AGENDA

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: February 7, 2018
Time: 10:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **MS. YOUSSOUF**

ADOPTION OF MINUTES
November 8, 2017

CHIEF INFORMATION OFFICER REPORT — **MR. LYNCH**

INFORMATION ITEM: — **MR. LYNCH**
IT Observations & Future Plans

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

Meeting Date: November 8, 2017

INFORMATION TECHNOLOGY COMMITTEE

ATTENDEES

COMMITTEE MEMBERS
Emily Youssouf, Chair
Josephine Bolus, RN
Stanley Brezenoff, Interim President & CEO
Gordon Campbell
Karen Lane (for Steven Banks)
Barbara Lowe

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:
PV Anantharam, Senior Vice President and Chief Financial Officer
Steven Fass, Assistant Vice President, Corporate Planning Services
Suzanne Fathi, Director, Enterprise Information Technology Services
Dr. Alfred Garofalo, Senior Assistant Vice President, Enterprise Information Technology Services
Sal Guido, Senior Vice President and Chief Information Officer, Enterprise Information Technology Services
Colicia Hercules, Chief of Staff, Office of the Chairperson
Janet Karegozian, Assistant Vice President, Enterprise Information Technology Services
Michael Keil, Assistant Vice President, Enterprise Information Technology Services
Barbara Lederman, Senior Director, Enterprise Information Technology Services
Frederick Leich, Senior Director, Office of Communications and Marketing
Patricia Lockhart, Secretary to the Corporation
Chelsea-Lyn Rudder, Director of Marketing/Communications, Press Secretary
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Barry Schechter, Assistant Director, Enterprise Information Technology Services
David Starr, GO Program, EMR Build and Implementation
Dr. Ross Wilson, Senior Vice President and Chief Medical Officer, Corporate Medical & Professional Affairs

OTHERS PRESENT:
Osmund Desouza, Account Executive, Juniper
Larry Garvey, Cerner
Anthony Mirdita, Chief Financial Officer, PAGNY
Raymond Santander, DC 37
David Stillman, Integration Partners

INFORMATION TECHNOLOGY COMMITTEE
Wednesday, November 8, 2017

Emily Youssouf called the meeting to order at 10:10 AM. The minutes of the October 11, 2017 meeting were adopted.

CHIEF INFORMATION OFFICER REPORT

Sal Guido said that there were two Action Items and one Information Item on today's agenda. Therefore, he would not read the CIO Report and people could read it themselves in the package. The report had the following updates:

Delivery System Reform Incentive Payment (DSRIP) Program

- Population Health IT
    - Performance Management and Analytics – This is the ability to aggregate data across partners to better manage population health, leverage automated registry functionality, and meet DSRIP/One City Health (OCH)/EITS reporting requirements. This project is classified into Tactical and Strategic initiatives. Tactical initiative supports business to meet short term metrics/reporting requirements. The supplemental file of HbA1c data is delivered to OCH for the Value Based Payment Quality Improvement Program (VBP QIP) along with three DSRIP Tactical Metrics reports and an additional four reports scheduled. ED Payer monthly reports for non-Epic sites are processed and delivered to the business. Strategic initiative is designed to support OCH's strategic data analytics needs by establishing self-service dashboards. These will allow business users to create ad hoc reports by using filters that can be applied to appropriate data sets. The dashboards will provide both high-level statistical information as well as drill-downs into patient-level details, where applicable. Work stream has scheduled workshops for defining the scope and requirements for subsequent phases.
    - Health Information Exchange (HIE) – HIE provides support for OCH Performing Provider Systems (PPS) partners in achieving connectivity to one of the NYC Qualified Entities (QEs) and the centralization of QE data with NYC Health + Hospitals. Priority list of partners and contract terms are identified. The project scope helps facilitate the exchange of data between NYC Health + Hospitals and three payers (HealthPlus, MetroPlus, and Emblem). The Healthfirst secure connection and transfer of sample data is complete. The MetroPlus Technology team is engaged in the project and Queens was selected as the first facility to rollout the new payer workflow.
    - Clinical Record Locator Service – This capability will provide the ability to accurately identify and link patient and provider records across the PPS. Responses to the Biometrics RFP (request for proposal) have been reviewed and vendors shortlisted for POC (proof of concept).
- Digital Healthcare Network
    - Telehealth – This service enables clinicians and/or care teams to monitor or treat medical conditions in a timely and comprehensive manner without the need to be confined to a specific facility or clinic. Prioritization and Governance Structure within Telehealth Work Stream has been approved. There are four subgroups and subgroup leads for: Patient Appointment Reminders, Chronic Disease Management, Behavioral Health Access, and General Intake established
- Contact Center – Aligning scope specs and prioritization (business and technical) completed. Requirements for Contact Center work stream have been drafted.

EMR GO Program Update:

October has been a busy month for the GO Enterprise implementation team as we continue the enterprise build and workflow adoption phase. The Revenue Cycle governance groups successfully completed their first round of workflow adoption sessions. Significant progress has been made in the enterprise charter and the integrated project plan has been baselined. However, our program status remains at "caution" due to third party vendor engagement for the significant build and testing involved in the project. During this reporting period, our support service level agreements (SLAs) remain above the 90% threshold. The upgrade to Epic version 2017 planned for December 10, 2017 is on schedule and our live facilities are actively engaging staff in the training and readiness initiatives. Several optimization projects went live in the last reporting period, including Epic integration with the patient management application Jellyfish (Elmhurst); build to support face to face referral workflows (Home Health); and several department moves & changes.

Enterprise Resource Planning (Project *Evolve*) Update:

The Enterprise Resource Planning team is working hard toward the Phase 1/Wave 3 December go-live. The Wave 3 facilities are NYC Health + Hospitals/Belvis, Cumberland, Harlem, Henry J. Carter, Morrisania, Renaissance, and Woodhull.

The ERP Planning Leadership team has begun attending and presenting to the Operations Committee, which is chaired by Milton Nunez. This is a way to inform NYC Health + Hospitals leadership about what the project is working on as well as helping the ERP Project Leadership Team (PLT) listen to facility concerns and opinions.

The Pre-Payroll team continues to work through tasks and decisions that are needed to direct the Payroll implementation. PeopleSoft Payroll Training has been completed for the Core implementation team. This group will receive Time and Labor training the week of October 30. Three vendors will conduct presentations in response to the Time Collection Device RFP (request for proposal) that was released. Vendor selection is scheduled for later in November.

Meaningful Use and QuadraMed 6.2 Upgrade.

The QuadraMed upgrade roll-out necessary to comply with Phase 2 and the foundation for Phase 3 Meaningful Use (MU) standards are almost completed. The remaining facilities – Metropolitan, Lincoln and Bellevue – will be completed in the coming weeks. The upgrade introduced enhanced functionality in a consolidated medication reconciliation solution for both Acute and Outpatient venues. It also improved patient education resources, secure messaging for physician-patient communication, and a newly-designed patient portal. The Patient Portal and Secure Messaging went live on October 3, 2017 and has been populated with over 70,000 clinical summaries for our patients to access. Training and onboarding continues for our patients.

Radiology McKesson Project

All Phase I, Phase II, and Phase III NYC Health + Hospitals' patient care locations are now employing the Conserus Worklist, Peer Review, and the Physician Concierge Service. Of the remaining facilities, Elmhurst is in the go-live phase with Conserus Worklist and Concierge Service; and then with the Conserus Image Repository in November 2017. The Business Intelligence platform is available for Phase I and II locations, as well as Phase III (Queens) and Phase IV (Elmhurst) locations only. Site-level business analytics continues to generate valuable insight for all Phase I, II, III (Queens), and IV (Elmhurst) locations. Cross Site Facility testing was successful with the next step focusing on cross-facility readings throughout the enterprise. The Enterprise PACS Viewer consolidation project is also underway.

INFORMATION ITEM 1:

GO REVENUE CYCLE UPDATE

Mr. Guido introduced David Starr to review the GO Revenue Cycle.

Mr. Starr spoke to the presentation GO Revenue Cycle Update. The first slide was What is Revenue Cycle? Mr. Starr said he wanted to define "revenue cycle" so that it is clear. He listed the items in Business Function: Patient Scheduling for Inpatient and Ambulatory, Patient Registration for Inpatient and Ambulatory, Patient Movement for Inpatient only, Bed Management for Inpatient only, Health Information Management for Inpatient and Ambulatory, Hospital Billing and Claims Processing, and Professional Billing and Claims Processing. He defined ADT as admission, discharge, and transfer. He said Health Information Management (HIM) is the coding effort to capture the revenue-generating codes for the care being provided to the patients.

Barbara Lowe asked if ADT was for the ambulatory setting.

Mr. Starr said it is for inpatient only. He said in Epic, we track patients from room to room. But it does not impact revenue. We watch to see how long they are in the waiting room or another place in a clinic.

Ms. Lowe said ADT captures the whole flow, which determines staffing. Is there is an opportunity to do something for outpatient?

Mr. Starr said we can internally track ambulatory. That is something we can check.

Josephine Bolus said since this tracks patients, it can also can help us evaluate and understand the cost of personnel.

Mr. Guido said it is more of a scheduling system than an evaluation tool.

Mr. Starr said we can track the cleaning of beds. This is information that can be given to Housekeeping and Environmental Services to improve their workflows. We are not tracking their productivity in Epic.

Emily Youssouf said whoever is running a department has the responsibility to keep track of claims that are taking too long. These are critical metrics we need to track.

Mr. Starr spoke to the slide Sequencing Background. He talked about Approval to move forward with Epic Revenue Cycle in May 2017. He said he wanted the slide to remind the Committee that we have implemented the clinical side of Epic at Queens, Elmhurst, Home Health, and Coney Island. They are live today. When we approved revenue cycle, we redid our schedule so that all future go-lives would be both revenue cycle and clinicals. Over the next 12 months, we are refining the clinical side so that the revenue cycle portion will function smoothly. He said the four live sites will get an upgrade next month. He said this is important because that has Epic put in a way of tracking charity care.

Ms. Youssouf said that in November 2020, Epic and revenue cycle will be in all facilities.

Ms. Bolus asked why it is taking so long.

Mr. Starr asked to go to the slide Implementation Process. He said from June – August 2017, we did Initial Discovery. We did site surveys. This included high-level data gathering and surveys sent to sites. We determined any net new build and reviewed high-priority workflows. We made key organizational decisions and had direction setting sessions. We met with operations to provide overview of application (by department.

Mr. Starr said from September 2017 – February 2018, we are building, adopting, and configuring the system. We are confirming documented workflow, decisions, and demo build.

From March – August 2018, we will do rigorous testing of every charge in every facility (both clinical and revenue). In September and October 2018, we will do training, and then in November we go live.

Ms. Lowe said there are many moving factors here. How do we take into consideration anything that could affect this and our patient care?

Mr. Starr said let's go to the slide Governance Structure. He said that under PV Anantharam's leadership, we created a Revenue Cycle Advisory Committee. He is chair and Michele Woodley is facilitator. It includes people from the clinical and CFOs (Chief Financial Officer) from each facility. This is the decision making body to keep tabs on regulatory topics. We bring topics to each other on requirements and plan for the unknown. He said in my experience software can do a lot but it is operational guidance and their policies, procedures and workflows that do more. This group has GO and clinical leadership.

Mr. Starr said this body is critical, but they cannot make all the decisions. They are chaired by operational leadership from facilities and Corporate office. They make the bulk of the decisions. The councils include Patient Access, Hospital Billing, and others listed in the Appendix. Revenue Capture is its own council because it is so important. All councils have representation from facilities for one standard workflow across the system.

Ms. Youssouf asked if different facilities handle things differently? If issues are noticed, the council should address it, correct? It helps them to learn and this is critical. Everyone has to be involved.

Ms. Lowe asked how the findings will be reported and made useful for governance.

Mr. Starr said we identified issues and reported back to individual councils and to the Revenue Cycle Advisory Committee as well.

Mr. Ananatharam said the councils mandate CFOs' and patient registration leaders' participation. It also allows for participation from the field. Their input is critical and necessary. Since we are unique, we need to make sure their voices are heard.

Ms. Lowe said you can keep track of trends and warnings. There must be a way of taking action.

Mr. Anantharam said these councils are busy and active in participation. The only danger is that since it is a year and a half down the road, people may not take it seriously. That is why we work to make sure people are on the ball. The build is when you can make the biggest impact. Correcting it would cost a lot more money. The interesting thing about the Epic rollout is that the first two implementation timelines were stretched. But after that, they move faster. We learn.

Ms. Lowe said sometimes front line managers are not aware of what is happening in the back. Sharing is informational and educational, especially who work on flows.

Mr. Ananatharam said this is a democratic process in which we invite people to participate and give their input. I look for more active participation than we have but we keep pushing.

Mr. Starr said in addition to Epic, there are other projects affecting Revenue Cycle. In slide GO Integration with Key Organization Initiatives, he spoke to Project STREAM (Huron and Revenue Optimization). This includes workflows to support optimized revenue, reporting to measure ongoing success and opportunities, and designing a standardized revenue cycle operating model. GO is participating with Huron in work on proposed workflows.

Ms. Youssouf said Huron is not doing IT work. They are tracing project flows to give to IT teams.

Mr. Starr talked about the Supply Chain Project. He said the largest financial impact would be the standardization of operating room (OR) preference cards. He said the Epic/PeopleSoft Integration is of high importance, just like ERP. It will help in Material Management interfaces for tracking supplies at a patient level and revenue interface with General Ledger.

Ms. Bolus said some doctors prefer different things in the same OR.

Mr. Starr said that is the reason for this. We are partnering with people at the facilities and corporate level to make sure we get buy-in and standardize. He said I was part of this and we are always concerned about handling preference cards. The key way we handled that was to communicate our reasoning and have the ability to have exceptions when patient safety is at stake.

Ms. Bolus said what if a new person comes in.

Mr. Starr said that is a key reason for standardization: cleaner workflows. It is an ongoing way to improve standards that are set. As perspectives change, we will adapt.

Mr. Starr turned to Financial Update. He pointed to the fact that earlier this year, we were approved for $289 million. As of August 2017, we have spent $17 million, with a balance of $271 million. We are on budget. We have detailed budgets to track appropriately.

Ms. Youssouf said we will get continual updates on this.

Ms. Bolus asked how this money will last until 2020.

Mr. Anantharam said the clinical side has more money associated with it and the Epic install is close to $1 billion.

Mr. Starr said in keeping with ERP on Epic side, we will cut back on consultants as we go live. Full time employees will take those roles moving forward. That is why pay is higher now but it will be reduced. Also, we are in budget.

Ms. Bolus asked how many of our employees will be brought over to do this work.

Mr. Starr said the split between consultants and staff is around 50-50 right now. As we roll off consultants, we will have 40 left and 25-30 in operations councils.

Ms. Youssouf said Huron is assessing people to be trained.

Mr. Starr agreed.

ACTION ITEM 1:

ENTERPRISE RESOURCE PLANNING (ERP) FUNDING

Mr. Guido read the resolution authorizing the New York City Health and Hospitals Corporation (the "System") to take the necessary steps to implement an Enterprise Resource Planning ("ERP") system at a cost not to exceed $5 million in operating funds and $5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance; and training services and facilities all of such procurement to be effected in conformity with the System's Operating Procedure 100-5 but without further Board authorization provided that the System's Enterprise Information Technology Services division

("EITS") shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget herein described.

Mr. Guido mentioned there was an executive summary in the package. He introduced Janet Karageozian of the ERP program.

Ms. Karageozian spoke to ERP Waves. She said the ERP project name, Project *Evolve,* seeks to identify and implement best practices in Finance and Supply Chain to further support the project's vision of updating technology to support transformative organizational change that is responsive and respectful of staff requirements; providing timely business performance reports that will drive strategic decisions at all levels of the system; and generating cost savings through operational savings and staffing efficiencies.

Ms. Karageozian then talked about Scope and Modules Roll-Out. She said that at the July 2017 go-live, General Ledger, Cash Management, Budget, and Asset Management got full implementation. The majority of Finance functionality was implemented in July 2017 as a single launch at all facilities. She said we are rolling out several more modules in Waves from July 2017 – May 2018, including eProcurement, Mobile Inventory, Purchasing, Inventory, Asset Tagging, Project Costing Capital & Grants, and Accounts Payable. She said there are five Waves due to the amount of pre-work complexity.

Ms. Youssouf asked to explain how this intersects with discussion we just had.

Ms. Karageozian said regarding General Ledger, for example, we would need to interface this with PeopleSoft. In addition, the Supply Chain portion is where we would track materials. We are scheduled to be done by May 2018, which is well before the Revenue Cycle is due to implement.

Mr. Anantharam said Epic provides us with the ability to do billing and collect revenues. All those flows end up in ERP, which helps us count revenues and receipts. That is the revenue side. The cost side is built into ERP with materials management and expenditures. The two together allows us to have a cost accounting system.

Ms. Youssouf said this will be done by 2018 and the broader system by 2020.

Mr. Guido said we have prioritization from ERP and Epic standpoints. The Supply Chain and materials management was important to get in place. As Epic rolls in, it will be a normal intersection. But there is also Payroll and Human Capital that will be rolled out in 2019. Once completed, you will have a full picture of costs and revenues and use P&Ls on the facility and even department level. We did this purposefully to get them in place as we roll out.

Ms. Karageozian spoke to ERP Waves which lists them out by facility from July 2017 to May 2018. We are working on Waves 3 and 4 simultaneously to stay on schedule. Once these two are completed, then the resources will be deployed for Wave 5. This method has worked very well for us. We have learned a lot of lessons from the first two Waves. We incorporated those lessons into the currents Waves and it worked amazingly. We did not have many obstacles in Wave 3.

Ms. Lowe said Harlem is in Wave 3.

Mr. Guido said yes, and they do work with the clinics listed (Belvis, Morrisania, and Sydenham). From a budget standpoint, it is all in the Harlem budget. They had to go live together.

Ms. Karageozian spoke to What has been Approved? She listed PeopleSoft Financial / Supply Chain, PeopleSoft Payroll and Time & Labor, Clairvia Physician and Nurse Scheduling, and Hyperion (Budget Cost Accounting). She said we are paying for Application Maintenance. We also had to ramp up Hardware

Update and Maintenance in our Servers for Data Center environment. She said we were previously approved for having Deloitte implementation of ERP software (non-Clairvia).

Mr. Guido spoke to Budget and Encumbered. He said we are not asking for additional monies from our initial $72 million request in 2016. The money is already in the budget and we need access to it. He said under Hardware & Maintenance, we asked for $5.8 million; we used $2.1 million and have $3.7 million in the Remaining Budget, for example. We are asking for the remainder of the $72 million, which is $10.3 million. This will allow us to report to this committee as well as the Board on our full budget on a monthly basis.

Ms. Youssouf said you are confident you will not be asking for more monies after you get this $10.3 million. Do we have consultants here?

Mr. Guido said no, we will not ask for more for ERP implementation. And yes, we have Deloitte involved. Our process is to bring a company to help with go live and then our employees take over. Now, we are doing a Wave rollout right now. Deloitte has around 50% of the number of people they had and Ms. Karageozian and her team have taken over those roles. The last two Waves will be mostly our staff and not consultants. Deloitte will help with Payroll but Ms. Karageozian's team will be lead and not support.

Ms. Lowe asked about Deloitte and their transformation initiative. Can they talk about us?

Mr. Guido said Deloitte has to go through our Communications department before they can publish anything about us. They have to ask for our permission, which is a contractual obligation.

Ms. Karageozian talked to ERP Implementation Deployment Timeline. She showed Phase 1 and Phase 2, which will go into second quarter 2020. Now we are working on Payroll which will go live in 2019. Cost Accounting will go live in July 2018.

In Next Steps, Ms. Karageozian detailed what comes next: Select Time Capture Vendor/Devices (selected by December 2017); Continue Deployment of Finance / Supply Chain Waves 3-5 (finish May 2018); Continue Pre-Payroll Activities (begin implementation January 2019); Cost Accounting Implementation (Go live – July 2018); and Begin Payroll and Time and Labor Implementation (Go-live Jan 2019 and Roll-out Electronic Time Capture 2019).

Ms. Youssouf said let's go back to slide ERP Implementation Deployment Timeline. The rollout starts third quarter 2019 and goes into 2020.

Ms. Karageozian said this is fiscal year.

The motion was approved.

ACTION ITEM 2:

IT REQUIREMENTS CONTRACTS

Mr. Guido read the resolution authorizing the New York City Health and Hospitals Corporation (the "System") to renew for a three-year term of January 1, 2018 to December 31, 2020 ("Renewal Term"), the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System's needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs, with all necessary funding deriving from previously approved program budgets.

Mr. Guido introduced Barbara Lederman. She spoke to the presentation EITS Requirements Contracts for IT Consulting Services.

Ms. Lederman used the slide Request. She said we are asking to renew the requirements contracts for a three-year term of January 1, 2018 to December 31, 2020. In July 2015, the Board of Directors approved contract awards to 20 vendors to provide IT consultants on an as-needed basis for the term of 2 years + 3 one-year renewals. These contracts resulted from a Request for Proposals (RFPs). Spending under these contracts derives from existing approved budgets, does not require increased or additional funding. Contracts do not guarantee a minimal payment; only pay for actual service provided.

Ms. Lederman gave Benefits Associated with IT Consultant Requirements Contracts. She said some of the advantages of having Requirements Contracts is that they allow NYC Health + Hospitals to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost-effective manner. This means no guarantee to vendors of a minimum payment; payment is based on actual services performed pursuant to a work order signed by NYC Health + Hospitals and vendor; provides as-needed services for a wide array of potential technology consulting expertise needs in a timely and efficient manner – necessary IT skillsets at the required times for the required duration; secure expertise, experience or knowledge that is either not available in NYC Health + Hospitals or is not required on a long-term basis; and allow for continuity of services, avoid disruptions and delays to on-going projects.

Ms. Youssouf asked the dollar amount left.

Mr. Guido the dollars are not associated with these contracts but rather on the work. The dollars are in the project budgets. When we come to you for $10 million, it will come via these contracts. Think of it as our preferred contract vendor list so we can use them when we need to.

Karen Lane asked if this is an option to use resources but nothing specific right now.

Mr. Guido said yes, think of how we did ERP. These requirement contracts allowed us to get Deloitte when we needed them. This is an augmentation of the contracts the City has with vendors.

Ms. Lederman said we send out requests to the 20 vendors for what we need and then we get resumes for evaluation. The hourly rate is capped in each contract but it can be lower.

Ms. Bolus asked if this is how we did things previously.

Ms. Lederman said yes, we did it the first two years.

The motion was approved.

Ms. Youssouf thanked everyone for the work they did for this meeting. Let's continue in this format.

There being no further business, the meeting was adjourned at 11:00 AM.

CHIEF INFORMATION OFFICER REPORT

Briefing of the Information Technology Committee of the NYC Health + Hospitals Board of Directors – February 7, 2018

Thank you and good morning. I would like to provide the committee with the following brief updates:

Delivery System Reform Incentive Payment (DSRIP) Program

- Contact Center
  - Accomplishments:
    - Completed draft of business requirements to be used in final selection of functionality required for Contact Center.
    - Completed vendor demonstrations with business and technical resources.

  - Upcoming Deliverables:
    - Implement One Number solution for all appointment centers. This will allow patients to reach any appointment center using a single published number and standard menus across multiple languages. This will go live February 7.
    - Finalize cost proposal and requirements for final review with senior leadership and procurement. This will be ready by February 19.

EMR GO Program Update:

- Current Schedule – The present approved Enterprise Epic implementation timeline has all eleven of NYC Health + Hospitals' acute care facilities going live between November 2018 and April 2020.
- Speeding the Time Frame – The team is exploring an implementation compression strategy to have our next go live sooner than November 2018 and complete the Epic rollout at NYC Health + Hospitals acute care facilities in calendar year 2019. Once confirmed, we will seek formal approval to adopt the new compressed implementation timeline.

- Transitioning Systems – We recognize the urgency for NYC Health + Hospitals staff and providers to shift from the current QuadraMed and Revenue Cycle solutions to maximize efficiencies and improve the patient experience.
- Successful Upgrade – In December 2017, we went live with our first Epic upgrade, with no unplanned interruptions. This upgrade contained key functionality related to NYC Health + Hospitals Options (financial assistance program) required for the Revenue Cycle implementation. In addition, there were significant look and feel, as well as clinical enhancements.

Enterprise Resource Planning (Project *Evolve*) Update:

- Phase 1:
    - Wave 4 Go-Live is on schedule and will be implemented in two staggered deployments:
        - March 5 – Coler and Elmhurst
        - March 19 – Bellevue and Gouverneur
    - Wave 5 is on schedule and will be going live in May 2018. The facilities included are Coney Island, Jacobi, Metropolitan, North Central Bronx (NCB), and Sea View.
- Phase 2:
    - The Payroll, Time & Labor, and Absence Management project officially began on January 2.
    - Design sessions are being conducted with Finance and IT.
    - Core team training has been completed.
    - The overall project plan and scope are being finalized.
    - Go-Live will be January 2019.
- Time Collection Devices:
    - Final vendor to be voted on the week of February 5th.
    - Policy and Compliance Committee held their first meeting to address decisions required for the implementation of the new Payroll and Time Collection systems.
    - Go-Live will be 2019.

This completes my report today. Thank you.

NYC HEALTH+ HOSPITALS

IT Committee Meeting

Information Item: IT Observations and Future Plans

Kevin Lynch, Senior Vice President and Chief Information Officer

February 7, 2017

Governance

- Health Information Technology Governance Model: Includes strategic leadership from both Clinical and Information Technology.
  - Members include appropriate facility-based and central office clinicians and IT resources.
- Charter should be to prioritize the list of projects that IT will dedicate resources to complete.
- Decision-making body aligned with the strategic direction NYC Health + Hospitals has developed.
- Leaders to include CMO, CNO, CIO, CFO, from Central Office and facility-based representatives to include representation from Acute Care, Post Acute, and Ambulatory locations. Other advisory members include Supply Chain, Compliance, and Counsel.
- Prioritize all projects aligned with strategic goals, and communicate as a system how they will be operationalized.

Project Management

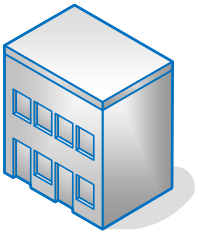
- All health information technology projects will be enterprise in nature to be used consistently across all NYC H+H clinical and administrative locations.
- Structured disciplined method to initiate and track all Health Information Technology projects.
- All projects must go through a structured process that will ensure projects have consistent requirements such as alignment to strategic goals, business owner, budget, security elements, etc.

Inventory Resources

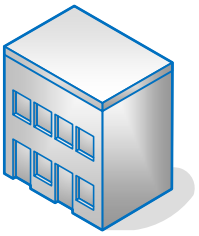
- People: Who they are, what they do. This includes the evaluation of contracted resources, and developing a path to self sustainability.
- Landscape of all clinical and administrative locations: Acute Care Centers, Post Acute Care, Gotham Health Major, Neighborhood Health Centers, smaller clinics such as school based clinics, and administrative locations.
- IT Systems: Centralized and Federated.
- Projects: Ensure we capture all existing projects and develop structured method to onboard all future requests/projects (as described above).

NYC H+H

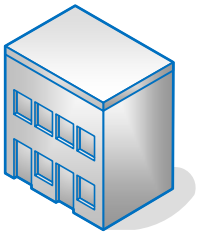
Acute Facilities



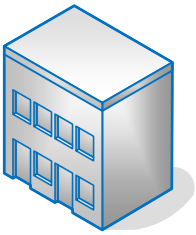
North Central Bronx



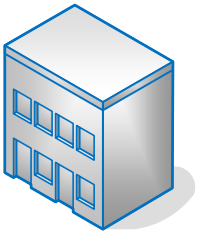
Jacobi



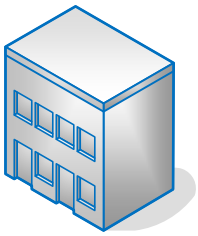
Lincoln



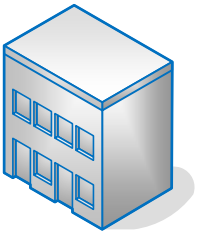
Harlem



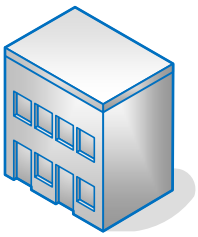
Metropolitan



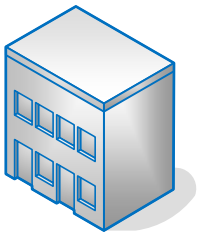
Bellevue



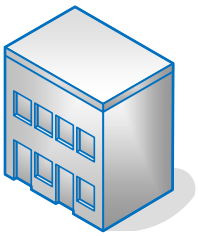
Elmhurst



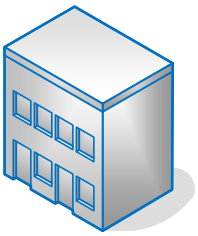
Woodhull



Queens



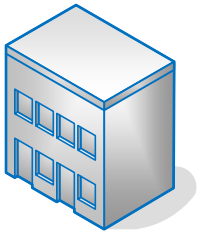
Kings County



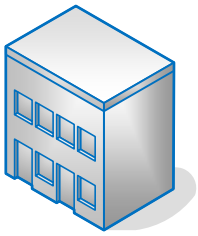
Coney Island

NYC H+H

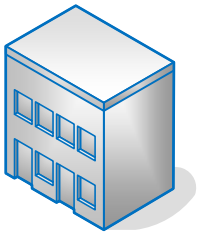
Acute Facilities + Post Acute Care



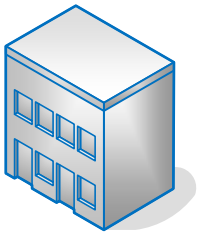
North Central Bronx



Jacobi

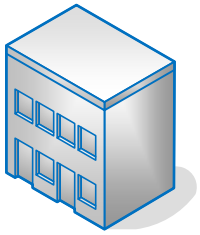


Lincoln

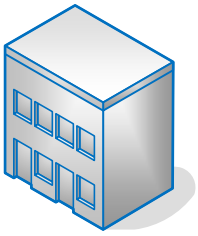


Harlem

Carter



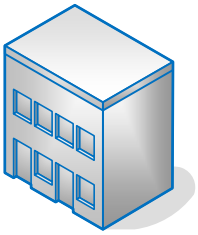
Metropolitan



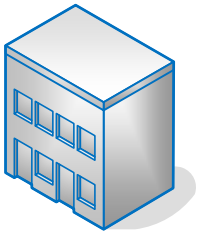
Bellevue

Coler

Gouverneur

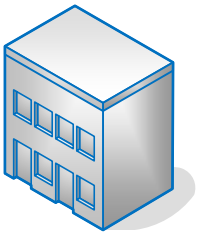


Elmhurst

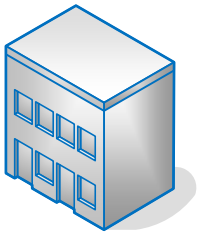


Woodhull

McKinney

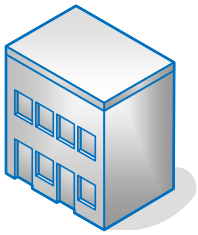


Queens



Kings County

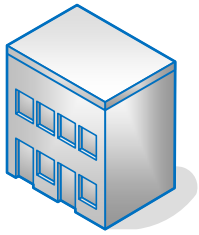
Sea View



Coney Island

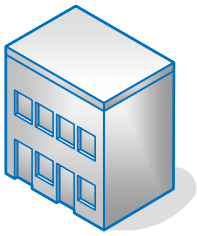
NYC H+H

Acute Facilities + Post Acute Care + Gotham Health Major Facilities

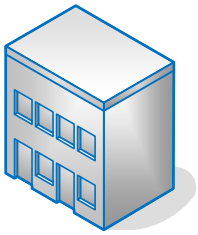


North Central Bronx

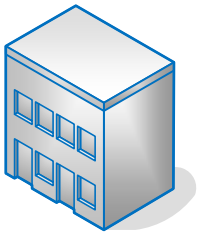
Morrisania



Jacobi



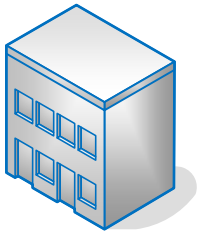
Lincoln



Harlem

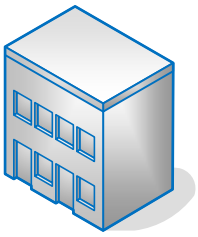
Carter

Belvis



Metropolitan

Renaissance

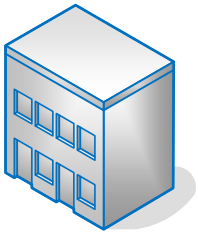


Bellevue

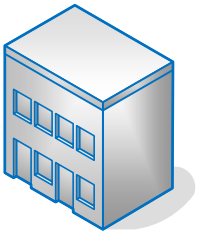
Coler

Gouverneur

Cumberland

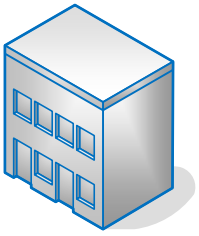


Woodhull



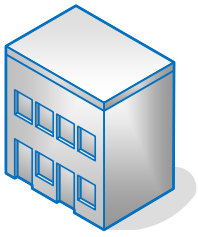
Elmhurst

McKinney

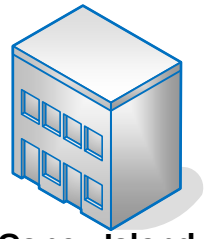


Queens

East New York



Kings County



Coney Island

Sea View

NYC H+H

Acute Facilities + Post Acute Care + Gotham Health Major Facilities + Gotham Health Neighborhoood Health Centers