**
- IV. INFORMATION ITEMS:**
- i. PRESENTATION BY CAMBA HOUSING VENTURES**
- JOANNE M. OPLUSTIL
PRESIDENT AND CHIEF EXECUTIVE OFFICER, CAMBA/CAMBA HOUSING VENTURES
- ii. BREAKTHROUGH PRESENTATION: KINGS COUNTY HOSPITAL CENTER'S ADULT
INPATIENT MEDICINE (D7 NORTH) DAILY MANAGEMENT SYSTEM**
- AUGUSTINE UMEOZOR, MD
KINGS COUNTY HOSPITAL CENTER ATTENDING PHYSICIAN/HOSPITALIST
- V. OLD BUSINESS**
- VI. NEW BUSINESS**
- VII. ADJOURNMENT** **JOSEPHINE BOLUS, RN**

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

MINUTES

STRATEGIC PLANNING COMMITTEE OF THE BOARD OF DIRECTORS

DECEMBER 10, 2013

The meeting of the Strategic Planning Committee of the Board of Directors was held on December 10, 2013, in HHC's Board Room located at 125 Worth Street with Robert Nolan presiding as member of the Board.

ATTENDEES

COMMITTEE MEMBERS

Alan Aviles
Robert F. Nolan
Bernard Rosen
Michael A. Stocker, M.D., Chairman of the Board
Andrea Cohen, representing Deputy Mayor Linda Gibbs in a voting capacity

OTHER ATTENDEES

M. Avila, Patient Experience Manager, Crothall
R. Brooks, President, International Point of Contact (IPC)
A. Flynn, Senior Vice President, Operations, Nexera
M. Foley, Regional Vice President, Sodexo
N. Lanci, Operational Director, Johnson Controls (JCI)
C. Marcin, Senior Manager, Greater New York Hospital Association/Nexera
M. Meager, Office of Management and Budget
K. Raffaele, Analyst, Office of Management and Budget
L. Schomp, Analyst, Office of Management and Budget
K. Vlass, Senior Regional Manager, Crothall
M. Villani, Vice President, Crothall
J. Wilson, Senior Finance Manager, Sodexo

HHC STAFF

S. Abbott, Assistant Director, Corporate Planning and HIV Services
M. Belizaire, Assistant Director of Community Affairs, Intergovernmental Relations

J. Bender, Assistant Director, Media Relations
W. Brand, Director of Procurement System, Materials Management
L. Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations
T. Carlisle, Associate Executive Director, Corporate Planning Services
D. Cates, Chief of Staff, Office of the Chairman
L. Guttman, Assistant Vice President, Intergovernmental Relations
T. Hamilton, Assistant Vice President, HIV Services, Corporate Planning Services
J. Jurenko, Senior Assistant Vice President, Intergovernmental Relations
B. Keller, Deputy Counsel, Office of Legal Affairs
Z. Liu, Senior Management Consultant, Corporate Planning Services
P. Lockhart, Secretary to the Corporation, Office of the Chairman
K. Madej, Director of Social Media, Communications and Marketing
J. Maltese, Director, Procurement Services and Operations
A. Martin, Executive Vice President and Chief Operating Officer, President's Office
H. Mason, Deputy Executive Director, Kings County Hospital Center
T. Miles, Executive Director, World Trade Center Environmental Health Center
K. Olson, Deputy Budget Director, Corporate Budget
K. Park, Associate Executive Director, Finance, Queens Health Network
S. Penn, Deputy Director, World Trade Center Environmental Health Center
C. Philippou, Assistant Director, Corporate Planning Services
J. Quinones, Senior Assistant Vice President, Contract Administration and Control, Operations
W. Saunders, Assistant Vice President, Intergovernmental Relations
K. Whyte, Senior Director, Corporate Planning, Community Health and Intergovernmental Relations

CALL TO ORDER

The meeting of the Strategic Planning Committee was called to order at 11:15 a.m. by the Chairman of the Board of Directors, Michael Stocker, M.D. The minutes of the November 12, 2013, meeting of the Strategic Planning Committee were adopted.

INFORMATION ITEM**Update on Road Ahead Outsourcing Initiatives**

Joseph Quinones, Senior Assistant Vice President of Operations

Mr. Nolan, Committee Member, introduced Mr. Joseph Quinones, Senior Assistant Vice President of Operations and invited him to provide an update to the Committee on HHC's outsourcing initiatives. Mr. Quinones greeted Committee Members and invited guests. He stated that his presentation was a follow-up on a prior report that he had provided to the Strategic Planning Committee in March 2013 on HHC's outsourcing initiatives, which included Sodexo Dietary, Sodexo Laundry, Crothall Environmental Services, Johnson Controls Plant Maintenance, and Atlantic Dialysis Operations. He reported that HHC's Finance Department had prepared an analysis of the savings that the Corporation had gained from these initiatives. Mr. Quinones informed the Committee that representatives from Sodexo, Crothall, and Johnson Controls were present at the meeting to respond to any questions.

Dietary Operations Update

Mr. Quinones began his presentation by providing the Committee with an update on HHC's dietary initiative. Mr. Quinones reported that, in 2005, HHC had executed a contract with Sodexo Dietary Division, US Foods, and GNYHA Ventures (i.e., the Consortium). The contract was fully implemented in early 2006 for a term of 10 years, with three five year renewal options.

Mr. Quinones described the objectives of HHC's dietary initiative including achievements to date, vendor performance, and patient satisfaction as summarized below:

Objectives of Dietary Initiative

- Improve patient care, quality of food and standardize menus (within first year of the contract)
- Increase patient satisfaction (to be monitored by independent survey every year after full implementation)
- Reduce corporate-wide meal cost (year one of the contract)
- Re-tool the Cook Chill Plant by replacing non-working equipment and using plant to its full capacity
- Standardize food policy and procedures throughout the Corporation
- Increase staff productivity

Achievements of Dietary Initiative

- Reduced staffing levels from 1,400 FTE's to current level of 963 FTE's
- Instituted corporate-wide formulary in 2008 for nutritional supplements that resulted in improved patient care and lowered costs
- Implemented a 21-day menu cycle for all acute care and long term care facilities in early 2006
- Improved patient satisfaction scores and sustained improvement every year
- Staffing assessment identified workflows that improved direct and indirect patient care and resulted in maximizing efficiencies since early 2006
- Standardized policies and procedures for food delivery, floor stock, supplements, nourishments, and catering in 2005
- Standardized reporting systems for cost controls and financial analysis resulting in real time information that allowed for rapid management corrective action plans since 2006
- Completed renovation of Cook Chill Plant in late 2005, producing 19K meals/day, 7 million meals/year, and adding capacity for generating potential revenue

Vendor Performance

- Each facility has assigned a contract liaison to whom the vendor reports.
- The vendor produces reports on a monthly basis to the facility and HHC's Office of Operations tracks the vendor's contractual obligation such as staffing, contract expectations, and survey readiness.
- The vendor and facility staff conduct quality assurance audits to assure compliance with Center for Medicare and Medicaid Services' (CMS), Joint Commission on Accreditation of Healthcare Organizations' (JCAHO), and Department of Health's (DOH) guidelines as directed by each facility.
- Mock surveys are also conducted by the vendor, Central Office and an independent consultant at least one year prior to an anticipated survey. All results are shared with the senior staff of each facility.

Measuring Patient Satisfaction

- HHC contracted with International Point of Contact (IPC), an independent company that specializes in administering patient satisfaction surveys.

- HHC and IPC developed a survey tool comprised of 17 questions and consistent with survey standards to measure patient experience.
- Sample size was statistically validated by the vendor and totaled approximately 800 patients who were surveyed face-to-face.
- A baseline face-to-face patient survey was conducted prior to the Sodexo conversion to the Cook Chill model in 2006.
- Survey conducted each year since 2007 and results were compared year to year and to the baseline year.

Mr. Quinones reported that the results of the patient satisfaction survey for fiscal year 2013 for both acute and long term care (LTC) facilities from 2005 to 2013 (Wave I to Wave VIII of the initiative) were all above satisfactory with an overall mean score of 3.7.

Mr. Quinones reported on the savings analysis that had been prepared for this contract on a cash basis. He stated that actual savings of \$43.1 million had been achieved from FY 2006 through FY 2013, for an average annual savings of \$5.4 million. Mr. Quinones explained that, while the average annual savings may appear to be below the target annual savings of \$10 million, it should be taken into consideration that for fiscal year 2013, a savings of \$14 million had been achieved. Mr. Quinones further explained that there was an 18-month ramp-up period and that the staff attrition of almost 400 FTEs had taken three to four years to be achieved. Mr. Quinones highlighted that there were 17 years remaining for this contract. He reminded the Committee that the Sodexo Dietary contract was a 25-year contract and that the savings expectation was within a range of \$10 million per year.

At the request of Michael Stocker, M.D., Chairman of the Board, Mr. Quinones invited representatives of Sodexo Dietary to join him to present the update to the Committee. He was joined by Mr. Miles Foley, Vice President, and Mr. Josh Wilson, Senior Finance Manager of Sodexo. Dr. Stocker commented that the contract had done well and that it had drawn a lot of attention throughout the Corporation. He highlighted that there were two reoccurring issues. The first issue was that improvement and satisfaction scores were lowest at the long term care facilities than the acute care hospitals. Dr. Stocker explained that patients in the acute care facilities were not as sensitive to food variety as their length of stays at the acute care facilities tended to be only for a few days. However, at the long term care facilities like Coler Goldwater and Henry J. Carter, there have been a lot of discussions about the lack of food variety throughout the 21-day menu cycle.

The second issue that was presented by Dr. Stocker was the report that the food was not hot. Mr. Quinones responded that, at the onset of this initiative, there had been questions about whether or not this initiative would be successful at the long term care facilities. Mr. Quinones stated that he had witnessed the model, which was set-up to deliver food at the right temperature to patients. He explained that it was very difficult for him to understand the types of circumstances, on a recurring basis, that would alter this model to inhibit the delivery of food that is to delivered hot and food that is to be delivered cold. Mr. Foley added that they have very little control over the time that food is directly delivered to the behavioral health population, as the delivery of food to behavioral health patients is not handled by Sodexo. Mr. Foley informed the Committee that the issue of food variety in the long term care environment was being addressed for the residents through special initiatives that

have been launched called "spirit lifters." He added that the neighborhood feeding environments at Henry J. Carter and at Gouverneur would continue to raise the issue of food variety to an even greater extent.

Dr. Stocker highlighted that the patient satisfaction survey scores had slightly increased for the long term care facilities. Mr. Quinones stated that he had reviewed those scores with Ms. Rhoda Brooks, President of IPC and learned that those results were not statistically significant changes.

Mr. Nolan commented that the results of the patient satisfaction survey for 2011 through 2013 were flat compared to the results for 2006-2007 and slightly over satisfactory. He asked why a satisfactory score was acceptable. Mr. Aviles agreed and stated that, unquestionably, there was always room for improvement. Referring to the baseline results for the long term care facilities, Mr. Aviles explained that the reason why the results were lower than the acute care facilities was because it was more challenging in the long term care environment as residents were more focused on food because food is a larger part of their day. Mr. Aviles stressed that there were some limitations in terms of what could be done with food to customize it to the taste of the 2,000 residents at Coler-Goldwater within a narrow timeframe. Mr. Aviles added that Sodexo had been very responsive and dietary and nutritional standards were also being followed. He noted that adjustments were being made to try to introduce some additional entrees that were reflective of the diversity of the resident population.

Mr. Quinones added that, while the goal is to always strive for higher scores, two things should be taken into consideration when looking at these scores. First, a continental breakfast is served; and secondly, the Mayor's food guidelines must be followed. Mr. Quinones explained that even though some improvements were needed in a couple of areas, overall, the Mayor's food guidelines had been met. Mr. Quinones emphasized that these guidelines were very strict. He noted that the meals were prepared with no sodium and no sugar. Therefore, given those challenges, they were proud of being able to maintain the satisfactory scores.

Mr. Nolan referred to the savings of \$14 million that had been achieved in fiscal year 2013 and asked Mr. Quinones if an annual savings of \$14 million was anticipated for the remaining years of the contract. Ms. Olson clarified that Mr. Quinones was reporting actual savings for FY 2013. She noted that the \$14.6 million had been adjusted slightly because of Hurricane Sandy. She added that it was uncertain at this stage whether this savings level would increase or decrease. However, since the staffing cost accounted for the vast majority of the cost, it was anticipated that this current level of savings would continue.

Mr. Bernard Rosen, Board Member, inquired about the projected savings over the 25 years of the contract. Mr. Aviles responded that an annual savings of \$10 million was projected, which would produce \$250 million in savings over 25 years.

Environmental Services Operations Update

Mr. Quinones invited representatives of Crothall, Inc. to join him to present an update to the Committee on HHC's environmental services operations. These representatives included Mr. Ken Vlass, Senior Regional Manager, and Mr. Michael Villani, Vice President, of Crothall's Northeast Region. Mr. Quinones reported that, in November 2011, HHC had executed a contract with Crothall, Inc. The contract was fully implemented in early December 2011. The contract's term is for a period of nine years.

Mr. Quinones described the objectives of the environmental services initiative including achievements to date, vendor performance, and patient satisfaction. This description is summarized below:

Objectives of the Environmental Services Initiative

- Assure regulatory survey readiness of facilities 24/7
- Increase worker productivity (by year one of the contract)
- Increase Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) scores for all facilities
- Standardize workflow (within six months)
- Lower overtime costs (within six months)
- Obtain capital equipment from vendor at no cost to Corporation
- Training program for union staff
- No Union Layoffs

Achievements of the Environmental Services Initiative

- Environmental services operations retrained and absorbed 156 workers from the Brooklyn Central Laundry and facility laundry distribution workers throughout first year of contract.
- Attrition objectives have been achieved – staffing reduced by 300 FTEs to date.
- Capital equipment totaling \$1.3 million have been delivered to EVS at HHC facilities at no cost to the Corporation - completed September 2012.
- All workflows at all facilities have been standardized and worker productivity has increased - completed January 2012.
- Total savings for year one and two of the contract were \$16 million, which exceeded target savings on a cash basis by \$3 million.
- Crothall has absorbed and will be cleaning by February 2014, 148,433 square feet of additional HHC space and 153,777 square feet of repurposed space. Financial impact is currently being reviewed by Finance and Operations.
- No union workers were laid off.

Vendor Performance

- Each facility has assigned a contract liaison to whom the vendor reports.
- The vendor produces reports on a monthly basis to the facility and HHC's Office of Operations that tracks the Vendor's contractual obligations such as staffing, contract expectations, and survey readiness.
- The vendor and facility staff do "floor rounding" inspecting the areas of the hospital to assure compliance with Centers for Medicare and Medicaid Services (CMS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and Department of Health (DOH) guidelines.
- Mock surveys are conducted by the vendor, Central Office and an independent consultant prior to an anticipated Survey. All results are shared with the senior staff of the facility.
- Vendor performance during Hurricane Sandy was exceptional. Crothall played a major role in restoring HHC's impacted facilities, and assuring HHC met its schedule to reopen its hospitals to the community.

Mr. Quinones reported on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results. He reminded the Committee that the Corporation's goal had been to increase the HCAHPS scores. Mr. Quinones noted that Crothall had committed some at-risk dollars if the target was not reached by year two of the contract. He highlighted that tremendous progress had been made as year two survey data showed that HCAHPS scores had improved at all the facilities and exceeded the baseline by 6.2%.

Mr. Quinones also reported that the actual savings over the first two fiscal years of the contract was \$16.8 million, which exceeded the target savings of \$13.2 million by \$3.6 million.

Dr. Stocker acknowledged and thanked Crothall for its outstanding work during Hurricane Sandy. He further asked Crothall's representatives for their feedback regarding the contract. Mr. Vlass responded that there had been some serious growing pains in the contract's first year. He stated that, in the contract's second year, Crothall was beginning to understand the culture of each facility and the staff was also beginning to understand Crothall as a corporation. Mr. Vlass noted that the improvement of the HCAHPS scores was a testament that collaboration between staff and management was beginning to take hold.

Dr. Stocker asked about the status of the 38 HHC managers who had been transferred over to Crothall at the beginning of the contract. Mr. Vlass reported that, of the 38 managers, only one of those managers was still employed at Crothall. Mr. Vlass explained that many of those individuals either resigned on their own or had been terminated due to unsatisfactory performance. Dr. Stocker asked if those managers had been replaced by HHC staff or by internal Crothall staff. Mr. Vlass responded that those managers had been replaced by Crothall employees. Dr. Stocker commented that it was a big change of personnel. Mr. Vlass explained that Crothall had also experienced recurring turnover as they were constantly looking for the right management team to fit the organization as a whole; and more importantly, to fit the culture of each facility. Mr. Villani emphasized that all changes in personnel had

been communicated with Mr. Quinones, Mr. William Brand, Director of Procurement Systems, as well as the onsite facilitators and the staff. He added that a good communication line was kept at all levels to ensure that all parties understood why the changes had been made and why they were necessary. Mr. Quinones reiterated that every decision to terminate a manager had been brought to his attention to ensure that it was necessary and that it was handled appropriately.

Dr. Stocker asked about Crothall's relationship with the union workers. Mr. Villani responded that Crothall had an ongoing open communication relationship. He added that, while there were issues around accountability and changes in expectations, Crothall had been doing its best to communicate with the union workers, their representatives, as well as their front line staff. He noted that other issues included supplies and workload. Mr. Villani stated that when issues have come up, they were all handled on the front line level and through the supportive representation from the union staff.

Mr. Quinones was asked to address the supplies issue that was presented at an annual public meeting. Mr. Quinones informed the Committee that one of the goals of the environmental services initiative was to ensure that the supply levels were kept where they should be at each of the facilities. He noted that these levels had been dramatically reduced and were replenished on a "just in time" schedule. He emphasized that only the needed supplies were kept at hand on a week-to-week basis. Mr. Vlass added that Crothall had the ability to order supplies on a daily basis and to arrange for same day delivery supplies, if needed.

Dr. Stocker inquired if the 68% HCAPHs score target for year two was established before the start of the contract. Mr. Vlass and Mr. Villani responded affirmatively. Dr. Stocker asked if Crothall would be able to exceed that target. Mr. Vlass responded that both North Central Bronx and Queens Hospitals had already exceeded that target. He further explained that exceeding the 68% target was achievable because of the level of staff engagement and awareness of the importance of the HCAPHs scores at the facilities. He re-emphasized that the combination of the right management team and staff engagement would undoubtedly raise the score.

Mr. Quinones informed the Committee that the overall goal is to have a strategic approach that is patient-centered and that addresses the areas with the lowest HCAHPS scores. Mr. Villani reported that overall, Crothall had to recover from a three-month slide due to a lot of changes that resulted from Hurricane Sandy and the transfer of patients to other HHC facilities that were not impacted by the storm. He commented that, overall the system took a hit in all aspects of patient satisfaction with environmental services during Hurricane Sandy. Mr. Villani informed the Committee that Crothall had taken a number of steps following the storm to recover. Mr. Villani reported that, while Crothall's contract called for a single patient experience manager for all 11 facilities, an additional patient experience manager had been added at Crothall's expense. Mr. Villani explained that the additional patient experience manager would be dedicated to work with the four facilities with the lowest HCAPHs scores to reach and/or even exceed the year two target. Mr. Villani added that patient satisfaction was the number one driver of Crothall's contract.

Ms. Andrea Cohen, who represented Deputy Mayor Linda Gibbs in a voting capacity, inquired about Crothall's experience with other health systems or other customers where Crothall had to manage a unionized workforce. Mr. Villani responded that, on a national level, 55% of their 500 accounts had this type of management arrangement. This is also the arrangement for 80% of their northeast region accounts.

Ms. Cohen further inquired about Crothall's challenges with this contract compared to other systems. Mr. Villani responded that the challenges had been typical in terms of getting a system to work as a system and standardizing practices across the system. He added that these challenges were similar to those encountered at other systems. Mr. Villani explained that the Group 12 supervisors or Teamsters were important for Crothall's overall program because they held the workers accountable and drove satisfaction and quality. Mr. Villani explained that, while Crothall had formalized training, orientation and buy-in programs, they still experienced a high degree of turnover in the supervisory positions. He stated that, starting in January 2014, Crothall's main objective would be to work on a plan to re-educate and re-engage its supervisors as they are vital to Crothall's success.

Ms. Brown asked about Crothall's staff engagement processes. Mr. Villani responded that Crothall's orientation programs were focused on Crothall's systems and programs and the culture of the company was adapted to the client's culture and systems. As part of an ongoing process, the two are joined together and focused not only on Crothall's expectations, but also to the client's expectations. In addition, formal and informal in-service processes included bi-annual trainings to daily huddles and weekly in-service trainings both from operational and safety standpoints. Moreover, daily huddles are held with staff in addition to open forums and weekly staff meetings. Mr. Villani noted that a performance-based formal reward recognition program was also included among many other initiatives.

Ms. Brown also inquired if Crothall assessed staff satisfaction periodically. Mr. Vlass responded affirmatively. He added that there was a baseline assessment and a re-assessment of the baseline was conducted annually.

Mr. Nolan, Committee Member, inquired about the staff attrition level. He stated that, in less than two years, 300 FTE's had been taken off of Crothall's payroll. He asked for the reason for such a significant loss of employees. Mr. Quinones responded that he would explain this change in his forthcoming update on the laundry initiative where over 150 FTEs had been deployed into environmental services. He clarified that these employees had been included in the 300. Ms. Olson added that attrition in general runs roughly 6% to 7% typically higher in housekeeping, as lower paying jobs tend to have a higher turnover rate.

Dr. Stocker asked if employees were provided with the opportunity to work in different departments and grow with the company. Mr. Vlass and Mr. Villani responded affirmatively.

Laundry Operations Update

Mr. Quinones invited representatives of Sodexo and Nexera to join him to present an update on HHC's laundry operation. These representatives included Ms. Courtney Marcin, Nexera Consultant, and Mr. Miles Foley, Vice President of Sodexo. Mr. Quinones informed the Committee that HHC had executed a contract with Sodexo's Laundry Division and Nexera Inc., (the Consortium) in July 2011. The contract was fully implemented in November 2011. The term of the contract is for a period of nine years.

Mr. Quinones described the objectives of HHC's laundry operations initiative including achievements to date, vendor performance, patient satisfaction, and additional identified savings. This description is summarized below:

Objectives of the Laundry Operations Initiative

- Close Brooklyn Central Laundry and re-deploy staff by October 2011
- Lower cost for supplies and linen processing
- Lower personnel services cost for laundry distribution
- Standardize HHC Laundry Operations Policies & Procedures
- No union layoffs

Achievements of the Laundry Operations Initiative

- Completed 90-day transition of linen distribution and processing on schedule by the end of October 2011
- Redeployed 156 full-time HHC employees out of Linen & Laundry Operations to Environmental Services
- Closed Brooklyn Central Laundry (BCL) on schedule in October 2011
- Standardized policies and procedures for linen and laundry operations by the end of October 2011
- Implemented linen management web-based tool to track linen utilization in December 2011

Vendor Performance

As noted below, the vendor's performance is monitored through the same steps identified in the previous initiatives.

- Each facility has assigned a contract liaison to whom the vendor reports.
- The vendor produces reports on a monthly basis to the facility and HHC's Office of Operations that tracks the vendor's contractual obligation such as staffing, contract expectations, and survey readiness.
- The vendor does facility "floor rounding" inspecting the areas of the Hospital to assure compliance with Centers for Medicare and Medicaid Services (CMS), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and Department of Health (DOH) requirements as required by each facility with Administrators of the facility.
- Mock surveys are conducted by vendor, Central Office and an independent consultant prior to an anticipated survey. All results are sent to senior staff at the facilities.

- Mock surveys are also conducted by an independent consultant at least one year prior to an anticipated survey. All results are shared with the senior staff of the facilities.

Mr. Quinones reported the patient satisfaction survey results for FY 2012. He noted that the facilities had dramatically increased their scores for the whiteness and softness of the linen.

Additional Savings Identified

Mr. Quinones reported that HHC had identified additional savings opportunities. These savings opportunities included:

- Transition of six facility internal laundries to Sodexo:
 - Transfer of 1.3 million additional pounds of linen to Sodexo from internal laundries
 - 24 additional FTE's were transferred out of laundry operations to other departments within the facility
- Transition of residential clothing processing to Sodexo:
 - A total of 640,000 lbs. of residential clothing are being processed with 26.8 FTE's identified to be transferred to other HHC departments within the facility
- Linen losses are substantially higher than projected and will have a financial impact on the contract. Once analyzed, HHC's Operations and Finance Divisions will issue a report identifying those costs and actual savings. Sodexo and HHC have instituted a linen-loss program throughout HHC facilities.

Mr. Quinones reported that the target savings for the first two years of the contract implementation was \$13.5 million. He noted that, over the first two fiscal years, HHC had achieved savings of \$9.2 million in laundry services. Mr. Quinones explained that, while the targeted savings had been lower than projected, the contract was right on track. He added that additional savings would be derived from the additional residential clothing and internal laundries that had been transferred to Sodexo because there were no FTEs added to this contract.

Dr. Stocker asked Mr. Foley to comment on the relationship between Sodexo's Laundry Operations and Sodexo's Dietary contract with the Corporation. Mr. Foley responded that because Sodexo had the benefit of the food contract, Sodexo was more matriculated in the environment. They did not have the growing pains that they initially had with the dietary initiative. He underscored that they were able to take on additional poundage with 2.5 FTEs under the original budget.

Dr. Stocker asked about the composition of the laundry operations staff. Mr. Foley responded that the management team was fully comprised of Sodexo staff and that production had been outsourced to Unitex, whose plant is located in Mount Vernon. He commented that it was a completely different model, which was very different from HHC's model.

Dr. Stocker asked if laundry operations personnel were provided with the opportunity grow within the organization. Mr. Foley responded affirmatively. He added that quite a significant number of managers had been promoted to inventory control manager positions at the facilities. In addition, Mr. Foley stated that Sodexo had a very robust training development program including Sodexo University, which

is an accredited university. Mr. Foley referred to Ms. Brown's earlier question concerning staff engagement and stated that Sodexo's staff engagement processes included an engagement survey, the results of which are posted on Sodexo's website. In addition, Mr. Foley stated that there was constant communication with staff. Front line leadership training and development opportunities are made available to staff not only where they are employed but in other areas. For instance, dietary employees are provided with the opportunity to be cross trained in the area of housekeeping and vice versa.

Mr. Nolan asked about Sodexo's plan over the next two years to boost HHC's savings. Mr. Foley responded that Sodexo would first review the linen losses, implement a linen management system, and identify the facilities that have a higher incidence of linen losses. Additionally, Sodexo will work with facility staff to minimize the intentional and unintentional hoarding of linen.

Plant Maintenance Operations Update

Mr. Quinones invited the representative of Johnson Controls, Inc., (JCI), Mr. Nick Lanci, Operational Director to join him in providing an update on HHC's plant maintenance operations. Mr. Quinones informed the Committee that HHC had executed a contract with Johnson Controls, Inc., in July 2012. The contract term is for a period of nine years.

Mr. Quinones described the objectives of the plant maintenance operations initiative including achievements to date and vendor performance. Mr. Quinones' update on the JCI contract's first year is summarized below:

Objectives of Plant Maintenance Initiative

- All facilities have a work order system that drives the purchase requisitions and schedules routine plant maintenance testing
- All employees participate in safety training seminars
- Standardize workflow for plant maintenance routine programs
- Achieved savings of \$900,000
- Major assessment of useful life completed on plant infrastructure
- Quick access to needed expertise and equipment in response to emergencies
- Standardization of regulatory documentation for all facilities meeting code requirements
- Quick turnaround on procurement of needed plant maintenance materials
- Standardization of enterprise-wide service maintenance contracts

Measuring Vendor Performance

- Each facility has assigned a contract liaison to whom the vendor reports.

- The vendor produces reports on a monthly basis to the facility and HHC's Office of Facilities Development (OFD).
- Central Office OFD has an assigned team that works with the facility managers and JCI operations staff to track ongoing issues and insure contract guarantees are met.
- In order to insure survey readiness, both JCI and Central Office perform mock surveys and forward the results to Central Office and the facility executive administration.
- Enterprise wide surveys are distributed to the Senior Vice Presidents and Executive Directors to analyze JCI performance levels at each facility.
- Quarterly meetings with JCI Executive leadership are held with HHC's Chief Executive Operations Officer to discuss areas of success and failure in the implementation of the contract.
- JCI has absorbed and will be maintaining additional assets at certain facilities due to certain capital projects that have expanded facility assets. Financial impact is currently being reviewed by Finance and Operations.
- Vendor performance during Hurricane Sandy was exceptional. JCI played a major role in restoring HHC impacted facilities, and assuring HHC met its schedule to reopen its hospitals to the community

Mr. Quinones reported that actual savings after the first year of implementation was \$900,000, which was \$400,000 less than JCI's first year target savings of \$1.3 million.

Dr. Stocker asked Mr. Lanci to comment on JCI's relationship with HHC. Mr. Lanci explained that JCI's contract began with 32 directors and assistant directors, 80% of whom had been transferred from HHC. He added that all 32 employees were still employed by JCI, with the exception of one director. Mr. Lanci informed the Committee that, over the past 18 months of the contract, there had been only three terminations, one of whom was a former HHC employee. Mr. Lanci noted that the attrition rate had been good in terms of management from JCI. Mr. Lanci stated that, while the turnover rate among the prevailing wage earners had been very low, there was a targeted attrition plan to decrease the number of staff. Mr. Lanci reported that JCI had been successful in achieving the target number for the first year and was close to achieving the second year target.

Mr. Lanci reported on JCI's employee relations. Mr. Lanci stated that each facility had between 8 and 11 different unions, with different union contracts. As such, the directors and managers have a lot of work to do to manage these different contracts. He reported that, to date there had not been any major grievance from the unions for work violations or unfair practices on the part of JCI/HHC towards the union. He added that the only complaint had been that the unions would like to see more workers on their work rosters. Mr. Lanci underscored that JCI had done very well in maintaining good labor relations.

Mr. Aviles informed the Committee that Mr. Lanci himself had been a former director of facilities management at HHC.

Dr. Stocker asked Mr. Lanci about his tenure at HHC. Mr. Lanci responded that he had worked at HHC for 17 years. Dr. Stocker also asked Mr. Lanci about potential for advancement at JCI. Mr. Lanci responded that JCI employees may take advantage of two career paths. The first opportunity is for the assistant directors to be promoted to directors. The second career path is an opportunity for all JCI managers to apply for higher career levels. These managers can apply for training to enhance their skills. Mr. Lanci informed the Committee that JCI provided a variety of management seminars and training programs either internally or outside of the company.

Concerning the prevailing wage trades, Mr. Lanci noted that there was a civil service career path. However, if staff choose to leave the civil service path, they were provided with the opportunity to transfer to JCI and become managers. Mr. Lanci reported that there had been one successful promotion so far of a civil service employee to a JCI Manager. He added that this sets the tone for other trade employees to take advantage of the promotional opportunities at JCI.

Ms. Cohen asked about the metrics that JCI would use to measure its performance as its services were not associated with an HCAPHS question. Ms. Cohen asked if timeliness could be a useful metric. Mr. Quinones responded that timeliness was measured on a continuous basis to track work order completion. He added that, if an item needed to be repaired at a facility, a key question was always how much time was needed to have that item repaired or was the item repaired within the scheduled maintenance. Additionally, timeliness is also tracked to ensure that preventive maintenance of all HHC's assets is carried out on schedule. Mr. Quinones explained that the issue of timeliness is very precise and very technical.

Mr. Lanci added that JCI measured performance using three core metrics in three major areas on a daily basis:

- 1) Work order completion and work order generation by many sources
- 2) Preventive maintenance (PM) performance that are pre-loaded to the computerized metrics management system. The performance of the facility in terms of completing those PMs is time allocated. A monthly report is submitted to the facility.
- 3) Regulatory compliance which includes mandatory activities such as environmental care, EPA, DEC, etc.

Mr. Quinones reminded the Committee that Hurricane Sandy had hit when JCI was only 90 days into the contract. He added that JCI had played a major role in restoring services at the affected facilities. Mr. Quinones also stressed that Hurricane Sandy had caused interruptions all the way through March 2013. Therefore, the \$900,000 savings should not be looked at in isolation without taking Hurricane Sandy's impact into account.

Mr. Antonio Martin, HHC's Executive Vice President, added that JCI had also been very instrumental in the opening of the new Henry J. Carter Skilled Nursing Facility. Additionally, Mr. Martin reiterated JCI's valuable service to HHC during Hurricane Sandy. He informed the Committee that he met quarterly with JCI's leadership and with the senior vice presidents and that it was very important that JCI and HHC remained closely aligned to ensure delivery of services at the facilities.

- Laundry
Throughout the first two years of the contract, \$9.2 million of savings have been achieved to date. The target contract savings over 9 years is \$58 million.
- Environmental Services
Throughout the first two years of the contract, \$16.8 million of savings have been achieved to date. The target contract savings over 9 years is \$180 million.
- Plant Maintenance Operations
For the first year of the contract, \$900,000 of savings achieved to date. The target contract savings over 9 years is \$127 million.
- Dialysis
For the first 10 months of the contract, \$825,000 savings achieved to date. The target contract savings over 9 years is \$147 million.

Mr. Quinones reported that the total cash savings to date for the five initiatives is \$70.8 million. After all contracts are executed, the expected total savings will be \$662 million.

Mr. Rosen suggested that it would have been helpful to have included the number of attrited positions in the presentation. Mr. Quinones agreed and stated that the presentation would be updated to include that information. Mr. Nolan asked if the target contract savings were included in HHC's budget. Ms. Olson responded that they were included in the financial plan of the initial restructuring targets for the four-year plan. She cautioned that these targets were not at the initiative-specific level. However, upon looking at a specific initiative, whether it is over-achieved or under-achieved, that amount is included.

Mr. Aviles clarified that the \$662 million total savings represented a combination of optimized revenue and cost savings. However, he noted that a lot of the additional attritions unrelated to these initiatives had generated a good deal of the cost savings.

Mr. Nolan thanked Mr. Quinones for an excellent presentation. Dr. Stocker agreed and commented that the presentation should be sent to the Board for discussion.

ADJOURNMENT

There being no further business, the meeting was adjourned at 11:27 a.m.

HHC Board of Directors Strategic Planning Committee

January 14, 2014



Photo of completed building at 690 Albany Avenue. Presentation Photos by Vanni Archive Unless Noted.

**CAMBA Gardens Update:
209 Units of Affordable and
Supportive Housing
Developed by
CAMBA Housing Ventures,
Inc. (CHV)
Services Provided by
CAMBA, Inc.**

Agenda

1. Introductions

2. CAMBA Gardens Update

- Completed project photo
- Review CAMBA Gardens project details: Project Financing, Unit Counts, Affordability, Amenities and On Site Services Provided by CAMBA
- Construction update including local job and economic impacts
- Review project timeline and milestones accomplished on schedule
- Leasing update
- Sustainability: Green and energy efficient design
- Recognition and upcoming events

CAMBA Gardens Completed Project

Photo of CAMBA Gardens Completed at 690 and 738 Albany Avenue



CAMBA Gardens Project Overview

- In October, 2013, CAMBA Housing Ventures (CHV) completed 209 units of transit oriented, sustainable, affordable and supportive housing within two new construction buildings on the Kings County Hospital Center campus. CAMBA, Inc. (CAMBA) provides on-site social services.
- CAMBA Gardens replaced two costly to operate vacant buildings with a community asset and generated revenue for HHC.
- CAMBA Gardens is a model for a partnership between a public hospital, non-profit developer, service provider and community stakeholders. Co-locating housing and healthcare is a critical component for facilitating the stability and health of all tenants. CAMBA Gardens presents a unique and beneficial opportunity to provide revenue for the hospital and provide tenants with access to preventative medicine to improve health outcomes and reduce public costs.
- Significant local economic impacts generated by CAMBA Gardens, including construction and permanent jobs, and local purchasing of equipment and materials.
- There is critical need for affordable and supportive housing. On any given night, 630,000 people in the US are homeless and as of September, 2013 over 52,000 people are living in NYC shelters.
- Supportive Housing Cost Savings: Recently released New York City Department of Health and Mental Hygiene report shows a savings to the public of \$10,100 per tenant housed on NY/NY III supportive and affordable housing, including significant healthcare cost savings.

CAMBA Gardens Project Financing

- Total Development Costs: \$66,892,558
- Capitalized Lease Payment to HHC/KCHC: \$2,300,000
 - Payment made at construction closing on June 30, 2011
- Construction Financing Sources:
 - New York State HFA Tax Exempt Bonds
 - Credit Enhancement provided by TD Bank
 - Federal Low Income Housing Tax Credit Financing
 - Syndicated by Enterprise Community Investment
 - NYC HPD Supportive Housing Loan Program
 - NYS Homeless Housing Assistance Corporation
 - Brooklyn Borough President Marty Markowitz
 - NYC Councilmember Mathieu Eugene
 - Federal Home Loan Bank of New York
 - NYSERDA
- Social Service Funding Sources:
 - NYC Department of Health and Mental Hygiene
 - NYC York City Department of Homeless Services
- Operating Funding Sources:
 - 125 Federal HUD Section 8 Vouchers Provide by HPD

CAMBA Gardens Project Details

CAMBA Gardens Unit Count and Unit Breakdown

- 209 Units within two new construction buildings
 - 132 Studios, 29 one-bedroom, 33 two-bedroom, 15 three-bedroom
- 61 units available through the NYC HPD Lottery for households earning under 60% AMI with the following preferences for income eligible households
 - Disabled households 5% Mobility/ 2% Hearing (6 units total)
 - Community Board 9 or 17 Residents 50% (31 Units)
 - Kings County Hospital Employees 15% (10 Units)
 - Sandy and related Storm victims 10% (7 Units)
 - Municipal Employees 5% (4 Units)
- 146 units available for formerly chronically homeless households with a New York/New York III qualified HRA 2010e
- 2 units for live in superintendents (one per building)

CAMBA Gardens Project Details

CAMBA Gardens Affordability

- Rents for HPD Lottery Units as set by HPD per Annual Federal HUD Regulations (Includes heat and hot water)
 - \$810 for one-bedroom
 - \$976 for two-bedroom
 - \$1,127 for three-bedroom
- Income Ranges for HPD Lottery Units as set by HPD per Annual Federal HUD Regulations
 - 1 br: \$29,760-\$41,280 depending on family size
 - 2 br: \$35,520-\$51,540 depending on family size
 - 3 br: \$41,280-\$59,820 depending on family size



CAMBA Gardens Local Economic Impacts

- **Brooklyn/Local Hiring During Construction**
 - 59 Brooklyn residents have been employed at CAMBA Gardens
 - Including 21 Community Board 9 and 17 residents
 - 81 Brooklyn based contractors, subcontractors, and vendors have worked at CAMBA Gardens
 - These 81 contractors, subcontractors, and vendors working on CAMBA Gardens employ 1,166 Brooklyn residents
- **Brooklyn Spending**
 - \$19,388,261 in contracts awarded to Brooklyn based contractors and subcontractors
 - \$7,553,725 of materials and equipment purchased from Brooklyn based vendors
- **Minority and Women Owned Enterprises**
 - Project exceeded New York State HHAP Goals of 5% MBE and 5.5% WBE
 - 19.79% of hard cost total contracted by NYS Certified Minority or Women Owned Businesses
- **Permanent Jobs**
 - 24 of 28 permanent jobs created at CAMBA Gardens were filled by Brooklyn residents

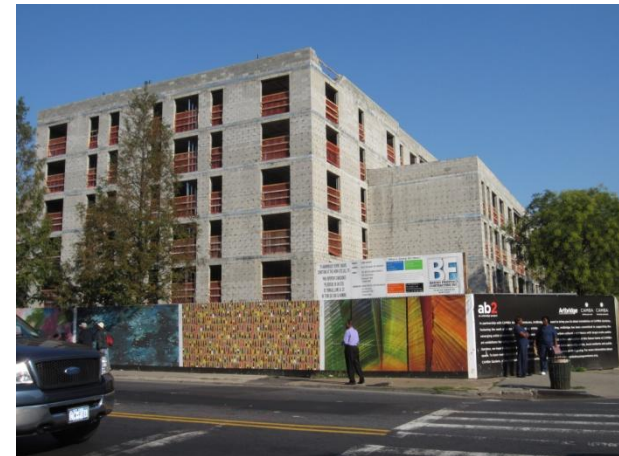
Project Amenities and On Site Services

- On site social services provided by CAMBA, including:
 - Job training
 - Resume workshops
 - Healthy living workshops
 - Assistance with accessing benefits
 - Referrals to community based resources
- 24/7 front desk security
- Computer rooms available for resume workshops, job searching, and computer skills trainings
- Community rooms and multi-purpose rooms available for community and tenant meetings and workshops
- Outdoor landscaped areas with seating and play areas for families
- Community planting beds for tenant community garden programs
- Teaching kitchen for healthy living and cooking classes integrated with the tenant planting beds
- Live-in superintendent
- On-site laundry
- Energy efficient fixtures reduce electricity bills for tenants

Project Timeline and Accomplishments

Project Timeline and Milestones Accomplished

- CAMBA Housing Ventures (CHV) closed on project construction financing: June, 2011
- Construction start: July, 2011
- Demolition and abatement complete: January, 2012
- Construction fence art installed, including art of four Brooklyn residents: June, 2012
- Construction completed on time: October, 2013
- Lease up began in October, 2013 and is 45% complete as of January 1st, 2014
- CAMBA began providing on site services in October, 2013
- Project on schedule to be 100% occupied in March, 2014
- Project on schedule to close on permanent financing in June, 2014



CAMBA Gardens Leasing Update

- 95 leases signed through December, 2013
- On schedule to be 100% occupied in March, 2014
- Third party leasing agent, WinnResidential (Winn), is administering the HPD monitored lottery for 61 units
 - CHV distributed hard copies of the HPD approved advertisement with instructions on how to access an application locally to KCHC, nonprofits, churches, elected officials, KCHC CAB, local community boards and Citywide. Per HPD guidelines, CHV could not distribute applications
 - Advertisements placed in Caribbean Life, AM NY, Daily News, El Diario, World Journal
 - Winn held three applications workshops at KCHC with 385 people in attendance
- Over 7000 applications received for the CAMBA Gardens HPD Lottery
- 314 applications received from Kings County Hospital Center employees
- 10 Kings County Hospital Center Employee Preference units will be leased in January, 2014. HPD requires the lottery to follow the preference order on slide 6. Two of the Community Board preference units have been leased to employees of Kings County Hospital. Lease up is still in process.

CAMBA Gardens Sustainability

- CAMBA Gardens is on pace to achieve LEED Platinum, Enterprise Green Communities, and NYSERDA standards
- Project will achieve 24% annual cost savings from baseline ASHRAE Standard 90.1-2004, which is 4% above the performance target for the NYSERDA program
- Low VOC paints and sealants for healthy indoor air quality
- Energy star fixtures
- Water conserving fixtures
- Bi-level lighting
- Indoor green wall
- Increased insulation for energy savings



Lobby at CAMBA Gardens with Living Greenwall on Left

CAMBA Gardens Sustainability

- CAMBA Gardens features an 86 KW solar array spanning the roofs of both buildings. Combined, these solar systems produce 104,000 kW/hrs of electricity per year, which represents approximately 47% of the expected common area electricity usage per year of the two buildings



Rooftop solar installation at CAMBA Gardens

CAMBA Gardens Recognition

As a national model of affordable and supportive housing located on a hospital campus, we anticipate recognition for CAMBA Gardens. Here are a few examples to date and we will continue to apply for awards in 2014 and coordinate with the KCHC and HHC staff for positive press

- In December, 2013, CAMBA Gardens Phase I was announced as the winner of the 5th Annual Novogradac Journal of Tax Credits Development of Distinction Award in the Financial Innovation Category. Awards will be issued in January, 2014
- CAMBA Gardens was featured on NY1's Inside City Hall with New York City Councilmember Mathieu Eugene <http://www.ny1.com/content/pages/190359/ny1-online--touring-mathieu-eugene-s-council-district>
- CAMBA Gardens was featured in the Wall Street Journal's New York Photos of the Week June 9th – June 15th, *The Wall Street Journal*. <http://blogs.wsj.com/photojournal/2012/06/15/new-york-photos-of-the-week-june-9th-june-15th/>
- CAMBA/CAMBA Housing Ventures received the 2013 Nonprofit of the Year award from the New York and National Housing Conference for the organization's work on CAMBA Gardens.
- CAMBA Gardens was recognized as a national model providing affordable supportive housing with better access to healthcare, DDC Journal. <http://www.ddcjourn.com/issues/summer2012/>

CAMBA Gardens

Thank you to the staff at KCHC and HHC and the HHC Board of Directors who made this award winning project possible and we look forward to a ribbon cutting event in early Spring (date to be determined)





Kings County Hospital Center Adult Inpatient Medicine-D7North Daily Management System (DMS)

Presentation to the Strategic Planning Committee of the Board

January 2014



Daily Management System (DMS)

DMS is about
empowering people

DMS is focused on implementing a **management system** that creates and sustains a **culture of continuous improvement**.

DMS is a **visual management system** for **daily improvement** with a goal to engage cell level members in creating an exceptional patient experience.

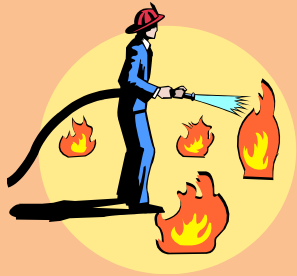




Goals of DMS

To transform the patient care environment

From a reactive firefighter mentality where:



- The same issues keep re-occurring
- Process performance is noticeably different from team to team (quality and output)
- Faulty or no data is used to measure performance
- Performance is employee driven instead of process driven

To a proactive lean thinking environment where:

- Visual management boards are used to engage all staff
- Daily performance is measured by accurate data
- Standard work exists for all roles
- Employees are empowered to problem solve daily



Daily Management System (DMS)

Next is an example of DMS in action...





Daily Management System (DMS)

- ✓ The key to their success was having a daily Checklist and everyone following Standard Work.
- ✓ This was the first time this crew ever flew together as a TEAM.
- ✓ In case of need to make an emergency landing, follow the Standard Work.
- ✓ Standard Work is **NOT** predicated on the Captain's preference, but Standard Work based upon Best Practice.
- ✓ The outcome was a result of daily practice and Standard Work.



Daily Management System (DMS)

How DMS was designed for D7North:

Steering Team:

- 1) Dr. Ghassan Jamaledine, CMO
- 2) Opal Sinclair Chung CNO
- 3) Ezra Miller/Andrew Persits, Chief Residents
- 4) Mary Stumpf, Assoc Dir of Nursing Med/Surg
- 5) Marie Hipps, Assoc Exec Dir of Nursing
- 6) Michael Ash, Dir Social Work
- 7) Augustine Umeozor MD, Attending/Hospitalist

Implementation Team:

- 1) Eva Marks, Head Nurse
- 2) Amandeep Singh MD, Attending/Hospitalist
- 3) James Worth, RN, DMS Student
- 4) Katrina Sawyers, Clerical Associate
- 5) Irina Esther Beyderman, Social Worker
- 6) Edith Blandford, Asst Dir of Nursing



Facilitator: Michele McKenzie

Coaches: Claire Patterson Breakthrough Deployment Officer (BDO)

Sensei: Louis Martin

Maritza Cales Value Stream Facilitator





Daily Management System (DMS)

- Metrics decided during prep work by Steering team, to align with Value Stream and Hoshin Kanri goals.
- One week of strong ground work by both Steering and Implementation teams, guided by Sensei.
- Multidisciplinary participation:
 - ✓ Social work
 - ✓ Regulatory
 - ✓ Nursing
 - ✓ Medicine
 - ✓ Support staff



Daily Management System (DMS)

- Implementation Team:

- ✓ Defined the processes to capture data for metrics
- ✓ Developed a process control board to streamline the discharge process and inform staff on progress of discharge
- ✓ PCB data is transposed daily to the DMS board

- Standard work was created, experimented on, and validated:

- ✓ Standard template for the DMS board
- ✓ Standard work on who updates the board
- ✓ Standard work on what data they capture and how
- ✓ Standard work on delivering the brief





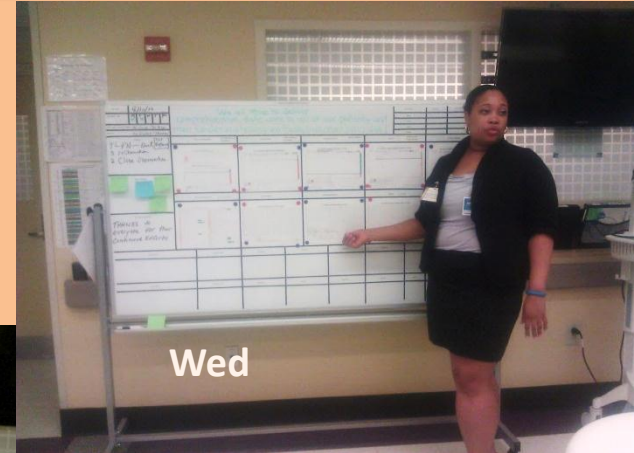
Daily Management System (DMS)

- We developed our mission statement:
“We strive as a team to deliver comprehensive, safe care to all of our patients and their families in a healing and friendly environment every day”
- Individual metric owners were identified from D7North staff and they present the metric for the day during the brief.
- This creates teamwork and ownership, tying all the staff together in their efforts to continually improve.

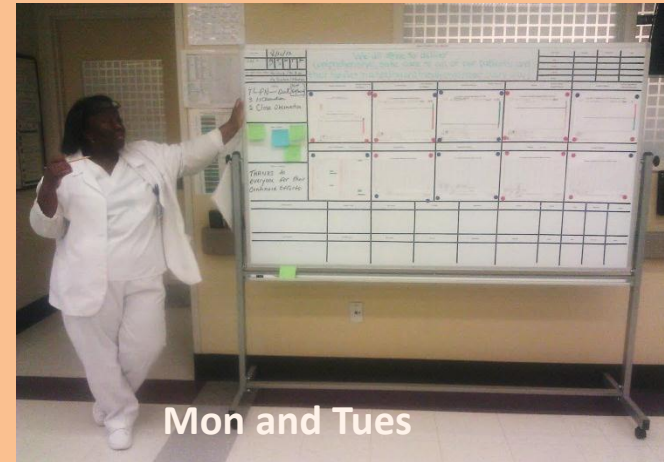
Daily Management System (DMS)



Metric Owners give updates on their scheduled day



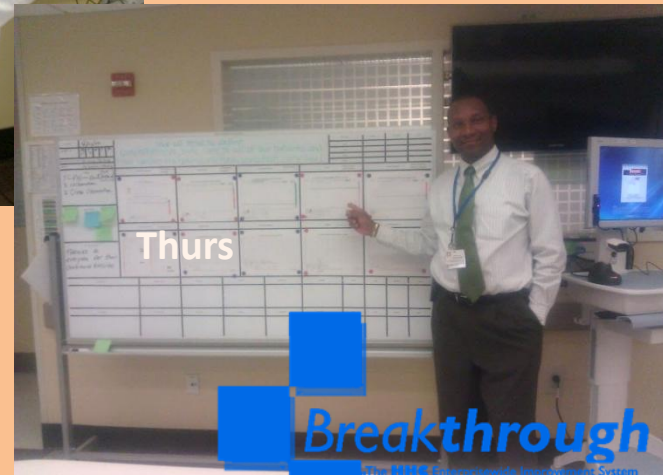
Wed



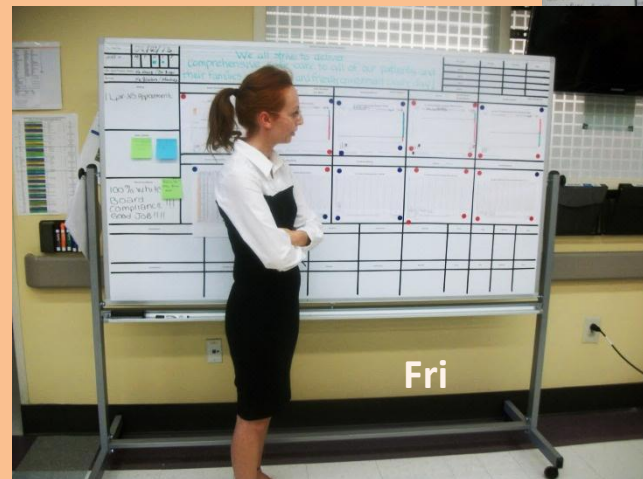
Mon and Tues



DMS Process Owners delivering the Brief



Thurs



Fri





Daily Management System (DMS)

We utilized DMS on D7North for 6 months **and discovered.....**

True North Metric(TNM) Alignment	Metric	Baseline	TARGETS					Metric Owner [Back-up]
		June 2013	August	September	October	November	December	
HK/TPOC – Increase engagement in Breakthrough	Human Development: Breakthrough Engagement D7N Staff participating on RIE, VSA or VVSM team 12 total by Dec 31 st	7 FY 2013- June 30, 2013	1	1	1	1	1	Michele McKenzie [Claire Patterson]
			1	1	0	2	2	
HK/TPOC	Staff attending daily Briefs	0 June 30, 2013	26/32 80%	25/29 85%	26/29 90%	27/29 95%	100%	Eva Marks [Edith Blandford]
			99%	96%	98%	98%	98%	
HK/TPOC/VSA	Timeliness/ Delivery: Improve percentage of patients identified during D/C planning rounds leaving the unit by 2pm the following day	11.3% (May 2013)	15% 2	20%	35%	65%	100%	Eva Marks [Charge Nurse]
			9/85 10%	20/84 24%	17/75 23%	43/88 49%	45/109 41%	
HK/TPOC Improve Press Ganey rating score to national medians	Quality/Safety: Increase % of patients with complete medication recon upon discharge	75% via chart review – 20 in June '13	85%	90%	95%	95%	100%	Augustine Umeozor [Attending Red5/Blue2]
			19/37 51%	64/121 52%	71/118 66%	79/104 75%	85/89 96%	
HK – KCHC Generate \$3.2M in new revenue and recurring savings from Breakthrough activity	Finance: Improve % of patient queries answered within 24 hrs. (Drives Medicine CMI -3% increase valued at approx. \$3.2M)	67% (8 out of 12). (July 1- 19, 2013)	80%	85%	90%	95%	100%	Antonio Numa [Khahlid Elbashir]
			38/44 86.3%	18/21 85.7%	91%	14/15 93%	14/15 93%	
HK – KCHC Generate \$3.2M in new revenue and recurring savings from Breakthrough activity	Growth/ Capacity: Reduce number of patients on ALOC for more than 3 days	7 Patients (as of June 30, 2013)	6	5	4	3	<3	Esther Bayderman [Sherlock Reynolds]
			4.5	4.3	2.5	3	2	



Daily Management System (DMS)

What's going well...

- ✓ DMS fosters and encourages team work and transformation of the culture on the unit
- ✓ This process really provides a daily opportunity for better communication among members of the unit based care team.
- ✓ Problem Solving provides forum for all staff to improve the process. Resident are engaged and feel their opinions are valued
- ✓ The administrator does not have to run around to collect data, each member has a role.
- ✓ Sensei and DMS Core team facilitator, actively supporting the DMS student and coaching the teams.



What could improve...

- Brief rolled out to Tour III, rapid experiment continues to identify best time for all staff to participate.
- Problem solving capabilities; Unit based team taking more ownership of problem solving beyond containment.
- Leader standard work and tiered brief participation.

What's next...

- Step up the pace, need more units to be embracing DMS
- Retire metrics when targets are met, leaders replace with new metrics in alignment with Unit goals.





Daily Management System (DMS)

Thank You

