



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

**February 6, 2020  
Boardroom  
125 Worth Street, Room 532  
9:00am**

**AGENDA**

- |             |   |  |
|-------------|---|--|
| <b>I.</b>   | <b>Call to Order</b>  | <b>José Pagán</b>  |
| <b>II.</b>  | <b>Adoption of May 16, 2019 &amp; November 7, 2019<br/>Strategic Planning Committee Meeting Minutes</b> | <b>José Pagán</b>  |
| <b>III.</b> | <b>Information Items</b>  |  |
|             | <b>a. Update and system Dashboard</b>   | <b>Matthew Siegler<br/>Senior Vice President<br/>Managed Care &amp; Patient Growth</b> |
|             |   | <b>Dr. Eric Wei<br/>Vice President Chief Quality Officer</b>                           |
| <b>IV.</b>  | <b>Old Business</b>   |  |
| <b>V.</b>   | <b>New Business</b>   |  |
| <b>VI.</b>  | <b>Adjournment</b>  | <b>José Pagán</b>  |

## Strategic Planning Committee Meeting – May 16, 2019 - Minutes

### CALL TO ORDER

Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, called the May 16th meeting of the Strategic Planning Committee (SPC) to order at 11:05 A.M. The minutes of the March 19, 2019 of the Strategic Planning Committee meeting were adopted.

### LEGISLATIVE UPDATE

Mr. Siegler greeted and informed the Committee that he would provide a quick public policy update followed by the System Dashboard Reporting Period: Q3 FY2019 (January-March 2019) and a discussion of two selected measures: percentage of people left without being seen in the Emergency Department and inpatient care satisfaction overall rating.

#### Public Policy Update

Mr. Siegler reported that the disproportionate share hospital (DSH) program is listed as the public policy priority number one, two and three for both Health + Hospitals and the broader hospital community in New York State. As such, the cuts to this program initially included in the Affordable Care Act have been delayed several times and are scheduled to come up again in October of 2019. Mr. Siegler explained the potential impact of the cuts is quite significant because New York State is the largest recipient in the country, and New York City Health + Hospitals is the largest recipient in New York State. Mr. Siegler noted that Health + Hospitals provides care for over 400,000 uninsured New Yorkers and spends over a billion dollars a year on behavioral health care, which is under-reimbursed in the Medicaid program and often unreimbursed entirely. Needless to say that DSH program is a very significant and vital source of funding for us. Mr. Siegler stated that while the impact of the cuts would be severe, we are optimistic that the cuts will be pushed off.

Mr. Siegler reported that, last time the DSH cuts were delayed under unified Republican control of the Congress and the executive branch. Due to the current Democratic control in the House, there have been very strong statements on the bipartisan basis that these cuts should be delayed. Over 300 members of the House of Representatives have urged leadership to delay the cuts. Mr. Siegler reiterated that there is bipartisan support for pushing these cuts off. Congressman Engel has been the key leader requesting the delay of DSH cuts but his letter urging the leadership to delay the cuts is cosigned by a conservative republican member from Texas, Pete Olson. Speaker Pelosi has also been very clear that the cuts should not happen and Senator Schumer is a strong supporter of the delay of the cuts. Mr. Siegler informed the Committee that Dr. Katz could not be at the meeting as he was on his way to Washington, DC and will be at a panel sponsored by America's Essential Hospitals, which is the trade association that represents public hospitals around the country, to speak about delaying the DSH cuts with congressional members and staff tomorrow on Capitol Hill. Health + Hospitals has an aggressive advocacy campaign under way and is cautiously optimistic the cuts will be delayed.

Mr. Campbell asked if there is any possibility to get beyond this dance which is happening annually. Mr. Siegler answered positively. He recalled the multi-decade dance on the Medicare doc fix, also

known as SGR. In a period where there is vastly differing opinions and great stasis on what is happening with the Affordable Act, the questions are:

1. Are we moving to expand coverage and make subsidies more generous?
2. Are we contracting the program at the federal level to reduce subsidies and therefore increasing the need for supplemental payments like this for hospitals that have uncompensated care?

Mr. Siegler stated that we are a long way from consensus and the amount of money at stake is so high that the status quo of delay will continue potentially for some time.

## 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 the score card measures reflect the third quarter of fiscal year 2019 (see attached).

Mr. Siegler reported on some of the key measures of Q3 FY2019 performance in the Dashboard. Measures with some notable trends include:

- E-consult: Our electronic consultation system for specialty referrals, has already surpassed fiscal year 19 target from 18,000 to 21,907. Dave Chokshi, M.D., Vice President, Population Health, is hard at work accelerating the roll out in the Bronx in advance of NYC care.

Mr. Campbell asked what factors have contributed to exceeding the target from 18,000 to 21,907. Dr. Chokshi answered that part of it is attributed to a higher than anticipated number of clinics, such as Bellevue and Harlem, to go live as part of the EPIC transition.

- The percentage of MetroPlus spend at Health + Hospitals: Continuous improvement is being made in how we are attributing MetroPlus members to our primary care providers. In addition, there is a much more nuanced and focused effort to assign people to primary care doctors at the Gotham clinics. As such, we have increased towards 40 percent, which represents a \$20 million increase versus the first quarter last year. Mr. Siegler had discussed with Dr. Talya Schwartz, the newly appointed President and CEO of MetroPlus Health Plan, the need to start tracking a key measure of how many new enrollees our financial counselors and their own staff help select a primary care physician, PCP on site, at that moment.
- ERP Milestones: This is the second largest IT resource project, which is a major redesign of our payroll systems and other internal systems, jumped from 70 percent to 80 percent. This measure is on track largely because the new payroll system is slated to go live on July 1, 2019.

Mr. Siegler reported on the negative trending measures.

- The number of insurance applications submitted per quarter: This measure trended down and it is a seasonal change, as this is the first report out that is post ACA open enrollment when

there is always a surge of enrollment. To better track our progress, this measure will be reported with a quarter by quarter target that takes into account some of that seasonality. Overall versus last year, we are still 20 percent up year-to-year.

Ms. Sally Hernandez-Piñero asked: 1) What is the number of applications submitted versus the number of applications accepted; 2) The reasons why some applications ended up rejected; and 3) What are the retention figures? Mr. Siegler answered that he would expand more on these numbers at the next meeting. Ms. Hernandez-Piñero also asked about the distinction between the financial counselors and the MetroPlus representatives since both take applications at Health + Hospitals. Mr. Siegler clarified that Health + Hospitals counselors have access to more aspects of our financial system and can enroll applicants in our fee scale program, reduce their bills, and, engage and register them for visits. The MetroPlus enrollers are MetroPlus employees and therefore, have more limited visibility into our financial system. While there may be some minor regulatory reason for keeping some division, the truth of the matter is that MetroPlus and Health and Hospitals are a shared entity and we should partner and be as closely aligned and integrate resources as much as possible.

Ms. Freda Wang, Board Member, asked where are the MetroPlus enrollers located, and if the process is just duplicative. Mr. Siegler answered that MetroPlus' enrollment representatives are all over the city; they are at community events and at MetroPlus store front locations; and in some cases, at other hospitals. Meanwhile, our Financial Counselors are purely in-house, but we do have a lot of MetroPlus representation inside our hospitals, at tables and in the lobbies. The intent is to have more businesses in our lobbies directed to MetroPlus enrollers to have people screened for insurance coverage and then, if they are not eligible, our Financial Counselors will help them with enrollment options and ultimately enroll in NYC Care. Mr. Campbell requested a side by side comparison between a Health + Hospital Counselor and a MetroPlus Enroller and asked why the focus is on applications submitted as opposed to actual enrollees. Mr. Siegler replied because the number of applications submitted is what we know and what we can track. The approved or rejected application occurs at the state level and is unique to that individual; it is not necessarily tied to the hospital itself. Mr. Siegler assured the Committee that he would give that issue further consideration.

Ms. Hernandez-Piñero asked if the reported number of applications submitted is a combined number of MetroPlus' and Health + Hospitals' counselors or just Health + Hospitals'. Mr. Siegler answered that it is a combined number with MetroPlus', Health + Hospitals' and Health First's, who is also inside our facilities. Under State law, a MetroPlus or Health First representative have to help someone apply for any insurance plan he/she wants and that application is done through the exchange. Therefore, these numbers are not necessarily exclusively Health First's and MetroPlus' numbers but they are the applications processed by their representatives on-site inside our facilities. Clear data on how many of those members end up using Health + Hospitals primary care physicians are available as well as how many of their members use Health + Hospitals' primary care physicians from a different source. Relevant data from both sides are available to draw an inference between those two. Ms. Hernandez-Piñero emphasized that one of the targets is directing as many MetroPlus enrollees to Health + Hospitals' primary care physicians as we can and that any potential obstacles to do that have to be identified and dealt with.

Mr. Siegler informed the Committee that he had discussed with Dr. Schwartz the necessity to start tracking and reporting on a tool that MetroPlus gives to our financial counselors and its

own staff that helps people who are newly enrolled select a primary care physician, PCP, on site, at that moment. A low percentage of people are actually on site selecting a primary care doctor, which proves that our facility's usage of that tool is not where it needs to be. While it is very good to have 90% of the members auto-assigned, you stick more closely if you are an active participant in selecting your primary care doctor. This issue will be addressed both by Dr. Schwartz and John Ulberg, Chief Financial Officer and Marji Karlin, Chief Revenue Officer, who supervise the financial counselors at the facilities.

Mr. Jose Pagàn, Board member, asked if there is a way of finding out why some of the MetroPlus members do not use Health + Hospitals for their primary care. Ms. Deborah Brown, who represented Dr. Herminia Palicio, interjected that this might align with some previous mayoral work undertaken to make those connections. Mr. Siegler added that the Mayor's public engagement unit is a key partner in the guaranteed care initiative and assists with signing people up for coverage. He noted that location is one of the factors. Ms. Hernandez-Piñero stated that the key issue for both enrollment and retention, is wait time, which is improving

Dr. Eric Wei, further explained that when they were just seeing the primary care physician it was fine. However, there could be a nine-month wait time for their first referral to see a specialist. If your primary care physician is telling you that you need to see a cardiologist and you call and they say the next appointment is nine months, you would go outside if you are worried about your heart. Dr. Wei announced that some promising results are underway with open scheduling at Bellevue and Ted Long's team is working very hard to replicate that success across the system. Dr. Wei presented the new Chief Data Officer, Mr. Alexander Izaguirre, who joined his team only two weeks ago. Dr. Wei informed the Committee that he would invite Mr. Aguirre at the next Strategic Planning Meeting to share what he has learned. Mr. Campbell said that data governance is very important and that he is looking forward to hearing from Mr. Izaguirre once settled.

- HgbA1c control < 8. Dr. Eric Wei, Chief Quality Officer informed the Committee that Dr. Dave Chokshi, Vice President and Dr. Theodore Long, Population Health Officer and the Vice President for Ambulatory Care, are driving this project. Any tiny changes in the percentage are a huge lift because it involves trying to change something across tens of thousands if not hundreds of thousands of people. While last quarter's success was due to a performance improvement project, we are about the same as last year's quarter due to common cause variation. There were very exciting lessons learned from the quarter system-wide performance improvement project, one of which is to embed clinical pharmacists into some of our Gotham sites doing just diabetes teaching, calling patients at home and following up with them. Dr. Chokshi explained that HgbA1c is a measure of diabetes control. It represents the proportion of patients who have their blood sugar controlled as indicated by an A1C less than 8 over the total denominator of diabetic patients receiving care in our facilities. Despite a number of efforts, we are not getting better on this metric over the last few months. The challenge of moving the needle on this measure would require more time to work on access, quality and innovative efforts.

Access: Ted's team is working on embedding clinical pharmacists; and is also working on and making sure that patients who are in need of specialty care have access to endocrinology through services like E-consult.

Quality: Revisit all of our clinical guidance on diabetes (including treatment algorithm) to make sure that we are providing the most up-to-date evidence-based care and making sure that all the newly approved FDA medications are on formulary and clinicians are educated about using them.

Innovation: Partnership with InquisitHealth which sets up virtual peer mentoring platform that allows people who have similar lived experience to our own patients to essentially coach them in terms of diabetes management. Shift focus on prevention and not just treatment. Working to scale up the diabetes prevention program, which is another evidence-based approach to taking care of patients with diabetes.

Mr. Siegler reported on the individual measures of the System Dashboard – May 2019:



### System Dashboard – May 2019 Reporting Period: Q3 FY2019 (Jan-Mar 2019)

|                                 | EXECUTIVE SPONSOR   | REPORTING FREQUENCY | TARGET        | ACTUAL FOR PERIOD | VARIANCE TO TARGET | PRIOR PERIOD | PRIOR YEAR SAME PERIOD |         |
|---------------------------------|---|---------------------|---------------|-------------------|--------------------|--------------|------------------------|---------|
| <b>Increase Primary Care</b>    |   |                     |               |                   |                    |              |                        |         |
|                                 |   |                     | FY 2019       |                   |                    |              |                        |         |
| 1                               | Unique primary care patients seen in last 12 months                         | VP AMB              | Annually      | 418,000           | N/A                | N/A          | 414,503                | 425,000 |
| <b>Access to Care</b>           |   |                     |               |                   |                    |              |                        |         |
| 2                               | Number of e-consults completed/quarter                                      | CPHO                | Quarterly     | 18,000            | 21,907             | +21.7%       | 15,341                 | 8,073   |
| <b>Financial Sustainability</b> |   |                     |               |                   |                    |              |                        |         |
| 3                               | Patient Care Revenue/Expenses   | CFO + SVP MC        | Quarterly     | 60%               | 60.8% est.         | +0.8%        | 60.4%                  | 57.0%   |
| 4                               | # insurance applications submitted/quarter                                  | CFO + SVP MC        | Quarterly     | 23,710            | 20,666             | -13%         | 21,483                 | 19,676  |
| 5                               | % of M+ medical spend at H+H  | SVP MC              | Quarterly     | 45%               | 40%                | -5%          | 39.5                   | 37.4%   |
| 6                               | Total AR days per month (excluding in-house)                                | CFO                 | Quarterly     | 45                | Not yet available  | 0            | 54.6                   | 47.0    |
| <b>Information Technology</b>   |   |                     |               |                   |                    |              |                        |         |
| 7                               | Epic implementation milestones  | CIO                 | Quarterly     | 100%              | 100%               | -            | 100                    | -       |
| 8                               | ERP milestones  | CIO                 | Quarterly     | 100%              | 80%                | -20%         | 70                     | -       |
| <b>Quality and Outcomes</b>     |   |                     |               |                   |                    |              |                        |         |
| 9                               | Sepsis 3-hour bundle  | CMO + CQO           | Quarterly     | 63.5%             | 70.9%              | +7.4%        | 69.7%                  | 68.0%   |
| 10                              | Follow-up appointment kept within 30 days after behavioral health discharge | CMO + CQO           | Quarterly     | 66%               | 58.7%              | -7.3%        | 57.4%                  | 60.9%   |
| 11                              | HgbA1c control < 8  | CPHO + VP AMB       | Quarterly     | 66.6%             | 63.7%              | -2.9%        | 64.1                   | 63.8%   |
| 12                              | % Left Without Being Seen in the ED   | CMO + CQO           | Quarterly     | 4%                | 6.66%              | -2.66%       | 7.5                    | 8.51%   |
| <b>Care Experience</b>          |   |                     |               |                   |                    |              |                        |         |
| 13                              | Inpatient care - overall rating (Top Box)                                   | CQO                 | Quarterly     | 65.4%             | 59.0%              | -6.4%        | 62.0%                  | 59.0%   |
| 14                              | Ambulatory care (medical practice) Recommend Provider Office (Top Box)      | CQO + VP AMB        | Quarterly     | 83.6%             | 82.1%              | -1.5%        | 81.3%                  | 82.1%   |
| 15                              | Post-acute care - likelihood to recommend (mean) [2016]                     | CQO + SVP PAC       | Semi-Annually | 86.3%             | 87.1%              | +0.8%        | 87.1%                  | 85.3%   |
| <b>Culture of Safety</b>        |   |                     |               |                   |                    |              |                        |         |
| 16                              | Acute Care – Overall Safety Grade   | CNO + CQO           | 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 AMB  | Annually      | 50%               | -                  | -11%         | -                      | -       |



1. Unique primary care patients seen in last 12 months: It is a great challenge to track this metric. We are currently working through an infinite layer of complexity, which will be solved once we will be all on EPIC by October. Dr. Long shared the following which are two good proxies to think about headed in the right direction:

- a. We are right on schedule in addressing the perennial challenge of getting the number of needed providers in the system. Thirty-seven out of the projected annual 70 new primary care providers were hired in the first six months.
- b. MetroPlus' numbers, in terms of the people screened and submitted were up an impressive 9%, almost 8,000 people from comparing January to April 2018 to January April to 2019. In terms of membership, MetroPlus' membership has grown from 516,870 in December 2018 to 524,000 more recently.

Mr. Campbell pointed out that the number of the prior year same period was 425,000. Dr. Long explained that the data has an influence of EPIC as well. Dr. Wei added two more asterisks to this data point for this year:

- \* When EPIC is being implemented on a new site, the volume of patients to be seen by primary care providers has to be brought down.
- \* Our goals were set to reverse the loss of patients first. There was a 5% year over year decrease. Our goal is to stem that tide and then start going positive.

Mr. Campbell referred to the first asterisk and asked how long and from what period of time is there a decrease in patient visits. Dr. Long answered that it is at least a month. Specifically, it is a 50% reduction in the first week alone. He added that the trend over the last three to five years (not having anything to do with EPIC), almost every year, is 3 to 5% reduction in the number of unique patients. Therefore, even if at the end of this year after EPIC has been rolled out, if we are a little bit down, it will still be a pretty big win as we would have been otherwise down by 3 to 5%.

2. Number of E-consults completed/quarter: See above as discussed in the notable trends measures.
3. Patient Care Revenue/Expenses in this quarter is an estimated number. Data is not currently available. More details will follow at the Finance Committee next month.
4. # Insurance applications submitted/quarter: see negative trending measures discussed above.
5. % of MetroPlus medical spend at Health + Hospital: previously discussed in notable trends measures above.
6. Total AR days per month is a revenue cycle measure. Data is not yet available. Ms. Krista Olson, Senior Assistant Vice President, explained that this measure is related to having the revenue cycles and being able to measure consistently across the systems. So, unfortunately, efforts are being made to establish a methodology that can be applied retrospectively to the legacy systems that will be comparable.
7. Epic Implementation milestones: On track, bright green. A hundred percent Epic progress.
8. The ERP milestones. On track as discussed in notable trends measures above.

Mr. Siegler turned his presentation over to Dr. Eric Wei and Drs. Chokshi and Long to talk about the Quality and Outcomes, Care Experience and Culture of Safety measures.

Dr. Wei reported on:

9. Sepsis 3-hour bundle: We continue to outpace the New York State average of 70.9%, which is up from 69.7% from the prior periods. Bellevue, Jacobi and Queens were recently designated as the highest performers in this category. Efforts are being made to drive that number to even 100%. Mr. Campbell inquired about the national average. Dr. Wei answered

that 63.5% is the New York State average and that he would bring back the national average at the next meeting along with Dr. Allan, who has been leading this charge for a long time.

10. Follow-up appointment kept within 30 days after behavioral health discharge: went up from 57.4% to 58.7 percent. This was a topic of a system wide performance improvement project last year. Mr. Charles Baron, Deputy Chief, Behavioral Health Administration and the Behavioral Health team continue to drive this very important initiative.

Mr. Campbell asked if this initiative is considered to be part of THRIVE or not. Ms. Brown answered negatively.

11. HgbA1c control < 8: See negative trending measures above.
12. % Left Without Being Seen in the ED: Improved from 7.5% to 6.66%. This metric shifted from a negative trending deep dive to now a positive trending deep dive. The ambitious goal is to get to the national benchmark of 4%. By definition, a patient's medical record is noted as "left without being seen" when the registered patient leaves the emergency department before being evaluated by a provider. A provider includes a licensed physician, resident physician, or advanced practice practitioner (Nurse practitioner or physician assistant). With the old model, the patient sits in the waiting room for multiple hours and then see a provider when he gets a bed in the back. The main reason patients come to the emergency department is to see a provider, not to have their vitals taken, not to be triaged. It is a huge patient experience, positive factor and a huge quality and safety factor. Therefore this quarter's improved performance is due to the following changes:

- a. Multiple EDs, such as the Queens ED, are moving towards a provider up front or provider in triage model.
- b. Lincoln is using nurse practitioners in the front.
- c. Woodhull is using physician assistants in triage, about 10 to 12 minutes wait time.
- d. No longer rounding in the ED waiting rooms and asking people to register if they are not seeking medical care.
- e. Express Care, currently live at Elmhurst and Lincoln, is decompressing our EDs of low-acuity patients.

We are working towards a behavioral modification to try to get people to self-select our Express Care. By comparing the % left without being seen from the respective emergency departments of the two facilities with Express Care mentioned above, Lincoln is just hovering around 20% all the way down to 12.8% and Elmhurst hovering mid five percent down to as low as 2% and 3% a couple months.

Other positive trends include: fast track patients with non-urgent Emergency Department visits at these two Express Care facilities are as follows: 40% to about 32% at Lincoln and about 28% to 25%, 26% at Elmhurst.

13. Inpatient care – overall rating (Top Box): This target is provided by Press Ganey. Scores 9 or 10 on a scale of 1 to 10. From January to March, the score at the top box is at 59%, which is 6.5% below the goal of 65.4%. It is the same as prior year, same period. Listed below are patient experience initiatives undertaken by Ms. Vivian Sun, Chief Experience Officer, to improve this metric:

- a. First Annual Care Experience Conference: Attended by over 186 participants system-wide. The evaluation showed that 95% were very satisfied and another 91% were pleased with the topics discussed and increased their knowledge on patient experience.



- b. Unit Challenge: Currently in progress. For each facility, three units that would have the biggest impact on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores are isolated and the facility chooses one to enter this competition. The winners will be announced at the end of the month.
- c. ICARE (Integrity, Compassion, Accountability, Respect and Excellence): So far, 64.2% of the system have attended the ICARE training. The goal is to ensure that ICARE is in the forefront, especially our leaders and supervisors because they are the role models. In collaboration with Mario Smith, Director of Communications, five leadership videos speaking about ICARE, starting with Dr. Katz, Dr. Wei, Dr. Long, Maureen McClusky (Senior Vice President) and Natalia Cineas (Chief Nursing Executive Officer) were being produced. They will share from their point of view what does ICARE mean to them and also how, as an organization, we should be embracing these ICARE values.
- d. Rounding: In the process of developing standard work. It consists of three components:
  1. Purposeful rounding: A video is developed surrounding the five P's that any nurse, LPN, CAN at the front line of patient care will be using to assess patients: pain, personal needs, position and personal space and most of all presence.
  2. Department head and unit rounding: Every team member is expected to introduce himself by name and explain their role in the patient's care.
  3. Executive leadership rounding: Important for employee engagement. Leadership is going to the areas where people are working to see how things are.
- e. Joy in work: Through the New York State Department of Health, Health + Hospitals received an HWRI grant for health workforce retraining initiative. The Institute for Healthcare Improvement (IHI): Joy in Work framework is adopted to bring back to staff the meaning and purpose of our work. So far, 418 ambassadors have been trained system-wide.
- f. Planetree: Preliminary stages of planning a three-year engagement in collaboration with Finance and One City Health to help with patient experience and organizational change are underway.

Ms. Hernandez-Piñero asked about the role of the joy ambassadors. Ms. Sun answered that their role is to have in their areas crucial conversations such as, "How do we bring meaning back again to our job?" They in turn report back to the Office of the Chief Experience Officer, who takes in all the insights to produce a beautiful digital collage. Dr. Wei added that basically it is to collect all the obstacles that are in the way of our staff preventing them to enjoy what they are doing as joyful activity. Mr. Siegler added that the job is to get these obstacles out of their way. More importantly, Mr. Siegler declared that the Joy Ambassadors training has been a helpful shift in orientation for him.

- 14. Ambulatory care (medical practice) Recommend Provider Office (Top Box): This target is provided by Press Ganey. 82.1% from 81.3% last quarter but still below the goal of 83.6%.
- 15. Post-acute care – likelihood to recommend (mean) [2016]: Another target provided by Press Ganey. This metric is green. We were able to maintain that level of satisfaction at 87.1%, which is well above the updated goal of 86.3%.

As for the culture of safety measures, #16, 17 and 18, Dr. Wei informed the Committee that the AHRQ patient safety culture survey is slated to be administered at the end of September, early October. It is hopeful that the culture of safety has positively changed in the last year and a half because this last cycle the staff engagement was very low and was just an opportunity to show that they were unhappy. While there were no reason to resurvey them on it, there is an opportunity to

survey that one question, which is to give your work area an overall grade with some other important survey questions that could be done annually or more often.

Mr. Siegler informed the Committee that at the next Committee meeting on July 11<sup>th</sup> he will report on our year-end financial results and also present a new set of targets for FY 2020.

Mr. Siegler concluded his presentation by thanking Committee members and invited guests for their time.

## **ADJOURNMENT**

There being no further business, the meeting was adjourned at 12:10 PM.

**MINUTES**

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

**NOVEMBER 7, 2019**

The meeting of the Strategic Planning Committee of the Board of Directors was held on November 7, 2019 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  
Jose A. Pagán, Ph.D.  
Mitchell Katz, M.D.

**OTHER ATTENDEES**

M. Heron, Assistant Director, DC 37  
J. Montalvo, Chief Operating Officer, PAGNY

**HHC STAFF**

C. Barrow, Director, Funded Programs, NYC Health + Hospitals/Lincoln  
M. Belizaire, Director, Government and Community Relations  
D. Bell, Deputy Chief Medical Officer, NYC Health + Hospitals/Kings  
D. Chokshi, Vice President, Population Health  
N. Davis, Senior Assistant Vice President, Office of Population Health  
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs  
B. Ingraham-Roberts, Assistant Vice President, Government and Community Relations  
T. Long, Vice President, Office of the President  
A. Marengo, Senior Vice President, Office of Communications  
C. Miller, Senior Director, Office of Communications  
J. Morrison, Coordinating Manager, Office of the Chair, Board Affairs  
K. Olson, Assistant Vice President, Revenue Budget  
S. Ritzel, Associate Director, NYC Health + Hospitals/Kings

M. Smith, Director of Marketing, Office of Communications  
E. Wei, Vice President, Chief Quality Officer

## CALL TO ORDER

Mr. Gordon Campbell, Chairman of the Strategic Planning Committee, called the November 7th meeting of the Strategic Planning Committee (SPC) to order at 10:05 A.M. A quorum was not established. Mr. Campbell deferred the adoption of the May 16, 2019 minutes of the Strategic Planning Committee meeting.

Dr. Wei, Chief Quality Officer, greeted members of the Committee and introduced his colleagues, Ted Long, M.D., Vice President, Ambulatory Care, Nichola Davis, Sr. Assistant Vice President, Population Health and Krista Olson, Sr. Assistant Vice President, Revenue Budget. He informed the Committee that Matthew Siegler, Sr. Vice President, sends his regrets as he and Deborah Brown, Senior Vice President, were on their way to Albany to meet with Senate and Assembly Members. Today's agenda include:

- FY 2019 Recap
- FY 2020 Dashboard Updates
- Q1 Performance

Dr. Wei reported on key FY 2019 successes:

### Epic:

By December 7<sup>th</sup>, with the addition of Kings County, all of our acute hospitals and associated ambulatory Gotham clinics will be onto the same EMR.

### E-Consult:

Over 160,000 e-consults completed.

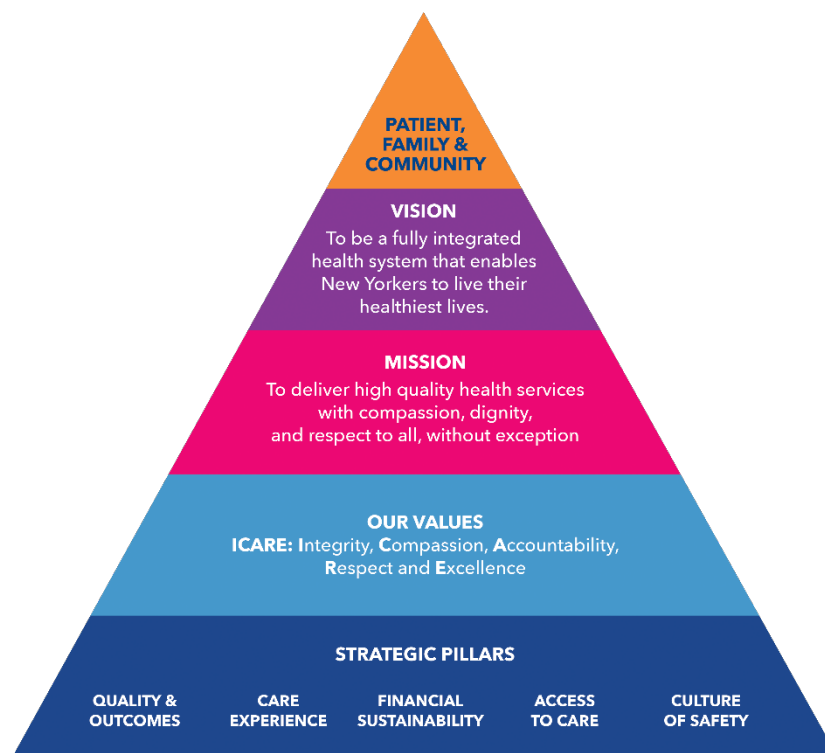
### Express Care:

Two successful launches of Express Care in Lincoln and Elmhurst.

Dr. Wei reported that the core priorities and strategic pillars remain the same as represented below:

- Improve *Quality and Outcomes*
- Improve *Care Experience*
- Achieve *Financial Sustainability*
- Improve *Access to Care*
- Build a *Culture of Safety*

In Calendar Year 2020, the goal is to continue to build momentum and improve execution on key projects and priorities.



Dr. Wei reported on updates to new metrics for FY20 as discussed with the Board:

1. Add NYC Care enrollment as a goal.
2. Seasonally adjust insurance application metric to account for increase during ACA open enrollment period. It is not realistic to expect the same number of applications every quarter.
3. Adjust EPIC metric once all acute care facilities go-live. It does not make sense to keep putting a big implementation as a metric. EPIC metric will change from measure or roll out progress to potential metrics that identify or measure optimization/utilization such as, my chart activations, utilization of standard order sets or number of records shared across Health + Hospitals.

Mr. Campbell asked what are other systems around the country looking at to really ensure optimization/utilization of EPIC and what does it mean as it relates to patient care. Dr. Wei answered that My Chart is the closest tool to do that.

Dr. Katz shared his experience with a patient with a complicated orthopedic issue. Since the patient lives in the Bronx, he was referred to Dr. Zen at Jacobi, who was able to read his minutes and look at the films as a result of E-consult's inter-facility capability. Dr. Katz asked if there is some way to figure out how many times a doctor from one hospital is viewing the record of another hospital. Dr. Wei answered that he learned at the EPIC user group conference this past year that down to the provider, there is capacity to measure how much time one is logged into EPIC, how many times they are logged after hours and how often are they logged in on their days off.

4. Adjust Culture of Safety metrics to see improvement in the overall safety grade. The HR patient safety culture survey is only administered every two years. It is hopeful that this metric would be implemented by January of 2020 to be able to report on the number of good catches reported in the incident reporting system going forward. Indicative staff have the psychological safety to report issues.

Mr. Campbell asked if there are other platforms similar to the incident reporting system that will be added down the road moving forward. Dr. Wei answered that inputting or reporting is the first piece of it. It is actually a full suite of risk management solutions that most importantly will look at and address the root causes to prevent the outcome, rather than the number of incidents.

## INFORMATION ITEM

### Strategic Planning Committee Update and System Dashboard

Dr. Eric Wei  
Chief Quality Officer

Dr. Wei turned the presentation over to Dr. Ted Long to report on the first quarter of FY 20 July-September 2019:



## System Dashboard – November 2019

### Reporting Period – Q1 FY20 (Jul-Sept 2019)

|                                 | EXECUTIVE SPONSOR   | REPORTING FREQUENCY | TARGET         | ACTUAL FOR PERIOD | VARIANCE TO TARGET | PRIOR PERIOD | PRIOR YEAR SAME PERIOD |
|---------------------------------|---|---------------------|----------------|-------------------|--------------------|--------------|------------------------|
| <b>Access to Care</b>           |   |                     | <b>FY 2019</b> |                   |                    |              |                        |
| 1                               | Unique primary care patients seen in last 12 months                         | VP AMB              | Annually       | 418,000           | N/A                | N/A          | 425,000                |
| 2                               | Number of e-consults completed/quarter                                      | VP AMB              | Quarterly      | 46,000            | 46,393             | +1%          | 25,830                 |
| 3                               | NYC Care (New as of Q1 FY20)  | VP AMB              | Quarterly      | 10,000            | 5,000              | New          | N/A                    |
| <b>Financial Sustainability</b> |   |                     |                |                   |                    |              |                        |
| 4                               | Patient Care Revenue/Expenses   | CFO + SVP MC        | Quarterly      | 60%               | 61.7%              | +1.7%        | 60.8                   |
| 5                               | # insurance applications submitted/quarter                                  | CFO + SVP MC        | Quarterly      | 22,242            | 19,814             | -11%         | 19,620                 |
| 6                               | % of M+ medical spend at H+H  | SVP MC              | Quarterly      | 45%               | 40%                | -5%          | 39.9%                  |
| 7                               | Total AR days per month (excluding in-house)                                | CFO                 | Quarterly      | 45                | 51.3               | +6.3         | 54.6                   |
| <b>Information Technology</b>   |   |                     |                |                   |                    |              |                        |
| 8                               | Epic implementation milestones  | CIO                 | Quarterly      | 100%              | 100%               | -            | 100%                   |
| 9                               | ERP milestones  | CIO                 | Quarterly      | 100%              | 80%                | -20%         | 80%                    |
| <b>Quality and Outcomes</b>     |   |                     |                |                   |                    |              |                        |
| 10                              | Sepsis 3-hour bundle  | CMO + CQO           | Quarterly      | 63.5%             | 71.2%              | +7.7%        | 70.9%                  |
| 11                              | Follow-up appointment kept within 30 days after behavioral health discharge | CMO + CQO           | Quarterly      | 66%               | 54.7%              | -11.3%       | 56.5%                  |
| 12                              | HgbA1c control < 8  | CPHO + VP AMB       | Quarterly      | 66.6%             | 65.8               | -0.8%        | 64.6                   |
| 13                              | % Left Without Being Seen in the ED   | CMO + CQO           | Quarterly      | 4%                | 7.83%              | -3.83%       | 7.19%                  |
| <b>Care Experience</b>          |   |                     |                |                   |                    |              |                        |
| 14                              | Inpatient care - overall rating (Top Box)                                   | CQO                 | Quarterly      | 65.4%             | 62.6               | -2.8%        | 61.4%                  |
| 15                              | Ambulatory care (medical practice) Recommend Provider Office (Top Box)      | CQO + VP AMB        | Quarterly      | 83.6%             | 82.3%              | -1.3%        | 83.3%                  |
| 16                              | Post-acute care - likelihood to recommend (mean) [2016]                     | CQO + SVP PAC       | Semi-Annually  | 86.3%             | 87.1%              | +0.8%        | 80.7%                  |
| <b>Culture of Safety</b>        |   |                     |                |                   |                    |              |                        |
| 17                              | Acute Care – Overall Safety Grade   | CNO + CQO           | Annually       | 76%               | -                  | N/A          | -                      |
| 18                              | Number of Good Catches (New as of Q1 FY20)                                  | CNO + CQO           | Quarterly      |                   | 478                | N/A          | New                    |



Access to Care:

1. Unique primary care patients seen in last 12 months: Data not available. Will report back after transitioning to EPIC.
2. Number of E-consults completed/quarter: Positive trending measure. Right on track. It is labeled green because we are ahead by 393 of target. Almost doubled from the prior period. It is increasing exponentially. Recently, we unlocked the ability to do inter-facility E-consult for everywhere in the system. The goal is to standardize the process throughout the system.
3. NYC Care (New as of Q1 FY20): positive trending measure. Enrollment surpassed 7,500 people. We are well ahead of the six-month target. Dr. Pagán asked if people's experience with the healthcare system is improving because they have access to the card. Dr. Chokshi reported that more than 3,000 prescriptions were filled after hours alone for the pharmacy. Lincoln, the fourth busiest emergency department in the country with a busy primary care and ambulatory care practice on Saturday, had zero pharmacy hours. This deficiency was fixed with NYC Care to the point that there was an influx of calls from people in Queens asking to travel two hours just to be in the program in the Bronx. Jacobi is open to midnight three days a week. A lot of people go back to work and then come back later to pick up their prescriptions and do not wait at all. Dr. Wei highlighted that all patients were offered primary care within two weeks.

Dr. Wei invited Krista Olson to report on the next pillar.

Financial Sustainability

4. Patient Care Revenue/Expenses: positive trending measure. Ratio of revenue to expense. The final number is over the target.
5. # insurance applications submitted/quarter: This measure is under the target for the following reasons:
  - a. The target was set aggressively to capture more opportunities.
  - b. Seasonality – increase in open enrollment period.
  - c. EPIC roll-out ER – work flow delays. Improvement expected over the course of the year.
6. % of M+ medical spend at H + H: On track. It is actually up 2.6% from the same period last year, which is flat from the prior period. A lot of efforts are being made to improve access and the ability of patients to come to Health + Hospitals. Dr. Pagán asked if we have a sense why people do not want to come to Health + Hospitals. Dr. Wei answered that retention is the key. While they are able to get into primary care right away, it takes too long to enroll for specialty services. Talia Schwartz, MetroPlus' CEO, is working on that issue.
7. Total AR days per month (excluding in-house): 51.3. This metric is above the target of 45. It is a positive trending measure as post EPIC increase is coming down.

Dr. Wei reported on the Information Technology Pillar.

Information Technology

8. EPIC implementation milestones: 100%. On track.
 

As a follow-up – after the system-wide implementation of EPIC there will be considerations to change this metric to the EPIC impact on patient care and revenue impact.
9. ERP milestones remains at 80%. Slight delays in getting us off those dreaded e-time sheets, the electronic system.
 

Dr. Págan commented that in terms of the IT metrics, there are two types of optimization, one is more clinical and the other, more on the insurance side. He suggested to replace the IT



metrics with two measures that would capture the utilization of the EPIC infrastructure to reach and optimize the targets for #8 and #9.

### Quality and Outcomes

10. Sepsis 3-hour bundle: 71.2%, well outpacing the New York State benchmark of 63.5% – was prior year at 66.1%. Many of our facilities have been highlighted as top performers by the New York State Department of Health.
11. Follow-up appointment kept within 30 days after behavioral health discharge: dropped from 56.5% to 54.7%. It is a value proposition for patients to come back to the facility. In the past, patients were able to walk straight from discharge to the clinic. It does not count anymore because the follow-up appointment cannot be the same day.
12. HgbA1c control < 8: Increased to 1.2% from last year. Positive trending measure. Dr. Nichola Davis stated that it is a pretty complex metric to move. Nationally a paper just came out recently that shows it has not moved nationally since 2005. Some of the highlights of our progress are listed below:
  - a. Data and Performance Improvement Support: Data sent out to facilities every month to chronic disease teams. Data include: A1C outcomes as well as a list of patients that have maybe fallen out of care and, patients that need to outreach. Each facility works in teams to complete an annual diabetes self-assessment, which is used to release a chronic disease tool kit to develop performance improvement plans.
  - b. Staffing: Since July 2018, 29 additional nurses were hired across the system. Their responsibilities are 50% of chronic disease coordination work and 50% of direct patient care. Their focus is patients with poorly controlled diabetes, doing education, and working with their providers to do medication titration. CDE courses that are four days in length as well as several one-day diabetes introductory classes are open to all staff, including PCAs and all levels of nursing staff. These sessions will continue in 2020.
  - c. Medication Management: Over a year ago, 90-day medication is set as the standard for chronic disease medications. In addition, the diabetes team make sure that uninsured patients had access to supplies as well as insulin pens and are able to test their glucose level. Finally, point of care A1C testing were established at 17 of the sites, which allows the patients that have not been seen for a while to have their blood test done and the result given to them right away so that an intervention can be done during that visit.
  - d. Prevention: The first obesity strategy was recently launched Health + Hospitals focusing on obesity management as well as diabetes prevention. A life style counselor will be going around to several of the facilities to implement the diabetes prevention program. Efforts are being made to create a healthier facility in terms of the food environment by removing the sugar beverages from the facilities.
  - e. Innovative Technology and Peer Support: Completed a pilot on diabetes self-management app that is being used by patients at two facilities last year. It is essentially like a diabetes coach in your pocket. Patients enter in their finger sticks and get feedback directly from the app as to what to do with their finger stick. If they are going out to eat, they can put the information in the app and the app will give them food choices at the different restaurants according to their nutrition. The app is available in English and Spanish. Over 300 patients are currently using the app. In addition, a peer mentoring support program which is all phone based where patients are receiving coaching from patients who have successfully controlled their diabetes, is being implemented both at kings and Cumberland. Approximately 300 patients are receiving that peer mentoring support, which is being evaluated for expansion. Next week, mobile insulin titration intervention (MITI) will be launched across at other facilities after its successful

implementation at Bellevue. Essentially rather than the patients coming in to get their insulin titrated, they will receive a text. The patients will text in their finger sticks results; and, once a week the nurse who reviewed all the texts will text the patients back with recommendation on their insulin level.

Mr. Campbell commended Dr. Davis and her colleagues for such a good work.

13. % Left Without Being Seen in the ED: this metric is bouncing around a bit due to seasonality variation. It is at 7.83% compared to 7.19% prior period. It is down almost 1% from last year. It is highlighted as both a success and a challenging metric. Mr. Campbell asked “what is the sense of getting closer to the 4%?” Dr. Wei answered that it is right sizing nurse staffing. Natalia Cineas, our Chief Nursing Executive, is finalizing a nurse staffing model which connects the patient right after seeing the triage nurse to a provider. That significantly decreases the chances of the patient leaving between triage and seeing the provider. Dr. Wei explained that ‘left without being seen’ is “leaving without being evaluated by a provider.” He further added that this metric does not capture the super users, but the patients that did in earnest come to the emergency room for medical care and that we did not get to serve.

As a follow-up, Mr. Campbell requested a clarification on the definition of Left Without Being Seen in the ED, he further suggested that the clarification be updated on the Dashboard Glossary.

### Care Experience

14. Inpatient care –overall rating (top Box): metric is up 1.2% from last quarter to 62.6% and up 1% from the same period last year. Through collaboration with OneCity, ten of our facilities will become plain tree patient centers certified. It will build upon ICARE for values training.
15. Ambulatory Care (medical practice) Recommend Provider Office: the metric decreased slightly by 1%. This is a very important metric which talks about earlier retention and the number of patients in the system. Improvements include two case studies: one on the Gotham side and one on the hospital side:
- Gotham side: Happy or Not meters were strategically placed in the clinics to gauge feedback in real time. A Gotham Patient Experience Committee with representatives from all sites was created to talk about patient experiences and issues at their sites and to find best practices to implement across all the Gotham sites. A greeting script at the front desk has been implemented to welcome the patients. Administrative sessions were also established. Each week, the administrators carve out time intentionally to go to the front desk and register people so they can see and feel patients.
  - Hospital side: At Bellevue, 32 Happy or Not meters were strategically placed in the department to evaluate the different experience in one place compared to another. An Adult Primary Care Patient and Family Advisory Committee (PFAC) was located so staff can work closely with patients to hear from the patients and families on their perspective on service delivery. In addition, in collaboration with the Beryl Institute several changes throughout the system such as: improving bathrooms, clarifying the billing processes by printing the dollar amount for every patient on the card and improving notifying patients of waiting time in the clinic.
- Mr. Campbell asked about the trend with the happy or not meters. Dr. Long explained that there were a lot of problems at the front desk area at Bellevue and in a lot of the clinics. Improvements such as the greeting script and other interventions resulted in a positive trend in the happy or not meters.

16. Post-acute care – likelihood to recommend (mean) {2016}: metric has jumped from 80.7% to 87.1%. It is above the target of 86.3%.

Culture of Safety

17. Acute Care – Overall Safety Grade: survey was completed last month. Data is not yet available but will be submitted at the next Strategic Planning Committee Meeting.

18. Number of Good Catches (New as of Q1 FY20): 478 across the system.

Mr. Campbell commented that the nice thing about the whole discussion today is that it is all about the numbers, but it is the care of the patients behind the numbers that matters the most. He commended the dashboard team for their good work.

**ADJOURNMENT**

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

# Strategic Planning Committee Update

Matt Siegler  
SVP Managed Care and Patient Growth

Dr. Eric Wei  
Chief Quality Officer

Dr. Dave Chokshi  
Chief Population Health Officer

## Strategic Planning Committee

February 6, 2020

# Agenda

- Public Policy Update
- Q2 Performance

# Public Policy Update

- Medicaid DSH temporary extension
- State budget released 1/21/20

# Q2 2020 Performance

- **Positive Trending Measures**
  - E-consult: on track for 100% e-consult by end of 2020
  - NYC Care enrollment
  - ERP Milestones
  - Good Catches
  - HgbA1c
  - ED LWBS
  - Care Experience Metrics
  
- **Negative Trending Measures**
  - Sepsis 3-hour bundle

# System Dashboard Glossary

## February 2020

### Access to Care

- |          |   |   |
|----------|---|---|
| <b>1</b> | Unique primary care patients seen in last 12 months | Measure of primary care growth and access; measures active patients only; N/A due to Epic data definition issue |
| <b>2</b> | Number of e-consults completed/quarter              | Top priority initiative and measure of specialty access   |
| <b>3</b> | NYC Care – <i>(New as of Q1 FY20)</i>               | Total enrollees in NYC Care program   |

### Financial Sustainability

- |          |  |  |
|----------|--|--|
| <b>4</b> | 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 |
| <b>5</b> | # insurance applications submitted/month | Top priority initiative and measure of efforts to convert self-pay to insured  |
| <b>6</b> | % 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  |
| <b>7</b> | Total AR days/month (excluding in-house) | Total inpatient accounts receivable days consolidating Epic, Soarian and Unity. This excludes days where patient remains admitted (lower is better)            |

### Information Technology

- |          |                                |  |
|----------|--------------------------------|--|
| <b>8</b> | 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. |
| <b>9</b> | ERP on track                   | Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design  |

### Quality and Outcomes

- |           |   |   |
|-----------|---|---|
| <b>10</b> | Sepsis 3-hour bundle  | NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score; one quarter lag vs other measures |
| <b>11</b> | Follow-up appointment kept within 30 days after behavioral health discharge | Follow-up appointment kept with-in 30 days after behavioral health discharge.                                   |
| <b>12</b> | HgbA1c control < 8  | Population health measure for diabetes control  |
| <b>13</b> | % Left Without Being Seen in EDs  | Measure of ED efficiency and safety   |

### Care Experience

- |           |  |   |
|-----------|--|---|
| <b>14</b> | Inpatient care - overall rating (Top Box)                                | Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box) |
| <b>15</b> | Ambulatory care (medical practice) - Recommend Provider Office (Top Box) | Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box) |
| <b>16</b> | Post-acute care - likelihood to recommend (mean)                         | Press Ganey Survey. Likelihood to recommend (mean)                                      |

### Culture of Safety

- |           |  |  |
|-----------|--|--|
| <b>17</b> | Acute Care – Overall Safety Grade                                | Measure of patient safety, quality of care, and staff psychological safety |
| <b>18</b> | Number of Good Catches/Near Misses<br><i>(New as of Q1 FY20)</i> |  |



# System Dashboard – February 2020

## Reporting Period – Q2 FY20 (Oct-Dec 2019)

|                                 | EXECUTIVE SPONSOR   | REPORTING FREQUENCY | TARGET        | ACTUAL FOR PERIOD | VARIANCE TO TARGET    | PRIOR PERIOD | PRIOR YEAR SAME PERIOD |
|---------------------------------|---|---------------------|---------------|-------------------|-----------------------|--------------|------------------------|
| <b>Access to Care</b>           |   |                     |               | <b>FY 2019</b>    |                       |              |                        |
| 1                               | Unique primary care patients seen in last 12 months                         | VP AMB              | Annually      | 418,000           | N/A                   | N/A          | 425,000                |
| 2                               | Number of e-consults completed/quarter                                      | VP AMB              | Quarterly     | 46,000            | 51,379                | +1.1%        | 46,393                 |
| 3                               | NYC Care (New as of Q1 FY20)  | VP AMB              | Quarterly     | 10,000            | 11,000                | +1,000       | 5,000                  |
| <b>Financial Sustainability</b> |   |                     |               |                   |                       |              |                        |
| 4                               | Patient Care Revenue/Expenses   | CFO + SVP MC        | Quarterly     | 60%               | N/A                   | N/A          | 61.7%                  |
| 5                               | # insurance applications submitted/quarter                                  | CFO + SVP MC        | Quarterly     | 25,250            | 20,887                | -17%         | 19,814                 |
| 6                               | % of M+ medical spend at H+H  | SVP MC              | Quarterly     | 45%               | N/A                   | %            | 40%                    |
| 7                               | Total AR days per month (excluding in-house)                                | CFO                 | Quarterly     | 45                | 52.8                  | +7.8         | 54.0                   |
| <b>Information Technology</b>   |   |                     |               |                   |                       |              |                        |
| 8                               | Epic implementation milestones  | CIO                 | Quarterly     | 100%              | 100%                  | -            | 100%                   |
| 9                               | ERP milestones  | CIO                 | Quarterly     | 100%              | 75%                   | -25%         | 80%                    |
| <b>Quality and Outcomes</b>     |   |                     |               |                   |                       |              |                        |
| 10                              | Sepsis 3-hour bundle  | CMO + CQO           | Quarterly     | 63.5%             | 66.8%                 | +3.3%        | 71.2%                  |
| 11                              | Follow-up appointment kept within 30 days after behavioral health discharge | CMO + CQO           | Quarterly     | 66%               | 58.2%<br>*preliminary | -7.8%        | 57.42%                 |
| 12                              | HgbA1c control < 8  | CPHO + VP AMB       | Quarterly     | 66.6%             | 67.2%                 | +0.6%        | 65.8                   |
| 13                              | % Left Without Being Seen in the ED   | CMO + CQO           | Quarterly     | 4%                | 6.56%                 | -3.83%       | 7.83%                  |
| <b>Care Experience</b>          |   |                     |               |                   |                       |              |                        |
| 14                              | Inpatient care - overall rating (Top Box)                                   | CQO                 | Quarterly     | 65.4%             | 65.2%                 | -0.2%        | 62.6                   |
| 15                              | Ambulatory care (medical practice) Recommend Provider Office (Top Box)      | CQO + VP AMB        | Quarterly     | 83.6%             | 84.8%                 | +1.2%        | 82.3%                  |
| 16                              | Post-acute care - likelihood to recommend (mean) [2016]                     | CQO + SVP PAC       | Semi-Annually | 86.3%             | 86.7%                 | +0.4%        | 87.1%                  |
| <b>Culture of Safety</b>        |   |                     |               |                   |                       |              |                        |
| 17                              | Acute Care – Overall Safety Grade   | CNO + CQO           | Annually      | 76%               | 63%                   | -13%         | 62%                    |
| 18                              | Number of Good Catches/Near Misses (New as of Q1 FY20)                      | CNO + CQO           | Quarterly     | 1000              | 543                   | -457         | 478                    |

N/A = not available

## NYC Care

- 11,000 new enrollees within first 4-months
- Exceeded goal of 10,000 new enrollees in 6-months
- Every new enrollee offered initial PCP visit within 2 weeks
- 14,000 prescriptions filled in Bronx H+H pharmacies during extended evening and weekend hours
- Brooklyn and Staten Island went live January 2020 (Goal: 15,000 new enrollees in first 6 months)

# Improving the Culture of Safety 2020

- Overall Patient Safety Grade (A's and B's) 62% in 2017 to 64% in 2019
- Safe minimum staffing – nursing and provider staffing models
- Implementing electronic incident reporting system – lower barrier for staff to Speak Up!
- Need to enhance patient safety activities at **all levels** (executive leadership, departmental leadership, front-line)

## Building a Culture of Safety

- Restore **Psychological Safety**
- Support staff through emotional and psychological trauma with **Helping Healers Heal**
- Reconnect with the “why” we all went into healthcare and experiencing joy in what we do through **Joy in Work**
- Leverage the arts to improve staff wellness and engagement via **Arts in Medicine**
- Living by our **ICARE** core values
- Engrain **Just Culture** in all aspects of our work



Put the focus back on  
our most valuable  
resource:  
**Our People**

| Tier Level          | Completed  | Improve Existing   | Future  |
|---------------------|--|--|---|
| <b>Executive</b>    | <ul style="list-style-type: none"> <li>Lessons Learned</li> </ul>                          | <ul style="list-style-type: none"> <li>Executive Leadership Rounds</li> <li>Patient Safety Brief</li> <li>Root Cause Analysis standardization</li> </ul> | <ul style="list-style-type: none"> <li>Professionalism</li> </ul>   |
| <b>Departmental</b> |  | <ul style="list-style-type: none"> <li>Culture of safety survey &amp; Action Plans</li> <li>Patient safety training/CUSP</li> </ul>                      |   |
| <b>Front-line</b>   | <ul style="list-style-type: none"> <li>Helping Healers Heal</li> <li>TEAMSTEPPS</li> </ul> | <ul style="list-style-type: none"> <li>Good Catch campaign</li> <li>Event Reporting system</li> </ul>  | <ul style="list-style-type: none"> <li>Post-event Debriefing</li> <li>Escalation criteria</li> <li>Breaking Bad News</li> </ul> |

