

AGENDA

JOINT MEDICAL AND PROFESSIONAL AFFAIRS AND FINANCE COMMITTEES

Date: November 5th, 2020
Time: 11:30 AM
Location: VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – June 11TH, 2020

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

ACTION ITEMS:

- 1) Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a ten-year agreement with Omnicell, Inc (“Omnicell”) to provide Omnicell® medication automated dispensing machines (“ADMs”), for the System’s acute care facilities and Carter LTAC, anesthesia work stations (“AWS”) and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of \$75,651,031.

**MR. ALBERTSON
MR. WILSON**

Vendex: Approved

EEO: Approved

- 2) Authorizing New York City Health and Hospitals Corporation (the “System”) to amend the contract with Hunter Ambulance (“Hunter”) to expand the scope of the contract to cover rates for additional services, including livery and emergency management transportation services and to increase the not-to-exceed expense cap from \$12,070,896 to \$36,333,516 over five years to account for higher than expected costs and new additions to the scope of the contract

MR. SIEGLER

Vendex: Approved

EEO: Approved

- 3) Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the “System”) at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the “Agreement”) with the Physician Affiliate Group of New York, P.C. (“PAGNY”) for the furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction (“DOC”), a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as \$420,000,000.

DR. YANG

Vendex: Pending

EEO: Approved

JOINT M&PA AND FINANCE COMMITTEES CONSIDERATION

- 4) Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three-year agreement with two one-renewals, solely at the System’s discretion, with Crothall Healthcare, Inc. (“Crothall”) to provide environmental management services for all of the System’s facilities for an amount not to exceed \$121,273,900

**MR. ALBERTSON
MS. REDWOOD**

Vendex: Approved

EEO: Approved

INFORMATION ITEM:

- 1) Tele-ICU and ICU Surge
- 2) Clinical Services Update

**DR. BOUDOURAKIS/
DR. UPPAL**

MS. FORD

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: June 11th, 2020 9:00 A.M.

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Jose Pagan, Chairman of the Board
Vincent Calamia, MD, Chair
Mitchell Katz, MD, President
Barbara Lowe
Gerard Cohen, MD, representation for Dr. Kunins
Sally Hernandez-Piñero

HHC CENTRAL OFFICE STAFF:

Paul Albertson, Vice President, Supply Chain
Machelle Allen, MD, SVP, System Chief Medical Officer, Medical & Professional Affairs
Natalia Cineas, DNP, Chief Nurse Executive, Office of Patient Center Care
Nelson Conde, Senior Director, Office of Affiliation
Kenra Ford, Senior Assistant Vice President, Laboratory
Colicia Hercules, Chief of Staff to the Board Chair
Joseph Reyes, Assistant Vice President, Medical & Professional Affairs
Joe Wilson, Senior Assistant Vice President, Supply Chain
Eric Wei, MD, MBA, Vice President, Chief Quality Officer

FACILITY STAFF:

Michael Ambrosino, MD Chief Radiology, Bellevue Hospital
Robert Berding, Chief Operating Officer, Metropolitan Hospital
Ross MacDonald, MD, Chief Medical Officer, Correctional Health
Talya Schwartz, MD, Executive Director, MetroPlus Health Plan

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE
November 5th, 2020

Dr. Calamia, Chair of the committee, called the meeting to order at 9:01 AM. The Committee voted to adopt the minutes of the June 11th, 2020 Medical & Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, Chief Medical Officer, reported on the following.

CORONA VIRUS UPDATE

I. Return of Surgical Services

The Perioperative Leads at each facility have been working diligently to bring back the procedural areas, including the OR's, as the Covid-19 census has decreased (including the flex ICU spaces such as the ASU and the PACU). Several of these procedural areas were converted to ICU beds; as the Covid-19 census has decreased, these areas have been converted back into procedural areas (after terminal cleaning, reconfiguration, etc).

A "roadmap" was created to facilitate the return of the OR's including:

1. Prioritization of cases
2. Establishing Covid-19 testing of all patients preoperatively
3. Establishing hospital capacity to care for surgical patients
4. A policy was created governing performance of scheduled procedures in the context of the NYS executive order.

H&H has been steadily accommodating more essential (medically necessary) procedures with the target date of Monday June 1 of resuming the OR block schedule.

The H&H periop leadership team has also used this unique opportunity to focus on rebuilding periop processes to make them more patient-centered including:

- Reorganizing the Periop Committees to represent all surgical services as defined by EPIC (due to the recent transition to EPIC)
- Reconfiguring the EPIC Perioperative metrics to ensure the data is reliable and decision-making can be data-driven
- Updating the preoperative workflow for the patient from clinic to the OR to make it more patient-centered and updating the financial clearance process
- Identifying target anesthesia/nurse staffing models based on OR utilization and surgical demand
- Processes to minimize leakage of surgical patients outside of the H&H system

II. Tele ICU Update

Several tele-ICU groups reached out to us offering support during our surge of COVID patients. We had demo's with several vendors and presented to the critical care council. The workflow of teleICU relies on the data in the chart and the availability of the bedside clinical team to respond to their alerts and recommendations. It was not felt to be a practical solution during the surge, but was felt to have significant potential as the surge ended, to potentially provide critical care support for ICU patients in atypical locations and/or managed by non-intensivist teams.

Thus, we initiated two pilots of tele ICU: one at Bellevue (UPMC group) and one at Jacobi (Maryland group.). At Bellevue, they provided critical care consult support to hospitalist medicine teams who were managing patients that would previously have been in an ICU: those on high levels of oxygen and those in the intermediate ICU locations we have created. At Jacobi, they provided night coverage to allow their staff intensivists to provide the daytime coverage and allow time for recovery.

The feedback was very positive. The consultants were responsive and helpful. They made solid recommendations and ensured the primary team was comfortable. They wrote useful notes so that off hours teams were aware of the conversation that had occurred. The conclusions drawn from these pilots was that teleICU can indeed provide viable critical care coverage. To be fair, providers felt that if tele ICU was to replace an in-person consultant that they were used to, it would feel like a "step-down" in support. But, compared to having no access (or limited access) to an intensivist, it would be a large 'step-up' in support.

These conclusions were discussed with the critical care council, and surveys collected on interest around the network. The next step is to discuss with specific vendors the scale and characteristics of our needs to understand the financial and technological investments needed. These meetings are scheduled for next week.

III. Long Term Acute Care Hospitals Update

Under physician leadership of Dr. Margolis and Dr. Boudourakis, LTAC-ICU offloading started on in May. 84 ICU transfers have been admitted to the LTAC in part accounting for the surge level reductions between May 1 through June 1. There are steps needed to improve upon the current work to implement Central discharge support team, to improve delays associated with communication between admission team and ICU staff when clarifications of status/care/drugs are needed, and to assure timely reconciliation of drugs for patients going to Carter given different formularies from Acute Sites.

In summary: LTAC offloading HH ICU has in large part accounted for the surge level reductions for May:

- As of 5/11/20, the ICU surge level breakdown showed one hospital with surge level of 3.5, one hospital with surge level of 3, one hospital with surge level of 2.5, six hospitals with a surge level of 2, and two hospitals with surge level of 1.
- As of today, the ICU surge level breakdown shows one hospital with surge level of 1.5 (Elmhurst), 6 hospitals with surge level of 1.

System Chief Nurse Executive Report

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, Office of Patient Centered Care Operational activities.

Care Experience

- During the COVID pandemic:
 - Dr. Natalia Cineas sent out a Call to Action letter to nursing schools in New York City asking for students and alumni to help NYCH+H with volunteers to assist with care of COVID patients resulting in

collaboration with NYU College of Nursing, Columbia University School of Nursing, Long Island University and the Medial Reserve Corps .

Finance

During the past two months, the Financial Sustainability Pillar team spent time mobilizing staff for the eleven acute care, post-acute, community, correctional, and ambulatory care facilities. Team members were assigned specific tasks that served to enhance the rapid on-boarding process. Our team's success with this effort is based upon establishing appropriate structures and diligent implementation of the credentialing process.

Our team worked with 78 vendors during this surge period. An expedited process for credentialing was developed by our team. This modified process streamlined the credentialing process and helped to quickly staff all facilities. As the number of staff members increased, the team adopted the SURGE credentialing packet which enabled us to quickly onboard staff.

RN Residency Program

- RN residents are newly hired staff nurses to NYC Health + Hospitals who enter the system with one year or less in-hospital experience as a registered nurse. The goal of the residency program is to help the new nurse in transitioning from academic to professional role, increase skill and confidence, organize and prioritize work, and demonstrate strong unit leadership and ultimate decide to stay in the system beyond 1 year from date of hire.
- During the COVID Pandemic:
 - . NYCH+H was one of the first NRP programs to rapidly pivot to virtual seminars using virtual classroom technology. The virtual seminars were consistently well attended by the residents.
 - The virtual content using existing modules on the COVID-19 Pneumonia and Acute Respiratory Distress Syndrome, along with the the COVID-19 Escape Room was quickly piloted and data from the residents showed that learning was occurring.
 - Another innovation rapidly adopted in the virtual NRP seminars was the critical reflection model first developed by Rolfe, et al (2001), the What? So What? Now What Model as a learning methodology for residents to reflect on the care experience and challenges that they encountered in the care of COVID-19 patients.

NP Fellowship

- A fellowship program for incumbent and newly hired Nurse Practitioners is in the design phase to support nurse practitioners in their new roles or to transition into a different role. The goal is to support the nurse practitioners' transition from the academic to professional role to better actualize their scope of practice.
- During COVID Pandemic:
 - Evidenced-based NP Fellowship Project implementation plan was developed, presented and discussed over during March, April and May 2020.
 - An overview of current-state NYC H + H NP Fellowship (Primary Care) was presented in May 2020 in preparation for next step(s).

Clairvia

- PeopleSoft Absence Management/Time & Labor integration testing is on-hold. The Absence Management system will replace the use of paper SR-70's for time-off requests. Approved time-off requests will be automatically sent to Clairvia for greater ease of staff scheduling for managers.
- Time Capture Device implementation will be a rolling go-live with tentative dates between September 2020 to February 2021. The time capture device will replace the paper timesheet and provide a live report, through Clairvia Web, of who is clocked-in on a unit.

Nursing Education

This report covers the time span from the start of the COVID-19 crisis up to the present time. The COVID-19 crisis required an innovative approach in delivering the nursing education component of the Office of Patient Centered Care without compromising the rigor and quality of the content.

1. Applied educational framework of the Office of Patient Centered Care that is already in place. This framework guides the nursing educational program but is also applicable to nursing quality, professional practice, regulatory initiatives, and nursing administration.

2. Applied principles of public health nursing competencies in delivering educational program. The COVID-19 pandemic is a public health crisis with New York City as the epicenter. The nursing education program is in alignment with the framework of the public health nursing competencies. The team on-boarded more than **5,000** nurses, which included DOD servicemen and servicewomen, volunteers, DOHMH and DOE employees.

Our team is currently working on the deployment of staff for the testing sites. Most of our work is in collaboration with the Vizient group, ensuring that RNs are deployed to the sites. For the Acute and Post-Acute contract, extensions are being reviewed and the process of demobilization has begun.

Right Sourcing, a new vendor management group, will manage our temporary agency staff beginning September 2020. The OPCC leadership team assigned to manage this group has been established. Workflow designs are being finalized in collaboration with the Right Source team and the OPCC leadership team.

Quality and Outcomes

Nursing Clinical Ladder Program –Launched 3/1/2020

- Initiation of the program was successful; 761 applications received within a 2 weeks period
- Program tiers were refined to include COVID 19 related activities; the application submission deadline is extended to June 5th 2020 due to the impact of the COVID 19 pandemic
- As of May 5th 2020, 986 nurses are approved for the CLP; enhanced marketing of the program and leadership coaching in process

Culture of Safety

Just Culture

To support the Culture of Safety at HHC during the COVID-19 pandemic, many initiatives were initiated between March 16 through May 19 such as

- COVID19 Response PPE Monitoring Tool, COVID-19 Critical Care Surge Plan for each Acute Facility,
- Helping Healers Heal (H3) Emotional and Psychological Safety COVID-19 Response Taskforce Champion, COVID-19 virtual just-in-time training to +150 Nurses participating in the Nurse Residency Program, identified Nurse Leaders at 11 Acute Facilities to actively participate on the Facility H3 Emotional and Psychological Safety COVID-19 Response Team. and a HERO-NY Taskforce Champion partnered with Quality and Safety to help heal frontline staff from the emotional trauma experienced through COVID-19, by developing a targeted strategy to implement a resilience building initiative for HHC.

MetroPlus Health Plan, Inc.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan report on the following:

MetroPlusHealth started its emergency preparedness in February of 2020. Areas of focus include continued business operations with remote skeleton crew onsite, uninterrupted core functions such as call center, pharmacy benefits, claims processing and payment, enabling remote access to care and remote support for vulnerable members.

Staff Collaboration

During the pandemic over 1,100 of our 1,215 employees were transitioned to work remotely. As some of the functions were paused during the pandemic and others operated at a reduced volume, MetroPlusHealth was able to deploy over 170 employees to support H+H and the Department of Social Services' increased needs. MetroPlusHealth staff assisted with manning the H+H COVID hotline, hotels, non-clinical tasks in the facilities, contacted over 7,000 physicians and nurse practitioners to assist with volunteering at the H+H facilities, and contacted thousands of patients who came to H+H ERs and were self-pay – to get them covered for insurance or emergency Medicaid.

MetroPlusHealth staff also worked with H+H's Pediatric Ambulatory Care department to contact parents of under-immunized infants regardless of whether the child's primary care affiliation is at H+H. The Plan began a texting campaign in April and is following up with outbound calls to parents to educate, allay fears, and offer care at H+H facilities.

Membership

MetroPlusHealth has seen an enormous spike in enrollment, most likely due to the rapid increase in unemployment and increase in uninsured requiring health care. Enrollment reps proactively assisted members to move into more affordable lines of business. On average, over 800 members were enrolled each day. Membership increased approximately 27,000 in the past 2 months with most of the growth occurring in the Medicaid and Essential Plan lines of business.

Line of Business	Jan-20	May-20	Variance
Managed Medicaid	349,382	370,275	20,893
Essential Plans (EP)	82,339	86,306	3,967
Child Health Plus (CHP)	23,280	24,157	877
MetroPlus Gold	18,123	17,382	(741)
Marketplace Health Plans (QHP)	11,368	13,347	1,979
Enhanced (HARP)	12,598	12,988	390
Medicare	7,538	7,555	17
Partnership in Care (SNP)	3,959	4,112	153
Managed Long-Term Care (MLTC)	2,059	1,973	(86)
MetroPlus GoldCare 1	1,249	1,290	41
Marketplace SHOP	761	677	(84)
MetroPlus GoldCare 2	631	617	(14)
Total	513,287	540,679	27,392

COVID Impact

Although the data is still preliminary, there have been 3,588 admissions due to COVID-19. Of those, 1,877 members had confirmed COVID-19 and remaining members had COVID related claims. Of COVID confirmed admissions, 325 members have expired (17%). The bulk of admissions occurred in Queens, Brooklyn and the Bronx.

MetroPlusHealth has seen a 10% reduction in paid claims compared to the same time period in 2019. Cost reduction has been primarily driven by:

- IP Beacon: -38%
- Ambulatory Surgery: -48%
- Emergency Dept: -20%
- Lab & Radiology: -28%
- Primary Care: -38%
- Specialty Care: -40%

At the same time, a 7.6% increase in expense was observed for inpatient admissions.

As of the end of May, approximately 8,000 (1.5%) claims were received for viral testing and 1,500 claims were received for serologic testing for antibodies.

Close to 80,000 claims were received for telemedicine visits.

Member Outreach

To ensure members' safety and address basic needs, MetroPlusHealth reached out to 115,000 members, including over 6,000 members with HIV (approximately 70% of the Plan's members with HIV), by innovative interactive texting and over 50,000 direct telephone calls. The outreach campaign focused on individuals at increased risk of adverse outcomes from COVID-19 and those at high risk for poor outcomes due to social isolation.

A new collaboration between MetroPlusHealth, Amazon Web Services, Bain & Co. and the nonprofit AirNYC was formed to help the Plan rapidly connect with its most vulnerable members to check on their needs and keep them out of the hospital. Amazon volunteered to build MetroPlusHealth a chat bot that could reach members by text message and direct them to a questionnaire about their needs. Consultants from Bain & Co. helped with project management and determined which messages resonated best with recipients.

Using the texting program, MetroPlusHealth reached 54,000 members, with 9% of that group engaging with the chat bot. About half of those people, around 2,700, shared one or more medical or social needs. About 1,500 members were connected to MetroPlusHealth or AirNYC, through the program. MetroPlusHealth connected members to nonprofit agencies and food pantries that were operating and able to help as well. MetroPlusHealth will use this technology on an ongoing basis as it is an effective way to identify and assist members in need of clinical support as well as with the social determinants of health impacting their general wellness.

MetroPlusHealth Member Rewards Program was able to offer vulnerable members food boxes as many rewards could not be redeemed due to pause of ambulatory services. There were 10,000 high risk members selected to receive MetroPlusHealth food boxes that included nonperishable food, masks and hand sanitizers. Staff from the HIV Services department have been working with H+H to contact 600 MetroPlusHealth members receiving care at H+H virology clinics, connecting them to telehealth care, and if needed face-to-face care. These members have been identified as high risk for HIV disease progression as their last viral load was detectable and there was no evidence of HIV primary care in

the prior 6 months. With the reluctance to visit health care institutions currently, outreach to this population was a priority.

Operational Changes

As mandated by CMS, the Plan has implanted COVID testing and related services for all members without members' cost sharing.

Annual recertifications for government sponsored Plans was postponed through July. Members maintain their health insurance coverage without the need to provide annual proof of eligibility. The ban on disenrollment resulted in close to 100% retention rate.

New York State allowed the transition of insurance enrollment from an in-person process to telephonic based applications. Additionally, many of the eligibility requirements were relaxed including allowing members to estimate their current income.

A new Special Enrollment Period was introduced, allowing members who qualify for a Qualified Health Plan product to sign up for coverage through June 15th.

The Plan offered small businesses the ability to add employees who previously refused insurance and allowed a grace period for premiums through June to any business experiencing hardship. In addition, grace periods were made available to individual members in lines of business with premium payments and disenrollment was frozen until July 1st, 2020.

Prior to directives issued by the Department of Financial Services (DFS) on March 20th, 2020, the Plan made the decision to suspend Utilization Management (UM) activities for both physical and behavioral health services (excluding pharmacy, durable medical equipment and dental care) to reduce barriers to care during the public health emergency regardless of network considerations. This enabled the Plan to reduce administrative burden on providers.

The Pharmacy department has made changes to ease the burden on members and their providers. The Plan has made a 60-90-day supply of HIV medications available to members to encourage ongoing compliance. Refill limits on prescriptions for maintenance medications have been temporarily waived and 90-day refills for maintenance medications were made available. The Plan has ensured that all members can receive free home delivery. Members were able to fill prescriptions at an out-of-network pharmacy if they are unable to access an in-network pharmacy.

De-credentialing of participating providers in good standing during the duration of the COVID-19 emergency is temporarily on hold. The Governor's executive order now allows medical professionals to practice in NYS if they are in good standing in any State, without registration in NY. This enabled a larger pool of clinicians to serve New Yorkers.

MetroPlusHealth accelerated the launch of "Virtual Visit" telehealth services on March 23rd, 2020 to provide free, online Urgent Care for members during the COVID crisis. On April 1st, 2020 free, online therapy and psychiatry services went live for all members. MetroPlusHealth also worked closely with American Well to add 1,500 providers to their network through the NYS COVID provisional process which dramatically reduced appointment wait times for members.

As of May 17th, 2020, a total of 5,700 members enrolled on the MetroPlusHealth Virtual Visit platform and attended 2,200 Urgent Care visits and 100 behavioral health (therapy and psychiatry) visits.

ACTION ITEMS:

Paul Albertson, Vice President, Supply Chain, Joe Wilson, Senior Assistant Vice President, Supply Chain, Michael Ambrosino, Chair of Radiology Department at Bellevue Hospital, Robert Berding, Chief Operating Officer, Metropolitan Hospital, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three-year renewal agreement with Petrone Associates, LLC (the “Vendor”) for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$8,800,000.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Kenra Ford, Vice President, Laboratory Services, Ross McDonald, MD, Chief Medical Officer, Correctional Health Services, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest three-year renewal (the “Agreement”) with Bioreference Laboratories, Inc. (the “Vendor”) to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$25,000,000.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

INFORMATION ITEM:

Machelle Allen, MD, Senior Vice President, Chief Medical Officer presented to the committee the disaster privileges process utilized during the COVID-19 crisis to credential and onboard over 3,000 providers to support the home team and address the patient surge.

There being no further business, the meeting was adjourned 10:02 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
November 5th, 2020

BEHAVIORAL HEALTH

The Office of Behavioral Health actively supports the facility behavioral health services in issues related to COVID-19. Behavioral Health continues to provide ongoing acute care and ambulatory services, including telehealth services. During the acute COVID phase, many inpatient units were converted to medical/ICU beds. Currently all units have been returned to behavioral health units. We are currently preparing for the potential second wave of COVID.

Special Unit status:

1. OPWDD (Developmental Disabilities) unit at Kings County: This unit provides specialized services to this population with developmental disabilities and mental illness. The unit has been very successful in treating, stabilizing, and returning the patient to home or community based programs.
2. Extended Care unit for homeless individuals at Bellevue: This unit will provide inpatient treatment on an extended basis to this population who often need a longer hospitalization to achieve the level of stability and recovery needed to live and participate in community living situations. The unit had 21 discharges. Sixteen (16) of these have secured short-term or permanent housing and are attending outpatient treatment programs. Five are still working with staff for housing.

The Office of Behavioral Health continues to operate the following programs:

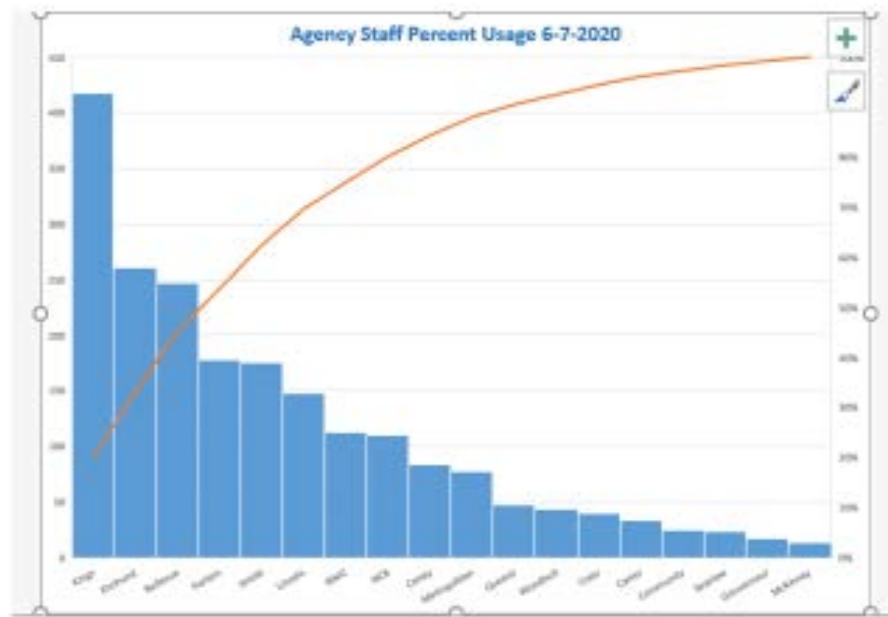
1. Mental Health Service Corp.
2. Family Justice Centers (domestic violence mental health centers) in all 5 boroughs
3. Maternal Depression Screening occurring in all maternal health and pediatric facilities
4. Behavioral health/primary care presence in Meyer shelter
5. Expansion of primary care screening for substance use disorders (SUD)
6. Establishment of CATCH teams to identify SUD at risk in general care areas, especially for opiate use and potential overdose in six hospitals with high opioid use rates.
7. Establishment of ED Leads teams in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other SUD.
8. Expansion of buprenorphine prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
9. Use of ECHO project to mentor primary care, ED, and behavioral health providers is use of buprenorphine.
10. Transition of Mobile Crisis Teams response time to 2 hours.

**System Chief Nurse Executive Report
Medical & Professional Affairs Committee
November 2020**

Finance

Post-COVID Demobilization: Off-Boarding

After the COVID crisis, the Financial Sustainability Pillar spent a great deal of time off-boarding over 4,000 nurses. In collaboration with the facilities, assessment of the need for the agency staff was done, justification for extensions were required to keep the additional staff on board.



Following the off boarding of one of our larger vendors, the facilities requested extensions for several staff to provide care for their current patient population. We significantly decreased the number of agency staff based upon justification and stricter evaluation of the current need. OPCC is in the process of working with vendor to prepare for Covid-19 resurgence.

Inpatient Nursing Budget Staffing Model Development

Over the last three months, we have spent a great deal of time developing the acute care sites nursing budget. Weekly meeting held with the CNOs to design the budget, developed in a phase format.

ED Model Implementation

The CNO at each of the facility and our System Chief Executive finalized the support staff addition to the ED Model.

NASH group and our System Finance team have been reviewing the ADCs to finalize the agreement on the FY21 ADC targets.

Vizient Transition to Right Sourcing

NYC Health and Hospitals has partnered with RightSourcing to streamline the requisition and worker lifecycle process under the RightSourcing program using the Wand Vendor Management System (VMS). Prior to the transition, the following steps occurred:

- Meeting with CNOs, and HRs to validate Agency Staff onboarding Information occurred June 10,2020
- Standardization of the process for Agency Staff onboarding for Community, Correctional, Post-Acute and Gotham.
- Validation of roles and responsibilities for Requestors, schedulers, Staffer, Approver and Timekeepers.
- Standardization of the requirements for Credentialing

This transition took place on September 20, 2020. Vizient system closed on September 19, 2020. Access to the technology closed at midnight. On Sunday, RightSourcing platform was active.

Culture of Safety

COVID/Nursing Education

Role	Status	Role	Current Projects/Charge	Follow-up
Systems Corporate Committee Membership				
COVID ICU Collaboration	Active	Nursing representative – Education component	<p>Developed Pronation Therapy guideline: MD/RN collaboration – approved by CONE 9/21</p> <p>Adopted COVID testing and screening education materials from DOH</p>	<p>Present at the CNO for approval on 10/14</p> <p>Present at the CONE/CNO Council in October and CNO</p>

			<p>Surge Plan</p> <ul style="list-style-type: none"> • See nephrology component for CRRT/PD surge plan • Developed and implemented curriculum to cross train nurses: non MedSurg – MedSurg; MedSurg –Critical Care 10/15 	Identify number of nurses cross trained across all acute facilities
Order Set Committee	Active	Nursing Representative		Reconvened on 10/15
Project ECHO	Active	Nursing Representative	Submit credentials of contingency workforce for EPIC access	Follow-up credentials from Eye bank
LDA Reconciliation	Active	Nursing Representative - Education and Policy Component	Completed and rolled-out EPIC Optimization and Education	Identify outcomes: accurate reporting of LDA days; CLABSI rate
CLABSI Prevention	Active	Nursing representative – Education component	Collaborate with Systems Quality and Safety Leadership to vet content of the Systems Nursing Educational Programs	
Pressure Injury Prevention	Active	Nursing representative – Education component		
Falls Prevention	Active	Nursing representative – Education component		
CAUTI Prevention	Active	Nursing representative – Education component		
Executive Leadership Collaboration Program	Pause*	Nursing Representative		
COVID Surge Plan (CRRT/PD) Nephrology Group	Active	Nursing Lead/Representative- Education Component	<p>CRRT Plan</p> <ul style="list-style-type: none"> • High Utilization facilities Phase 1 	Update on the number of nurses trained

			<p>(Bellevue, Kings, Lincoln, Jacobi): identified and validated superusers in CVVH and CVVHDF</p> <ul style="list-style-type: none"> Zero-Utilization facilities Phase 2 (Metropolitan, Coney, Elmhurst, Queens): identified lead educators, number of nurses to be trained, collaborated with Baxter for the education plan; sent awareness email to nursing leadership Prismaflex users (Woodhull, Harlem, NCB): identified RN's who completed competencies 	<p>Train and validate 90% of all identified critical care RN's</p> <p>Apply the train the trainee model for the remainder of nursing staff</p> <p>Train and validate remainder of RN's on Prismaflex</p> <p>Hire a per-diem educator to assist with the validation process</p> <p>Discuss competency monitoring plan with Fresenius date TBD</p>
			<p>Peritoneal Dialysis (PD) Plan</p> <ul style="list-style-type: none"> Trained 44 RN's across all 11 acute facilities to be the subject matter experts to provide just-in-time training for PD 	
Managing Agitated Patient	Pause*	Nursing Lead/Representative-Education Component		<p>Adopt the nursing component of the curriculum to implement as a competency for all RN's.</p> <p>Discuss and present plan to Competency workgroup 10/9/20 for approval and implementation</p>

SAFE (Sexual Assault Forensic Examiner) Training	Active	Central Office Nursing Lead/Representative-Education Component	Invited SAFE team to present at the CNO at an awareness stage	Convene on 10/28 to discuss next steps
CIWA Initiative	Active	Central Office Nursing Lead/Representative-Education Component	CIWA Epic Optimization workgroup identified – limit membership to 3 or less per facility	Send follow-up email to facilities with more than 3 on 10/9/20 Develop educational plan to disseminate CIWA protocol with EPIC integration
Systems Nursing Committee/Council Membership				
CNO Council	Active	Nursing Lead Education Component	Update nursing leadership about Systems educational activities	Present update on 10/14
Educational Resources (EBSCO, LMS, Scantron)	Active	Nursing Lead Education Component	EBSCO: identified as the source and repository of evidence-based nursing resources LMS: identify the learning platform that is compatible with nursing educational resources Scantron: utilize for course evaluation assessment of knowledge Poll-everywhere: utilize in all educational programs to facilitate addressing knowledge gaps	Awaiting implementation phase – to follow-up with Ms. Bazile, project coordinator Finalize the compatibility crosswalk of all identified nursing resources with the proposed LMS – follow-up with Ms. Bazile, project coordinator Follow-up with IT regarding security threats and issues preventing full implementation of this program Follow-up with IT regarding next steps to remove security threats and issues preventing full implementation of this program
School Affiliations	Active	Nursing Lead Education Component	Support students/school enrolled in Baccalaureate, Masters and Doctoral programs to fulfill clinical hours at all facilities.	

			<p>Collaborate with CUNY to support educational goals of incumbent staff.</p> <p>Implemented nursing COVID guidelines for affiliating schools 9/1</p> <p>Precept Masters students majoring in Nursing Education to fulfill clinical hours</p> <p>Precept DNP students to fulfill EBP projects at HHC</p> <p>Collaborate with Dean Boyce to strategize and develop grant applications</p>	<p>Support school expenses through NYS BS-RN grant</p> <p>Schedule meeting with Dean Boyce</p>
NICHE Specialty Workgroup	Active	Nursing Lead Education Component	<p>Utilize evidence-based resources to care for the elderly patient</p> <p>Convened the workgroup in July 30, 2020 to revisit the NICHE program</p> <p>Invited NICHE leadership team to create strategies to maximize available resources in Sep, 2020</p>	<p>Identified Systems metrics:</p> <ul style="list-style-type: none"> • Rate of utilization per facility/systems • Rate of Geriatric Resource Nurse certification • Rate of Certified Gerontology Nurse certification • Process for Tier status upgrade (e.g. Implementation – Exemplary status) <p>Facility-related metrics:</p> <p>Any outcomes identified by each facility /NICHE unit: (e.g., falls. Delirium, etc.) – pre and post</p> <p>Dissemination of outcomes</p>
New York State Grants	Active	Nursing Lead	Collaborate with Grant Administrator to provide	

			oversight to current NYS Grants: PCT to PCA Skills Enhancement BS-RN program	Met deliverables Met deliverables Delay in deliverables due to temporary suspension and reinstatement of grants that impacted academic progression of participants: submit grant extension appeal to meet deliverables by 2021
Systems Nursing Education Council				
Orientation	Active	Nursing Lead/Facilitator Education Component	Implemented systems wide orientation program for frontline staff (full-time RN's and support staff, Agency RN's)	<p>Maintain orientation program sustainability: implementing process with compliance on pre-requisites prior to attending orientation</p> <p>Identify direct metrics: course evaluation from Scantron and Survey Monkey data</p> <p>Identify attrition and retention rate</p> <ul style="list-style-type: none"> • Pre-data: attrition and retention rate from 1/1/19 to 12/31/19 • Post-data: attrition and retention rate from 1/1/20 – 12/31/20 <p>Identify proxy metrics: nurse-sensitive indicators (NSI)</p>

				<ul style="list-style-type: none"> • Pre-data: NSI from 1/1/19 to 12/31/19 • Post-data: NSI from 1/1/20 – 12/31/20 <p>Identify orientation program process for educators and nursing leadership</p>
<i>Preceptor</i>	Active	Nursing Lead/Facilitator Education Component	Implemented systems wide preceptor program for frontline RN's	<p>Maintain preceptor program sustainability: implementing process with compliance on pre-requisites prior to attending preceptor class</p> <p>Metrics:</p> <ul style="list-style-type: none"> • Program evaluation • Pre- and post-knowledge assessment of preceptor skills
<i>Competency</i>	Active	Nursing Lead/Facilitator Education Component	<p>Identify and standardize competencies of all new nurses</p> <p>Identify process to determine frequency of validating competencies</p>	<p>Identify timeline of completion of charge</p> <p>Identify process of implementing Managing Agitated Competency</p>
<i>Mandatory</i>	Active	Nursing Lead/Facilitator Education Component	<p>Implement the Performed cost-benefit and ROI analysis (c/o Valerie Smith)</p> <p>Address implementation plan of the AHA/Heartcode Model (hybrid) of delivering BLS, ACLS, and PALS to 10 facilities</p>	Scheduled meeting 10/9
<i>Stroke</i>	Active	Nursing Lead/Facilitator Education Component	Explore standardization of stroke education program that meets organization, accreditation and regulatory requirements. (Hemisphere)	Discuss integration of Hemisphere with Peoplesoft
<i>Professional Development</i>	Active	Nursing Lead/Facilitator	Disseminate opportunities to participate in certification programs across all	Identify RN's who passed certification exams

		Education Component	facilities to all RNs (Grp 11 and 12).	Identify RN's scheduled to take certification exams Identify motivational speaker to provide a psychological boost to potential certification exam takers
NP Fellowship	Active	Nursing Lead/Facilitator Education Component	Collaborate with Drs. Cineas/Belaro as facilitators of this project	Follow-up with identified workgroup chairs
<p align="center">Systems Nursing Education Council – Specialty Workgroups</p> <p>Charge: Develop, standardize evidence-based pediatric care core curriculum that reflects standards and scope of practice of pediatric and pediatric critical care nurses</p>				
Critical Care	Active	Nursing Lead/Facilitator Education Component		Identified appropriate resources to support educational needs of new and incumbent staff Created a financial spreadsheet of specialty workgroup proposal to be submitted to Finance Addressed informational gaps in the proposed educational resources cost and allocation by facility Identify Metrics: Identify direct metrics: course evaluation from respective specialty course modules Identify attrition and retention rate <ul style="list-style-type: none"> Pre-data: attrition and
ED Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Maternity Sub Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Pediatric Sub Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Oncology Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Perioperative/PACU Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Behavioral Health Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Ambulatory Surgery Sub Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		

Ambulatory Sub Specialty Workgroup (Non-Oncology/Surgery)	Active	Nursing Lead/Facilitator Education Component		<p>retention rate from 1/1/19 to 12/31/19</p> <ul style="list-style-type: none"> Post-data: attrition and retention rate from 1/1/20 – 12/31/20 <p>Identify proxy metrics: nurse-sensitive indicators (NSI)</p> <ul style="list-style-type: none"> Pre-data: NSI from 1/1/19 to 12/31/19 Post-data: NSI from 1/1/20 – 12/31/20
Community Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Corrections Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Post-Acute Care Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		
Gotham Health Specialty Workgroup	Active	Nursing Lead/Facilitator Education Component		

Just Culture

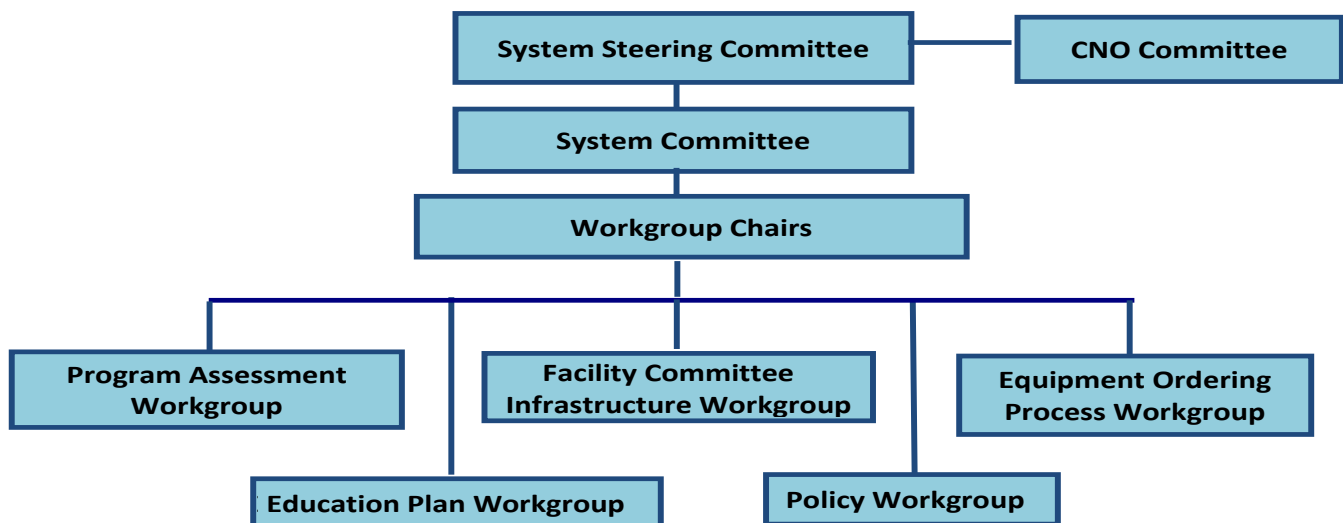
To support the Culture of Safety at HHC following the COVID-19 surge in NYC:

- May 15, 2020 and August 20, 2020, presented COVID-19 virtual just-in-time training to more than 300 Nurses participating in the Nurse Residency Program. Scheduled to present ongoing just-in-time Just Culture training sessions to support frontline staff during 2020 through 2021. “*Just Culture During a Crisis*” training sessions focused on establishing psychological safety by:
 - Celebrating successes and patient care wins in spite of COVID-19
 - Reviewing Evidence-Based Tools and Resources used to psychologically cultivate psychological safety with colleagues, patients, family and the community. Tools and resources based on the Institute of Healthcare’s Framework for Safe, Reliable, and Effective Care (2017)
 - Interactive Role Play Segments: Nurse Residents were provided the opportunity to apply the tools and resources reviewed with scenarios based on current issues experienced during COVID-19 response involving patient, families, colleagues, and the community. Nurse Residents learned practical skills about how to resolve COVID-19 related issues in an effective and psychologically safe manner.
 - Reviewing current resources available to support the psychological safety of staff at HHC and to the entire NYC community such as: Helping Healers Heal (H3), Emotional Support Helpline, Wellness and Respite Rooms, NYC Well (24 hour

emotional and psychological safety support line for all NYC residents), MindSpace, etc.

Safe Patient Handling

- The key objective of the System Safe Patient Handling Initiative (SPH) to develop and implement a sound, evidence-based system-wide SPH Program to support the physical health and well-being of our Staff and Patients, aligns with the System's vision and mission
- **Metrics:** Review of the SPH-related injury data revealed that 82 injuries reported from January 2019 – September 2019, resulted in a total of 1,675 days out of work system-wide for involved Staff.
- **SPH Initiative Goals and Milestones include:**
 - Establish a multidiscipline collaboration to improve the safety of our Workforce by creating an effective framework to support safe patient handling. Engaged departments and disciplines involved in the Safe Patient Handling Initiative or management thereof include: Nursing, Materials Management, Physical Therapy, Occupational Therapy, Imaging Services, Environmental Services, Patient Transportation, Patient Safety, Employee Health & Safety, etc.
 - **Milestone accomplished on July 15, 2020: the SPH Committee reconvened after pausing during the COVID pandemic**
 - Implement a committee charter including an integrated governance model to provide a framework for identifying targeted evidence-based solutions, facilitating decision-making, and driving change. Governance includes a SPH Steering Committee, System SPH Committee, and Workgroups as highlighted below:
 - **Milestone accomplished on July 15, 2020: the SPH Committee reviewed and endorsed the SPH Committee Governance Model and Charter**



- Convene SPH Workgroups to 1) perform current state assessments of crucial components of safe patient handling process at each Facility, 2) identify barriers, 3) develop, implement and monitor evidence-based solutions. Workgroup focus areas and charges outlined below.
 - **Milestone accomplished on September 16, 2020: Five (5) multidiscipline Workgroups and Workgroup Co-Chairs identified to address the following barriers to safe patient handling:**
 - **SPH Program Assessment:** Charge - Evaluate current Facility SPH Programs to determine if effective procedures, systems, processes, and equipment in place to reduce the risk of SPH injuries
 - **SPH Facility Committee Infrastructure:** Charge- Determine if appropriate stakeholders are engaged in Facility SPH Programs (i.e. RN Leaders, Frontline RN Staff, Safety and Risk Leaders), and fill identified gaps
 - **SPH Equipment Ordering Process:** Charge- Develop and implement a standard SPH equipment ordering process across the System
 - **SPH Education Plan:** Charge- Develop and implement a standard evidence-based education and training program to support safe patient handling
 - **SPH Policy Workgroup:** Charge- Develop and implement a standard SPH policy to improve staff and patient safety
- **SPH Current and Next Steps:**
 - Initial meetings facilitated for each Workgroup throughout the month of October 2020
 - Standard tools developed for each Workgroup to facilitate consistent assessment of targeted areas at each Facility
 - October 2020 standard work for all 5 groups: perform a current state assessment of the group's identified focus area, identify best/good practices and opportunities for growth

Adverse Event Escalation Process

- Opportunity existed to develop a standard system-wide Serious Adverse Event (SAE) Escalation Process for Nursing to prevent delayed notification and streamline the escalation process about serious safety events to Facility Leadership, and SVP/Chief Nurse Executive in a timely manner
- Designed a process for Department and Facility Nursing Leaders to escalate SAEs to Facility and System Leadership. The process includes:
 - Adverse event types – based on NYDOH required event reporting guidelines
 - Triggers and Escalation methods
 - Notification Timeline

➤ **Milestone accomplished on September 6, 2020: The escalation process implemented in system-wide in Nursing**

- Update: The process will subsequently be rolled out to system-wide to all departments and disciplines, based on success in Nursing

Corrective Action / Regulatory Monitoring Plans

- Opportunity to develop a standard framework to support follow-up on QAPI reported nursing-related serious adverse events, correctives action plans (CAPs), and regulatory findings to reduce the risk of recurrence, improve patient safety, and quality of care
- Analyzed 2019 – 2020 QAPI Facility Reports to identify nursing-related serious adverse event cases, and regulatory findings
 - **Milestone accomplished: Facilitated meetings with Nursing Leadership at non-acute Facilities to discuss trends, CAPs, barriers, opportunities for growth and support**
- Non-acute Facilities providing monthly updates on reviewed cases and current cases
- Current / Next Steps:
 - Monitoring plans approved for Acute Care Facilities on an ad hoc basis
 - Will meet with Acute Nursing Leadership to discuss cases when reported

Quality and Outcomes

Nursing Clinical Ladder Program

- Nursing Clinical Ladder application period closed on June 19th with 1700 approved applications across the health system
- Clinical Ladder Program was adjusted to incorporate COVID 19 related activities including a reflective writing statement, SWOT analysis and COVID 19 related PDSA cycles
- A total of 22 virtual coaching sessions with over 600 registrants were held with the CLP nurses to provide support and on the program
- All document submissions for the 2020 program cycle was due Oct 1st. The folder review process is underway and the CLP nurses will be notified of their approval or denial by mid Nov

Nursing Leadership retreats

- The 2020 nursing leadership retreat was divided into 2 parts:
 - **Journey to Nursing Excellence-** The nursing excellence retreat was held virtually in August with over 150 participants across the health system.
 - Representation included CNOs, Nursing Directors, NYSNA leadership and co-chairs from the nursing shared governance councils across the system
 - The retreat featured a keynote speaker from ANCC- Lynn Newberry DNP, who serves as the Magnet and Pathway to Excellence program education manager

- The retreat objectives focused on identifying the structures needed to achieve nursing excellence designations such as the AACN Beacon designation and ANCC Magnet and Pathway to Excellence designation.
- **Leadership Wellness Retreat-** Will be held virtually in November with site specific nursing leadership representation across the health system
- The theme of the retreat is Wellness and Wellbeing and how to create a healthy work environment.
- The retreat objectives will be a review of the facilities culture of safety as it pertains to psychological safety and bullying, and the identified nursing specific safety events themes; staff and leadership wellness; and the nursing strategic plans.

Nursing Survey's

- OPCC rolled out two nursing survey's this year(between Sept and Nov) to gather baseline data on the following:
 - **Pathway to Excellence Designation Site Assessment Survey-** OPCC administered an electronic survey to all sites across the health system (with the exception of King's County and CHS) to assess the organizational readiness for the PTE designation process.
 - Each site was given 2 weeks for staff to participate in the survey, and the survey results will be reviewed by Shakira Daley, Dr. Cineas and the site CNO
 - The survey results will also be incorporated into the November leadership retreat discussions
 - Shakira Daley is working closely with our ANCC liaison Dr. Lynn Newberry to support the facilities through this journey
- **NDNQI RN Engagement Survey** - All of the acute care facilities have signed up to take the NDNQI RN engagement survey in either Sept or Oct.
- If available in time from NDNQI, the survey results will be incorporated into the November leadership retreat discussion. If not, the survey results will be discussed with the CNO during their 1:1 meetings with Dr. Cineas

Patient Experience

Care Experience

- The ICARE Module was approved and forwarded to Peoplesoft HR for production. The module that includes a video is intended to supplement the ICARE training for Nursing that began in 2019.
- The CETF began work in June to implement Meaningful Staff and Leader Rounding, identified as a primary driver for meeting/exceeding the Nurse Communication Goal of 73.7%.
- Membership campaigns for Professional Shared Governance (PSG) intensified in June and July 2020, with all 11 hospitals and 4 specialty sites (Post-Acute, Gotham, Community Care, Correctional) providing membership lists and facilitating elections of Council Chairs, Co-Chairs and Secretaries. In August, Hospital wide/ Site wide PSG Report Outs and a historic first System wide Report Out occurred. Primary on the agenda for the report outs was the status

report of the membership drive, the creation of council charters and the transition to the next phase of developing scope of work for all councils.

- A 3 year calendar of Hospital wide and System wide PSG meetings was published.
- Beginning work on PSG Council Dashboards with the 300x300 team of the NYCH+H Chief Data Officer started from the approved requests. The dashboards will be used by all PSG Councils at all levels (unit, specialty, hospital, system) to report on performance and guide the alignment of work with hospital and systemwide priorities.
- All PSG Councils shifted focus to developing scope of work.
- A twice daily PSG Coaching Call session (Mondays to Fridays) open to all nursing staff in the system launched to provide just in time answers to frequently asked questions about membership and scope of work questions.

RN Residency Program

- The first NRP graduation of Cohorts 1,2,3 happened in August, attended by Dr. Katz and Dr. Allen and featured the Evidence Based Practice (EBP) Projects of nurse resident teams as their capstone for program completion. The first group of graduates became eligible for Tier 1 of the Clinical Ladder Program as evidence of their professional growth with their participation in the 12-month residency and completion of the EBP project.
- The largest cohorts launched in August enrolling group maximums of 75 nurse residents per cohort running 2 simultaneous same day seminars in a blended learning format. This innovative logistic allows for the 6x expansion of the program with the enrolment of a maximum of 150 residents in a cohort running for a full year with once a month seminars without increasing the facilitator commitment from the hospitals. A new cohort begins every 2 months. All subsequent cohorts will be modeled in this format to meet the goal of enrolling all eligible new hires in 2019 and onwards consistent with the gap analysis described previously.

NP Fellowship

- A partnership in a Learning Collaborative was secured in September 2020 with the Weitzman Institute's National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) to help us with free coaching as part of a grant funded workforce development program on building this program at NYCH+H consistent with NNPRFTC Accreditation Standards. The Weitzman Institute is the research and education arm of Community Health Care, Inc of Connecticut (CHCI), home of the first residency training program for Nurse Practitioners led by thought leaders from the Yale University School of Nursing in New Haven, CT. The NPRFTC is the national accreditation body for Nurse Practitioner residency and fellowship programs. The collaborative is set to start in January 2021.

2020 Nursing Excellence Awards

This year the Office of Patient Centered Care received over 300 nominations for the 2020 Nursing Excellence Awards. This year's honorees also almost doubled in number, a total of 29 honorees based on criteria updated to recognize "system-based" categories and "facility-based" accomplishments. OPCC created a facility award entitled the "Structural Empowerment Awards" which was awarded to NYC Health + Hospitals/ Queens. Honorees represent the entire system, the 11 acute hospitals, Post Acute, Gotham, Correctional Health and Community Care.

This year the nursing champion award was renamed in honor of former board member and nursing champion Ms. Josephine Bolus. This year's 2020 Josephine Bolus Nursing Champion is Catherine Alicia Georges, EdD, RN, FAAN, Professor and Chairperson of the Department of Nursing at Lehman College of the City University of New York (CUNY).

The non-profit organization that was founded by Ms. Bolus and her son will contribute an annual award in the name of the nursing champion in conjunction with the annual awards event. In addition a \$1,000 donation will be made by the organization Holidays with Heroes, Inc, to a NYC profit organization that supports minority nursing development in underserved areas of the city.

To address Covid-19 and social distancing this year's Nursing Excellence Awards will be virtual. Award presentations and speeches are being recorded over the course of a few days. The footage will be edited to produce a video to be premiered late November, early December. Welcome messages will be made by Dr. Cineas, Dr. Katz, and Dr. Allen to introduce the event. In addition members of the community will be recording messages and testimonies to recognize Ms. Bolus. Messages will be recorded by her son and daughter, Michael and Sabrina Bolus, US Representative Hakeem Jeffries and NYS Senator Persaud. A message will also be recorded by Board of Directors member, Mr. Robert Nolan.

**MetroPlusHealth Report to the
Medical & Professional Affairs Committee
Thursday, November 5th, 2020
Dr. Talya Schwartz, President & CEO**

Regulatory Highlights

COVID-19: The pandemic resulted in a significant number of regulatory changes that continue to impact MetroPlusHealth. Disenrollment moratoriums for our Medicaid, Essential Plan, and subsidized-Child Health Plus members continue, as of this writing, through December 31, 2020. We have generally seen an additional month extension, each month, and expect to see this continue through the public health emergency. Members in these lines of business will only be disenrolled either at their choice, because they moved out of NY, or if they are deceased.

NY is continuing to mandate no cost-sharing for COVID-19 testing and telehealth visits through November 9, 2020; we also expect to see this timeline extended.

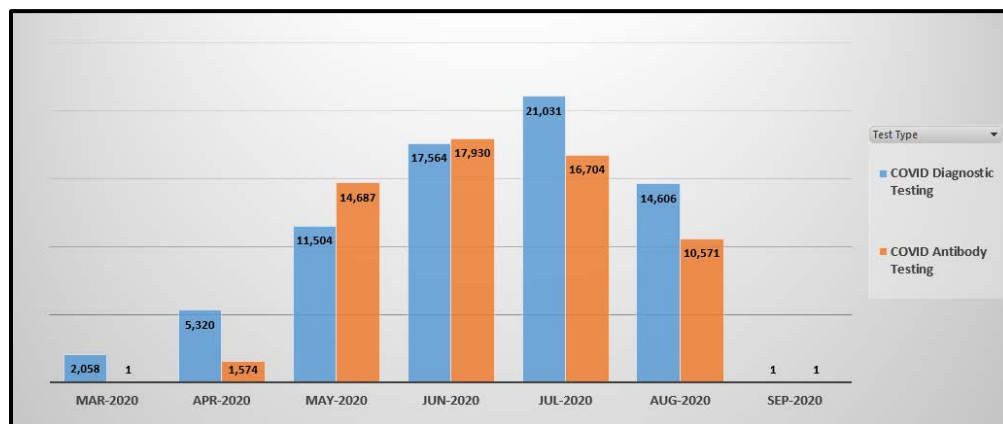
Well-Duals Default Enrollment Program: NYS in conjunction with CMS has developed a new program allowing healthy MetroPlusHealth Medicaid/HARP members aging into Medicare to be automatically and seamlessly enrolled in our Medicare Advantage D-SNP. State DOH is requiring eligible MCOs to participate in this program, but it has no official start date. Instead, participation is on a rolling basis in accordance with approval from CMS and State DOH, and organizational readiness. Because it requires significant operational efforts and poses challenging coordination of benefits (COB) determinations, MetroPlusHealth is targeting the end of Q1 2021 for our go-live. Default enrollment is expected to grow our Medicare line of business significantly (approximately 40%).

COVID Impact

Hospitalizations: There have been 2,543 admissions of confirmed COVID-19 (admissions are underestimated based on under-reported diagnoses codes). Among those admissions, 374 members have expired (15%). Majority of admissions occurred for members that reside in Queens (34%), Brooklyn (29%) and the Bronx (24%). Based on claims data, the peak of COVID admissions were in April and have continually decreased since mid-May.

Admission Months								
COVID Flag	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
H + H	2,587	2,131	2,210	1,712	1,668	1,884	2,067	1,369
Confirmed COVID Admission			326	493	140	51	34	28
Non-COVID Admission	2,587	2,131	1,884	1,219	1,528	1,833	2,033	1,341
Non H + H	2,056	1,980	2,099	1,703	1,624	1,924	1,954	1,267
Confirmed COVID Admission			436	718	177	67	57	16
Non-COVID Admission	2,056	1,980	1,663	985	1,447	1,857	1,897	1,251
Grand Total	4,643	4,111	4,309	3,415	3,292	3,808	4,021	2,636
H + H COVID Admission % of Total H + H	0%	0%	15%	29%	8%	3%	2%	2%
Non H + H COVID Admission % of Total Non H + H	0%	0%	21%	42%	11%	3%	3%	1%

Testing: According to latest claims data available, approximately 72,000 members were tested for COVID and 61,000 members tested for antibodies.



Membership

MetroPlusHealth membership has increased 10.8% since January 2020 and is on track to reach 600,000 members by year end. Most of the growth is occurring in the Medicaid and Essential Plan lines of business. Membership growth is occurring due to sustained inflow of new members and dramatic decrease in involuntary disenrollment due to the moratorium on disenrollment. Additionally, premium payment grace period is in effect for subsidized Child Health Plus and Essential Plan members, which precludes disenrollment due to non-payment. These terms are expected to continue, at a minimum, through the end of the year.

Between January and August 2020, NYC mainstream Medicaid has grown roughly 250,000 lives, of which MetroPlusHealth was able to capture 20%. MetroPlusHealth has increased its market share by 0.02% and continues to retain third place standing in total Medicaid membership.

LoB	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Variance (Jan vs Aug)	Variance % (Jan vs Aug)
Managed Medicaid	349,231	348,222	348,551	355,023	364,830	379,947	389,402	397,350	48,119	13.8%
Essential Plans (EP)	82,301	82,489	83,498	84,415	86,670	87,910	88,580	89,068	6,767	8.2%
Child Health Plus (CHP)	23,145	23,355	23,822	24,376	23,961	23,251	22,786	22,393	(752)	-3.2%
MetroPlus Gold	18,112	17,553	17,545	17,465	17,410	17,343	17,353	17,217	(895)	-4.9%
Enhanced (HARP) Plan	12,586	12,489	12,324	12,680	12,825	13,035	13,185	13,364	778	6.2%
Marketplace Health Plans (QHP)	11,361	12,522	13,782	13,649	13,129	12,547	12,459	12,597	1,236	10.9%
Managed Medicare	7,538	7,522	7,543	7,541	7,550	7,624	7,752	7,860	322	4.3%
Partnership in Care (SNP)	3,964	3,945	3,958	4,017	4,057	4,101	4,171	4,261	297	7.5%
Managed Long-Term Care (MLTC)	2,058	2,058	2,058	2,039	1,950	1,945	1,928	1,636	(422)	-20.5%
MetroPlus GoldCare Lvl 1	1,249	1,236	1,295	1,285	1,288	1,278	1,265	1,256	7	0.6%
Marketplace SHOP	764	751	720	692	687	679	678	676	(88)	-11.5%
MetroPlus GoldCare Lvl 2	631	624	610	613	618	620	620	611	(20)	-3.2%
Total	512,940	512,766	515,706	523,795	534,975	550,280	560,179	568,289	55,349	10.8%

Clinical Update

Housing: The Plan's Housing team and Care Management staff have continued their work with members experiencing housing insecurity despite the significant constraints placed by the COVID public health emergency. The Plan has housed 34 members in 2020 so far (compared with 84 in 2019).

Choosing Wisely: MetroPlusHealth has been working in conjunction with H+H to promote the Choosing Wisely campaign with a focus on evidence-based laboratory testing. The Plan has implemented claims-based clinical edits on certain tests such as H. pylori antibody testing and folic acid testing.

Influenza: The Public Health Emergency has emphasized to all the importance of influenza vaccination. The Plan has added a reward for members who receive the flu vaccine as part of our Member Rewards program. In addition, the Plan is promoting flu vaccine by: Member Website posting, Flu mailings, Text/IVR messages and Customer Service hold messaging.

Medicare 2021 Star Ratings Program Performance: The Plan's Medicare program achieved 3.5 Stars for Stars 2021, Measurement Year 2019 (MY19), thus qualifying for rebates for supplemental benefit enhancement. Due to the Public Health Emergency, HEDIS/CAHPS measures were rotated, reflecting Star 2020 (MY18) performance. CMS proceeded to make planned methodological changes such as increasing the weight for CAHPS/Health Plan Operations measures despite COVID-19. The Plan improved dramatically in several measures including Health Risk Assessment, Medication Adherence and Medication Therapy Management. However, the Plan declined in the 5X weighted measures. The Plan believes this is a result of the COVID pandemic, as data for these measures was collected from mid-February to June of 2020.

Medicaid Incentive Results: NYS recently released measurement results 2018 NYS DOH Quality Incentive Award. The Plan has the second highest quality score in NYS and was placed in the second tier (of five) with respect to the incentive premium award. Of note, there were no Tier 1 ranked Plans. Despite ranking second in quality, the Plan had a slight decline in performance compared with MY 2017. The domain of measures that showed inferior performance was related

to Behavioral Health/Substance Use. The Plan believes its decision to assume behavioral health service operations during 2021 as well as continuing to work closely with H+H will improve performance in these measures. Of note, the Plan's Compliance score (which reflects regulatory reporting and performance and is an important determinant for the Quality Incentive award) improved compared with MY 2017.

Behavioral Health Transition Update: The Plan continues to make progress to assume Behavioral Health operations with a go-live date of October 1, 2021 for all members, including those enrolled in the MetroPlus Health and Recovery Plan (HARP). The program design will emphasize the integration of behavioral health and physical health, and work closely with H+H's BH Center of Excellence. A key work effort is to build a robust Behavioral Health provider network that will be ready to submit for State review by Spring 2021. The Plan's Contracting and Provider Maintenance departments are engaged in a significant effort which requires outreach, contracting, negotiation, credentialing, and fee schedule linkage of over 800 contracts and approximately 9,000 providers.

Financial Performance

The MetroPlusHealth financial performance is strong with a \$26.3 million net income as of June 30, 2020. The chart below reflects the revenue and expenses in thousands.

METROPLUS HEALTH PLAN, INC.	
As of June 30, 2020	
(Dollar amounts in thousands)	
Revenue	\$1,606,317
Expenses:	
Cost of Health Care Provided	\$1,471,405
Reinsurance Recoveries	\$(15,100)
Cost of Health Care Provided, Net of Recoveries	\$1,456,305
Personnel Services, Fringe Benefits, Employer Payroll Taxes	\$66,641
Other Than Personnel Services, Depreciation and Amortization	\$63,275
Total Underwriting Expenses	\$1,586,221
Net Underwriting Gain	\$20,096
Net Investment Income Earned	\$6,549
Other Expense	\$(302)
Net Income	\$26,343

The administrative expenses through June 2020 were \$17.6 million, or 12.1% under budget due to increased vacant headcounts, reduced spending in clinical services, marketing events, fulfillment, postage, and training costs. MetroPlusHealth has incurred \$2.35M in COVID related expenses to date.

Rates: In 2021, MetroPlusHealth rates will increase 5.0% in the individual product and 8.5% in the Small Group product. MetroPlus Health will continue to place among the 3 most affordable Plans in NYC.

Benefits: New Gold benefits, that went into effect on July 1st, now include \$0 copay for generic medications and new reimbursement for weight loss programs in addition to gym reimbursement.

Medicare 2021 benefits will offer \$1,500 in over the counter card, Green Market vouchers, gym reimbursement and increase in non-emergency transportation.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten-year agreement with Omnicell, Inc ("Omnicell") to provide Omnicell® medication automated dispensing machines ("ADMs"), for the System's acute care facilities and Carter LTAC, anesthesia work stations ("AWS") and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of \$75,651,031.

WHEREAS, the System has used ADMs since 2002 with BD CareFusion being the exclusive provider at an annual cost of approximately \$4.6 Million under a contract to expire June 1, 2021; and

WHEREAS, the standard business model for the procurement is to lease the ADMs, generally over a ten-year period with accompanying service support agreements; and

WHEREAS, the industry standard is for the ADMs and a facility's inventory management system to be linked so as to increase inventory control, standardize a single formulary across the System; reduce medication stock outs, allow for the automated ordering of drugs; reduce the incidence of expired medications, provide controlled substance reviews and address critical sterile compounding challenges with all-in-one IV workflow; and

WHEREAS, the current BD CareFusion system does not provide such benefits; and

WHEREAS, because Omnicell and BD CareFusion are the only companies that offer inventory management systems with the interoperability described, the System conducted a negotiated acquisition to choose a vendor and, with input and support from the CEO Council, CNO Council, EITS Leadership, Finance, the Directors of Pharmacy Council and the approval of the Contract Committee, selected Omnicell to be its inventory management system vendor; and

WHEREAS, the proposed contract will be supervised by Supply Chain Services/Business Operations.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized execute a ten-year agreement with Omnicell, Inc. to provide Omnicell® inventory management systems with medication automated dispensing machines, for the System's acute care facilities and Carter LTAC, anesthesia work stations and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of \$75,651,031.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH OMNICELL**

- BACKGROUND:** The System has utilized BD CareFusion Automated Dispensing Machines (“ADMs”) for medication storage, dispensing, and control of controlled substances since 2002. ADMs were further expanded and standardized in 2014. The System currently has approximately 1,900 devices in use. All devices are leased with service support agreement. The CareFusion agreement will expire on June 1, 2021. Whereas the current ADM inventory does not link to PeopleSoft, the System wishes through its new contract to achieve the industry standard of integrating its ADSs to its inventory management and Enterprise Resource Platform/Electronic Medical Record (ERP/EMR) systems.
- PROCUREMENT:** BD CareFusion and Omnicell are the only vendors that offer ADMs with the desired interface to inventory management and ERP/EMR. Accordingly, with the approval of the Contract Review Committee a negotiated acquisition with pricing due diligence was conducted. A rebate of \$5,139,632 was negotiated to cover any losses due to contract price changes with the incumbent vendor due to conversion. It was determined that replacing the incumbent’s equipment as it ages out would be inefficient as opposed to changing to a new System-wide solution. Supply Chain has presented these findings and award recommendation to the CEO Council, CNO Council, EITS Leadership, Finance and the Director of Pharmacy Council. All groups were in favor of awarding Omnicell. The proposed award to Omnicell will provide \$4.5 Million in savings over incumbent vendor over the proposed term while also providing a superior product.
- BUDGET:
PAYMENT:** The cost of the proposed agreement will not exceed \$75,651,031 over the ten year term. The projected total cost to the System has been budgeted and signed off by System Finance.
- MWBE:** Omnicell will finance 62% of the cost of the equipment being provided to the System through an MWBE financing company.
- TERM:** The term will be ten years.

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Omnicell, Inc.

Date: October 20, 2020

Digitally signed by Tallbe, Keith
Date: 2020.10.20
07:31:22 -04'00'

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility

Approved

EEO

Approved

MWBE

62% Utilization Plan
Corporate Leasing Associates, Inc.
NYS WBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Inpatient Pharmacy Inventory Management System

**Application to
Enter into Contract**

Medical & Professional Affairs Committee

November 5th, 2020

Joe Wilson, Sr. AVP, Strategic Sourcing

Background

- All NYC Health + Hospitals acute care facilities have utilized automated dispensing machines (ADM) “medication cabinets” for medication storage since 2002
- NYC Health + Hospitals currently has approximately 1,900 ADMs in use
- The ADMs are not currently interfaced to an inventory management software, or an ordering system, or a billing system
- All devices are leased with service support agreements
- BD CareFusion (Pyxis) has been the provider of this service since 2002
- The current 7 year agreement is for \$38,418,817



Market State

- Industry standard is to integrate medication cabinets with inventory software to optimize safety, reduce risk, enhance quality, reduce costs, increase revenue
- There are only two vendors offering this integrated solution
 - Omnicell and BD CareFusion (Pyxis)
 - Both vendors only support inventory software solution with their cabinets
 - Both vendors offer the needed IV prep and anesthesia workstation hardware/software
 - Both vendors confirmed they can meet active directory compliance and enterprise IT security requirements

Future State

Implementing inventory management through advanced pharmacy technology within NYC Health + Hospitals will provide:

- Complete line of sight of drugs from distributor, to shelf, to compounding area or to cabinet, to patient
- Increase access and visibility to system-wide pharmacy inventory through real-time, actionable reports and dashboards
- Reduce medication stock outs through a seamless interface between medication dispensing cabinets and pharmacy wholesale distributor allowing for automated ordering of drugs
- Address critical sterile compounding challenges with all-in-one IV workflow
- Improve ability to standardize formulary across the health system
- Reduce IT costs by reducing multiple software interfaces and network servers
- Enhance controlled substance review to address and eliminate potential diversion
- Provide one-time cost reduction as the facilities institute par level inventory.
- Reduce expired medications with appropriately adjusted inventory par levels

Overview of Procurement

- Supply Chain conducted a negotiated acquisition with pricing due diligence because there are only two vendors who occupy this space
- Omnicell is less expensive over the proposed 10 year agreement by \$4,500,000
- Nursing and Pharmacy Leadership across all facilities participated in the technology review from both vendors
- Supply Chain has presented these findings and award recommendation to the CEO Council, CNO Council, EITS Leadership, Finance, and the Directors of Pharmacy Council
- All groups were in favor of awarding Omnicell
- Omnicell is utilized by NYU Langone, NewYork-Presbyterian, Hackensack Meridian Health, Massachusetts General Hospital and Sentara Healthcare
- NYU Langone and NewYork-Presbyterian provided positive references

MWBE Utilization

- Omnicell has provided a 62% MWBE subcontracting plan utilizing Corporate Leasing Associated Inc., a NYS certified WBE

M&PA Approval Request

Supply Chain Services is seeking approval to enter into contract with Omnicell for an Inpatient Pharmacy Inventory Management System including automated dispensing cabinets

- 10 year agreement utilizing Fair Market Value leases
- Go live September 2021 with an implementation of all hardware and software to complete by end of FY24
- Cost over lifetime of agreement = \$75,651,031
- One time rebate of \$5,139,632
- WBE Subcontracting plan of 62%

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to amend the contract with Hunter Ambulance (“Hunter”) to expand the scope of the contract to cover rates for additional services, including livery and emergency management transportation services and to increase the not-to-exceed expense cap from \$12,070,896 to \$36,333,516 over five years to account for higher than expected costs and new additions to the scope of the contract.

WHEREAS, the System released a Request for Proposal (“RFP”) in 2017 for a single-vendor patient transportation system to improve service and performance and best serve patients; and

WHEREAS, the RFP resulted in the selection of Hunter Ambulance and an agreement was signed in April 2019 with a not-to exceed cap of \$12,070,896; and

WHEREAS, the new transportation system has been shown to improve patient care and patient and staff satisfaction, with faster transportation times leading to life-saving interventions; generate significant revenue, with more patients retained within the System; and result in significant staff time saved due to a single-entry, easy-to-use ordering system; and

WHEREAS, the Hunter services were critical for patient transfers during the height of the COVID-19 epidemic; and

WHEREAS, building on the success of the contract with Hunter, the System wishes to expand the Hunter contract to include rates for emergency management transportation services, “Baby Mobiles”, and livery services to ensure that patients eligible for transportation are able to receive the most appropriate and cost-effective service; and

WHEREAS, the contract was ultimately finalized at Medicare rates, exceeding original projections; and

WHEREAS, the not-to-exceed cap needs to be increased to account for higher than expected spend and the expanded scope of the agreement.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to amend the contract with Hunter Ambulance to expand the scope of the contract to cover rates for additional services, including livery and emergency management transportation services and to increase the not-to-exceed expense cap from \$12,070,896 to \$36,333,516 over five years to account for higher than expected costs and new additions to the scope of the contract.

EXECUTIVE SUMMARY CONTRACT AMENDMENT HUNTER AMBULANCE

- OVERVIEW:** New York City Health and Hospitals Corporation (the “System”) seeks authority to amend its contract with Hunter Ambulance (“Hunter”). The amendment will expand the scope of the contract to cover rates for livery and emergency management services and increase the existing not-to-exceed cap.
- NEED:** The System and Hunter executed a contract in April 2019 for enterprise-wide transportation services. The contract addressed long-standing challenges obtaining third-party services to effectively perform all of the various types of patient transportation required at the Medicare rates. Once the contract was implemented, its services were so effective that the System identified other areas where Hunter could improve patient services. These primarily consist of emergency management transportation services codifying rates and services for future emergencies – including COVID-19 surges or extreme weather events, “Baby Mobiles”, building on a successful model at Metropolitan Hospital, will bring pregnant women in labor who need transportation into the H+H hospital where they received their prenatal care, and livery services pilots- a series of 3 projects aimed at leveraging livery transportation for key revenue-driving/system priority areas including perioperative services, care gap measures, or homeless services. The contract’s not-to-exceed cap must be increased to account for additional spend due to finalized contract rates, initial projections anticipated costs at the Medicaid rates instead of the negotiated Medicare rates, the broadened scope and increased utilization. Increased utilization has already occurred with the heavy and very successful transportation of patients within the System during the height of the COVID-19 epidemic to relieve strain in some hospitals by drawing on capacity in others. Further increases will occur due to the expanded scope of the agreement and implementation of successful livery pilot projects.
- TERMS:** The duration of the agreement, as amended will remain the same. Its scope will be expanded. The not-to-exceed cap will be increased from \$12,070,896 to exceed \$36,333,516 over the term of the contract.
- MWBE:** This contract is for ambulance and ambulette services. As to ambulance, there are no MWBE ambulance providers licensed to operate in New York City. As to ambulette, Hunter has agreed to 10% utilization for these services.

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.10.23
11:42:41 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Hunter Ambulance, Inc.

Date: October 23, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility

Approved

EEO

Approved

MWBE

Ambulance: 0% goals based on availability

Ambulette: 10% Utilization Plan based on availability

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

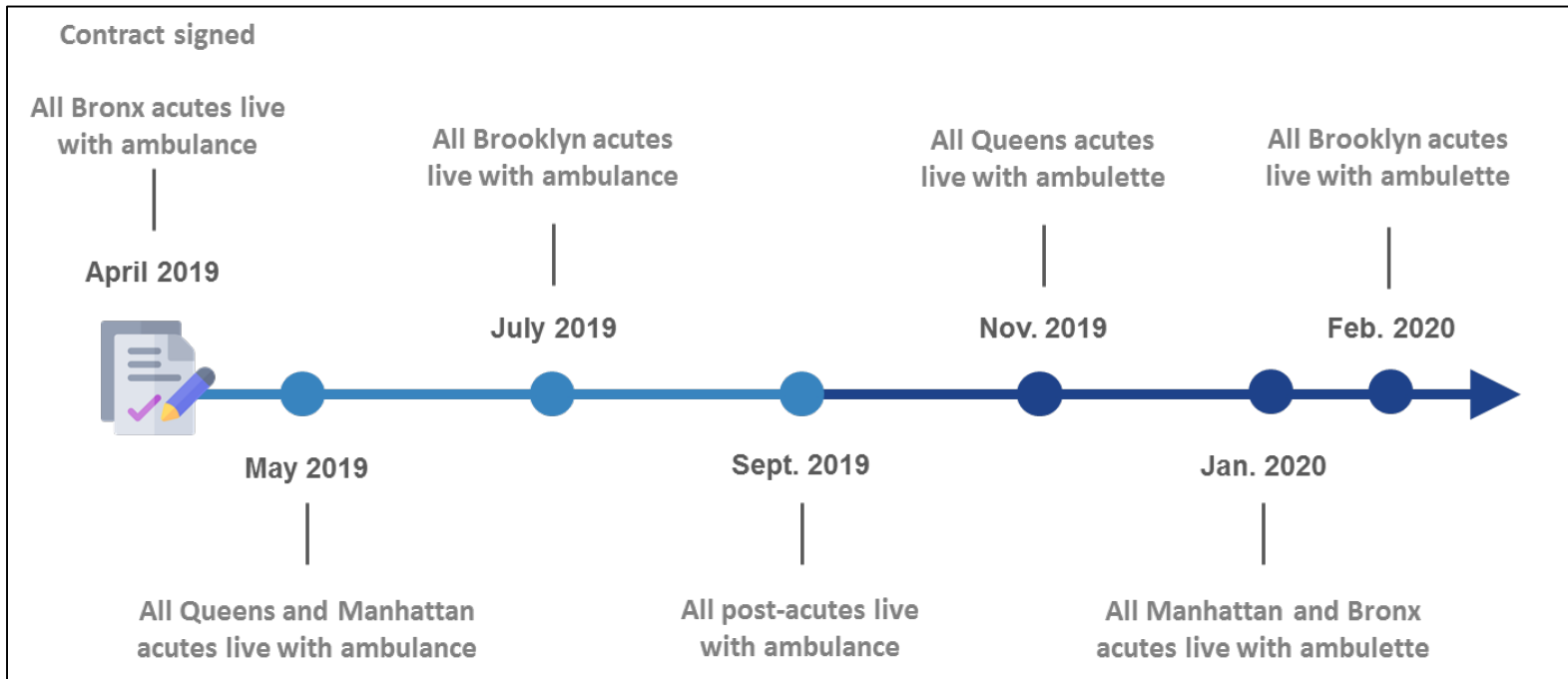
Hunter Transportation Contract Amendment

Medical and Professional Affairs Committee
November 5, 2020

Matthew Siegler, Senior Vice President

Background

- In April 2019, NYC Health + Hospitals and Hunter Ambulance executed an agreement for a new single-vendor patient transportation system.
 - Previously, H+H held contracts with multiple transportation providers which led to challenges and delays in providing transportation for transfers and discharges.
 - The new contract contains aggressive service level agreements on vendor timeliness.



Major Improvements for H+H

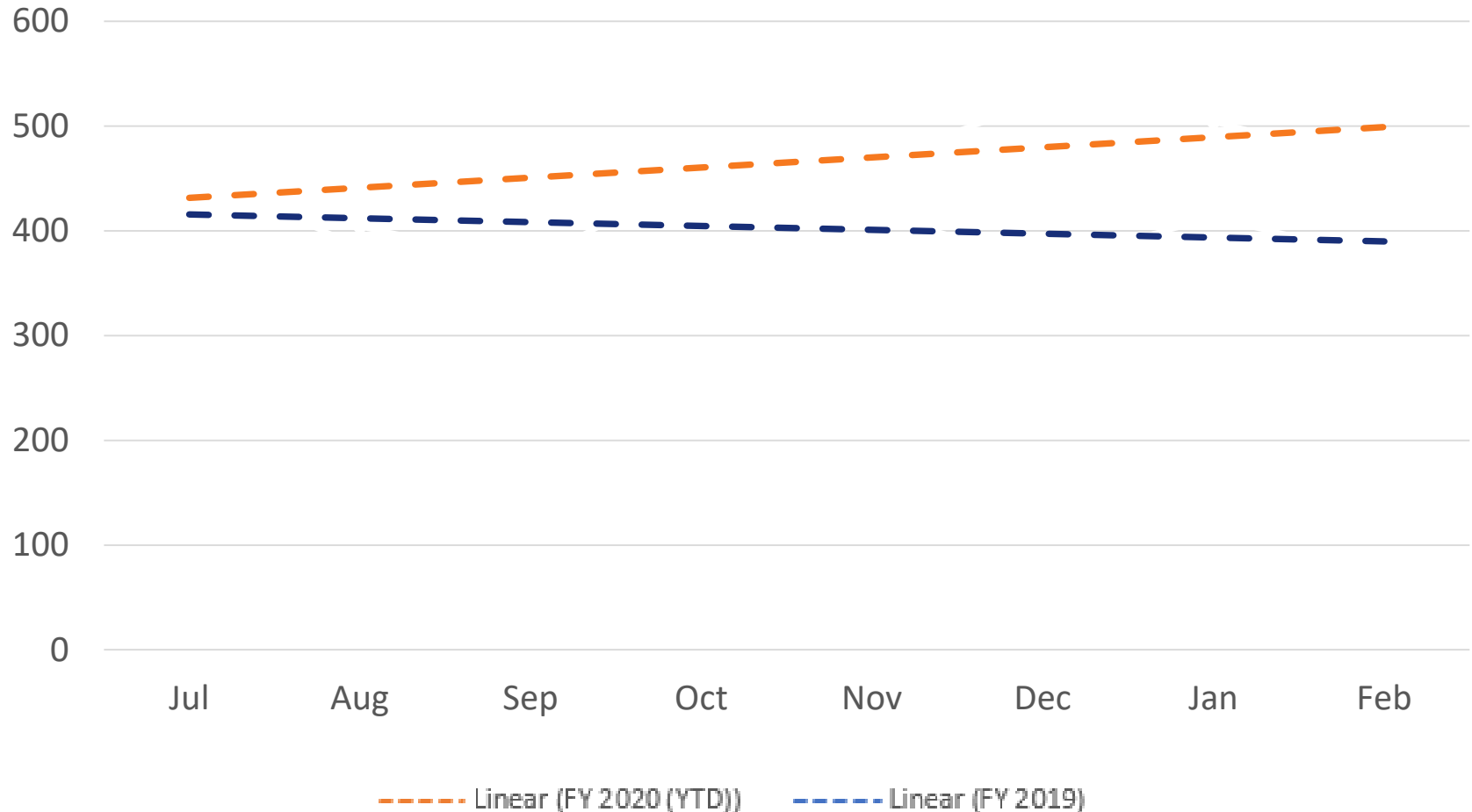
- More patients being transferred: inter-facility transfers up 15%
- More transfer requests accepted: 100% of ambulance requests accepted, up from 59%
- More requested transfers completed: 83% at Bellevue in August 2020, up from 73% average prior to implementation
- Faster transfers
 - Adult cardiology transfers to Elmhurst: 27 mins faster
 - Stroke/neuro to Bellevue: 39 minutes faster
 - Average total transfer time to Bellevue down nearly 40%
- Staff can order transportation through a single entry, easy-to-use system

Faster access to life saving care

Faster turnover of beds

More patients retained in the system

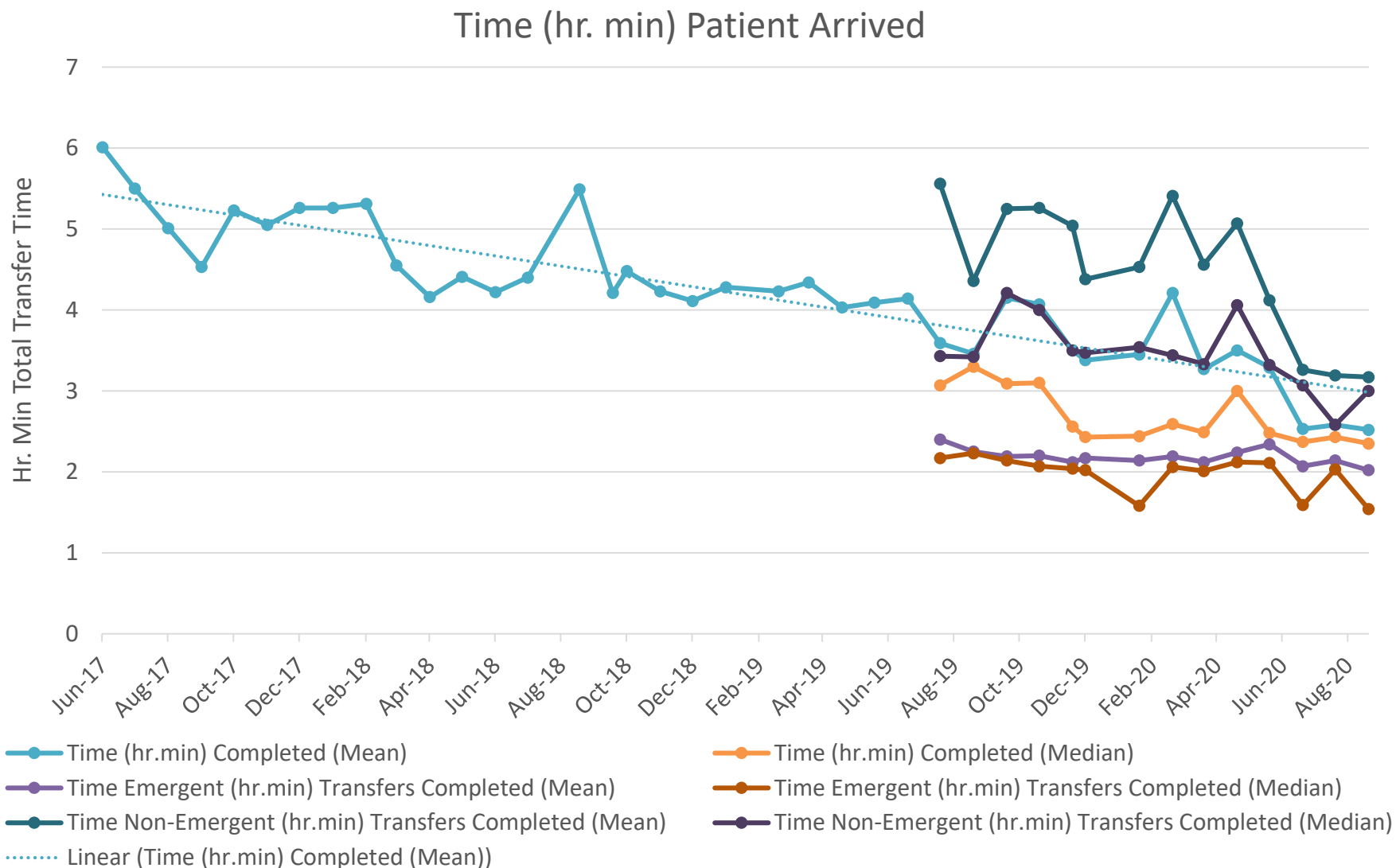
The Hunter contract is resulting in a substantial increase in inter-facility transfers
15% more inter-facility transfers as compared to prior year period



Source: Transfer Center

Total Transfer Time (Bellevue Only)

Completed Transfers Only: (Transfer Requested ⇒ Patient Arrived)



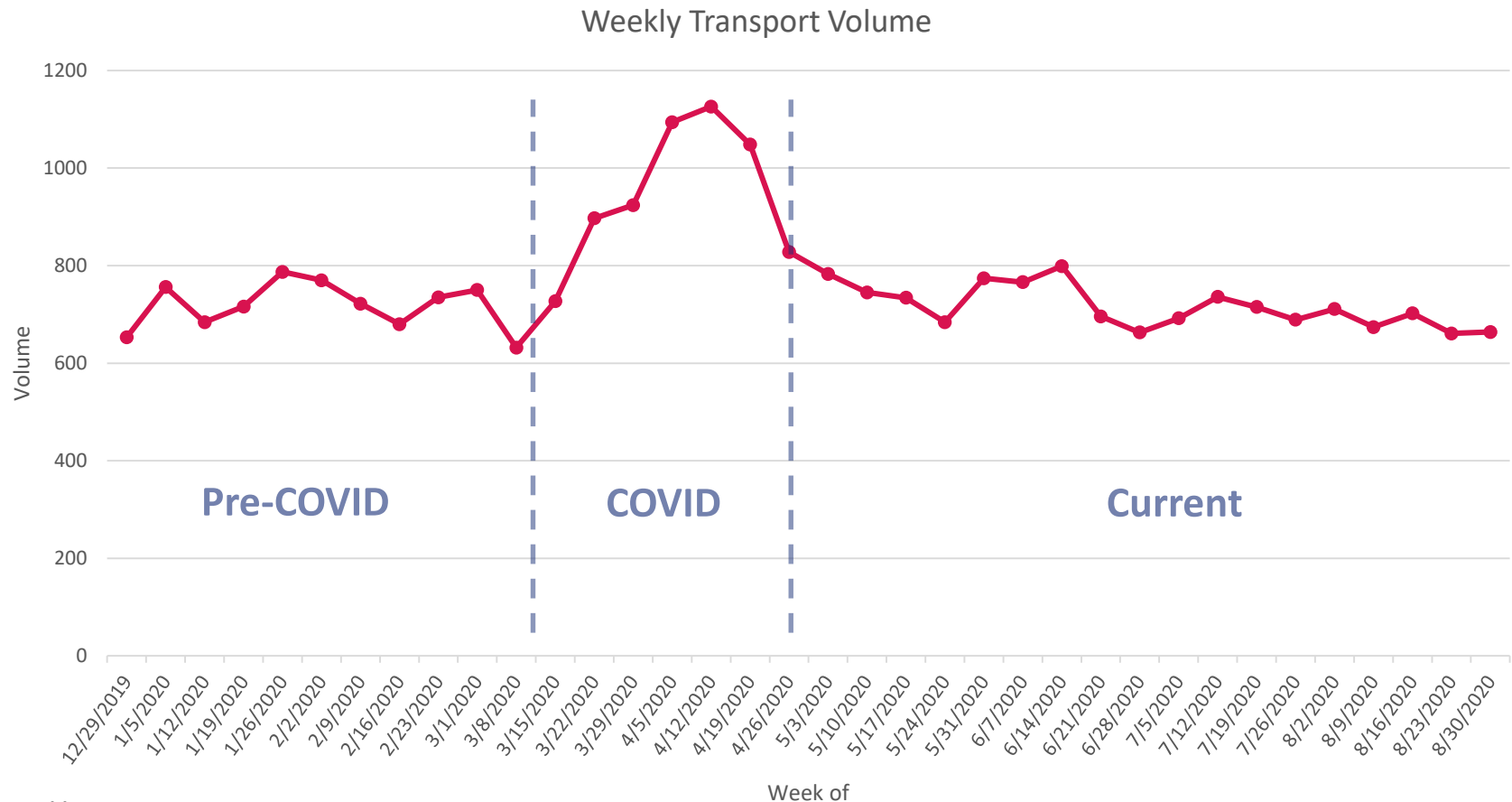
Source: D. Rakower, Bellevue

COVID-19

- COVID-19 has illustrated the importance of a single vendor contract for transportation services.
- In response to the COVID-19 pandemic, H+H re-engineered the transfer process to facilitate safe and efficient transfer of large patient volumes across hospitals—a process that would not have been possible without the Hunter contract.
 - Since March 25th, H+H has facilitated inter-facility surge transfers for over 800 patients apart from usual volume —a 51% increase over typical volume.
 - The highest volume week was April 2nd-8th when over 275 transfers were completed.
 - The process helped relieve strain at H+H's most capacity-stretched hospitals
 - H+H also received tens of patients from private hospitals including St. Barnabas, Jamaica, Flushing, and Interfaith.

Transport Volume

- Includes all interfacility transfers, discharges from H+H and ambulette trips.



Source: Hunter reports

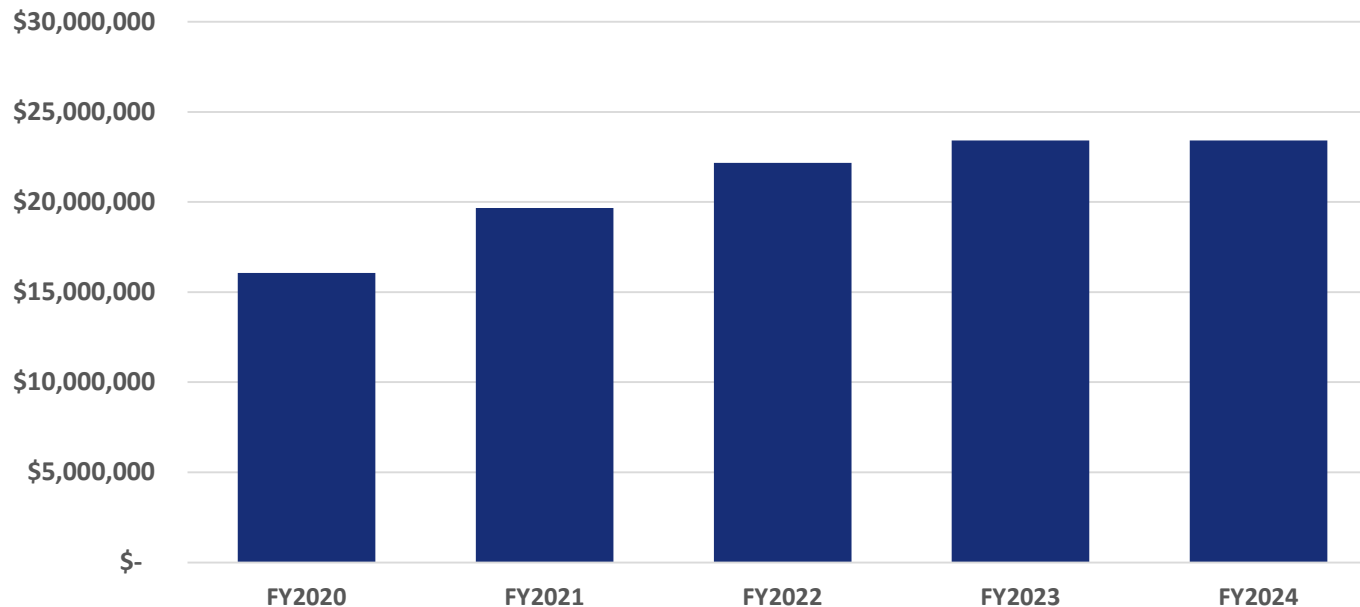
New Services and Cost Adjustments

- Requesting new NTE due to higher than expected costs and new additions to contract scope
- Expenses exceeded projections in FY 19 and FY 20
 - Percentage of self pay/uninsured trips higher than expected
 - Post acute facilities added to scope of work
 - Contract finalized at Medicare rates
- New services to strengthen patient retention will be rolled out in pilots beginning FY21:
 - Baby Mobiles, building on a successful model at Metropolitan Hospital, will bring pregnant women in labor who need transportation into the H+H hospital where they received their prenatal care (~\$1.8M for 4 years)
 - Livery services will ensure that patients eligible for transportation are able to receive the most appropriate and cost-effective modality (~\$3.3M for 4 years)
- Emergency management provision will codify rates and services for future emergencies, including COVID-19 surges or extreme weather events
- Project \$24M in expenses above prior estimates over 5 years
- Project \$68M in net revenue over 5 years
 - Projections subject to a number of uncertainties, including the impact of COVID-19 on transfer volume, changes in annual Medicare reimbursement rates, and final structure of growth pilots.

Revenue

- Revenue projections are revised according to new methodology to allow for real-time tracking against benchmarks moving forward.
- Total projected revenue now estimated at \$104M over five years.
 - New “Just Say Yes” services and protocols will speed up and simplify urgent and emergent transfers

Projected revenue expected to continue to increase



MWBE Plan

- At the time of contracting, Hunter was granted a waiver of all MWBE goals.
- We have revisited that waiver, and identified three subcontracting opportunities: ambulance, ambulette and fleet maintenance.
 - The approximate opportunity for fleet maintenance is 2-4% of total spend. We are actively exploring that opportunity in partnership with Hunter.
 - Ambulance:
 - In partnership with Hunter and the Mayor's Office of MWBE we have searched for but been unable to locate any MWBE ambulance providers licensed to operate in New York City. As a result, we are not able to pursue this opportunity at this time.
 - Ambulette:
 - Hunter has contracts with diverse ambulette providers and is looking to onboard additional vendors. The current ambulette providers include:
 - Grace Ambulette, Inc.
 - Juniors Express Car Service, Inc.
 - Juniors Luxury dba, Mega Juniors
 - Royalty Transportation LLC
 - Abiel Transportation Corp.
 - These diverse ambulette providers have limited capacity
 - Hunter has agreed to a 10% MWBE Utilization Plan for this scope of work
 - Utilization and capacity building of diverse ambulette vendors will be part of monthly business reviews

Request for Approval

- Expand scope of contract to include rates for:
 - Livery Transportation
 - Patient Retention Pilots
 - “Baby Mobile” Program
 - Emergency Management Operations and transportation
- Expand not-to-exceed cap to \$36,333,516 over 5 years from \$12,070,896.

RESOLUTION

Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the “System”) at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the “Agreement”) with the Physician Affiliate Group of New York, P.C. (“PAGNY”) for the furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction (“DOC”), a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as \$420,000,000.

WHEREAS, at its October 2015 meeting the System’s Board of Directors adopted a resolution authorizing the execution of the Agreement (the “Resolution”); and

WHEREAS, the Resolution and the Agreement permit the System to exercise three, two-year renewal options exclusive to the System; and

WHEREAS, the System exercised one of its two-year renewal options for the period beginning on January 1, 2019 and ending on December 31, 2020; and

WHEREAS, the System has the option of exercising two remaining two-year renewal periods, for the period beginning on January 1, 2021 and ending on December 31, 2022, and the period beginning on January 1, 2023 and ending on December 31, 2024; and

WHEREAS, the scope of the services provided by the System’s division of Correctional Health Services (“CHS”) has expanded and changed from the time the responsibility for such services was first transferred from the Department of Health and Mental Hygiene (“DOHMH”) to the System as part of the city’s criminal justice reforms; and

WHEREAS, the Resolution provided for a not-to-exceed amount of \$192,843,453; and

WHEREAS, the System seeks to amend the Resolution to adjust and restate the not-to-exceed amount as \$420,000,000 for the remaining two, two-year terms, exercisable solely at the discretion of the System, to reflect the current costs of the CHS program as it has grown and evolved in light of the major reforms of the correctional system.

NOW THEREFORE BE IT RESOLVED that the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the “System”) at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the “Agreement”) with the Physician Affiliate Group of New York, P.C. (“PAGNY”) for the furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction (“DOC”), a copy of which is attached hereto, is amended to restate the not-to-exceed amount of \$210,000,000 for the two-year term of the Agreement of January 1, 2021 and ending on December 31, 2022, with the right to exercise the renewal option for the period January 1, 2023 and ending December 31, 2024 with a not to exceed amount of \$210,000,000, for a total of \$420,000,000 for the potential four-year term.

EXECUTIVE SUMMARY
AMENDMENT OF PRIOR RESOLUTION AUTHORIZING
THE SYSTEM TO CONTRACT WITH THE PHYSICIAN
AFFILIATE GROUP OF NEW YORK TO PROVIDE
SERVICES TO PERSONS IN THE CUSTODY OF THE
NYC DEPARTMENT OF CORRECTION

OVERVIEW:

Pursuant to a Memorandum of Understanding dated August 6, 2015 between the System, the City of New York, the NYC Department of Health and Mental Hygiene (“DOHMH”), and the NYC Department of Correction (“DOC”), the System assumed responsibility for providing health services for individuals in the custody of DOC (the “Inmates” or “CHS Patients”). At its October 2015 meeting, the Board of Directors adopted a resolution (the “Resolution”) authorizing the System to negotiate and enter into an agreement (the “Agreement”) with the Physician Affiliate Group of New York, P.C. (“PAGNY”) for the furnishing of staff required to provide physical and behavioral health services to persons in DOC’s custody. The Resolution provided for a not-to-exceed amount of \$192,843,453. The System entered into the Agreement effective January 1, 2016, which permitted the exercise three, two-year renewal options exclusive to the System. The System exercised its first option to extend the Agreement for the period beginning on January 1, 2019 and ending on December 31, 2020. Since the initial Resolution, the scope of the services provided by the System’s division of Correctional Health Services (“CHS”) has grown and evolved in light of the major reforms of the correctional system. The System intends to exercise the first of its two remaining two-year options and may exercise its second option, and seeks to amend the Resolution to reflect the actual current costs of the CHS program across this potential four-year term.

AMENDMENT:

Under the Agreement, the System is required to reimburse PAGNY for its costs to employ the physicians, other health professionals and service providers engaged to provide the required services. The System seeks to amend the Resolution to adjust and restate the not-to-exceed amount to \$420,000,000 for the remaining two, two-year terms of the Agreement, exercisable solely by the System.



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.10.29
11:05:33 -04'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: PAGNY

Date: October 29, 2020

The below chart indicates the vendor 's status as to vendor responsibility , EEO and MWBE:

Vendor Responsibility

Pending

EEO

Approved

MWBE

Exempt

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Correctional Health Services/PAGNY Affiliation Agreement: Two-Year Extension

November 5, 2020

Medical and Professional affairs committee

**Patricia Yang, DrPH
Senior Vice President
Correctional Health Services**

Contract Overview

- Original agreement term: January 1, 2016 – December 30, 2018.
- Option to renew three times for successive two-year terms.
- First renewal period ends December 31, 2020.
- To avoid disruption in care for patients in the custody of the City, CHS needs to exercise its option to renew the Agreement for an additional two-year period.
- New renewal period will begin on January 1, 2021 and end on December 31, 2022.

Background

- CHS transitioned from NYC DOHMH to NYC Health & Hospitals in August 2015.
- Following three months of negotiation and discussion, CHS selected PAGNY as its medical affiliate, effective January 1, 2016.
- CHS' PAGNY contract:
 - Is funded as part of CHS' budget which comes directly from the city.
 - Is on a calendar year basis.
 - Covers members of Doctors Council and 1199.
 - Covers only frontline health care providers.
 - Covers no supervisory or management staff.
 - All clinical leadership and supervision comes from CHS.
 - Includes only payroll and no OTPS (including subcontracts) unless specifically preauthorized by CHS.
 - Imposes specific contractual accountability requirements to support CHS' monthly reconciliation of payments.

Financial Overview

FY16 - FY20 Budget vs Payments

Fiscal Year	Period	Initial Budget	Reduction	Total payment
FY16	1/1/16 - 6/30/16	\$ 40,128,244	\$ -	\$ 40,128,244
FY17	7/1/16 - 6/30/17	\$ 93,528,741	\$ -	\$ 93,528,741
FY18	7/1/17 - 6/30/18	\$ 103,217,491	\$ -	\$ 103,217,491
FY19	7/1/18 - 6/30/19	\$ 110,233,780	\$ 4,000,000	\$ 106,233,780
FY20	7/1/19 - 6/30/20	\$ 104,764,838	\$ 4,182,788	\$ 100,582,050
FY16 - FY20 TOTAL		\$ 451,873,094	\$ 8,182,788	\$ 443,690,306

Request

- We are seeking approval to:
 - Increase the not-to-exceed amount for each subsequent two-year extension, from \$192,843,453 to \$210,000,000, to account for cost of living increases and CHS initiatives, resulting in a total of \$420,000,000 for the remaining potential four years of the contract

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with two one-renewals, solely at the System's discretion, with Crothall Healthcare, Inc. ("Crothall") to provide environmental management services for all of the System's facilities for an amount not to exceed \$121,273,900.

WHEREAS, Crothall has been managing the System's environmental services since November 2011 following its selection in a request for proposal process and the System's Board's authorization; and

WHEREAS, the Crothall contract was for a nine-year term that expires on November 30, 2020; and

WHEREAS, under the Crothall contract, Crothall manages the System's workforce, provides all necessary supplies and operates under a fixed budget that provides the System with valuable cost certainty and management services; and

WHEREAS, the Crothall contract has been amended numerous times as the parties have worked well together to respond to the System's needs including an amendment by which parties adjusted Crothall's duties in response to the impact of Hurricane Sandy in October 2013 and by which Crothall supplied valuable and timely recovery services to the System; and

WHEREAS, the System initiated an RFP during June 2020 to determine which vendor would be best to perform the management services that have been performed by Crothall; and

WHEREAS, with the approval of the Contract Review Committee, an evaluation committee considered proposals from three firms and determined that Crothall was the best choice for the System to continue the environmental management services it has been providing with various value-add requests the evaluation committee had requested including enhancing its management team, investing \$2.5M in new equipment and holding its current price going forward; and

WHEREAS, Supply Chain Services will be responsible for the administration of the proposed contract.

NOW, THEREFOR, it is resolved that New York City Health and Hospitals Corporation be and it hereby is authorized to execute a three-year agreement with two one-renewals, solely at the System's discretion, with Crothall Healthcare, Inc. to provide environmental management services for all of the New York City Health and Hospitals Corporation's facilities for an amount not to exceed \$121,273,900.

EXECUTIVE SUMMARY

CROTHALL HEALTHCARE, INC. ENVIROMENTAL MANAGEMENT SERVICES

- OVERVIEW:** In 2011, the System determined that contracting with an outside vendor to manage its environmental services would result in savings due to better control of labor costs including overtime and the costs of supplies and greater accountability. An RFP resulted in an award of a nine-year agreement that expires November 30, 2020. The System has had a good experience with Crothall, which has been good at responding to the System's needs. Crothall has managed all of the System's environmental staff across all of its facilities and has, on occasional circumstances provided its own cleaning staff. EVS is required to meet standards of all external regulatory agencies and accrediting bodies including The Joint Commission, the State and City Departments of Health, and NYC Health + Hospitals operating procedures. Crothall has been responsible for more than 16M square feet across the System.
- PROCUREMENT:** The System conducted an RFP with the Contract Committee's Approval and a properly constituted evaluation committee recommended the award of a new contract to Crothall after considering proposals from three qualified firms. This choice was made after consultation with CEO and COO's throughout the System.
- TERMS:** Three-year agreement with two one-renewals, solely at the System's discretion. Current pricing is maintained without increase. Seven-year NTE is \$121,273,900. Additionally, Crothall agreed to the following additional enhancements:
- add a Human Resources/Labor Relations leader to its team
 - add a 3rd Regional Director to permit enhanced facility-based engagement
 - standardize its monthly reports and service level agreements with H+H team
 - upgrade hand sanitizer technology to 'touchless' at no cost to H+H
 - invest \$2.5M in new equipment/technology
 - drill down on each facility's square footage by public and clinical space; key volume metrics, and new equipment capabilities for facility agreement on staffing
 - write plan to manage escalating demands of "all hazards" from routine, urgent and emergent situations, to public health emergencies, pandemic situations, etc.
 - write plan for managing public spaces and clinical spaces, to demonstrate how they intend to meet the cleaning guidelines to assure patients, staff and visitors a safe and welcoming environment
 - hold its current pricing as its guaranteed contract price going forward, and provide a \$4.5M credit to H+H
- MWBE:** 30% MWBE goal, utilizing the following certified vendors: Thompson Hospitality (pending), Eastern Bag and Paper (NYC WBE); and Gojo Industries (pending)

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs
Digitally signed by Tallbe, Keith
Date: 2020.10.29
17:14:37 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Crothall Healthcare, Inc.

Date: October 29, 2020

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Eastern Bag and Paper (NYC WBE)

Thompson Hospitality (NYC MBE)

Gojo Industries (NYC WBE)

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Environmental Services Management

**Application to
Enter into Contract**

Medical & Professional Affairs Committee

November 5th, 2020

**Paul A. Albertson, VP of Supply Chain
Mercedes Redwood, AVP of Supply Chain**

Background

- Crothall Services is the current vendor responsible for the provision of Environmental Services (EVS) Management, selected in 2011 following a competitive RFP process.
- EVS is critical to maintaining the cleanliness of the hospital environment and in providing a welcoming and safe environment to patients, visitors and staff.
- EVS is required to meet standards of all external regulatory agencies or accrediting bodies including The Joint Commission, the State and City Departments of Health and NYC Health + Hospitals operating procedures.
- There are currently ~16M square feet across all of the NYC Health + Hospitals facilities.
- NYC Health + Hospitals issued a new RFP for the provision of Environmental Services (EVS) Management in July 2020.
- Following review with the organizational stakeholders, the RFP included a number of additional deliverables including:
 - Surge staffing
 - Enhanced infection prevention/terminal cleaning standards
 - Key metrics/service level agreements
 - Monthly facility-based leadership meetings
 - Collaborative HR/Labor Relations management meetings
 - Quarterly business reviews

RFP Criteria

- Minimum Criteria:
 - MWBE:
 - Utilization Plan
 - Waiver
 - MWBE Certification
 - Full-time office within NYC
 - Five years' experience in EVS management within the healthcare industry
- Evaluation Committee:
 - Three Acute Care facility COOs
 - Gotham Ambulatory Care
 - Post Acute Care
 - Infection Prevention
 - Supply Chain Services
 - Human Resources
 - Office of Facilities Development
 - Office of Labor Relations
- Evaluation Criteria:

Category	Weight %
Quality and substance of proposal	30%
Appropriateness and quality of firm's experience	30%
Cost	30%
MWBE Utilization Plan or MWBE Status	10%

Overview of Procurement

- RFP was posted on the City Record July 2020
- Mandatory walkthroughs at the 21 facilities took place in August 2020
- Three vendors submitted proposals:
 - Sodexo
 - Aramark
 - Crothall
- Each vendor provided in-person, 90 minute presentations to the Evaluation Committee in September 2020.
- Crothall was the recommended vendor of choice by all members, evaluated more favorably in each of the 3 categories of substantiveness of proposal, quality and appropriateness of firm's experience, and cost, than the other two vendors.
- The Evaluation Committee's recommendation was reviewed with and endorsed by the facility CEOs and COOs.
- The Contract Review Committee reviewed and approved the request to enter into contract with Crothall in October 2020.

Crothall Performance

NYC H+H consistently outperformed other hospitals within the region.

Manhattan			
	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
Metropolitan Hospital Center	76%	★ ★ ★	★ ★
Harlem Hospital Center	75%	★ ★ ★	★
NYU Hospitals Center*	70%	★ ★ ★	★ ★ ★ ★ ★
NY-Presbyterian Hospital*	69%	★ ★ ★	★ ★ ★
Mount Sinai Hospital	66%	★ ★	★ ★ ★ ★
Bellevue Hospital Center	63%	★ ★	★
Lenox Hill Hospital*	60%	★ ★	★ ★ ★

Brooklyn			
	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
Woodhull Medical Center	76%	★ ★ ★	★ ★
Kings County Hospital	68%	★ ★	★
Methodist Hospital*	68%	★ ★	★ ★ ★
Coney Island Hospital	63%	★ ★	★
Maimonides Medical Center*	60%	★ ★	★
Brooklyn Hospital Center	57%	★	★

Queens			
	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
Queens Hospital Center	72%	★ ★ ★	★
NY-Presbyterian / Queens*	71%	★ ★ ★	★ ★
Jamaica Hospital Medical Center*	68%	★ ★ ★	★
Flushing Hospital Medical Center*	66%	★ ★	★
Elmhurst Hospital Center	63%	★ ★	★

Bronx			
	July 2020	HCAHPS Cleanliness Star Rating	Hospital Star Rating
North Central Bronx Hospital	76%	★ ★ ★	★ ★
Lincoln Medical Center	69%	★ ★	★
St. Barnabas Hospital	64%	★	★
Jacobi Medical Center	63%	★	★
Montefiore Medical Center*	63%	★ ★	★

NY STATE AVERAGE: 71%
NATIONAL AVERAGE: 76%

The CMS HCAHPS scores and star ratings reflect the perception of care for patients who were discharged between October 1, 2018 – September 30, 2019

*Hospitals that Crothall does not serve.

Overview of Proposed Agreement

To assure that quality of experience is consistent across the system, Crothall agreed to enhance their team and practices as follows:

- Onboard a Human Resources/Labor Relations leader to its team
- Onboard a third Regional Director to lead facility-based engagement
- Evaluate each facility to determine optimal staffing
- Develop contingency plan to manage escalating demands of “all hazards”
- Develop implementation plans for managing public and clinical spaces to meet cleaning guidelines
- Invest \$2.5M in new equipment/technology
- Upgrade hand sanitizer technology to ‘touchless’ at no cost
- Standardize monthly reports and service level agreements with H+H team
- Maintain current pricing as guaranteed contract price going forward
- Provide a one-time \$4.5M credit to NYC Health + Hospitals

MWBE Plan

Crothall has committed to achieving a 30% MWBE goal, utilizing the following certified vendors:

- Eastern Bag and Paper (NYC WBE) 19.95%
- Thompson Hospitality (NYC MBE) 3.00%
- Gojo Industries (NYC WBE) 7.05%

M&PA Approval Request

Supply Chain Services is seeking approval to enter into a three year contract with Crothall for Environmental Services Management with two one-year extensions solely exercisable by NYC Health + Hospitals.

- Cost over life of the agreement is \$121,273,900
- Provide a one-time \$4.5M credit to NYC Health + Hospitals
- 30% MWBE utilization plan

Tele-ICU and ICU Surge

Medical and Professional Affairs Committee
November 5th, 2020

Amit Uppal, MD
Leon Boudourakis, MD



ICU Surge Planning

	Surge A	Surge B	Surge C
Definition	Maintain normal operations, utilize existing staff and resources	Close clinics, restrict OR, open flex space, require additional staff	Emergency OR use only, utilize extraordinary space, Crisis standards of care
COVID ICU census	20	50	> 50
MICU census	30	62	> 62
Total ICU census	56	86	> 86
ICU Beds	Traditional ICU beds (56)	add intermediate ICU (30)	Endoscopy (10), double ICU beds (12), ED space (25), PACU (12)
MD staff	MICU team absorbs COVID patients, CCC team assists	MICU faculty and fellows lead COVID teams, IM residents recruited, TRACC takes non COVID MICU + SICU patients, CCU team moved to CV PACU team based	MICU and TRACC lead COVID teams Other specialties recruited, team based care as in

ICU Surge Planning

Expanding Ability to Treat Kidney Failure in ICU With Continuous Renal Replacement Therapy (CRRT)

1. **TRIPLED Machine Inventory**
2. **EXPANDING programs to Coney, Elmhurst, Metro, Queens**
3. **CREDENTIALING ICU Attendings to support Nephrology**
4. **STRATEGIC SUPPLY: CRRT fluids, dialysis catheters, etc.**



Tele-ICU

- Remote intensivist provides critical care support to the bedside team
- Models of care delivery:
 - Primary team
 - Structured consultative Care
 - On-demand support
- Communication:
 - Phone discussion
 - Video Conferencing
 - Chart Documentation



Tele-ICU

H+H Experience

- COVID surge: ICU patients in atypical spaces, on non-intensivist teams
- Pilots at JMC, EHC, and BHC:
 - Tele-ICU has access to Epic
 - Primary Team places patients onto that list
 - Tele ICU reviews case and data
 - Scheduled phone call to discuss
 - Formal consult note written in chart
- Current state and Next Steps



Clinical Services Update

Medical and Professional Affairs Committee
November 5, 2020

Kenra Ford, FABC, MBA, MT (ASCP)
Vice President
Clinical Operations



Clinical Services Update

Strategic Pillar	Initiative	Target Go-Live
Quality & Outcomes	<p>Thromboelastography (TEG)- implementation of TEG across 6 Trauma hospitals</p> <p>Point of Care system designed to monitor and analyze the entire coagulation process in real time</p>	<p>Jacobi- Live</p> <p>Elmhurst- in validation</p> <p>Lincoln- planning for installation/validation</p>
Access to Care	<p>Standardized system-wide replacement of laboratory blood gas devices</p> <p>ED Services- On target to implement Point of Care COVID/Flu testing (phased system approach)</p> <p>Laboratory Rapid COVID/Flu testing-ED Admission FLU/COVID testing (Cepheid)</p>	<p>In progress- Targeted Completion Date- Jan. 2021</p> <p>Phase 1-week of 26th Oct. 2020</p> <p>On target for 1st week of Nov. 2020</p>
COVID 19 Testing Capacity	<p>Pandemic Response Lab, NYC</p> <ul style="list-style-type: none"> GOUV, Bellevue, Elmhurst, Queens, Woodhull Kings and Coney- on target for last week of Oct. 2020 <p>Improved TAT while decreasing cost per test.</p>	Open!!
Test & Trace (T2) Support	<ul style="list-style-type: none"> Established community COVID point of care testing program COVID point of care test evaluations 	On-going

