



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

**DECEMBER 13, 2018
Boardroom
125 Worth Street, Room 532
1:00pm**

AGENDA

- | | | |
|------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| I. | Call to Order | Gordon J. Campbell |
| II. | Adoption of July 19, 2018 and October 15, 2018
Strategic Planning Committee Meeting Minutes | Gordon J. Campbell |
| | a. Legislative Agenda | 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

OCTOBER 15, 2018

The meeting of the Strategic Planning Committee of the Board of Directors was held on October 15, 2018 in HHC's Board Room, which is located at 125 Worth Street with Mr. Gordon J. Campbell, presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Gordon Campbell, Chairperson of the Strategic Planning Committee
Bernard Rosen
Matthew Siegler representing Dr. Mitchell Katz, in a voting capacity

OTHER ATTENDEES

C. Chen, Analyst, Office of Management and Budget
F. Leonard, Analyst, Office of Management and Budget

HHC STAFF

P. Albertson, Vice President, Supply Chain/Contract Management
M. Belizaire, Assistant Director, Government and Community Relations
M. Chambers, Chief Operating Officer, Physician Affiliate Group of New York
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
J. Liburd, Assistant Vice President, Accreditation
K. Olson, Assistant Vice President, Revenue Budget
C. Philippou, Director, Grants Development, One City Health
S. Ritzel, Associate Director, NYC Health + Hospitals/Kings County
J. Ulberg, Senior Vice President, Chief Financial Officer
E. Wei, Vice President, Chief Quality Officer
K. Whyte, Senior Director, Government and Community Relations

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

CALL TO ORDER

Mr. Gordon Campbell Chairman of the Strategic Planning Committee, called the July 19th meeting of the Strategic Planning Committee (SPC) to order at 12:03 P.M. The minutes of the April 12, 2018 meeting of the Strategic Planning Committee meeting were adopted.

LEGISLATIVE UPDATE

Mr. Campbell informed the Committee that going forward the Strategic Planning Committee meeting will include a Legislative Update and invited Mr. Siegler to present this meeting's Legislative Update.

Mr. Siegler greeted and informed the Committee that he would provide city and state updates as well as updates on some ongoing federal issues.

Local Update

Mr. Siegler reported that, in the FY19 Adopted Budget, Health + Hospitals' 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. In addition, Mr. Siegler reported that, as part of Health + Hospitals' strategic effort, Health + Hospitals had 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.

Mr. Campbell asked if the \$14 million capital funds received were exactly what we asked for. Mr. Siegler answered that he will inquire and get back to the Committee with a response. In addition, Mr. Rosen asked for a breakdown of the \$14 million per facility. He commented that in the past, the Brooklyn Council Delegation has been extremely supportive of our Brooklyn facilities. Mr. Campbell recommended to Dr. Katz to send letters to each of the borough designated board members to ask them to reach out and thank the Council Members on behalf of Health + Hospitals. Mr. Rosen asked if Lincoln Hospital's emergency room expansion, which was the CEO's number one priority was among the list of funded projects. Mrs. Bolus informed the Committee that one of the members of the Gotham Health Boards is a former Congress Member; namely Ed Towns.

Lastly, Mr. Siegler reported that Health + Hospitals participated in City Council Hearings on FY19 Budget on May 24th; Behavioral Health on June 20th and migrant kids on July 14th. Dr. Katz provided testimony on our FY19 budget; Dr. Charles Barron provided testimony on Behavioral Health and substance abuse treatment at Metropolitan Hospital and Dr. Jennifer Haven provided testimony on children separated from their parents at the border under the Trump Administration's new policy and all the work Health + Hospitals clinicians are doing to take care of those children.

State Update

Mr. Siegler reported that 641 bills passed at the end of the legislative session with 125 of them going to the Governor's desk. Mr. Siegler reported that the major state update is that the New York State Indigent Care Workgroup, which was required by a side letter agreement between the Executive and the Legislature in the enacted State Fiscal Year (SFY) 2018 budget convened on July 11, 2018. Its description is as follows:

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

“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.”

Mr. Siegler shared the workgroup membership list with the Committee. The list includes community groups, consumers, labors and some of the major hospital systems in the area. He pointed out that the Co-Chairs are Bea Grause from the Hospital Association of New York State (HANYS); Dan Sheppard from the Department of Health (DOH) and Elisabeth Benjamin from the Community Services Society; and more importantly that Mitchell Katz, M.D., Health + Hospitals’ President, and Anthony Andrews, PhD, of NYC Health + Hospitals/Queens CAB are among the workgroup members. This workgroup will be an important forum to state our case and get some alignment on how this large portion of billions of dollars of State Medicaid funds will be used going forward.

Subsequent to the brief discussion on this workgroup in the Finance Committee, Mr. Gordon asked Mr. John Ulberg, Senior Vice President, Finance Administration to elaborate on the first meeting of the Workgroup which took place on July 11, 2018. Mr. Ulberg reported that the members of the workgroup are very knowledgeable of health care in general and very well represented in the committees. The workgroup recommendations are expected late this summer or the coming fall.

Mitchell Katz, M.D., Health + Hospitals’ President and CEO, requested the support of the Board members for Health + Hospitals to be the leader of nurse empowerment. He commented that 30 years ago, a nurse was able to place a test order, like EKG or medication orders such as Tylenol or a Pepto-Bismol for a patient on behalf of the physician. However, in this new era of electronic order, in real time, nurses are unable to do so because of the many steps involved below:

- Find the doctor
- Doctor would have to leave the patient and log into a nearby computer
- Pull up the medical record number
- Write the orders

Therefore the goal is to work with the New York State Nurses Association (NYSNA) to:

1. Give Registered Nurses (RNs) the right in triage situations to offer over-the-counter medications. It is not giving any right beyond what any of us has since any one of us can walk into a pharmacy and purchase Pepto-Bismol over the counter.
2. Give Registered Nurses (RNs) the right to order lab work and EKG tests as these tests have no harm and no radiation involved. Dr. Katz stated that in New York State, each practice is individually approved by the Legislature and the Governor. The most recent example is the implementation of a non-patient specific protocol for newborns. Chief Nursing Officer, Dr. Kim Mendez, interjected that the nurses would use the non-patient protocol to care for a newborn child in lieu of a doctor writing individual orders. Dr. Katz added that in New York State nurses can order HIV tests without an order.

Dr. Katz explained that in our public health care system, doctors and nurses are often stretched and the patients may not know to take Pepto-Bismol. Therefore, Dr. Katz invited the Board to support Health + Hospitals’ request to be able to provide over-the-counter drugs to the patient. He added that once a drug has been made over-the-counter, it is hard to argue its scope of practice as the doctor’s

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

prescription is no longer necessary for that particular drug. Ms. Josephine Bolus, RN, Board Member, added that by providing over-the-counter meds to the patient, the patient would feel not only that his/her treatment has already started but that you also care. On the other hand, nurses would no longer see themselves as people who take orders from the doctors, and value nursing as an independent profession that operates at the top of its license.

Mr. Campbell asked about the Doctors' Council position on nurses to order lab tests without a doctor. Dr. Katz answered that some of those lab tests would facilitate the work. However, he would not add X-Rays because of the involvement of radiation, which would require the patient consent. Dr. Kim recommended the addition of other tests that patients do all the time on their own such as pregnancy and blood glucose tests. She added that, once the nurse has an assessment of the patient, it will drive her to make a decision about those particular non-patient specific tests. To Dr. Katz' question about the inclusion of Epi-pen tests, Dr. Mendez stated that she believes in the new protocol for ambulatory care which includes post-vaccination. Dr. Katz presented the following scenario of an ER triage nurse's encounter with a child who, according to the mother, can hardly breathe after eating a bunch of peanuts. Dr. Mendez added that she would recommend adding Epi-pen tests to the nurse's scope. Dr. Katz underlined that, because the mother could also do it, the triage nurse is only replicating what we already allow other people who are not as advanced in their practice to do.

Federal Update

Mr. Siegler reported that the days of direct legislative efforts to repeal the Affordable Care Act (ACA) and the Medicaid expansion appear to be behind us for the moment. He added that federal efforts to undermine or directly sabotage enrollment through the marketplaces are ongoing. Moreover, one area of concern is that, with the choice of an antagonist of the ACA as the new Supreme Court appointment that risk will prevail for a longer term.

Mr. Siegler reported that the Government Continuing Resolution expires at the end of September. Health + Hospitals will monitor potential Opioid legislation and discussions around 340B policy changes.

Lastly, Mr. Siegler discussed Health + Hospitals' response to the Trump Administration zero tolerance immigration policy which has resulted in hundreds of children separated from their families and brought to New York City. Mr. Siegler reported that in a matter of days Health + Hospitals developed clinical pathways to help address these children's health needs. Mr. Campbell recommended that Mr. Siegler report on the aforementioned Health + Hospitals' contribution to the City's response to the Trump Administration family separation policy at the upcoming Board meeting next week. Dr. Katz emphasized that in two business days a contract was drawn to ensure that Health + Hospitals will get full payment for these children. Mr. Siegler noted that Chief Nursing Officer, Dr. Kim Mendez and Dr. Mabelle Allen, Senior Vice President, Medical and Professional Affairs, were there around the clock in those negotiations.

Mr. Rosen asked if Health + Hospitals initiated contact with these children. Mr. Siegler answered that the Mayor's Office of Immigrant Affairs was the primary liaison and that Health + Hospitals worked with close collaboration with that office. Dr. Katz added that simultaneously he had also received an email from a doctor at NCB alerting him that these kids were coming in and that the public health care system did not have any set of services for them.

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

Mr. Campbell recommended that Mr. Siegler report on the aforementioned Health + Hospitals' contribution to the City response to the Trump Administration family separation policy at the upcoming Board meeting next week.

INFORMATION ITEM

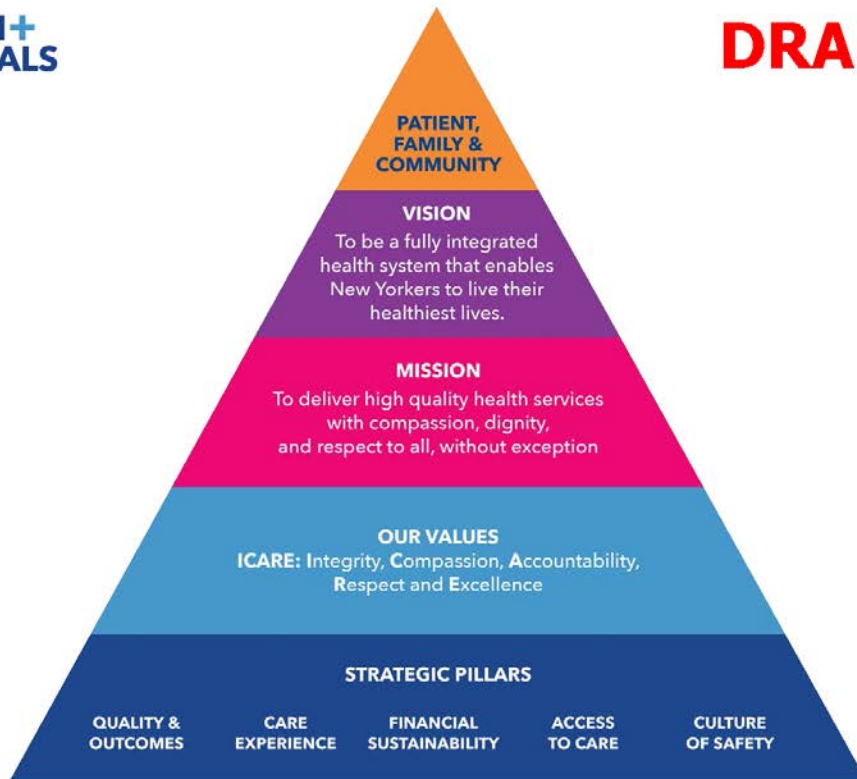
Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth
Dr. Eric Wei
Chief Quality Officer

Dr. Wei, Chief Quality Officer, greeted members of the Committee. He reported that a strategic initiatives diagram for communication, alignment, and cascading of dashboards was created and is represented by a pyramid centered around Patient, Family & Community:



DRAFT



CONFIDENTIAL: Pre-decisional DRAFT



Dr. Katz explained that many times people confronted him about his priorities and how they fit with what is important to the public health care system. Dr. Katz clarified that up to now he has been talking and focusing on the three middle strategic pillars to ensure that we smile at people, the phones

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

are answered, callers can make an appointment (care experience); we are financially sustainable (financial sustainability); and we have available appointments (access to care). He added that his general assessment of Health + Hospitals is that quality & outcomes are pretty good and that we should continue with the ongoing quality improvement work and the work that Dr. Wei is doing with his team on the culture of safety.

Mr. Campbell referred to an earlier meeting with Dr. Theodore Long and Dr. Dave Chokshi, Vice Presidents, and Chief Nursing Officer, Dr. Kim Mendez, in which Dr. Mendez stated that ICARE was developed in consultation with front line staff, community members and labor partners. Mr. Campbell added that, because of their involvement in the process, implementation of these strategic initiatives will be easier. Also, Dr. Wei added that he has also received feedback from the CEOs, CMOs and CFOs.

Cascading of Dashboards

Dr. Wei reported on the different types of dashboards:

- System dashboard accompanies the diagram-system level metrics.
- Facility dashboard: facilities identify 3-5 metrics within each pillar that will be the facility dashboard
- Unit level dashboard
- Provider level dashboard

Next Steps

Dr. Wei announced the System Dashboard's next steps. They are:

- Communication/rollout plan
- Supporting documentation
- Harmonization of high level dashboards and metrics

Updated System Dashboard – FY 2018, July

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING



Updated System Scorecard – FY 2018, July

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care							
FY 2018							
1	Unique primary care patients seen in last 12 months	VP PC	Annually	430,000	N/A	N/A	432,000 447,000
Access to Care							
Q4 2018							
2	Number of e consults completed/quarter	CPHO	Quarterly	11,000	9,745	1,225	8,090 4,790
Financial Sustainability							
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	↑	56%	N/A	55% 53%
4	# insurance applications submitted/month	CFO + SVP MC	Quarterly	20,100	17,582	-12.5%	17,473 15,105
5	% of M+ medical spend at H+H	SVP MC	Quarterly	42%	39%	-3%	37% 36%
6	Total AR days per month (excluding in-house)	CFO	Monthly	45	45.3	+0.3	45.5 47.6
Information Technology							
7	Epic implementation milestones	CIO	Quarterly	100%	100%	0	100% N/A
8	ERP milestones	CIO	Quarterly	100%	100%	0	100% N/A
Quality and Outcomes							
CY 2018							
9	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	67.7%	+4.2%	61.88% -
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	64.4%	-1.6%	N/A N/A
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	63.9%	-2.7%	64.4% 64.4%
12	% Left Without Being Seen in EDs	CMO + CQO	Monthly	4%	7%	-3%	- 6%
Care Experience							
CY 2018							
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	61.9%	-3.5%	60.8% -
14	Ambulatory care (medical practice) – Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	81.8%	-1.8%	82.1% -
15	Post-acute care - likelihood to recommend (mean)	CNO + SVP PAC	Annually	84.3%	84.1%	-0.2%	83.7% -
Culture of Safety							
CY 2018							
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	62%	-14%	59% N/A
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	72%	-2%	62% N/A
18	Ambulatory (D & TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	39%	-11%	41% N/A



Mr. Siegler reported on the first goal, which is to increase primary care visits. He explained that the goal is to stabilize and reduce the decrease in visits and build back from there. He informed the Committee that Dr. Theodore Long had already recruited 22 new clinicians and aims to recruit another 55 this year. Mr. Siegler noted that the Gotham Health Vanderbilt Health Center in Staten Island is open and is expected to see as many as 40,000 visits a year.

Mr. Siegler reported on the progress of eConsults completed during this quarter. He stated that there were approximately 9,700 eConsults, an increase of 1,225 from the last period.

Mr. Campbell recommended to have variances for each one of the above goals whereas green, yellow and red are built in to quickly see where we are heading or exceeding our mark (green), where we need to be concerned (yellow) or where it is flashy or there is a need to really push the pause button (red). Secondly, Mr. Campbell asked if we have variances for each of the indicators to show what rises to the red for patient care revenue as opposed to EPIC implementation. Mr. Siegler answered that it is a learning process and that Dr. Chokshi and his team are working on adding them on the next report including the threshold.

At the request of Mr. Rosen, Board member, Dr. Wei clarified that electronic consults are correspondence between primary care and specialty physicians through the Electronic Medical Record (EMR) about medication or a simple question about a patient’s condition. The service chief in the cardiology department, for example is the reviewer and answers all the eConsults. The reviewer could suggest to get additional tests before the visits so that the visit is more useful or answer the question

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

to simply avoid a visit altogether. The idea is to discontinue the practice of arthritis patients who are not near surgery seeing orthopedist surgeons. They should be handled by the primary care physician. As such, eConsult helps improve access to specialty care by eliminating unnecessary visits.

Mrs. Bolus commented that primary care doctors would need to be re-educated because they are so used to sending patients to a specialist as opposed to offering them remedy in their particular fields. Dr. Katz interjected that eConsult does that very well. He explained that over time a predictable pool of questions is collected as primary care doctors ask the same questions over and over again; and, similarly, over time the reviewer gets better at answering them. Mrs. Bolus would like to know what an eConsult response looks like and how long it takes to get an answer. Dr. Katz answered that the process is that the specialist would advise the primary care doctor or the nurse practitioner on sending the patient to physical therapy, increasing the dose of iron, or trying to put the patient on ace inhibitor, etc. If the specialist feels that the patient needs to be seen this week or this month based on the acuity, he will be directed to the call center to book the patient's first appointment and contact the patient afterwards. Dr. Katz cautioned Committee members that we are not there yet and that at least a two to three-year implementation is required to get to that level.

Dr. Wei warned members of the Committee not to confuse eConsult with Telehealth, whereas, for example, a stroke patient needs to get to a neurologist in real time. With the new process in place, this patient does not need to see a cardiologist for that need. Mr. Rosen asked if the eConsult is being used at all the hospitals or is it being rolled in slowly. Mr. Siegler answered that it is being used in at least one clinic in every acute care hospital this year.

As for the financial sustainability metrics, which include patient Care Revenue/ Expenses, the number of insurance applications submitted per month, the percentage of MetroPlus medical spend at Health + Hospitals and the total AR days per month (excluding in-house), Mr. Siegler reported that modest improvements were made on patient care revenue/expenses, as well as for the number of insurance applications submitted per month. The percentage of MetroPlus medical spend at Health + Hospitals is at 39% for Q1 of 2018 from 37% last quarter and 36% a year ago. He noted that the total account receivable days per month dropped down to 45.3 from 47.6.

At Mr. Campbell's request, Mr. Siegler clarified that the target for MetroPlus medical Spend at Health + Hospitals is 42%. He added that MetroPlus is deeply a part of a new standardized centralized business planning process. The facilities need to expand their services to invest in something new. MetroPlus is working with Health + Hospitals to make sure that they can steer their members into those services. Health + Hospitals has a standardized process to submit that information and to estimate whether revenues exceed expenses, our ultimate goal. On the other hand, Mr. Siegler expressed to Mrs. Bolus that Health + Hospitals, is working closely with Health First. However, they are not as deeply involved in that part of the process.

Considering that the target for the total account receivable days per month is 45, and that we are already at 45.3, Mr. Campbell made the recommendation to lower the target. John Ulberg, Senior Vice President, Finance concurred. Mr. Siegler explained that targets are not updated at the end of each quarter and that these numbers were maintained from the scorecard presented in October 2017.

Janet Karageozian, Assistant Vice President, Business Applications, reported that both EPIC implementation and ERP milestones are on target. She outlined the ERP Implementation milestones as follows:

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

1. Phase I of the ERP has been completed. The 1-5 phases includes: PeopleSoft's Finance (Accounts Payable/General Ledger), & Supply Chain modules across all NYC Health + Hospitals locations.
2. Cost Accounting is on track for go-live in September 2018.
3. Phase 2 – PeopleSoft Payroll/Time & Labor/Absence Management/Electronic Time Capture:
 - a. Payroll Go-Live on track for January 2019
 - b. Time and Labor/Absence Management on track for May 2019
 - c. Electronic Time Capture on track for June 2019
4. Clairvia Clinical Scheduling in progress and expected to go live in Spring 2019

For the Quality and Outcomes metric, Dr. Wei reported that Sepsis 3 hour bundle compliance increased from 61.8% in Q4 2017 to 67.7%. Follow-up appointment kept within 30 days after behavioral health discharge is at 64.4 % in Q1. Hemoglobin A1C control is at 63.9%, a slight decrease from 64.4%. The percentage of people left without being seen in EDs rose from 6% to 7% mainly because of the bad flu season and the change of structure of performance improvements in the EDs.

Considering that there is a need across the system for Express Care, Mr. Campbell stated that he would prefer for the metric to measure how many patients are diverted from the EDs without being seen. Dr. Wei explained that Express care and observation and utilization management in the EDs are all important and will help drive this number down. He noted that this number shows that patients are choosing Health + Hospitals but yet we were not able to provide services to them.

Chief Nursing Officer, Dr. Kim Mendez reported on the Care Experience Metric:

- Inpatient, Rate the Hospital 0-10, the average is 61.5; the target 65.4 and the stretch 70.1.
- Post-Acute Care, Likelihood of Recommending, the Average is 84.1, the target 84.3 and the stretch 85.9
- Medical Practice – Recommend this Provider Office, the average is 82.2, the target 83.6 and the stretch 85.9

For Culture of Safety, Dr. Wei reported that the overall safety grades for Acute Care, Post-acute care and Ambulatory (D&TC) grades are 62%, 72% and 39% respectively. Respondents were asked to give their work area or unit an overall safety grade A-F. The grade represents the percentage of respondents that rated their area A or B. He informed the Committee that the 47 long question survey is given every other year and was given at the end of July of last year. As for this year, the survey has been revised with only one question and will be going out to staff. Updated numbers are expected for the next quarter. The new targets for 2018 are 76% for Acute Care, 74% for Post-Acute Care and 50% for Ambulatory (D&TC).

As part of the five strategic pillars, Dr. Wei proposed to bring increase to primary care metric under access to care pillar. Mr. Campbell asked about the keeper of the dashboard. Dr. Wei answered that He along with Mr. Siegler were in charge of updating the system's dashboard. He explained the process as follows: executive owners or their designees have access to a live document via SharePoint where they can access the document in real time to update and save the numbers, which are later compiled in one chart for debriefing and presentation purposes.

Mr. Rosen referred to #15 under Care Experience on the System Dashboard and asked if the Post-Acute Care – likelihood to recommend – is a survey, conversation or an email sent to patients who were recently at the hospital to find out how pleased they were with the care and would they recommend the hospital. Dr. Mendez answered that for post-acute care, the patients are centered at the facility. However, in an inpatient setting, through an outside vendor, Press Ganey, a survey with

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

10 specific outlined questions compared to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPS) is mailed to a random number of patients until a certain number of minimum responses is reached.

Mr. Rosen referred to Mr. Siegler's Legislative Update earlier and asked if he will be presenting such update to the Committee going forward. Mr. Siegler answered positively only on an interim basis. Mr. Campbell reminded the Committee that in agreement with Dr. Katz, it is expected that at each Strategic Planning Committee Meeting to highlight the metrics where we are doing well and where improvements are needed.

CARE EXPERIENCE

Dr. Kim Mendez
Chief Nursing Officer

Dr. Mendez reported that improvements were made on rating the hospitals and noted that NYC Health + Hospitals/Queens Hospital at 75.9% is way above the stretch goal of 70.1. Other outstanding facilities are: NCB at 70.1; and Metropolitan at 66.3. She noted that because these hospitals were above the target of 65.4, they were able to bring up the system as a whole.

Dr. Mendez also discussed improvements made on rating the post-acute facilities. NYC Health + Hospitals/Carter is at 91.3, /McKinney at 90.6 and /Sea View at 85.3; all three exceeding the stretch goal of 85.9. For the facilities that are not doing well, Mrs. Bolus would like to know if it is due to the fact that the surveys are not completed or returned. Dr. Mendez stressed that there is a target number of responses to be reached; until then, they continue to send out the surveys until that number is reached.

Dr. Mendez reported on Ambulatory Care/Medical Practice satisfaction. She explained that the Average is 82.2; target 83.6 and stretch 85.9. She noted that Morrisania is at 92.5. At the request of Mr. Campbell, Dr. Mendez agreed to include the national benchmark as well going forward.

Dr. Mendez reported that the HAPPY or NOT Meters consist of four smileys with different face expressions and the Happy Index is a summed up score calculated as the weighted average of the four smileys. Happy or Not Kiosks were only launched on June 18th and are being used at our facilities to help track their performance in different areas at certain period of the day. Dr. Mendez noted that overall, we are at 80 in the Happy Index. She also pointed out that HAPPY or NOT meters can help the facilities to collect data showing where the patients are the most happiest by the day and hour of the day. As indicated by the Hourly Distribution schematic, Wednesday at 10:00 am is the happiest day and time for the patients. She added that the HAPPY or NOT kiosks are positioned in certain units for a certain period of time and there are about four at each facility.

Dr. Mendez reported on the Patient Experience Initiatives accomplishments as outlined below:

1. Human Experience Council, comprised of doctors' council, physicians, CEOs and CNOs, as well as labor partners, meets every month.
2. Patient Experience Officer (PXO) Council. Each facility has a PXO. The team is educated on how to use Press Ganey, how to collect and run the data and what the data mean, where to get solutions to the data and how the data drives you.
3. Skills Assessment of all PXOs
4. Creation of Share Drives

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

5. Education on Press Ganey Portal and how to interpret Data. Continuous Education to PXOs
6. Assessment and Inventory of all Patient Experience Activities
7. Patient Experience Week
8. Patient Experience Day (2018)
9. Happy-or-Not Meter Launch for the Ambulatory Care
10. ICARE was launched in May 2018 and is expected to roll out to all the facilities.

Dr. Mendez reported on the 11 patient experience initiatives followed by a timeline of events from August/September 2017 to date and outlined the next steps for the upcoming months as follows:

- October 2018 – Conduct Assessment/Design of IHI Joy in Work Rollout
- November 2018 – Development of Standardized Purposeful Rounding
- December 2018 – All Facilities Have a Patient and Family Advisory Council (PFAC)
- March 2019 – Patient Experience Day

Dr. Mendez stated that Press Ganey provides healthcare performance improvement products such as:

- Value Based Purchasing Calculator
- Key Driver Report – Priority Index
- InfoEdge
- Comment Report
- Webinars
- Advisory Days
- Point of Care
- Improvement Portal

Dr. Mendez pointed out that Info edge is used to analyze data and can give a heat map of the facility or the unit down to the leader of the unit as well as the areas that need immediate attention. Comment reports can capture the patient's voice and can be used for improvements during floor huddles. The point of care is being used in some areas. For example, when doing rounds, hospital staff use iPads and ask patients five questions in order to identify key areas that the patients may need and to be able to give a more real time response. If for example, the patient answers that his food was cold, that answer is immediately forwarded to the cafeteria and a warm platter is brought immediately to the patient.

Dr. Mendez concluded her presentation by sharing the Care Experience next steps with the Committee. They are:

- Integration of ICARE values across the system. Each initial helps define “What we stand for” and serves as a basis for our mission, strategy and other key decisions.

Integrity
Compassion
Accountability
Respect
Excellence

Dr. Mendez reported that since May 2018, more than 1500 front line staff were trained and there are 147 “train the trainers” across the system in each of the facilities. She announced that by September 2018, every new employee will be trained on ICARE. The training provides an overview of service behaviors; how, as a system we should be responding to, not only our

MINUTES OF THE JULY 19, 2018 STRATEGIC PLANNING COMMITTEE MEETING

patients, but also to each other, as well as providing an overview on how to identify areas where service recovery is needed and how to provide such recovery in the moment. Dr. Mendez noted that anybody can do service recovery.

- Continue to leverage Press Ganey data analysis & resources
- Joy in Work
- Standardize Purposeful Rounding. Dr. Mendez explained that rounding is an opportunity for leadership to go out and get feedback and input from front line staff and middle managers. She explained that there are three levels of rounding conducted by the executive team, management team and the front line team.

Mr. Rosen referred back to Dr. Mendez's HAPPY or NOT survey that starts from 7:00 am through 7:00 pm and stated that the happiest moment for any patient is at the time of signing the discharge papers indicating that he will be leaving the hospital in the next 15 minutes or so. As such, he added that, every patient wants to get home; therefore, the patient appreciates whatever can be done to facilitate and expedite the process to exit the hospital.

- System-wide Patient and Family Advisory Councils – December 2018
- Patient Experience Day – March 2019

Mr. Campbell referred back to the exceeding rates of Queens for inpatient, Carter for post-acute care and Morrisania for medical practice and asked what specifically contributed to their success. Dr. Mendez answered that while the other facilities have other types of service behavior models in place, for Queens it is mostly because the ICARE is embedded in their leadership team. At NYC Health + Hospitals/Queens, they do rounds and use the point of care. In addition, Queens has a PXO who looks at data on a frequent basis, hone in on the heat map and looks at the metrics that are not going well. Dr. Mendez commented that the other facilities just did not have the frame working structure. Dr. Mendez stated that in order to move forward, we need to stay on target with the basics of fundamental work. She stressed that there is no need for a new initiative. What is needed is sustainability and to continue doing the work that is proven to be working, i.e., rounding on patients and rounding on staff and educate new employees as they come on board.

Mr. Campbell recommended that any time we are celebrating a good indicator, it would be appropriate to bring that facility, division or staff member for the Board to recognize and appreciate their work.

Mr. Rosen informed the Committee that the Governor announced a few weeks ago that he is supportive of the New York State Nurses Association's (NYSNA) position for more nurses. Mr. Siegler stated that the Quality and Safe Staffing legislation needs some refinement and added that Health + Hospitals supports safe staffing and is awaiting the details of the bill.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:23 PM.

MINUTES OF THE OCTOBER 15, 2018 STRATEGIC PLANNING COMMITTEE MEETING

CALL TO ORDER

Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, called the October 15th meeting of the Strategic Planning Committee (SPC) to order at 1:00 P.M. Mr. Campbell noted that a quorum had not been established. He deferred the adoption of the July 19, 2018 meeting of the Strategic Planning Committee meeting to the next scheduled meeting.

LEGISLATIVE UPDATE

Mr. Siegler greeted and informed the Committee that he would provide some updates at the federal, state and local levels.

Local Update

Mr. Siegler reported that on October 3, 2018, he, on behalf of NYC Health + Hospitals along with Greater New York Hospital Association's Executive Vice President of Government Affairs, David Rich, provided testimony in front of the newly created City Council Committee on Hospitals on the transition of hospitals in the city from inpatient acute focus to community-based outpatient care. Mr. Siegler stated that it was a productive discussion about: 1) the effect that hospital closures and consolidation in the private sector has on our system; 2) Health + Hospitals' current position in the NYC market, and 3) how to align the transition and expansion of ambulatory care and focus on primary care. The Committee was pleased that Health + Hospitals' focus aligned with where the market is going and how Health + Hospitals positions itself to capitalize on it. Mr. Campbell commented that Health + Hospitals' Chief Financial Officer (CFO) is consistent with our 2020 financial plan which does not encompass hospital closures, as we are pursuing many other avenues to close the gap.

Mr. Siegler reported that all of the measures of the System Dashboard have been incorporated in the Mayor's Management Report (MMR). Measures will continue to be consolidated in the MMR to ensure that they are completely aligned with the System Dashboard. Mr. Campbell noted how important it is, not only for all internal staff across an organization, as well as Board Members and Council Members, but also in terms of the public domain, to look at the same metrics.

State Update

Mr. Siegler reported that the Indigent Care Workgroup, of which Dr. Katz is a member, convened on October 10, 2018 and would be making recommendations on what to do with the transition collar of the Indigent Care Pool (ICP) and broader questions around the distribution of Disproportionate Share Hospital (DSH) dollars. Dr. Katz' position is that DSH payments should be distributed primarily to hospitals that provide disproportionate share of care for the uninsured and those on Medicaid. The Workgroup is expected to convene one more time before making their final recommendations to the Legislature for adoption. Mr. John Ulberg, Senior Vice President, Finance Administration, specified that the final recommendations are expected in mid-November. He stated that members of the Workgroup are struggling with removing the transition collar which is a transition from the old methodology to the new methodology.

Mr. Campbell asked if it is possible to see a draft of the report after the Workgroup's last public meeting before making their recommendations. Mr. Ulberg answered that a copy of the report will be sent to all members of the Workgroup. He added that one of Health + Hospitals' suggestion is to back up the

MINUTES OF THE OCTOBER 15, 2018 STRATEGIC PLANNING COMMITTEE MEETING

Workgroup recommendations with legislation, which will require a change of State law. Health + Hospitals will watch the Workgroup recommendations very closely.

Federal Update

Mr. Siegler reported that the President signed a piece of legislation focusing on the Opioid epidemic. While the policy changes were relatively modest from our perspective, it may result in some positive changes in federal reimbursement. He noted that there is growing recognition across the country of some of the substance use and behavioral health services Health + Hospitals delivers on a regular basis.

Mr. Siegler reported on a troubling development of the proposed rule on “Public Charge.” He reminded the Committee that “Public Charge” is a longstanding piece of immigration law in the country stating that if an individual dependent upon aid from the federal government, his ability to become a citizen could be restricted. The Trump Administration’s proposal attempts to dramatically expand the criteria for that determination. Health + Hospitals has sent an open letter to immigrant New Yorkers informing them that nothing has changed and that they are still welcome to seek care and sign up for benefits without fear. Seeking care and signing up for benefits now poses no risk to them or their families’ progress through their immigration process. Health + Hospitals will continue to be vocal at the federal level in advocating against this rule. Our ability to provide care to everybody regardless of their immigration status and their families’ immigration status is fundamental to Health + Hospitals’ mission. Health + Hospitals strongly oppose this rule change.

Mr. Campbell asked about the added criteria of the newly proposed definition of “Public Charge” and the ones that continue to be exempt. Mr. Siegler answered that under the proposed rule, officials would newly consider use of certain previously excluded programs, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program and other similar programs. However, Emergency Medicaid and the subsidies through the qualified health plans in the exchange are not included. It is not clear whether the Children Health Insurance Program (CHIP) will be included. Mr. Siegler noted that there is a lot of room for comments and urged people to make their voices heard during the open public comment period, which is now. Health + Hospitals will be commenting as well as a number of coalitions that are trying to either block this rule or at least prevent some of the more damaging effects. Mr. Siegler clarified for Mr. Campbell that the new proposed rule was issued through the Department of Homeland Security (DHS).

INFORMATION ITEM

Strategic Planning Committee Update and System Dashboard

Matt Siegler
SVP Managed Care and Patient Growth
Dr. Eric Wei
Chief Quality Officer

Mr. Siegler informed the Committee that his presentation would include:

- Insurance Enrollment Update
- Dashboard Changes and Next Steps
- Discussion of Q4 FY 2018 Performance
- Glossary + Dashboard

MINUTES OF THE OCTOBER 15, 2018 STRATEGIC PLANNING COMMITTEE MEETING

- Discussion of Selected Measures
 - E-consult
 - 30-day Behavioral Health Follow Up

Mr. Siegler reported that in August 2018, Health + Hospitals rolled out a new insurance enrollment effort across our facilities. The goal was to screen 100% of self-pay patients for eligibility through the NY State of Health web portal. Mr. Siegler reported that Health + Hospitals reduced the fee scale Options for lowest income patients by aligning them with Medicaid and the Essential Plan.

Mr. Siegler reported that in one month, from August to September 2018, the percentage of applications for outpatient insurance enrollments jumped up to 15% and the number of applications in August of this year was 26% higher than in August of last year; all in all results in a total of about 3,000 more people who enrolled in one month versus the same month the prior year. In addition, it is the highest month ever outside of an open enrollment period and the third highest ever. Mr. Siegler cautioned that there are still significant follow-up to be done as many times we fail to document or screen some people or record their results. Even with this big jump, we are still 14% below our more aggressive FY 19 target.

Mr. Campbell asked if we should be concerned that some enrollees of MetroPlus and Health First may be dis-enrolled. Mr. Siegler answered that member retention is a major concern of MetroPlus. He added that Health + Hospitals' focus is to ensure that people remained enrolled in coverage and active and enrolled in their care. He added that maintaining a longitudinal primary care relationship and having care management resources is a primary way to keep people engaged and connected to us in receiving the care they need.

Mr. Siegler shared several methodological and display changes to the Dashboard. Notably, tracking metrics at a fiscal year (vs calendar year) level, reporting on data from the most recently quarter with complete data (in this case Q4 2018 (April-June), and introducing Red, Yellow, and Green indicators for all measures.

Mr. Siegler and Dr. Eric Wei then reported on the critical measures of the Q4 FY 2018 System Dashboard for the reporting April-June period (see next page).



System Dashboard – October 2018

Reporting Period: Q4 FY 2018, April-June

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care							
1	Unique primary care patients seen in last 12 months	VP PC	Annually	N/A	417,000	N/A	N/A
Access to Care							
2	Number of e-consults completed/quarter	CPHO	Quarterly	9,000	9808	+8.98%	7,939
Financial Sustainability							
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	56%	59%	+3%	56%
4	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	20,100	17,421	-13.33%	19,676
5	% of M+ medical spend at H+H	SVP MC	Quarterly	42%	39.34	-3%	39%
6	Total AR days per month (excluding in-house)	CFO	Quarterly	45	42.3	-2.7	45.3
Information Technology							
7	Epic implementation milestones	CIO	Quarterly	100%	100		100%
8	ERP milestones	CIO	Quarterly	100%	85	-15%	100%
Quality and Outcomes							
9	Sepsis 3-hour bundle (1Q18)	CMO + CQO	Quarterly	63.5%	66.0	+2.5%	67.7%
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	57.8	-8.2%	60.9%
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	63.5	-3.1%	63.9%
12	% Left Without Being Seen in EDs	CMO + CQO	Quarterly	4%	7.94	-4.6%	7%
Care Experience							
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	62	-3.4%	61.9%
14	Ambulatory care (medical practice) – Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	82.1	-1.5%	81.8%
15	Post-acute care - likelihood to recommend (mean) [2016]	CNO + SVP PAC	Semi-Annually	84.3%	85	+0.7%	84.1%
Culture of Safety							
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	-	-14%	62%
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	-	-2%	72%
18	Ambulatory (D&TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	-	-11%	39%



Mr. Siegler reported on the #1 measure of the Dashboard, number of unique primary care patients seen in the last 12 months. He noted that the data for this measure required some correction from the prior period but the goal for FY 2018 and FY 2019 will remain the same: stemming the multi-year decline in primary care patients and beginning to grow patient volume.

Mr. Siegler reported on improving measures that are positively trending with E-consult, which is our mean of expanding access to specialty care and speeding up referrals from primary care doctors into specialties.

Mr. Siegler reported on the negative trending measures. He reported that insurance applications on the Dashboard is reporting on the June number and is up 15% vs the same period last year.

Dr. Wei, Chief Quality Officer, reported that Sepsis 3-hour bundle data, as stated by the State’s first quarter for 2018, is down by 1.7%, compared to the last quarter in 2017. This decrease is still within common cause variation as noted below:

- Kings County had a 10.2% drop for overall bundle compliance.
- A significant drop of 17.5% for Blood Cultures at Metropolitan.
- Timely antibiotics were a consistent challenge for multiple acute sites including Bellevue, Elmhurst, and Coney Island.

MINUTES OF THE OCTOBER 15, 2018 STRATEGIC PLANNING COMMITTEE MEETING

- If you look at the denominators (# of raw cases) Kings County & Elmhurst had a decrease in cases identified causing percentages to trend downward
- As a system, we are looking at 19 raw cases for the quarter that if we enhanced chart review, documentation, or timing of clinical intervention we would have matched the 68% from the previous quarter
- As a trend, the 4Q 2017 68% was higher than previous months

Dr. Wei reported that Bellevue has a Quadra Med workflow that includes order sets, drop down menus and checklists that have been very positive. He informed the Committee that with the help of Kevin Lynch, Senior Vice President of Enterprise/IT and the IT team the Quadra Med workflow from Bellevue will be rolled out to the remaining Quadra Med sites (minus Woodhull).

Dr. Theodore Long, Vice President, reported that HbA1c >8 dropped down 0.4%, likely due to common cause variation. Significant improvements are expected as the system is currently rolling out the following actions:

- Simplifying the most recent evidence based protocols amongst all clinicians
- Hiring clinical pharmacists to more effectively titrate patients' insulin

Dr. Wei reported that the % of people left without being seen in EDs (ED LWBS) was up by 0.94% compared to last quarter. He noted that this negative trend is likely due to common cause variation. As staffing is improving, especially with nurse staffing in emergency departments; and leadership reporting restructured so there is one person who is ultimately accountable for clinical outcomes as well as operations, the benefits of those changes will substantially improve this metric.

Mr. Campbell asked if the ED LWBS numbers are better in the facilities, such as Elmhurst, where there is an Express Care. Dr. Wei answered that it is too early to tell. Currently, Express care is exceeding our expectations in terms of the number of patients being seen. He noted that the feedback received from the patient experience survey is very positive.

Mr. Siegler turned the Committee's attention to the mixture of red, yellow and green indicators. It is hopeful that during the six months of Dr. Katz' tenure all the indicators would be green within, at or exceeding their targets. However, the red indicators show where to focus and where more progress needs to be made. Mr. Campbell commented that if all the indicators were green they would not have been part of the Dashboard.

Mr. Siegler reported on three important metrics that are trending in the right direction. The first is #3, Patient Care Revenue/Expenses, which is the ratio of revenue within our control (collected revenue from billing and all operations - not waiver fund, not supplemental payments) over expenses (i.e., what we spend and is within our control) went up by \$150 million. The second one is line #7, Epic Implementation, which remains green. Mr. Siegler reported that within 7-10 days EPIC will go live in several of our facilities. Lastly, line #8, ERP, the other IT project, is also making progress.

Mr. Siegler reported on the culture of safety measures and stated that they are annually reported measures. He reminded the Committee that, as per the Board Chairman's recommendation, the Dashboard team is devising ways to monitor and report on these measures on an ongoing basis throughout the year. More updates will follow on these measures in the January report.

Mr. Campbell asked about the plan of actions to improve the inpatient care number. Dr. Wei explained that eye care, as a new added value is very promising. He reported that Woodhull has trained 69-70% of its staff. Aggressive trainings for both central office and facility staff on eye care are underway. It

MINUTES OF THE OCTOBER 15, 2018 STRATEGIC PLANNING COMMITTEE MEETING

is hopeful that eye care is leading to better customer service patient experience that would improve the overall rating (top box score).

Mr. Campbell reiterated his recommendation from the previous meeting to celebrate success. He encouraged the staff to bring people or a team from a facility to applaud them for what they are doing well.

In the interest of celebrating success, Mr. Siegler acknowledged Mr. Jesse Singer, one of the leaders of the population health team, for his great work and success on E-consult.

Dr. Wei reported on the Behavioral Health 30-Day Follow-Up metric. Dr. Wei reported that the biggest challenge encountered with metric is homelessness and substance abuse. He added that, besides homelessness, high utilizers (people in and out of the psych ER) tend to come back to the ER before they were possibly fit into an ambulatory care clinic. Dr. Wei added that substance abuse is a factor and that social determinants are outside of the control of the treatment team. Dr. Wei pointed out that some of the patients have non H+H psychiatrists, which makes it even harder to have control over them. He reported that in the first Quarter of 2018, 40% of the behavioral patients were referred internally (to Health + Hospitals outpatient services), whereas 60% were referred to non- H+H outpatient resources, which makes it harder to influence them. Moreover, only 46.2% of the 40% that were referred to internal outpatient services, actually showed up for their appointments versus 71.2% of the 60% that kept their external appointment.

Mr. Campbell stated that there are a lot of lessons to be learned throughout the enterprise whether it be behavioral health, ambulatory care or safety. He commended the Dashboard team and urged them to keep up the good work.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:40 PM.

Strategic Planning Committee Update and System Dashboard

Matt Siegler

SVP, Managed Care and Patient Growth

Dr. Eric Wei

Chief Quality Officer

Strategic Planning Committee

December 13, 2018

Agenda

- Public Policy Update
- Discussion of Q1 FY 2019 Performance
- Glossary + Dashboard
- Discussion of Selected Measures
 - Sepsis 3-hour bundle
 - % Left without being seen

Public Policy Update

- Indigent Care Work Group
 - Health + Hospitals developed proposal supported by community groups and labor
 - Other proposals brought forward (HANYS, State DOH) did not attract similar support
 - State DOH currently drafting report; key policy changes will require legislation

- Public Charge
 - Deadline for public comment 12/6
 - Health + Hospitals joined with city agencies submitting comment to Department of Homeland Security
 - Health + Hospitals analysis shows up to \$362m negative annual financial impact
 - Aggressive advocacy campaign to oppose regulation
 - Op-ed with Henry Garrido DC 37
 - Briefings to local, state, federal elected officials
 - Event with labor, community groups, elected officials 12/5
 - Comments to Department of Homeland Security from patients and staff

Q1 Fiscal Year 2019 Performance

- Positive trending measures:
 - E-consult: tracking to be live at all facilities by end of CY 2018
 - Patient Care Revenue/Expenses: continued billing improvements, slower declines in visits/discharges, expenses increasing with revenue cycle and nursing hiring
 - Insurance Applications per Quarter: significant increases continuing following August rollout of new enrollment processes
 - Sepsis 3-hour bundle

- Negative trending measures:
 - Unique primary care patients seen in last 12 months
 - AR days per month
 - % Left without being seen in EDs

Increase Primary Care

1 Unique primary care patients seen in last 12 months Measure of primary care growth and access; measures active patients only, period = FY 17

Access to Care

2 Number of e-consults completed/quarter Top priority initiative and measure of specialty access

Financial Sustainability

3 Patient Care Revenue/Expenses 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

4 # insurance applications submitted/month Top priority initiative and measure of efforts to convert self-pay to insured

5 % of M+ medical spend at H+H Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non medical spend

6 Total AR days/month (excluding in-house) Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted

Information Technology

7 Epic implementation milestones 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.

8 ERP on track Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design

Quality and Outcomes

9 Sepsis 3-hour bundle NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score

10 Follow-up appointment kept within 30 days after behavioral health discharge Follow-up appointment kept with-in 30 days after behavioral health discharge.

11 HgbA1c control < 8 Population health measure for diabetes control

12 % Left Without Being Seen in EDs Measure of ED efficiency and safety

Care Experience

13 Inpatient care - overall rating (Top Box) Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)

14 Ambulatory care (medical practice) - Recommend Provider Office (Top Box) Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)

15 Post-acute care - likelihood to recommend (mean) Press Ganey Survey. Likelihood to recommend (mean)

Culture of Safety

16 Acute Care – Overall Safety Grade Measure of patient safety, quality of care, and staff psychological safety

17 Post-Acute Care – Overall Safety Grade Measure of patient safety, quality of care, and staff psychological safety

18 Ambulatory (D & TC) – Overall Safety Grade Measure of patient safety, quality of care, and staff psychological safety

System Dashboard – December 2018

Reporting Period: Q1 FY2019 (July-Sept 2018)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD	
Increase Primary Care				FY 2019				
1	Unique primary care patients seen in last 12 months	VP PC	Annually	418,000	414,503	N/A	417,000	425,000
Access to Care								
2	Number of e-consults completed/quarter	CPHO	Quarterly	10,000	12,535	+8.98%	10,535	5,090
Financial Sustainability								
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	60%	61.5%	+1.5%	59%	61.4%
4	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	23,710	18,923	-20%	17,421	14,852
5	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	39.9%	-5.1%	39.34	39.1%
6	Total AR days per month (excluding in-house)	CFO	Quarterly	45	43.8	-1.2	42.3	47.0
Information Technology								
7	Epic implementation milestones	CIO	Quarterly	100%	100%	-	100	-
8	ERP milestones	CIO	Quarterly	100%	85%	-15%	85	-
Quality and Outcomes								
9	Sepsis 3-hour bundle (2Q18)	CMO + CQO	Quarterly	63.5%	72.6%	+9.1%	66.0%	66.2%
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	59.6%	-6.4%	57.8%	60.0%
11	HgbA1c control < 8	CPHO + VP PC	Quarterly	66.6%	64.1%	-2.5%	63.5	63.8%
12	% Left Without Being Seen in the ED	CMO + CQO	Quarterly	4%	8.67%	-4.67%	7.94	7.37%
Care Experience								
13	Inpatient care - overall rating (Top Box)	CNO + SVP AC	Quarterly	65.4%	62.0%	-3.4%	62%	60%
14	Ambulatory care (medical practice) Recommend Provider Office (Top Box)	CNO + SVP AC + VP PC	Quarterly	83.6%	81.2%	-2.4%	82.1%	80.5%
15	Post-acute care - likelihood to recommend (mean) [2016]	CNO + SVP PAC	Semi-Annually	84.3%	87.1%	+2.8%	85.3%	N/A
Culture of Safety								
16	Acute Care – Overall Safety Grade	CNO + CQO + SVP AC	Annually	76%	-	-14%	-	-
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	-	-2%	-	-
18	Ambulatory (D&TC) – Overall Safety Grade	CNO + CQO + VP PC	Annually	50%	-	-11%	-	-

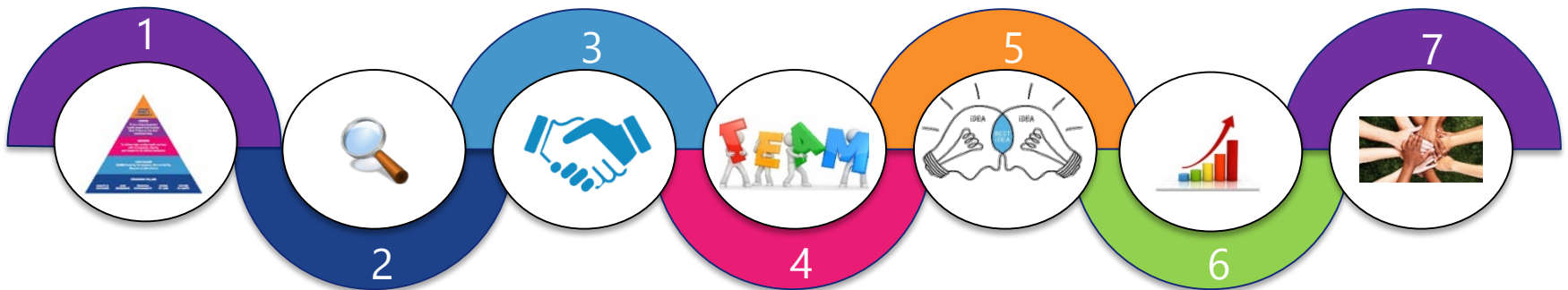
Facility-Driven Performance Improvement

**ENTERPRISE-WIDE
MEANINGFUL
MEASURE
SELECTION**

**DIRECTOR OF PI
FROM CENTRAL
OFFICE ASSIGNED
TO COLLABORATE
WITH EACH
FACILITY**

**GAP ANALYSES,
ACTION PLANS,
EXPERIMENTS &
DASHBOARDS**

**ALIGN IN COMMON
DIRECTION; SHARE
BEST PRACTICES &
LEARNING LESSONS
ACROSS SYSTEM**



**CHOOSE
HIGH-PRIORITY
FACILITY-BASED
QUALITY INITIATIVES
OF VALUE**

**CHOOSE
PILOT UNITS &
TEAMS; DETERMINE
CURRENT & TARGET
STATES**

**REALIZE SUCCESS:
SUSTAIN & SPREAD**

Sepsis 3-Hour Bundle – for 2Q 2018

- **2Q 2018: +6.6% (66% to 72.6%)**
 - Highest system-wide bundle compliance rate since measure definitions changed Q1 2017
 - Consistently higher than state-wide average (NYS Q2 2018: 66.8%)
 - Lincoln had a significant increase from previous quarter: +12.6%
 - Queens (+8.2%) and Bellevue (+9.3%) increased from previous quarter
- Bundle Components
 - **Timely Lactate: +0.4% (93.9% to 94.3%)**
 - Steady increase from Q1 2017 (89%) onwards
 - Currently at highest compliance rate of 94.3%
 - Woodhull: +10.6% from previous reporting quarter
 - Coney Island (+6.0%) and Harlem (+6.1%) increased from previous quarter
 - **Timely Blood Cultures Prior to Antibiotics: -1.3% (84.8% to 83.5%)**
 - Although slight decrease for the current quarter, rate has improved +8.5% (75% to 83.5%) from Q1 2017
 - Lincoln (+13.4%) and Metropolitan (+9.5%) increased from previous quarter
 - **Timely Broad Spectrum Antibiotics ≤ 3 hours: +1.9% (89% to 90.9%)**
 - Reached highest compliance rate (90.4%); first time to hit above 90%
 - Over the course of one year, compared to Q2 2017, improved +4.2% (86.7% to 90.9%)
 - Kings County (+11.8%) and Elmhurst (+8.2%) increased from previous quarter

Sepsis 3-Hour Bundle – Site Feedback

■ Lincoln:

- Modified screening process: SIRS, qSOFA, and POC lactate, and guidelines for ordering of labs and fluid initiation
- Use of the ED sepsis champion to re-enforced education
- The modified screening also included guidelines for the ordering of labs (i.e. BCx, procal, CBC, etc.), including a reminder to obtain BCx prior to administering Abx
- An extensive education program was also started in which the value-based indicators and quality outcomes were discussed with staff and re-enforced on an almost weekly basis (at the resident didactic conferences and morning nursing huddles). The ED sepsis champion also lectured to other departments, such as Surgery, to increase awareness and education

■ Queens:

- Ongoing Professional Practice Evaluations – for MDs/PAs; RNs – drill down by individual RN performance
- IT “Shock Panel” Sepsis order sets incorporating initial lactate levels
- Real-time observation and monitoring of provider workflow by ED leadership to ensure documentation of BC collection prior to antibiotic administration
- P&T committee standardization of appropriate antibiotics as per clinical condition (including antibiotics on formulary) – sepsis order sets include non-formulary antibiotic choices; Posting of a revised list throughout the ED; Ensuring availability of all required antibiotics in Pyxis station
- Continued use of ED CQI Committee and Multidisciplinary Critical Care Committee (including ED, Pharmacy and hospital leadership - Deputy Medical Director, QA/PI and CNO) to drive future sepsis improvement activities

■ Bellevue:

- EMR logic that triggers on ED disposition (only in patients who had screened positive for sepsis on ED triage). This functions within the existing ED workflow and prompts the provider to answer sepsis-specific questions
- Expanding concurrent case reviews asking providers to clarify their documentation

Sepsis 3-Hour Bundle: Site Feedback

- **Coney Island:**
 - Significant education on the use of Sepsis Screening Tools in Triage for early identification of potential sepsis
 - Implementation of POC Lactate in the Emergency Department
- **Elmhurst:**
 - Re-emphasized the importance of timely antibiotics with all staff and specifically with those providers who had patients that had not met that expectation
- **Kings County:**
 - Enhanced hand-off of suspected sepsis patients from CCT to the main ED
 - Daily huddle reminders for staff to enhance bundle management
 - Lab alert for lactic acid > 2, instead of > 4
- **Metropolitan:**
 - Timely education and real-time reinforcement of the sepsis bundle set in QuadraMed
 - Staff are actively educated about the sepsis bundle and to pick up orders in a timely fashion
- **Harlem:**
 - Working with nursing educators and staff to ensure appropriate collection technique to avoid contamination
 - Use of sepsis order set for cultures
- **Woodhull:**
 - Sepsis Committee renewed an emphasis on reviewing all fall-out cases for each month to detect trends and target interventions
 - Focused training to Medicine residents and ED staff on requirement for follow-up lactate and time frame as we found many fall-outs were related to this single issue
 - Providing focused feedback to staff on fall-outs for sepsis cases where they were initiated

% Left Without Being Seen in EDs

- Slight increase likely common cause variation
- LWBS metric affected by multiple factors that are being addressed
 - ED nurse staffing
 - ED provider staffing
 - Dwell time – time admitted patients stay in ED beds
 - Turnaround times for radiology, lab, consultations – information necessary to make a decision on a patient
- Working with EITS to more accurately reflect true LWBS – there are buckets of patients being counted as LWBS who should not be
 - Patients transferred to Psychiatric ED
 - Patients transferred to Express Care
 - Patients seen by provider but no Medical Screening Note (MSE) or ED note placed after patient walked out
- Change in organizational structure in the ED
 - No “captain” of the ship who was ultimately responsible for operational and clinical outcomes, physicians, nurses and administrators worked in siloes – now the nurse and administrator leads report to ED medical director/chief
- Utilizing Performance Improvement Teams
 - Local ED-based PI teams being formed across the system with facilitation by our new Performance Improvement Advisors from Central Office – addressing facility-specific bottlenecks