

AGENDA

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: July 16, 2020

Time: 11:00AM

Location: 125 Worth Street, Room 532
VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

JOSÉ PAGÁN

ADOPTION OF MINUTES **September 12, 2019**

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ
DR. BOUTON
MR. LUTZ
MR. KOENIG

OLD BUSINESS

JOSÉ PAGÁN

NEW BUSINESS

ADJOURMENT

INFORMATION TECHNOLOGY COMMITTEE MINUTES

Thursday, September 12, 2019

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: September 12, 2019

ATTENDEES

COMMITTEE MEMBERS

Jose Pagan, Chair

Dr. Mitchell Katz

Scott French representing Steven Banks in a voting capacity

Barbara Lowe

Frieda Wang

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:

Kevin Lynch, SVP, CIO, EITS

Jeff Lutz, AVP, EITS

Barbara Lederman, AVP, EITS

Ms. Lok

Ms. Dehart

José Pagán called the meeting to order at 10:05 AM. The minutes of the June 13, 2019 meeting were adopted.

Kevin Lynch thanked the Committee and presented his CIO Report. He started with the Health Information Prioritization Committee top projects. These include H₂O (Epic) + Cerner Lab enterprise implementation; Evolve/ERP, also known as Enterprise Resource Planning, which covers Finance, Supply Chain, HR, Payroll, eTime Collection, and Nurse Scheduling; Correctional Health Services EMR project; and the Post-Acute Care EMR (electronic medical record) project.

Mr. Lynch spoke to a series of slides with diagrams called NYC Health + Hospitals Acute Facilities; Acute Facilities + Post-Acute Care + Correctional Health Services + Gotham Health Facilities; NYC H+H Current Electronic Medical Record + Revenue Cycle Landscape (Summer 2018); NYC H+H Electronic Medical Record + Revenue Cycle Landscape Post July 27, 2019; and NYC H+H EMR future state.

Mr. Lynch showed H₂O + Cerner Lab Enterprise Implementation Update and its list of statistics; an ERP Update for Clairvia and Nurse Scheduling; Enterprise Radiology Integration Initiative Time Line; Post-Acute Care EMR Update; Correctional Health Services; and a 2019 Calendar end Milestones.

Dr. Mitchell Katz said he was impressed by just how much data comes through on the system when he works at his clinic at Gouverneur. It was more than he anticipated.

Scott French said he has MyChart on the NYC Health + Hospitals system and it is extremely helpful. You can look up your charts without having to go through your doctor. It is very helpful way to communicate.

The completed Mr. Lynch report.

ACTION ITEM #1: SUNGARD

Mr. Lynch read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contract documents as necessary to increase funding for and extend the existing contract with SunGard Availability Services (SunGard) for an alternate data center for disaster recovery, business

continuity and associated professional services for a total of \$10,100,000 (which includes \$217,172 contingency) for a three-year term.

Jeffrey Lutz, Assistant Vice President, Infrastructure, and Barbara Lederman, Assistant Vice President, Business Operations, presented.

Mr. Lynch spoke to the slide Data Center and Connectivity Overview. He talked about how the Jacobi Data Center and the SunGard Data Center in New Jersey are linked to all facilities' networks (including Epic and ERP). One is considered primary and one is backup.

Mr. Lutz provided a background summary and spoke about SunGard Availability Services as a company.

Mr. Lynch said in his previous positions they used SunGard also.

Mr. Lutz read the Request: for spending authority in the amount of \$10.1 million, made up of: \$274,523 monthly payment (\$3,294,276 annually; there was a math error on the original slide in the presentation); current payments \$548,365.70 monthly (\$6,580,388.40); and \$217,172 contingency for any future growth or expansion. He said extension of the contract term for three-years is to allow sufficient time to conduct a solicitation, plan, prepare and design a transition and then migrate to a new data center with a selected vendor. He pointed out that there was a decrease of current contract spending by approximately 50%, while still providing the same services to NYC Health + Hospitals today.

Mr. Lutz explained Gartner is a research and support partner. They help us with contracts and procurement.

Mr. French said Gartner is used by multiple agencies around the City.

Mr. Pagán asked why the costs dropped so much.

Mr. Lutz said we have been in a ten-year contract. Over this time, the Cloud technology and new entrants into the market have really driven down pricing. There will be additional savings later and as the result of negotiations. We worked with a realty group, who conducted a survey of ten different locations and cost range. We were able to go to SunGard with comparison rates. They wanted to keep us as a partner.

Mr. Lutz showed the Proposed Three-Year Plan. He said NYC H+H Information Technology Team and Gartner team has developed a three-year roadmap outlining the various tasks and timelines to implement the data center strategy. We also want to minimize costs.

Mr. French said there are things outside your control regarding timelines because it is possible the City would not be prepared to move as quickly. This buys you time.

The motion was seconded and unanimously approved for consideration by the full Board.

ACTION ITEM #2: CISCO

Mr. Lynch read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to enter into a contract with Dimension Data to provide Cisco SmartNet maintenance to support the inventory of Cisco hardware and software licenses deployed across the System for a total of \$48,906,495.64 (this was corrected from the version presented; \$0.64 is now added), for the period of October 1, 2019 through June 30, 2022; and

Authorizing the System to borrow \$48,906,495.64 (this was corrected from the version presented; it has now been changed from \$0.65 to \$0.64) from Key Government Finance, Inc. ("Lender") over a period matching the Dimension

Data agreement term with interest at approximately 4.2% with the final rate to be fixed prior to funding based on changes in market rates and to execute a loan agreement, note, security agreement and such other customary documents as are necessary to complete the financing transaction.

Mr. Lynch said this is the Joint IT-Finance portion of the meeting. He introduced Linda DeHart and Paulene Lok from Finance. He then spoke to the Wide Area Network Overview

Mr. Lutz showed a diagram with Dimension/Cisco's SmartNet system supporting and connecting our voice/telephony, collaboration, network/connectivity, and security and monitoring.

Mr. Lutz provided a background/current state of Dimension/Cisco. He stated Dimension/Cisco are the de facto leaders in many industries. He said we selected Cisco as the standard network platform for the enterprise. We purchase their services through a third party - Dimension Data - since Cisco do not sell directly to vendors.

Dr. Katz asked why that is the case.

Mr. Lutz said this is common in IT. He said Dimension Data has resources and can add value to the services offered by Cisco.

Mr. Lutz provided an Overview of the Contract. NYC Health + Hospitals typically enters into a three-year agreement for this maintenance that is paid on an annual basis. The contract total of the current three-year Dimension Data SmartNet agreement is \$39 million and expires on September 30, 2019.

Mr. Lutz informed the Committee that the prior Dimension SmartNet contract expired on June 30, 2019. Due to the short time frame between vendor selection, the June CRC Meeting and the July Board of Directors meeting, the CRC's direction was to secure a three-month extension to the existing contract to avoid an interruption of services and return to the Board in September to consider a 33 month contract with Dimension Data at a cost of \$48,906,495.64 (this slide was corrected for the amount of \$0.64). He added that we entered into a three-month extension through September 30, 2019 for \$3.4 million.

Mr. Lutz stated that this contract is around \$15 million higher than the previous contract. That increase includes \$4 million for hardware (this is part of a broader capital City-funded project to replace older equipment and adding wireless at sites); and \$10 million in software and other applications to support the system.

Mr. Lutz said Dimension is a Cisco partner and Tier 1 provider. This is based on sales and customer satisfaction. We have used them for 10 years in a wide range of services.

Mr. Lutz spoke to Annual vs. Pre-Payment Options and the Cost Savings Benefits of 33-Month Pre-Payment. He then gave the Approval Request.

Ms. Wang asked if it would be possible to self-finance in the future.

Ms. Dehart said if we had more lead time we might have had alternatives since this is an odd situation. The 4.2% rate is higher than we usually pay. But this is not typical. We negotiated down the rate by 25 basis points. In consultation with our financial advisor, we feel this type of lending from this lender it was a competitive rate.

Dr. Katz said if we had offered \$52 million, would they have accepted it?

Ms. Dehart said Key Bank has a longtime relationship with Cisco and the resellers. There is no collateral and not many lenders would be able to do that. We would have needed more lead time.

Ms. Lok said we are not saying we could have definitely gotten a better deal. We just could have explored.

Mr. Pagán noted that there is an MWBE (minority and women business enterprise) waiver and asked if H+H considered other MWBE vendors being willing to work on this.

Ms. Lederman said that, in RFPs (request for proposals) there are more of the qualitative evaluations we do of vendors. It is not part of the bid, because we are buying a commodity. It is like an off-the-shelf box. We are looking at the best price. It is included in the requirement to meet the 30%. But that has been waived here.

Dr. Katz said that is not for Cisco, but for the vendors. We need these businesses to develop and grow and that will come from the competition.

Ms. Wang stated that since this is a large institution it would be great to see the diversity within the organization.

Mr. Lutz said we are starting to have those conversations and they see that is our focus.

The motion was seconded and unanimously approved for consideration by the full Board.

There being no further business, the meeting was adjourned at 11:20 AM.



New York City Health + Hospitals

Information Technology Committee Meeting

July 16, 2020 – Virtual Meeting

11:00 A.M.



Information Technology Committee Meeting

Enterprise Information Technology Update July 16, 2020

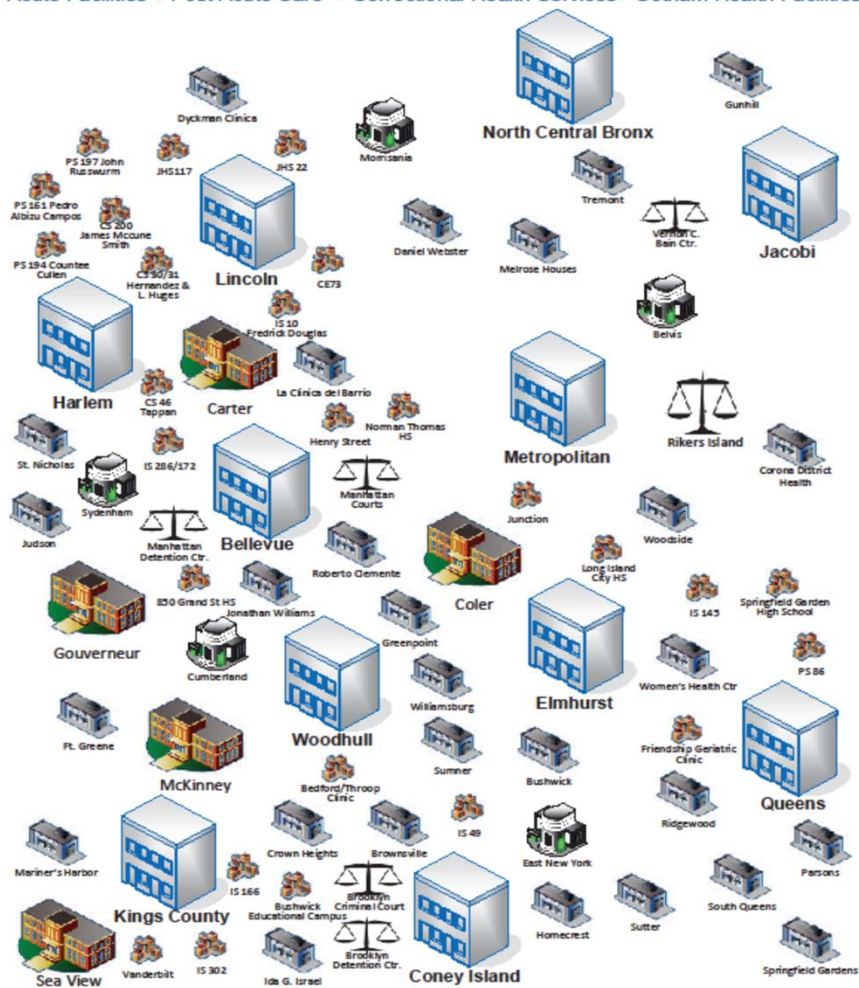
Kim Mendez, Senior Vice President- Corporate Chief Information Officer

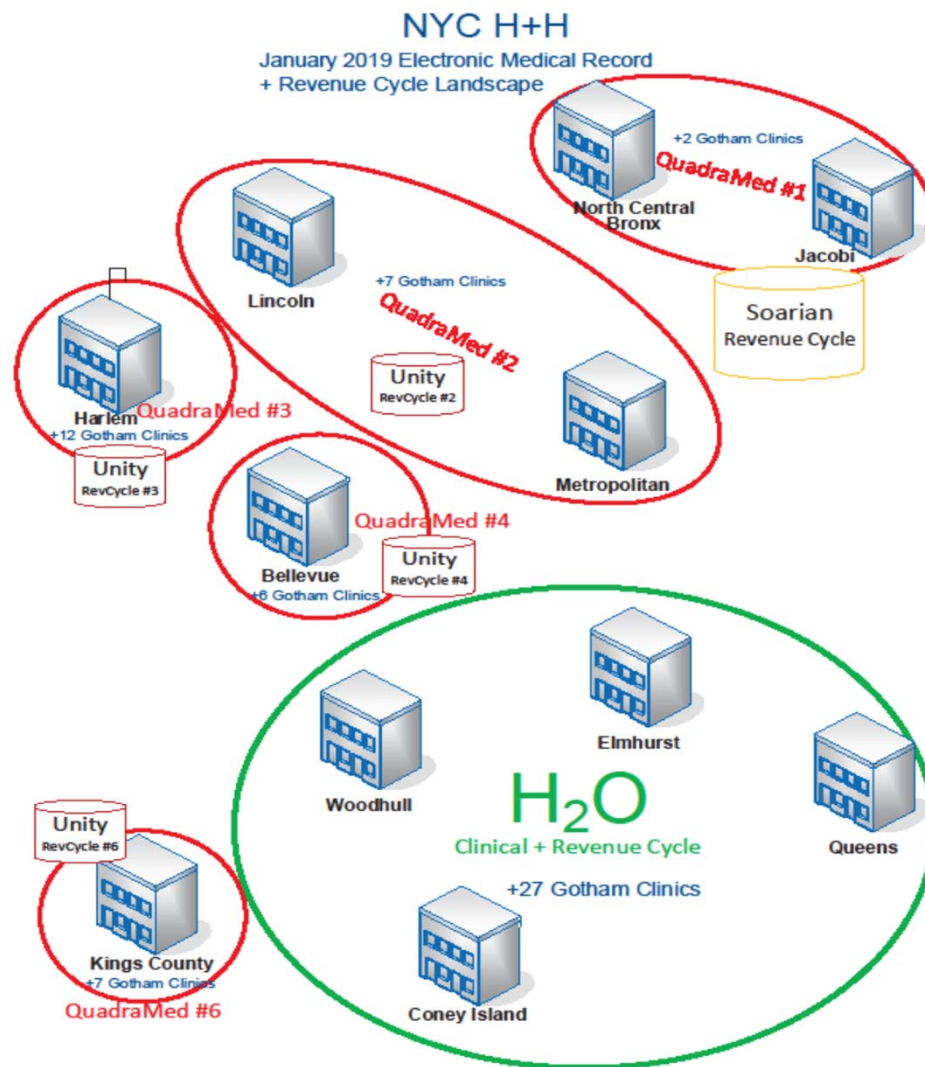


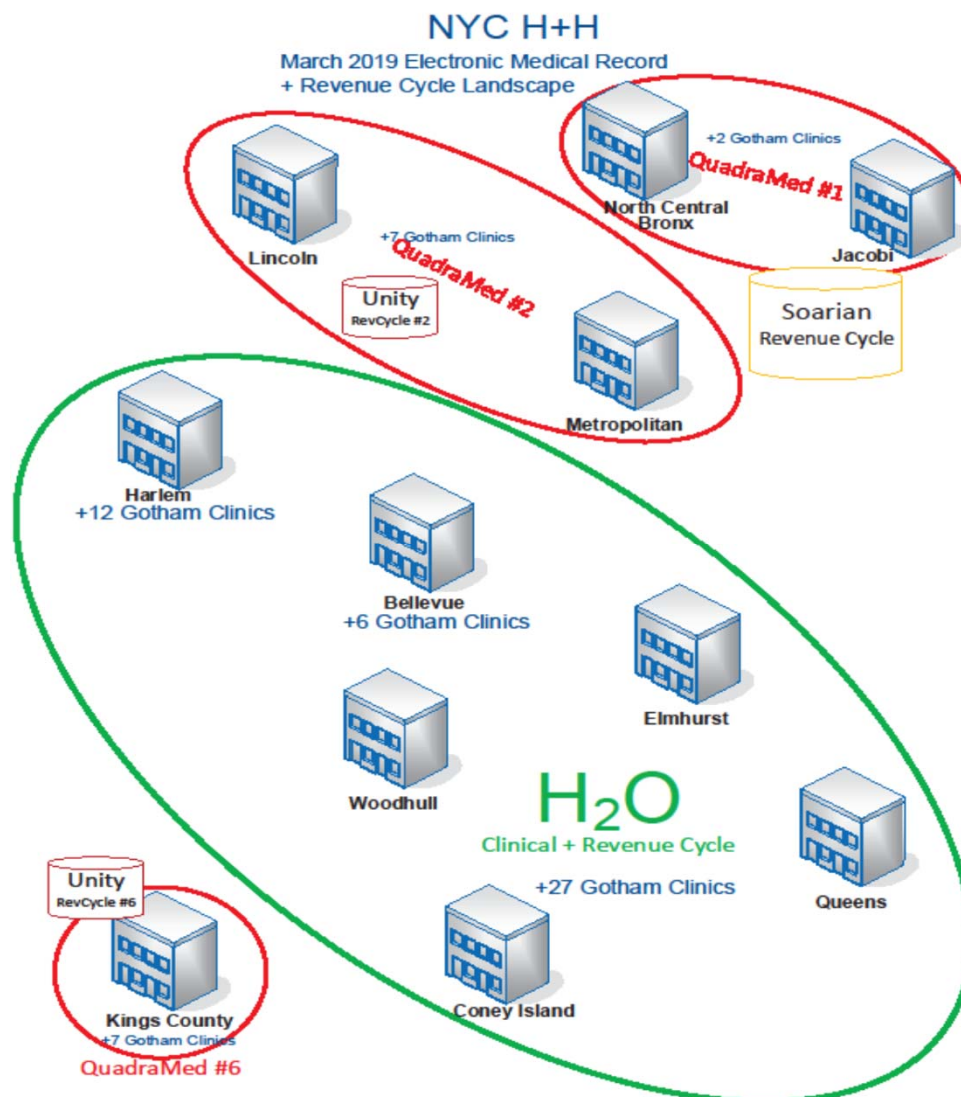
Agenda

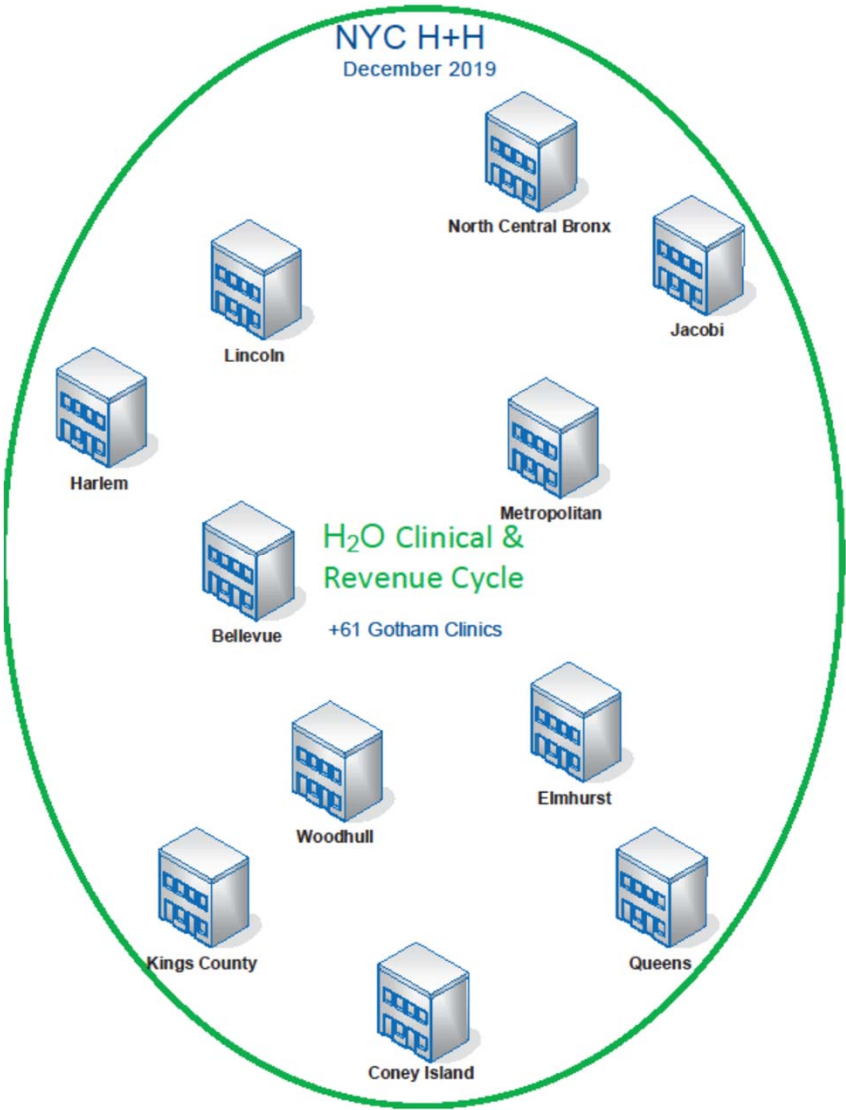
- Introductions
- Epic Implementation & Ecosystem
- COVID-19 Acute Response & Accomplishments
- COVID-19 Resilient Phase
- Health Information Prioritization Committee (HIT) Prioritized Projects
- 2020 EITS Goals

NYC H+H
Acute Facilities + Post Acute Care + Correctional Health Services+ Gotham Health Facilities









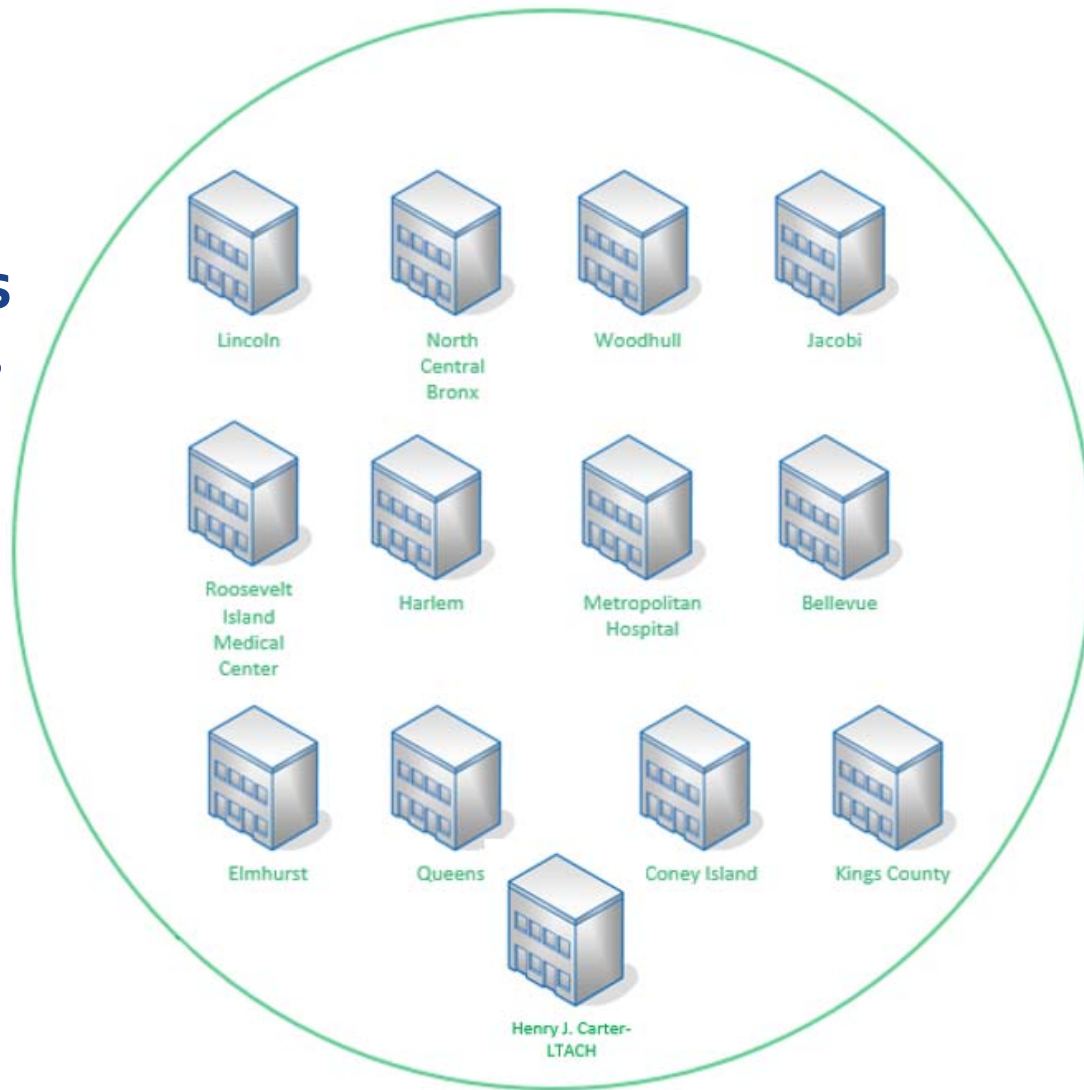
Current Epic Sites

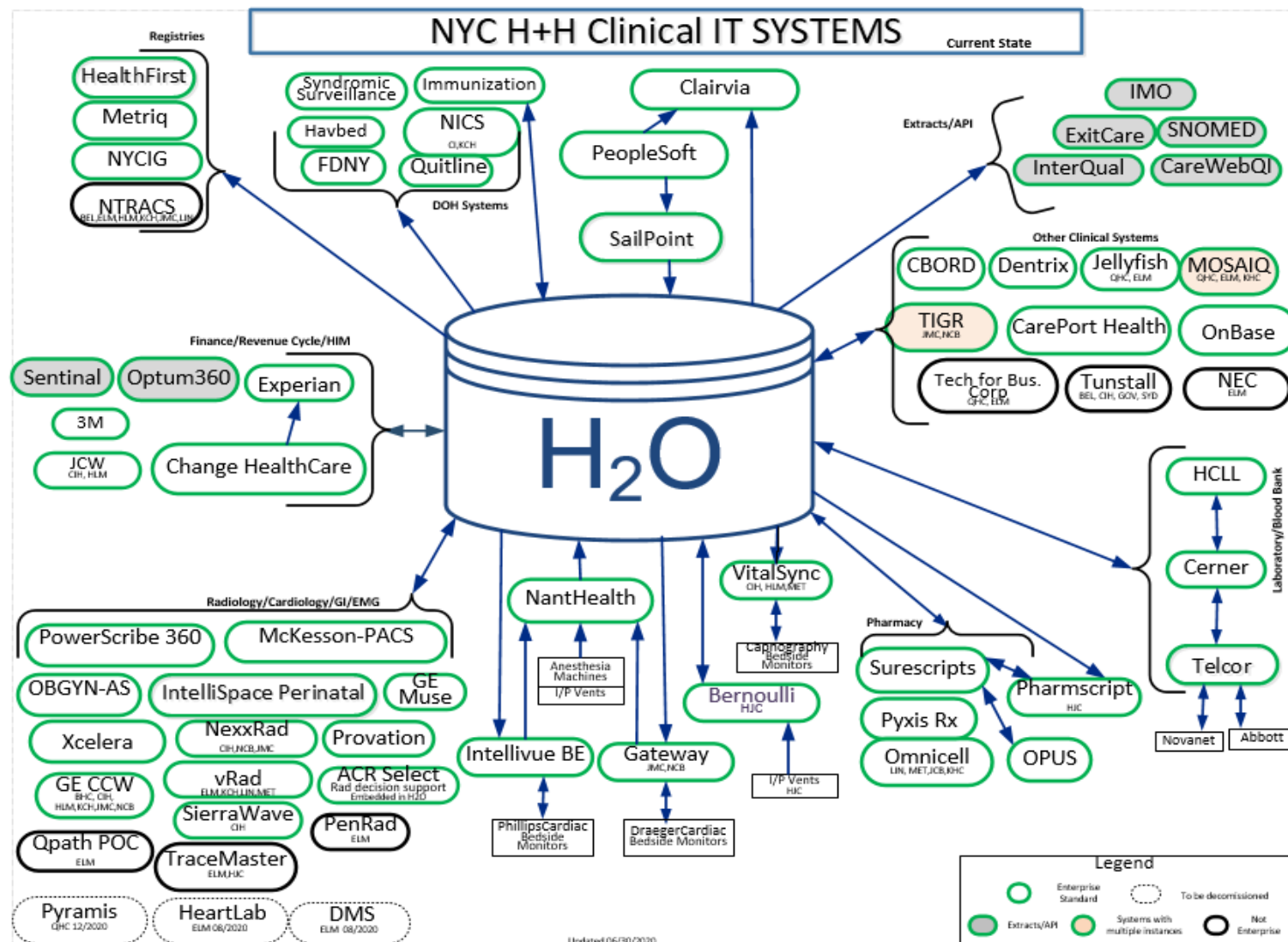
11 Acute Care Facilities

1 LTACH

61 Gotham Sites

T2 Testing Sites





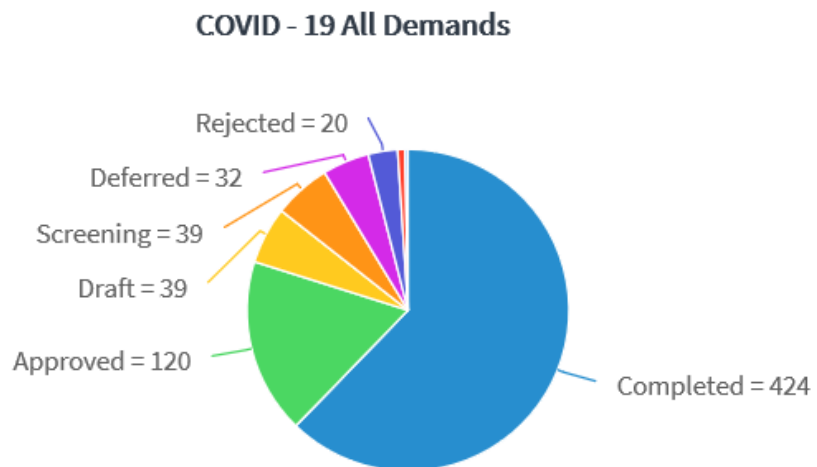


COVID 19 – Acute Response

COVID Acute Response – Special Task Force Demands

Special Task Force COVID-19 Demands (*Demand: Module in ServiceNow that centralizes strategic requests from the business to EITS and automates the steps for approvals*)

| State | Demand Count |
|--------------------------|--------------|
| Completed | 424 |
| Approved | 120 |
| In Progress for Approval | 110 |
| Total Demands: 654 | |



Data as of 7/1/2020

COVID Acute Response – Patient Surge



| Field Hospitals | Number of New Beds Created |
|---------------------------------|----------------------------|
| Roosevelt Island Medical Center | 317 |
| Billie Jean King Center | 470 |
| Grand Total | 787 |

New beds configured:

In response to the COVID-19 Pandemic, NYC Health + Hospitals was mandated to increase their acute care facility capacity by at least 50%. NYC Health + Hospitals achieved a 90% increase.

Javits Center:

Partnership with NYC H + H , DOHMH & Epic to leverage a streamlined instance of our H2O EMR. We supported deployment of 300 iPads and 50 laptops and EITS Teams Created over 600 AD accounts in one week

USNS Comfort:

EITS Team involved with the set up of USNS Comfort and involved in the support efforts

Hotels:

H+H goal to roll out approximately 2000 hotel rooms for ambulatory patients

Tents & Call Center set-up

Integrations & Interoperability



- Completed COVID-19 projects
 - Integrate all new facilities, departments, and beds, i.e., RIMC, BJK, Javits
 - Addition of units/beds to new/existing facilities for Telcor POC devices
 - Addition of biomedical devices to new/existing facilities ,i.e. Bernoulli expansion at LTACHs, Welch Allyn devices
 - Lab integration of Quest and BioReference for T2 sites
 - Integration for DOHMH testing sites and temporary submission of new data point for Syndromic Surveillance.
- Projects In Process
 - Telehealth, TIGR, Teleretinal, Bernoulli and other biomedical devices expansion projects
 - Jacobi/NCB merger build and integration
 - Cerner and Epic 2020 Upgrade
 - MyAM integration – Behavioral health drug treatment tracking
 - RL6 – Enterprise Risk/Incident Management



Information Security & Risk Management



- Maintaining a secure, safe & reliable IT environment as number one priority.
- Security's objective for the last quarter has been to continue securing the enterprise as part of our Covid/T2 response:
 - **16,879** provisioned for Epic as part of our disaster response
 - **51** Covid demands with security review completed
 - **Over 300+ desktops secured at our testing sites and over 1,700 tracer laptops secured**
- From Threat Management, top threats being seen as part of our monitoring are coming from outside of the US as the primary sources of COVID-related campaigns/threats.
 - **Prevention Statistics: 17 million emails blocked** from malicious intent senders (includes spam and phishing), **7,767 potential threats blocked** at our endpoints.



COVID Acute Response – Onboarding New Hires & Supplemental Staff

FAST
FACTS!

2019 Onboarding (March & April)

- 918

2020 Onboarding (March & April)

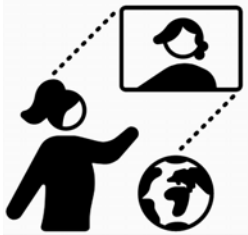
- 10,000

- In **2019** , EITS onboarded approximately **6,540** users.
- In March & April 2020 EITS over 10,000+ staff were onboarded.

| Activity and / or Training Class | Staff Trained |
|--|---------------|
| Full Time or Agency Staff Float to ED, ICU and Inpatient | 741 |
| COVID-19 Abbreviated RN, NP, PA, MD classes | 6277 |
| Training for telephone, scheduling and/or registration functions | 567 |
| Other | 871 |
| GRAND TOTAL | 8,456 |

- All Training via **Live** interactive WebEx with scheduled & JIT training classes
- Created and maintained 24/7 Virtual At The Elbow support (VATE)
- Development of eLearning and Tip Sheets hosted on H+H Intranet for COVID-19 quick 24/7 reference
- Realignment of RN staff to ED, In-patient units & ICU with WebEx training & eLearning
- Agency/ FEMA /military/ Medi-Corp RN & Provider on-boarding
- Added daily sessions for Ambulatory Tele-visit, Telephone Encounter, Social Work, Respiratory Tx , PCA & Epic navigation

COVID Acute Response – Telecommute



On average 6,000 remote /telecommuters users per weekday, using multiple solutions (VDI,VPN).

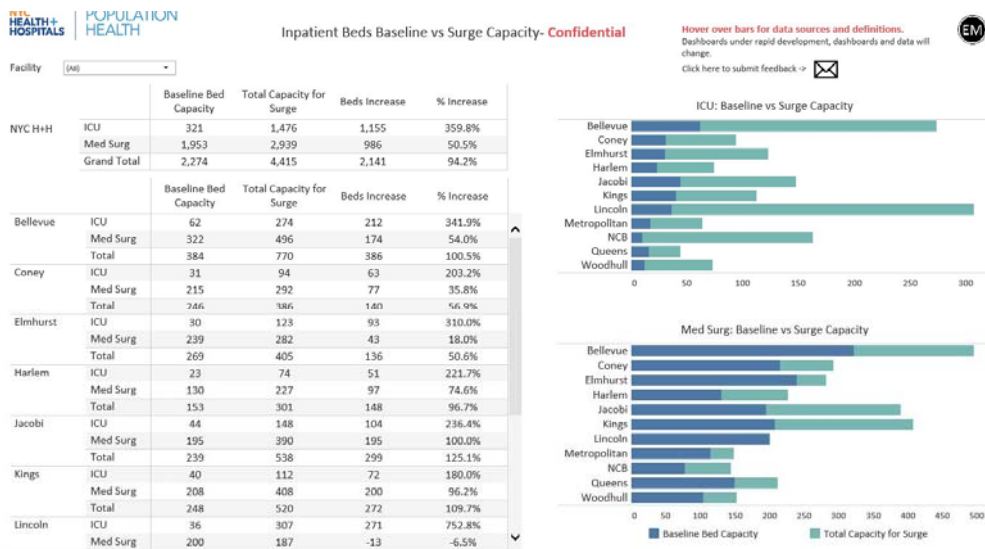
| Utilization | Remote Users | In-House Users |
|---------------|--------------|----------------|
| Epic VDI | 1,951 | 15,106 |
| Non-Epic VDI | 1,541 | 0 |
| H + H VPN | 1,863 | 0 |
| MetroPlus VPN | 455 | 0 |

Emergency electronic timesheets initiated to ensure timely processing of payroll.

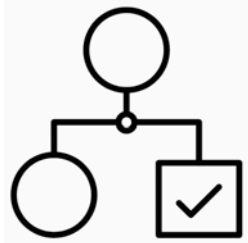
COVID Acute Response – Reporting



H+H Command Center/Tiger Team met daily and utilized a dashboard that included Length of Stay, Current Bed Capacities, Volume of Positive COVID-19 Patients, and ICU Activity

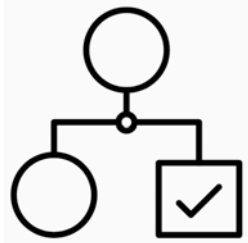


COVID Acute Response— Revenue Cycle Workflow Optimizations



- Reduced patient registration and scheduling times by 50% to accommodate surge of COVID-19 patients.
- Implemented numerous hospital and professional billing related optimizations to help ensure COVID-19 claims are processed efficiently and effectively.
- Created Televists for Medicine, Behavioral Health, Chemical Dependency and World Trade Center.
- Updated patient travel screening questions.
- Implemented “no-contact” method through H+H Web Sites for patients to request medical records.
- Built out Billie Jean King Field Hospital & Roosevelt Island Medical Center Epic structures.

COVID Acute Response – Clinical Workflow Optimization



- Improved Information sharing between regional Institutions.
- Compiled clinical documentation from various areas of the chart into one location for easier access.
- Modified lab workflows to be more streamlined & efficient.
- Allow patients (via MyChart mobile or website) and providers (via Hyperspace or Haiku) to launch video visit with a click of a button.
- Expanded ambulatory E-consults.
- Improved Patient Communication/ Education:
 - Patient quarantine instructions, fact sheets, AVS/discharge instructions,
 - Addition of COVID-19 information for patients in the MyChart portal
 - Initiation of "Stay-at-Home Monitoring Program"



COVID Acute Response – Telehealth Solutions

**FAST
FACTS!**

Televisits – Phone
Communication

- Mass conversion of scheduled in-person ambulatory visits to phone televisits
- Creation of new Visit Types, encounter mapping for documentation, billing updates
- Opened to new patient visits (not just revisits)
- New user types – Nurses and social workers, therapists, Behavioral Health and Chem Dep

Video Visits

- Creation and roll out of Video Visits for providers to treat patients via secure Webex
- Pre-COVID: Plan to roll out to 5-10 clinics over 3-6 months;
- Updates to appointment reminder text messages via Lumeon

MyChart Integrated Video Visits

- Integration of Video functionality directly in VDI Hyperspace and Patient access to MyChart

Tele-Consults and Tele-ICU

- Video and Epic Documentation to support remote consults and for volunteer intensivists to consult over video

ED – Patient Screening and
Navigation

- TeleMSE – Screening at intake/triage to place orders early and to renew prescriptions
- Video Screens placed at entrances to direct patients to correct treatment areas (COVID Areas, ExpressCare, ED)

Patient Communications

- Inpatient – Video phones installed in isolation rooms to support communication and also assisted to reduce the use of PPE where appropriate.

Radiologist Offsite Reads

- 35 + Devices were deployed to Radiologists so they could provide timely readings offsite and across the system.

COVID Acute Response

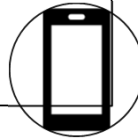
- Created a COVID registry that captures all COVID patients and various data elements which allows for a wide variety of tracking and reporting.

Registry



- With the change in capacity and staff this build reduces the need to have specialist be scheduled with patients and allows for them to provide their recommendation to the referring provider.
- For patients needing visits the specialists is also able to prioritize which appointments need to be scheduled urgently.

e-Consults



- This is for both patients and employees
- Created an Express Lane to streamline ordering and documentation
- Gave nurses the ability to place these orders so the visits can be completely performed by nurses.

COVID-19 Testing



- Created smartlinks and smartphrases in order to standardize call center documentation during the COVID-19 outbreak

Call Center



- This is Employee testing.
- Added questions to the lab order for reporting purposes.
- Created an Express Lane to streamline ordering and documentation for these visits.

COVID-19 Antibody Testing



- Added various smarttext to the AVS providing instructions to patients during COVID-19.
- Added Mychart self registration instructions.

AVS



- Link: Notification created to community providers when a COVID lab report is available.
- MyChart: Use of images for dermatology tele-visits to decrease face to face visits. To raise awareness for COVID, instructions were added to MyChart in various languages.

Portals



- Added a button to the toolbar which sends providers to the HSMP website to sign patients up.
- Created a screening questionnaire to monitor COVID+ patients progress once they have been discharged from the hospital.

Home Monitor Screening





COVID Acute Response– New On-line Solutions



- **COVID-19 Hotline:** Developed custom on-line solutions that provided a faster and more efficient way to onboard staff and centrally manage the recruitment of large numbers of volunteers/agency staff
- **COVID-19 Emergency Financial Hardship Grant Tool:** Developed a custom on-line solution to provide care team members the ability to screen and refer eligible hospitalized COVID-19 patients
- **COVID-19 Development/support for Home Symptom Monitoring Program:** Created solutions for Providers to enroll patients into the Stay At Home Symptom Monitoring program. Integration with SMS Texting
- **COVID-19 Clinical Staff Hotel Reservation Process + Form:** Developed a custom on-line solution to manage requests for Hotel Room Reservations for employees
- **NYC H+H Employee Child Care Enrollment Form:** Developed a custom on-line solution to manage employee requests for child care support during COVID-19 outbreak
- **PPE Tracking Application and Administration:** Developed an enterprise level web-based PPE Tracking tool to centrally manage and replace the manual paper-based process
- **COVID-19 Inter-facility Transfer Process Tracker:** Created an Online SharePoint calculated list to manage and track the inter facility transfer and transport of COVID-19 patients



COVID Acute Response – Family Visitation & Patient Experience Initiatives

FAST
FACTS!



On March 19th, 2020 an organization-wide “no visitation” (highly restricted, with a few exceptions) policy was instituted at H+H sites, as per direction from the New York State Department of Health.

- Inpatient/FaceTime - 1300 iPads were donated to H + H from several companies. Both FaceTime and Google Hangouts were configured on these iPads. Almost 800 iPads have been distributed to patients throughout H + H facilities
- LifeOnRecord - 100 licenses were donated by LifeOnRecord to enable families and friends to create accounts on line to record messages for their loved ones in Bellevue Hospital
- Configured over 1000 Video phones and DX80 video monitors for COVID isolation rooms and Tents at multiple locations.
- Enable Multiple facilities to play music track on Overhead speakers on COVID patient Discharge
- Integration of Video functionality directly in VDI Hyperspace and Patient access to MyChart



COVID 19 Resilient Phase

Transitioning to Reopen T2 (Test and Trace)



T2 Program

As of June 1, 2020, EITS team supported device deployment to over 1,500 contact tracers who have been deployed to neighborhoods across the city.

The EITS Epic and Infrastructure teams are working to stand-up these COVID-19 test sites each work through August 2020, with an ability to perform 50K tests/day.

Mobile testing vans have been added to scope, which will add flexibility to focusing on “hot spots” in the community.



DOHMH & Staff Testing

DOHMH (New York City Department of Health and Mental Hygiene):

Currently working to repurpose 11 existing STI (sexually transmitted infections) clinics in New York City into COVID-19 testing facilities. In this inter-city collaboration, H+H is working with DOHMH to create workflows, lab ordering and resulting, and patient notification. Based on the immediate COVID-19 testing needs of DOHMH, leveraging H+H's existing infrastructure and technology systems will enable rapid deployment of a solution with industry leading tools to support the volume of patients expected at the DOHMH sites.

SNF Staff Testing

On Wednesday, 5/20/2020, H+H implemented a COVID-19 employee testing program at all of our post-acute care sites. These include Henry J. Carter, Gouverneur, Coler, Seaview and Susan B. McKinney. The testing program was implemented within a week and we met the Governor's Directive on time. This testing protects both our patients and employees at those facilities.

- The new business request intake tool went live on March 2, 2020, just in time for the surge of COVID-19 related demands. Currently, requests are categorized into 3 main routes/categories:
 - New General Requests
 - H2O Optimizations
 - Department Creation and Deactivation
- In Q3, we will be adding an ERP route and expanding the H2O Optimization route to include all Clinical System optimizations
- An ERP governance framework has been set up, based on the HIT Prioritization Committee structure and has been live and reviewing new requests since April 2020
- EITS Communications has been transitioned to the PMO. A new ServiceNow solution will be rolled out in July 2020.



- **Patient Support:**
 - Mychart Portal support
 - Telehealth Phone support
- **Enterprise Service Desk:**
 - End User Support for New York City Health and Hospital staff is now supporting T2 program inter-city agencies (e.g. HRO)
 - Supporting all new COVID-19 Testing Sites
 - Supporting T2 Tracer Initiatives
 - Expanding Telehealth support for H+H users



HIT Priority Projects I

- **H2O Upgrade to Version 2020** -Upgrade 2020 Go Live scheduled for 11/07/2020
- **H2O Behavioral Health-** Go live targeted for 5/2021
- **Enterprise Resource Planning (ERP)-** PeopleSoft Web Time Entry 4Q2020
- **NYC Care-** Queens & Manhattan Go Live for 9/2020.
- **Cerner Upgrade**
 - This upgrade will consist of 3 phases: August 2020 go-live, then a hardware upgrade for September 2020, then a final software upgrade due in February 2021

HIT Priority Projects II

- **Capital Restructuring Financing Program (CRFP)**
 - Telehealth work accelerated
- **340B – Split Billing**
- **Express Care**
 - Virtual Express Care accelerated
- **MD Staff (Provider Credentialing)**
 - Targeted for Q4 2020 Go-Live

NYC H + H Information Technology 2020 Goals

- Data Management
 - Improve Data Analytics
 - EMPI
 - Legacy IT Systems/Data strategy
- Infrastructure Enhancement
 - Data Center migration strategy
 - Telecommunication – improve experience & tracking
- Accelerated Digital Transformation
 - Virtual Care Capacity
 - Telehealth
 - Enhanced Patient Monitoring
 - Biomed device integration
- H2O Effective Use
 - MyChart Utilization
 - Telehealth Patient Visits
 - Implementation of Epic Dialysis and Epic Monitor modules

Thank You!