AGENDA

I. Call to Order
   Gordon J. Campbell

II. Adoption of April 12, 2018
    Strategic Planning Committee Meeting Minutes
    Gordon J. Campbell
    a. Legislative Update
       Matthew Siegler
       Senior Vice President
       Managed Care & Patient Growth

III. Information Items
    a. Update and system Dashboard
       Matthew Siegler
       Senior Vice President
       Managed Care & Patient Growth

    Dr. Eric Wei
    Vice President Chief Quality Officer

IV. Old Business
V. New Business
VI. Adjournment
    Gordon J. Campbell
Minutes

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

April 12, 2018

The meeting of the Strategic Planning Committee of the Board of Directors was held on April 12, 2018 in NYC Health + Hospitals’ Boardroom, which is located at 125 Worth Street with Mr. Gordon Campbell, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairperson of the Strategic Planning Committee
Mitchell Katz, MD, CEO/President
Helen Arteaga Landaverde
Josephine Bolus, RN

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of State Comptroller

NYC HEALTH + HOSPITALS’ STAFF

D. Chokshi, MD, Vice President, Population Health
R. DeLuna, Senior Director, Press Secretary
Matthew Siegler
Theodore Long, MD
Eric Wei, MD
W. Foley, Senior Vice President, Acute Care Operations
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors
B. Ingraham-Roberts, Assistant Vice President, Legislative Analysis
K. Mendez, Senior Vice President, Chief Nurse Executive
M. McClusky, Senior Vice President, Post-Acute Care
J. Uruchima, Assistant Director, Managed Care
CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of April 12, 2018 Strategic Planning Committee to order. The minutes of the October 11, 2017 meeting were adopted.

INFORMATIONAL ITEMS

Revised System Scorecard
Matthew Siegler, Senior Vice President, Managed Care
Eric Wei, MD, Chief Quality Officer

Mr. Campbell, Chair of the Board and Strategic Committee informed the members that the Board did not have a scorecard until approximately two years ago (2016). Since then, the system worked on developing a System Scorecard. In late 2017, NYC Health + Hospitals Executive Sponsors developed a System Scorecard. Next the System Scorecard were presented to the members by Mr. Matthew Siegler, SVP of Managed Care and Eric Wei, MD, Chief Quality Officer.

Mr. Siegler, SVP of Managed Care informed the members of the top three priorities for the system: expand primary care, improve access to specialty care and fiscal solvency. These priorities will result in addressing health needs, improving the patient experience and the maximization of new revenue opportunities.

Mr. Siegler outlined the Seven Point Financial Plan and emphasized that the seven items will assist in ensuring the system’s viability. The seven items are the reduction of administrative expenses, contracting effectively with managed care plans, accurately billing insurance, servicing paying patients, investing in revenue generating positions, providing well reimbursed specialized services, and converting uninsured patients that qualify for coverage to being insured.

Mr. Siegler informed the members that the executive budget and updated strategic plan was under development. The goal is to build on the system’s mission and ensure that all teams are empowered to work towards key goals that will ensure long term financial sustainability.

Mr. Siegler and Eric Wei, MD, Chief Quality Officer, informed the members of the changes in the System Scorecard. Of the eighteen (18) metrics, ten metrics were new metrics and eight metrics were retained from the old Scorecard. Of the eight retained metrics, six were retained with no changes and two were retained with updated benchmarks. Mr. Siegler explained the updated System Scorecard reflects key goals and
initiatives across the system, but there is still work that is needed to align metrics across the system.

There being old or new business to discuss.

The meeting was adjourned by Chair Gordon Campbell.
Legislative Update

Strategic Planning Committee

July 19, 2018
Local Update

- In the FY19 Adopted Budget, H+H facilities received over $14 million in capital funds from the City Council and Borough Presidents to purchase new equipment, upgrade existing ones, and renovate patient care areas.

- We also received $435,000 in expense funding from the City Council to support immigrant health initiatives, including $300,000 for the New York Legal Assistance Group (NYLAG), which provides legal assistance to our immigrant patients.

- H+H participated in City Council Hearings on (mental health, migrant kids on June 20 and July 14, respectively.)
State Update
NYS Indigent Care Workgroup Purpose

- The indigent care workgroup was required by a side letter agreement between the Executive and the Legislature in the enacted State Fiscal Year (SFY) 2018-19 budget.
  - “The Department will establish a temporary workgroup on hospital indigent care methodology which will make recommendations regarding Disproportionate Share Hospital (DSH) and Indigent Care Pool (ICP) funding. This workgroup will convene no later than June 1, 2018 and create a report on its finding no later than December 1, 2018.”
# Workgroup Membership

**Co-chairs:**
- Bea Grause – HANYS
- Dan Sheppard – DOH
- Elisabeth Benjamin – Community Services Society

<table>
<thead>
<tr>
<th>Hospitals/Health Plan</th>
<th>Consumers/Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Katz – NYC Health + Hospitals</td>
<td>Lara Kassel – Medicaid Matters</td>
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<tr>
<td>Gary Fitzgerald – Iroquois Healthcare Alliance</td>
<td>Claudia Calhoon – NY Immigration Coalition</td>
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<tr>
<td>Colleen Blye – Montefiore</td>
<td>Rebecca Telzak – Make the Road NY</td>
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<td>Phyllis Lantos – NY Presbyterian</td>
<td>Anthony Andrews – NYC H+H/Queens CAB</td>
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<td>Dennis Whalen – Northwell</td>
<td>Sudha Acharya – South Asian Council of Social Services</td>
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<td>Hugh Thomas – Rochester Regional</td>
<td>Sharon Chesna – Mothers and Babies Perinatal Network of South Central NY</td>
</tr>
<tr>
<td>Michael Israel – Westchester Medical</td>
<td>Amanda Gallipeau – Empire Justice Center</td>
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<td>Elisabeth Wynn – Greater NY Hospital Association</td>
<td>Leon Bell – NYSNA</td>
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<tr>
<td>Eric Linzer – Health Plan Association</td>
<td>Moira Dolan – DC 37</td>
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<td>Helen Schaub – 1199 SEIU</td>
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</tbody>
</table>
Federal Update

- ACA repeal and/or major cuts to hospital reimbursement unlikely in near term.
  - Federal cuts to navigator funding and ACA risk adjustment.

- Continuing resolution expires end of September.

- Monitoring hearings on 340B; potential opioid legislation.

- H+H contributing to city response to Trump Administration family separation policy.
Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth

Dr. Eric Wei
Chief Quality Officer

Strategic Planning Committee
July 19, 2018
Strategic Initiatives Diagram

- **Problem:** lack of alignment of priorities, metrics, dashboards

- **Solution:** create an one-page strategic initiatives diagram for communication, alignment, and cascading of dashboards
PATIENT, FAMILY & COMMUNITY

VISION
To be a fully integrated health system that enables New Yorkers to live their healthiest lives.

MISSION
To deliver high quality health services with compassion, dignity, and respect to all, without exception

OUR VALUES
ICARE: Integrity, Compassion, Accountability, Respect and Excellence

STRATEGIC PILLARS
QUALITY & OUTCOMES, CARE EXPERIENCE, FINANCIAL SUSTAINABILITY, ACCESS TO CARE, CULTURE OF SAFETY
Cascading of Dashboards

- System dashboard accompanies diagram – system level metrics
- Facilities identify 3-5 metrics within each pillar that will be facility dashboard
- Unit level dashboard
- Provider level dashboard
Next Steps

- Communication/rollout plan
- Supporting documentation
- Harmonization of high level dashboards and metrics
## Updated System Dashboard – FY 2018, July

<table>
<thead>
<tr>
<th>Category</th>
<th>Objective</th>
<th>Sponsor</th>
<th>Reporting Frequency</th>
<th>Target</th>
<th>Actual for Period</th>
<th>Variance to Target</th>
<th>Prior Period</th>
<th>Prior Year Same Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase Primary Care</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1 Unique primary care patients</td>
<td></td>
<td>VP PC</td>
<td>Annually</td>
<td>430,000</td>
<td>N/A</td>
<td>N/A</td>
<td>432,000</td>
<td>447,000</td>
</tr>
<tr>
<td>2 Number of primary care patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3 Patient Care Revenue/Expenses</td>
<td></td>
<td>CFO + SVP MC</td>
<td>Quarterly</td>
<td>↑ 56%</td>
<td>N/A</td>
<td>55%</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>4 # insurance applications</td>
<td></td>
<td>CFO + SVP MC</td>
<td>Quarterly</td>
<td>20,100</td>
<td>17,582</td>
<td>-12.5%</td>
<td>17,473</td>
<td>15,105</td>
</tr>
<tr>
<td>5 % of M+ medical spend at H+H</td>
<td></td>
<td>SVP MC</td>
<td>Quarterly</td>
<td>42%</td>
<td>39%</td>
<td>-3%</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>6 Total AR days per month (excluding in-house)</td>
<td></td>
<td>CFO</td>
<td>Monthly</td>
<td>45</td>
<td>45.3</td>
<td>+0.3</td>
<td>45.5</td>
<td>47.6</td>
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<tr>
<td><strong>Access to Care</strong></td>
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<tr>
<td>7 Epic implementation milestones</td>
<td></td>
<td>CIO</td>
<td>Quarterly</td>
<td>100%</td>
<td>100%</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
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<tr>
<td>8 ERP milestones</td>
<td></td>
<td>CIO</td>
<td>Quarterly</td>
<td>100%</td>
<td>100%</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
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<tr>
<td><strong>Financial Sustainability</strong></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>9 Sepsis 3-hour bundle</td>
<td></td>
<td>CMO + CQO</td>
<td>Quarterly</td>
<td>63.5%</td>
<td>67.7%</td>
<td>+4.2%</td>
<td>61.88%</td>
<td>-</td>
</tr>
<tr>
<td>10 Follow-up appointment kept</td>
<td></td>
<td>CMO + CQO</td>
<td>Quarterly</td>
<td>66%</td>
<td>64.4%</td>
<td>-1.6%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>11 HgbA1c control &lt; 8</td>
<td></td>
<td>CPHO + VP PC</td>
<td>Quarterly</td>
<td>66.6%</td>
<td>63.9%</td>
<td>-2.7%</td>
<td>64.4%</td>
<td>64.4%</td>
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<tr>
<td>12 % Left Without Being Seen in EDs</td>
<td></td>
<td>CMO + CQO</td>
<td>Monthly</td>
<td>4%</td>
<td>7%</td>
<td>-3%</td>
<td>-</td>
<td>6%</td>
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<tr>
<td><strong>Quality and Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13 Inpatient care - overall rating</td>
<td></td>
<td>CNO + SVP AC</td>
<td>Quarterly</td>
<td>65.4%</td>
<td>61.9%</td>
<td>-3.5%</td>
<td>60.8%</td>
<td>-</td>
</tr>
<tr>
<td>14 Acute Care – Overall Safety Grade</td>
<td></td>
<td>CMO + CQO + SVP AC + VP</td>
<td>Quarterly</td>
<td>83.6%</td>
<td>81.8%</td>
<td>-1.8%</td>
<td>82.1%</td>
<td>-</td>
</tr>
<tr>
<td>15 Post-acute care - likelihood to</td>
<td></td>
<td>CNO + SVP PAC</td>
<td>Annually</td>
<td>84.3%</td>
<td>84.1%</td>
<td>-0.2%</td>
<td>83.7%</td>
<td>-</td>
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<tr>
<td>16 Acute Care – Overall Safety Grade</td>
<td></td>
<td>CMO + CQO + SVP AC</td>
<td>Annually</td>
<td>76%</td>
<td>62%</td>
<td>-14%</td>
<td>59%</td>
<td>N/A</td>
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<tr>
<td>17 Post-Acute Care – Overall Safety Grade</td>
<td></td>
<td>CMO + CQO + SVP PAC</td>
<td>Annually</td>
<td>74%</td>
<td>72%</td>
<td>-2%</td>
<td>62%</td>
<td>N/A</td>
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<tr>
<td>18 Ambulatory (D &amp; TC) – Overall Safety Grade</td>
<td></td>
<td>CNO + CQO + VP PC</td>
<td>Annually</td>
<td>50%</td>
<td>39%</td>
<td>-11%</td>
<td>41%</td>
<td>N/A</td>
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<tr>
<td>Category</td>
<td>Metric</td>
<td>Status</td>
<td>Description</td>
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<tr>
<td>Increase Primary Care</td>
<td>1. Unique primary care patients seen in last 12 months</td>
<td>New metric</td>
<td>Measure of primary care growth and access; measures active patients only, period = FY 17</td>
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<tr>
<td>Access to Care</td>
<td>2. Number of e-consults completed/quarter</td>
<td>New metric</td>
<td>Top priority initiative and measure of specialty access</td>
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<tr>
<td>Financial Sustainability</td>
<td>3. Patient Care Revenue/Expenses</td>
<td>New metric</td>
<td>Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management’s control</td>
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<td></td>
<td>4. # of insurance applications submitted/month</td>
<td>New metric</td>
<td>Top priority initiative and measure of efforts to convert self-pay to insured</td>
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<td></td>
<td>5. % of M+ medical spend at H+H</td>
<td>New metric</td>
<td>Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non medical spend</td>
<td></td>
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<td></td>
<td>6. Total AR days/month (excluding in-house)</td>
<td>Retained</td>
<td>Unity/Soarian. Total AR days, excluding in-house</td>
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<tr>
<td>Information Technology</td>
<td>7. Epic implementation milestones</td>
<td>Updated</td>
<td>Reflects updated deployment schedule: Enterprise validation and build + four acute care + one ambulatory facility live; testing and training at two other acute care and two ambulatory facilities on track.</td>
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<td></td>
<td>8. ERP on track</td>
<td>New metric</td>
<td>Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design</td>
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<tr>
<td>Quality and Outcomes</td>
<td>9. Sepsis 3-hour bundle</td>
<td>Retained</td>
<td>NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score</td>
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<td>10. Follow-up appointment kept within 30 days after behavioral health discharge</td>
<td>Retained</td>
<td>Follow-up appointment kept with-in 30 days after behavioral health discharge</td>
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<td></td>
<td>11. HgbA1c control &lt; 8</td>
<td>New metric</td>
<td>Population health measure for diabetes control</td>
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<td></td>
<td>12. % Left Without Being Seen in EDs</td>
<td>New metric</td>
<td>Measure of ED efficiency and safety</td>
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<tr>
<td>Care Experience</td>
<td>13. Inpatient care - overall rating (Top Box)</td>
<td>Retained</td>
<td>Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
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<td></td>
<td>14. Ambulatory care (medical practice) - Recommend Provider Office (Top Box)</td>
<td>Retained</td>
<td>Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
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<td></td>
<td>15. Post-acute care - likelihood to recommend (mean)</td>
<td>Retained</td>
<td>Press Ganey Survey. Likelihood to recommend (mean)</td>
<td></td>
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<tr>
<td>Culture of Safety</td>
<td>16. Acute Care – Overall Safety Grade</td>
<td>New metric</td>
<td>Measure of patient safety, quality of care, and staff psychological safety</td>
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<td></td>
<td>17. Post-Acute Care – Overall Safety Grade</td>
<td>New metric</td>
<td>Measure of patient safety, quality of care, and staff psychological safety</td>
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<td></td>
<td>18. Ambulatory (D &amp; TC) – Overall Safety Grade</td>
<td>New metric</td>
<td>Measure of patient safety, quality of care, and staff psychological safety</td>
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</table>
ERP Implementation Milestones

- Completed Phase 1 – Waves 1-5 which included PeopleSoft’s Finance (Accounts Payable/General Ledger), & Supply Chain modules across all NYC H+H locations.
- Cost Accounting is on track for go-live in September 2018.
- Phase 2 – PeopleSoft Payroll/Time & Labor/Absence Management/Electronic Time Capture:
  - Payroll Go-Live on track for January 2019
  - Time and Labor/Absence Management on track for May 2019
  - Electronic Time Capture on track for June 2019
- Clairvia Clinical Scheduling in progress and expected to go live in Spring 2019
CARE Experience

July 19, 2018
### Inpatient

Rate the Hospital 0-10

- **Target:** 65.4
- **Stretch:** 70.1

### Average: 61.5

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC Health + Hospitals/Coney Island</td>
<td>48.1</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Kings County</td>
<td>56.3</td>
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<tr>
<td>NYC Health + Hospitals/Lincoln</td>
<td>56.4</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Harlem</td>
<td>58.5</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Jacobi</td>
<td>60.1</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Woodhull</td>
<td>61.9</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Elmhurst</td>
<td>61.9</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Bellevue</td>
<td>63.3</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Metropolitan</td>
<td>66.5</td>
</tr>
<tr>
<td>NYC Health + Hospitals/NCB</td>
<td>70.1</td>
</tr>
<tr>
<td>NYC Health + Hospitals/Queens</td>
<td>75.9</td>
</tr>
</tbody>
</table>
Post-Acute Care

Likelihood of Recommending

Mean Score by Received Date

Question - Likelihood of Recommending

Service Average: 84.1

Average: 84.1

Target: 84.3

Stretch: 85.9
Medical Practice
Recommend this Provider Office

Average: 82.2
Target: 83.6
Stretch: 85.9

Visit Date
Previous Period
Mean Score
Run on 7.12.18
<table>
<thead>
<tr>
<th>Happy-or-Not Meters</th>
<th>Happy Index</th>
</tr>
</thead>
</table>

**Happy Index** is a summed-up score calculated as the weighted average of the four smileys.

\[
\text{Happy Index} = (\text{😊} \times 100) + (\text{🙂} \times 66.66) + (\text{🙁} \times 33.33) + (\text{😢} \times 0)
\]
NYC HEALTH + HOSPITALS

HAPPY OR NOT®

KEY FINDINGS

Primary Care
Your performance was stable last month
- Top location: Jacobi - Purple Pod
- Your best hour was 10:00 AM, and best day was Wednesday
- Your overall best day was Jun 20, 2018
- Bottom location: Montefiore - Adult medicine 2nd floor
- The worst hour was 8:00 AM, and worst day was Monday
- The overall worst day was Jun 18, 2018
- This score is in the bottom 30% of your industry

OVERALL DISTRIBUTION

83% Positive

4,299 Responses

71% 12% 4% 13%

3,038 497 191 573

RANKING

1. Jacobi - Purple Pod 98
2. Jacobi - Green Pod 92
3. Lincoln - Medical Pavilion 85
4. Bellevue - Adult Primary Care - Firm C 86
5. Jacobi - Yellow Pod 87
6. Bellevue - Adult Primary Care - Firm A 87
7. East NY - Adult medicine 3rd Floor 87
8. Bellevue - Adult medicine 2nd floor 84
9. Bellevue - Adult Primary Care - Firm B 85
10. Bellevue - Adult Primary Care - Firm D 84
11. Renaissance - Adult medicine 2nd floor 82
12. Jacobi - Blue Pod 86
13. Cumberland - Adult medicine 3rd Floor 81
14. Emhurst - MPC 79
15. NCB - Ambulatory Care Medicine 77
16. Conway - Primary care 76
17. Dou - Medicine department 2F 76
18. Met - 3rd Floor OPD 76
19. Harlem - Primary Care - Rid H Brown Bldg 74
20. MHC+ Primary Care Adult E-Building 7th Floor 71
21. Queens - Medical Practice 73
22. Woodhull - Primary Clinic 59
23. Woodhull - Primary Clinic 2 62
24. Montefiore - Adult medicine 2nd floor 52
1. Human Experience Council
2. PXO Council
3. Skills Assessment of all PXOs
4. Creation of Share Drives
5. Education on Press Ganey Portal and how to interpret Data
6. Continuous Education to PXOs
7. Assessment and Inventory of all Patient Experience Activities Across at Each Facility
8. Patient Experience Week
10. Happy-or-Not Meter Launch
11. ICARE
Time Line of Events

- Hired Systems Chief Experience Officer & Formation of Patient Experience Council - Dec 2017
- Skill Assessment of PXOs Creation of Share Drive - Jan 2018
- ICARE Instructional Design - Mar 2018
- Patient Experience Week - Apr 2018
- Introduction to PFAC Training and Launch of ICARE Train the Trainer - May 2018
- Happy-or-not Launch and ICARE Leadership Training Begins - June 2018
- Using Data to Drive Patient Experience Training - July 2018
- Instilling ICARE Hackathon And Practical Daily Management Systems that Drive Engagement - Aug 2018
- Development of Standardized Purposeful Rounding - Nov 2018
- Conduct Assessment/Design of IHI Joy in Work Rollout - Oct 2018
- All Facilities Have a PFAC - Dec 2018
- Next Steps
- Patient Experience Day - Mar 2019
## Press Ganey Products

<table>
<thead>
<tr>
<th>Product</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Based Purchasing Calculator</td>
<td>Facilities use this to monitor earnback across incentive payment categories: Clinical Care, Person &amp; Community Engagement (P&amp;CE), Safety, Efficiency and Cost Reduction.</td>
</tr>
<tr>
<td>Key Driver Report – Priority Index</td>
<td>Used to identify priority areas of improvement (domains, questions) to drive overall patient experience.</td>
</tr>
<tr>
<td>InfoEdge</td>
<td>Used to analyze data at a granular level. Report can be broken down in a variety of ways, such as: Age, Sex, Unit, Room, date of discharge, language, etc.</td>
</tr>
<tr>
<td>Comment Report</td>
<td>Used to analyze more specific patient concerns. Also, used to analyze employee accolades and recognition.</td>
</tr>
<tr>
<td>Webinars</td>
<td>Continuous updates on industry standards, regulations and best practices.</td>
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<tr>
<td>Advisory Days</td>
<td>Facilities engaged Press Ganey to assist with their strategic planning, data analysis Training on the Press Ganey Portal Provide Facility Targets and Scorecards Provide body of knowledge and continuous support</td>
</tr>
<tr>
<td>Point of Care</td>
<td>Used at several facilities as a purposeful rounding tool.</td>
</tr>
<tr>
<td>Improvement Portal</td>
<td>Used for the library of knowledge and recourses. Provide quick scorecards. Used to teach PXO scripts.</td>
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</tbody>
</table>
ICARE Strategic Values

INTEGRITY
COMPASSION
ACCOUNTABILITY
RESPECT
EXCELLENCE

Each initial helps define “what we stand for” and serves as a basis for our mission, strategy, and other key decisions.
ICARE Strategic Values

Using ICARE as a framework to unify our workforce around a common set of principles and service behaviors that align the way we think, act, and work. Every staff member is unique and possess different skills, backgrounds, and roles within our organization, ICARE’s core values apply equally to each of us.

Every employee has an important role in driving the vision and mission of our organization – to deliver high quality health services with compassion, dignity, and respect to all, without exception.
Care Experience Next Steps

- Integration of ICARE values
- Continue to leverage Press Ganey data analysis & resources
- Joy in Work
- Standardize Purposeful Rounding
- System-wide Patient and Family Advisory Councils - December 2018
- Patient Experience Day – March 2019