

AGENDA

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: February 8, 2021

Time: 11:00 AM

Location: Virtual Meeting

BOARD OF DIRECTORS

CALL TO ORDER

Feniosky Peña - Mora

ADOPTION OF MINUTES

September 10, 2020

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

Meeting Date: September 10, 2020

INFORMATION TECHNOLOGY COMMITTEE

ATTENDEES

COMMITTEE MEMBERS

Feniosky Pena-Mora, Chair IT Committee member

Jose Pagán , BOD IT Committee member

Dr. Mitchell Katz

Barbara Lowe, BOD IT Committee member

Scott French, BOD IT Committee member

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:

Dr. Kim Mendez, SVP/Corporate CIO

Dr. Michael Bouton, Corporate CMIO

Jeff Lutz, Chief Technology Officer

Apoorva Karia, Corporate Director EITS Fiscal

Affairs Sean Koenig, Chief Application Officer

MINUTES

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: September 10, 2020

COMMITTEE MEMBERS

José A. Pagán, Chair

Dr. Mitchell Katz

Scott French

Feniosky Peña-Mora

Barbara Lowe

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF

Dr. Kim Mendez, SVP/Corporate CIO

Dr. Michael Bouton, Corporate CMIO

Sean Koenig, Chief Application Officer

Jeff Lutz, Chief Technology Officer

Apoorva Karia, Corporate Director EITS Fiscal Affairs

INFORMATION TECHNOLOGY COMMITTEE - September 10, 2020

AS REPORTED BY: José Pagán

COMMITTEE MEMBERS PRESENT: José A. Pagán, Dr. Mitchell Katz, Scott French - representing Steven Banks in a voting capacity, Feniosky Peña-

Mr. José Pagán, called the September 10th meeting of the Information Technology (IT) to order at 10:41 A.M.

Mr. Pagán proposed a motion to adopt the minutes of the Information Technology Committee meeting held on July 16, 2020.

Upon motion made and duly seconded the minutes of the July 16, 2020 Information Technology Committee meeting was unanimously approved.

Mr. Pagán turn the meeting over to Dr. Kim Mendez, Senior Vice President and Chief Information Officer to carry on the agenda, she was joined by Mr. Jeff Lutz, Chief Technology Officer, Dr. Michael Bouton, Chief Medical Information Officer, Sean Koenig, Chief Application Officer, and Apoorva Karia, Director of Fiscal Affairs.

Dr. Mendez highlighted the EPIC implementation and technology ecosystem. NYC H+H is live at 11 acute care facilities, one LTACH, 61 Gotham sites and all of the T2 testing sites.

Ms. Mendez explained that merging of the two EITS project management departments including all change control and communication services. Phase 1 of Service Now, new Project Management Office (PMO) tool, was implemented on March 1, 2020. This tool is used by staff in NYC H+H to input their requests and is reviewed by IT. The final Phase 2 rollout was completed in late August 2020, which allows all five categories for staff to choose from to submit a request.

The new PMO Assessment tool, Service Now, has been added to support continuous quality. Examples such as decreasing overlapping and duplicate Service Now requests. There is now one smart form, which is more efficient for the system. There has been an increase in system utilization which helps IT to have a better tracking system to better prioritize the different projects and ensure alignment.

Mr. Koenig informed the Committee on the capacity of Service Now. The link for Service Now allows anyone from the corporation to input what they are trying to achieve, the urgency of that request, and the requested optimization. Since the launch of Service Now 1500 demands have been received, mainly EPIC related. Of the nearly 900 H2O requests received almost have been completed. A quarter are still in process, and the remaining are pending governing councils' approval. This initiative is helping to complete small optimizations that should help the lives of the patients and staff.

Dr. Bouton informed the Committee of the upcoming EPIC/H2O upgrade to version 2020. NYC H+H is currently on version 2018 to allow all of the

Acute Care facilities and LTACH's to go live and catch up. Now that all sites are live, there will be an upgrade to version 2020. This will go live on November 7, 2020.

The sister project to EPIC, Cerner Lab 2018 upgrade Phase 1 has been completed. Cerner is used for lab information systems. The hardware upgrade is currently in process. Phase 2 is scheduled to begin in November 2020 and projected to end in February 2021.

In EPIC there is a Behavioral Health module that will improve workflows for patients and providers which will launch May 2021. The PeopleSoft Web Time Entry will upgrade from a manual workflow to a web-based software where all functions will be done online. This will go live for Group 11 and Central Office staff on October 4, 2020 and for Group 12 later in the month.

Dr. Bouton highlighted the Telehealth video visits for Ambulatory Care. My Chart has an integration feature that allows the patient to have a video visit with their provider. The volume of these visits has increased week to week.

NYC Cares is now live in all five boroughs across New York. This initiative provides access to care to every New Yorker regardless of the barrier. The IT portion of this is completed and has now transitioned into support mode.

Gotham Centers of Excellence will go live the end of September 2020 with enhanced testing capabilities, then a phased rollout of Imaging.

Ms. Lowe asked if Nursing will be included in the PeopleSoft web time entry initial rollout.

Dr. Bouton confirmed that nurses will be included

Ms. Mendez informed Ms. Lowe that there has been communication with Natalia Cineas, Chief Nursing Executive, regarding the training support that will be needed at the facilities. On-site trainings and champions are being worked out. Nursing will be in the second phase of the rollout.

Ms. Lowe questioned if PeopleSoft web entry and the scheduling nurses do on their own go together.

Ms. Mendez clarified that the nursing scheduling is currently done in Clarivia.

Mr. Peña-Mora asked for clarification on if "H20" was a component of therapy or if it was a different system. Dr. Bouton explained that "H20" is the branding for EPIC (EHR) which stands for Health and Hospitals Online, which is an EPIC product.

Mr. Peña-Mora asked if the EPIC upgrades include any modifications EPIC has done due to COVID.

Dr. Bouton confirmed that it does include modifications, and pointed out one modification is the ability to do secure messaging with staff. This will allow the provider and or respiratory therapist to communicate without always requiring a phone conversation. Dr. Bouton mentioned there is a long list of modifications that will take place that are COVID specific.

Mr. Peña-Mora asked if there is a new resurgence of COVID in the fall and EPIC comes out with a new version, will it be a faster upgrade since version 2020 will have already been completed.

Dr. Bouton confirmed that it will be smaller. He also stated that the upgrade to EPIC version 2020 is more of a double upgrade, and all future upgrades will be smaller, and it will allow functionality to be quicker and more effective.

Mr. Peña-Mora asked what the plans are for assuring there aren't any legacy problems.

Dr. Bouton mentioned there will be multiple upgrades to EPIC each year going forward. He explained the delay in time was because of the wait in time for all 11 facilities and LTACH to go-live onto EPIC.

Mr. Peña-Mora asked about the wait-time for patients to see the specialty consults due to Telehealth.

Dr. Bouton stated the scheduling time decreasing is specialty specific. He highlighted that bariatric surgery and behavioral health have gone down. Though it is available for all specialties, it isn't highly utilized by all. It was also mentioned that IT is currently working on operationalizing and improving the remaining specialties.

Mr. Pagán asked how does someone input a minor request in H20 and how long does it take.

Dr. Bouton responded by saying all requested will get routed to its appropriate clinical specialty for prioritization. It then would be brought up to the group for a conversation around value, which means can it be the first priority. If it takes more work than a conversation needed to decide which order they will be worked under.

Mr. Koenig continued by providing an overview of the committee that covers a number of specialties. This committee is comprised of central office and facility groups that will review the optimizations on a bi-monthly basis. This came to a halt due to COVID. During the COVID acute response period, a more expedited process was adopted where requests were being reviewing twice a week. IT is projecting to bring the original group back to review requests twice a month with facility operations and central office staff.

Mr. Pagán asked, if he was to input a request would he know the project time of completion.

Mr. Koenig confirmed that he would know. He went on to explain once a request is submitted into ServiceNow there is a two-week turnaround from which someone from the IT team will reach out to the user and giving them a disposition and if the request will go forward or if it is not a priority. This is to ensure there is communication with the user.

Dr. Mendez pointed out that they look at capacity and prioritization, as well as when optimization is being assigned and updated. This will keep everyone engaged and utilizing all resources equally.

Ms. Lowe asked how are the analytics doing, and how does that feedback improve staff satisfaction, financial performance, and effectiveness of service.

Mr. Pagán requested that it be sent in writing via email, that he has time to think about it.

Ms. Lowe stated she will come back to it another time.

Dr. Bouton responded by stating the Chief Data Officer, Alex Izaguirre would be better positioned to answer. He went on by giving an example on how having EPIC was pivotal to NYC H + H response to the COVID crisis. Epic allowed them to evaluate what that bed capacity was, which helped in transferring patients from the hardest hit hospitals to the lesser hit hospitals.

Mr. Pagán thanked Ms. Lowe for her question. He also requested some of the statistics on the time to respond. From the time of the request is inputted until that is actually deployed and delivered to the user.

Mr. Pagán thanked Dr. Mendez and her team for the great work that was done during COVID.

Dr. Mendez thanked the Committee on behalf of her team and predecessor, Kevin Lynch.

This completed Dr. Mendez' report.

ACTION ITEM #1

Dr. Mendez read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System" to renew 17 of its Information Technology ("IT") requirements contracts previously awarded in 2015, listed on Appendix A to this Resolution (the "Contractors"), for an 18-month period for health information-related staffing professional services on an as needed basis to meet the Systems needs for

professional IT services, primarily for staff augmentation, with all necessary funding deriving from approved program budgets and/or budgets to be approved during the Renewal Term for a projected amount of \$85.8M.

Dr. Mendez provided an overview of the contract, New York H+H is seeking to renew 17 of the 20 required contracts for supplemental staff for a time period up to 18 months. Beginning January 1, 2021 to June 30, 2022. This will enable the system to meet its technological needs with all necessary funding derived from approved budgets. The original contract was for two-years with three one-year options. The three-year option was taken from January 1, 2018 to December 31, 2020. The supplemental staff were comprised of some specific project-based areas, supplemental and support staff.

Dr. Mendez requested a best interest renewal for the 17 contracts. All 17 have been competitively solicited and offer good pricing and have been validated by *RightSourcing*. The Vendors agreed to keep the pricing flat and have consistently provided satisfactory supplemental staff. There is an understanding that EITS will not have or the future *RightSourcing* solution may not be able to offer all the titles needed. If so, EITS will come back to the Board for an opportunity for a RFP for temporary expert staff on an as need basis. Extending the current contract supports the preparedness for emergency response in the event of a second COVID surge. The supplemental staff will allow the system to achieve flexibility and align with projects such as telehealth. Payments will be based on services performed.

This contract will fall in between two fiscal years as it is 18 months.

Dr. Mendez introduced Apoorva Karia, Corporate Director of EITS Fiscal Affairs.

Ms. Karia presented the actual spend from FY18 - FY21 (June-December 2020), as well as the projected spend for the next 18 months. The capital will be aligned with the CRFP grants. Ms. Karia highlighted that these vendors are not EITS specific they also have been used by other departments across the system on a project by project basis.

Senior leadership will continue to review the need for supplemental staff every 6 months to ensure proper staffing and right sizing. They also will ensure that hourly rates remain relatively flat.

As part of EITS ongoing due diligence review, in June of 2020, 93 supplemental staffing contracts were discontinued and will result in a projected savings of 12 million dollars for the next 6 months. Additionally, a strategic decision for all contracted supplemental staff working remotely, was made to re-negotiate which resulted in a savings of approximately 2.5 million dollars.

M/WBE status review on best interest contracts highlighted two of the vendors received M/WBE certification, the remaining vendors were able to

submit their M/WBE utilization plan to meet the 30 percent criteria, the M/WBE goals for the next renewal period have been met.

Mr. Peña-Mora asked for clarification on if EITS went for 3 years without extension of procurement.

Dr. Mendez confirmed that was correct, as the initial contract was for two years from January 1, 2016 to December 31, 2017 and then 3 years (January 1, 2018 to December 31, 2020). Currently, EITS is asking for a renewal of up to 18 months as they transition to the new system vendor-neutral supplemental staff management solution with *RightSourcing*.

Mr. Peña-Mora expressed his concern for the significant spending and being locked into a contract with the same vendors for a significant period of time.

Mr. Peña-Mora asked how is that going to allow for competitive environment to be involved on the selection of new vendors.

Ms. Karia explained that once transitioning to *Right Sourcing*, it will open the opportunity for other vendors to tie into *Right Sourcing*. There are certain legal and financial criteria that they will go through in the vetting process. Vendors that are not on the presentation slide shown may have an opportunity to partner and sign a contract through *RightSourcing* directly, this in turn opens the opportunity to go to other vendors.

Mr. Peña-Mora asked if there is a plan to advertise, to ensure there is enough knowledge in the market to go through *RightSourcing*. Mr. Peña-Mora wants to ensure that the possibilities for other vendors that can provide services are open. He expressed his concern with renewing with the vendors without having entry to new vendors.

Dr. Mendez explained that the current vendors will have to go through *RightSourcing* and meet the established criteria as well. There has been encouragement to other vendors that they can go to *RightSourcing* for application and that can be done today.

Mr. Peña-Mora suggested the creation of a mechanism for advertisement for the partnership and the new opportunity.

Mr. Peña-Mora asked Dr. Mendez to share why the three vendors that did not make it to the renewal phase.

Dr. Mendez stated two of the vendors did not have utility of their services. The final vendor was not able or willing to meet M/WBE criteria.

Mr. Peña-Mora asked if the M/WBE requirement was still needed for them to meet as they seek to work with different vendors to provide supplemental staff for NYC H+H.

Ms. Karia confirmed that was correct, and added *RightSourcing* contract has satisfied the M/WBE criteria depending on their pool of vendors.

Mr. Pagán asked if there was an equation for this.

Dr. Mendez confirmed there is an M/WBE tracking mechanism that would apply to *RightSourcing*.

Mr. Pagán asked if EITS will have many titles that they will still have to do an RFP later through *RightSourcing*.

Dr. Mendez explain their goal is to get at least 90 percent FTE sustainable staffing. She also highlighted the contracts IT is currently using will have the opportunity to work through *RightSourcing*, if they meet established criteria. The vendor (*RightSourcing*) should be able to provide the same or some of the specialties that are currently being used.

There was a motion made and seconded and unanimously approved for consideration by the full board.

There being no additional business the meeting was adjourned at 11:30.

Enterprise Information Technology Update

February 8, 2021

Kim Mendez, Senior Vice President- Corporate Chief Information Officer

Agenda

- Introductions
- 2021 EITS Goals & Dashboard Metrics
- Covid-19 focused EITS Initiatives
- EITS Continuous Quality Improvement
- Q & A

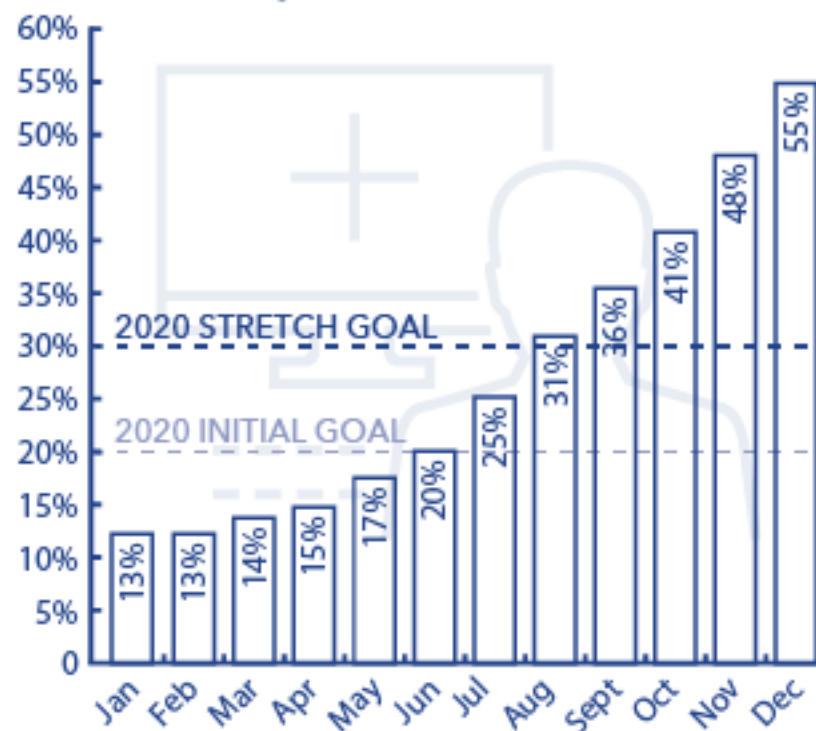
NYC H + H Information Technology Goals

- **Data Management**
 - Improve Data Analytics
 - EMPI
 - Legacy IT Systems/Data strategy
- **Infrastructure Enhancement**
 - **Data Center migration strategy***
 - Telecommunication – improve experience & tracking
- **Accelerated Digital Transformation**
 - Virtual Care Capacity
 - Telehealth
 - Enhanced Patient Monitoring
 - **Biomed device integration***
- **H2O Effective Use**
 - **MyChart Utilization*** (Launching MyChart Beside)
 - Telehealth Patient Visits
 - Implementation of Epic Dialysis, Bones, BH, Epic Monitor modules
- **CQI**
 - Ecosystems / Landscape Diagrams
 - BCA and Cadence
 - Business As Usual Planning and Timelines
 - Quality Role: Access Recertification & Policy and Procedure Review
 - Onboarding & Off-boarding Standard Workflow

MyChart ACTIVATION RATES

Cumberland....	75%
ENY.....	74%
Sydenham.....	67%
Coney.....	64%
Metropolitan....	60%
Lincoln.....	58%
Elmhurst.....	57%
Belvis.....	55%
Gouverneur....	55%
NCB.....	55%
Bellevue.....	53%
Morrisania.....	53%
Kings.....	49%
Queens.....	49%
Jacobi.....	42%
Woodhull.....	41%
Harlem.....	38%

Enterprise Activation Rates



Displays the percentage of patients seen in the last 12 months that are MyChart active. Data is current as of the last day of the previous month. (December 2019 to December 2020)

Biomedical Device Integration

We will integrate our biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Information such as oxygen saturation, critical in the care of COVID-19 patients, need not be manually entered into our electronic medical record and will be transmitted digitally for remote monitoring and verified by appropriate clinical personal. Our staff will be freed from data entry and able to spend more time on clinical care.

	As of 1/1/2020		2021 Stretch Goal	
Device Type	Count	%	To be Integrated	%
Anesthesia Machine	177	95%	8	100%
Capnography Device	448	0%	260	58%
Cardiac Monitor	3,118	67%	265	75%
Dialysis Machine	257	7%	225	95%
ECG Machine	652	100%	0	100%
Fetal Monitor	246	100%	0	100%
Vital Signs Monitors	3,888	14%	1400	50%
Telemetry	545	63%	177	95%
Ventilator	1,392	69%	225	85%
Total:	10,723	47%	2,560	70%

* Exclusive of non system solution & certain NYC H+H/Coney Island devises given new building timeline

Data Centers: Updates & Next Steps



Data Centers: Three Year Migration Plan

NYC H+H EITS has developed a 3-year roadmap outlining the various tasks and timelines to implement the data center strategy

	2019		2020				2021				2022				2023			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Preparatory Activities: Approvals, budget appropriations, and H+H staffing plan			Preparatory Activities															
Foundational Activities: Select SI, Migration planning, selection of Colo Provider and facilities buildout					Foundational Activities													
Migration Activities I: Sungard to QTS											Sungard Migration Planning, Execution and Decommissioning							
Migration Activities II: Jacobi to CyrusOne											Jacobi Migration Planning, Execution and Decommissioning							

Milestones

Milestone	Timeline/Dates
Select Data Center locations	November 2020
Select Systems Integrator Partner	November 2020
Complete current state discovery	April 2021
Data Center 1 Migration (Sungard -> QTS)	
Finalize Move Plan for first data center	July 2021
Build out basic layout and network backbone for first data center	August 2021
Begin migration waves for first data center	October 2021
Complete migration waves for first data center	August 2022
Data Center 2 Migration (Jacobi -> CyrusOne)	
Finalize Move Plan for second data center	August 2021
Build out basic layout and network backbone for second data center	December 2021
Begin migration waves for second data center	February 2022
Complete migration waves for second data center	March 2023

Key Infrastructure Updates

- Two New Data Centers (QTS / CyrusOne)
- Migration to Cisco AnyConnect / DUO for VPN
- MetroPlus Move to Jacobi Data Center
- Contact Center Enterprise Implemented
- Secure Print
 - Live: 11 patient-care facilities, 5 Gotham and 2 corporate locations
 - 1,831 Multi-Function Devices
 - 65% of users print to Secure Print queue vs Direct unsecure queue
 - Expect 97% compliance by 1Q21
- Migrated to LightTower/Crowne Castle Network



EITS: COVID- 19 Focused Initiatives

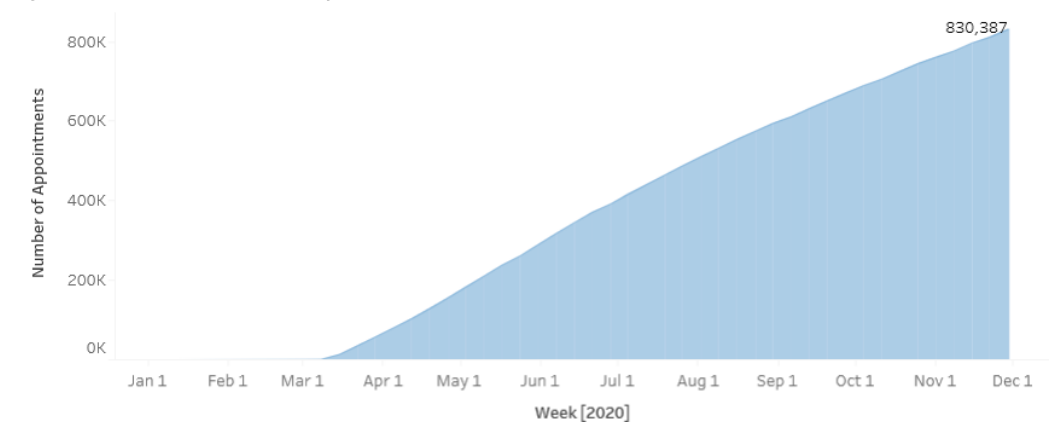
- Emergency Management : Logistics Team
- Facility Surge Space
- Onboarding & Training Staff
- Covid-19 Test & Trace
- Covid-19 Vaccination Program
- Telehealth Visit Expansion
- Telecommuting Support
- Network Capacity Management
- Resource Realignment



826
COVID-19
DEMANDS



Televisit Visit Type: Cumulative Appointments (2020)
(Completed appointment status)

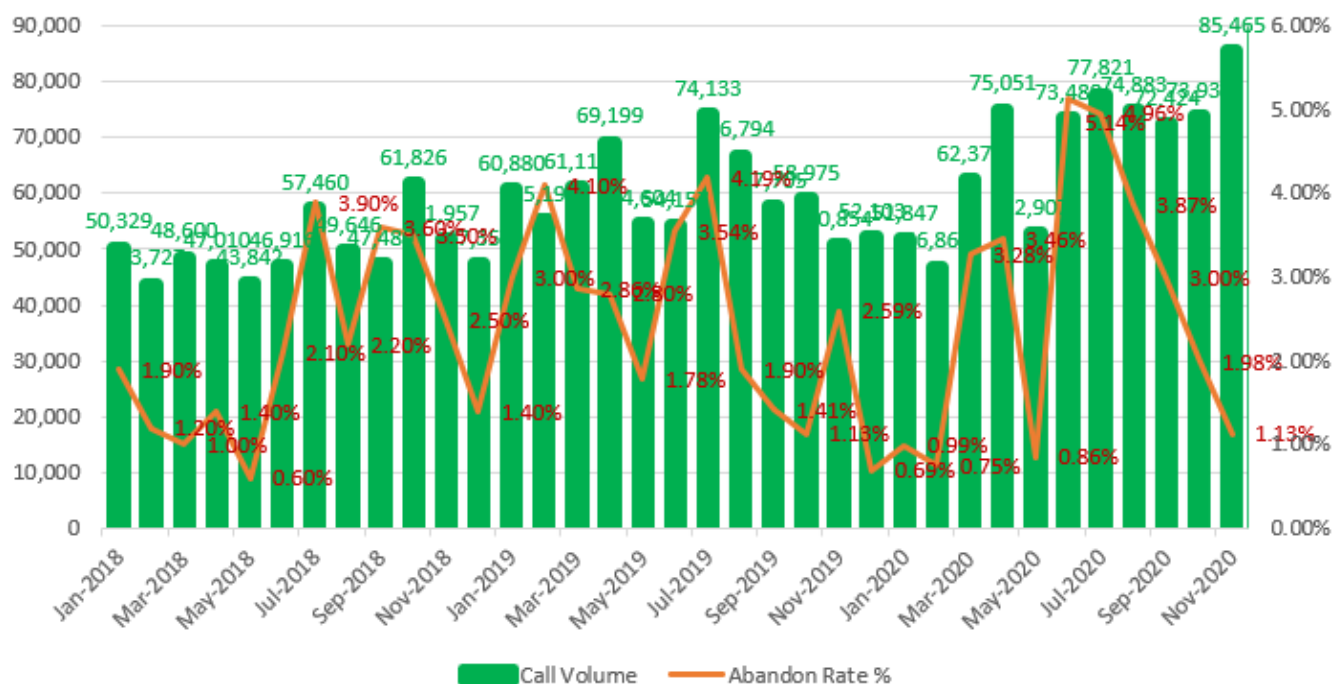




Enterprise Service Desk

Call Volume / Abandoned Rate – 2018 / 2019 / 2020

- Average call volume has increased approximately 20% each year
- Average abandoned rate (% of calls not answered) has remained less than 3%
- The past month (November) handled the most calls ever **85,465** with an abandoned rate of **1.13%**

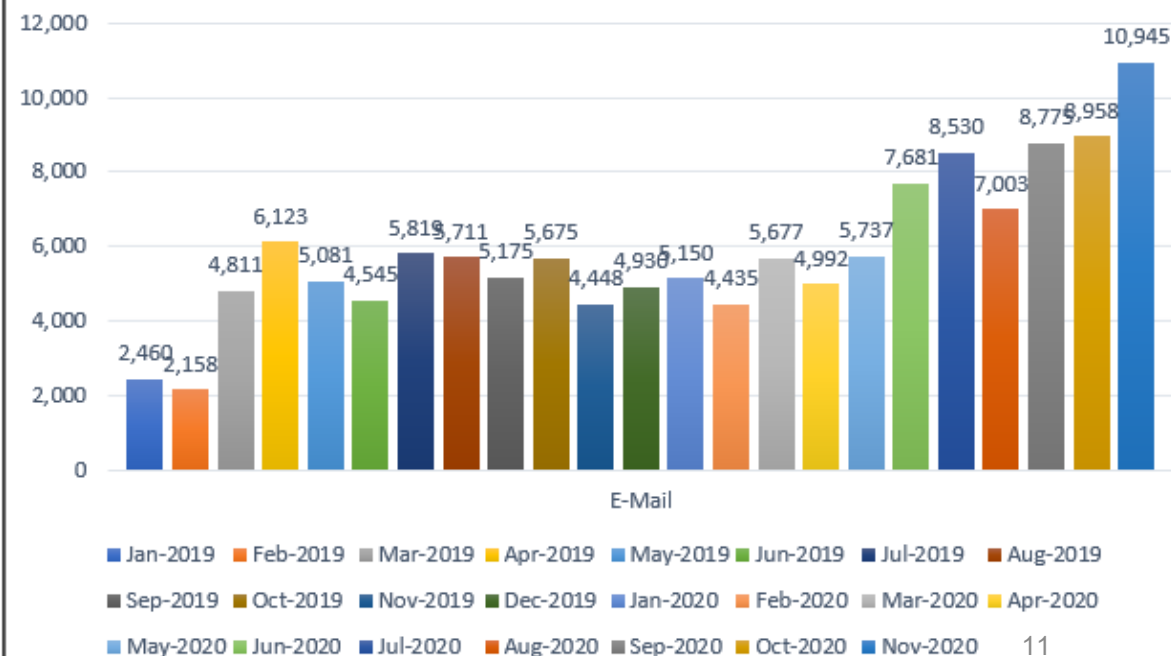


Email Volume - 2019 / 2020

- Monthly email volume has doubled since the beginning of 2020:

Jan. '20: 5,150 emails

Nov. '20: 10,945 emails



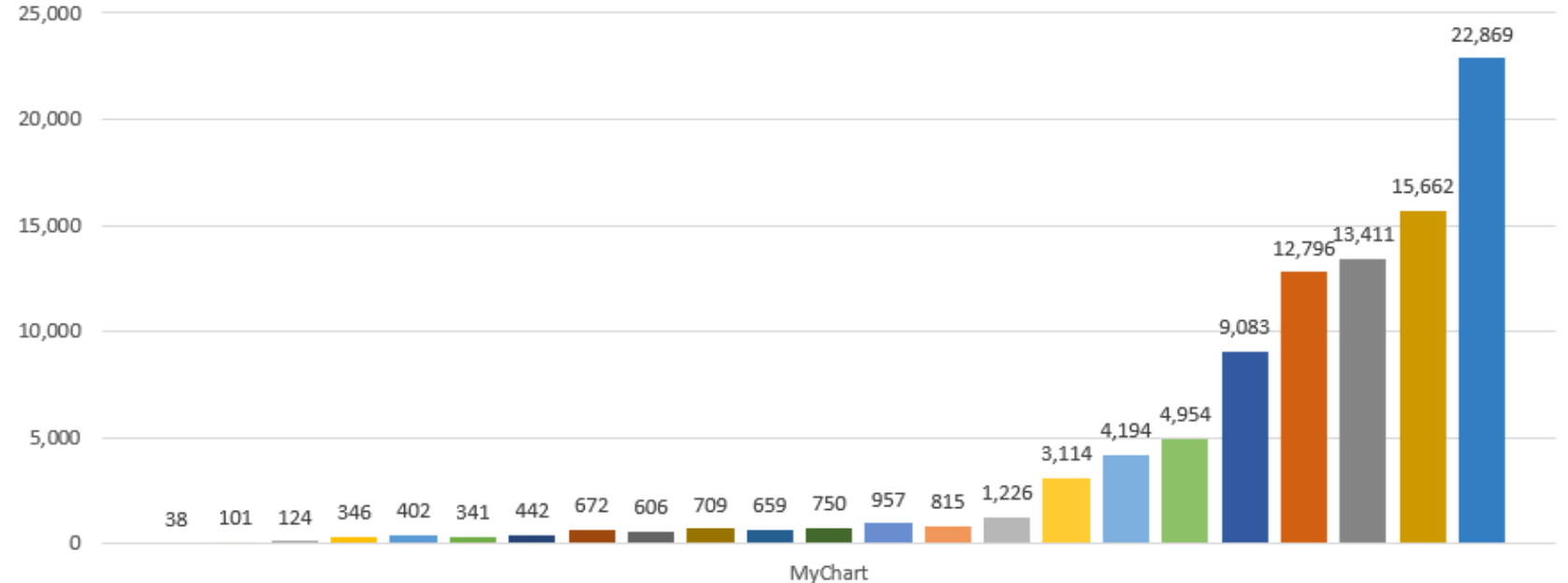


IT Patient Support

MyChart requests have continued to grow at a rapid rate:

Jan '20: 957 requests

Nov '20: 22,869 requests



Jan-2019 Feb-2019 Mar-2019 Apr-2019 May-2019 Jun-2019 Jul-2019 Aug-2019 Sep-2019 Oct-2019 Nov-2019 Dec-2019
 Jan-2020 Feb-2020 Mar-2020 Apr-2020 May-2020 Jun-2020 Jul-2020 Aug-2020 Sep-2020 Oct-2020 Nov-2020



Enterprise Application Support

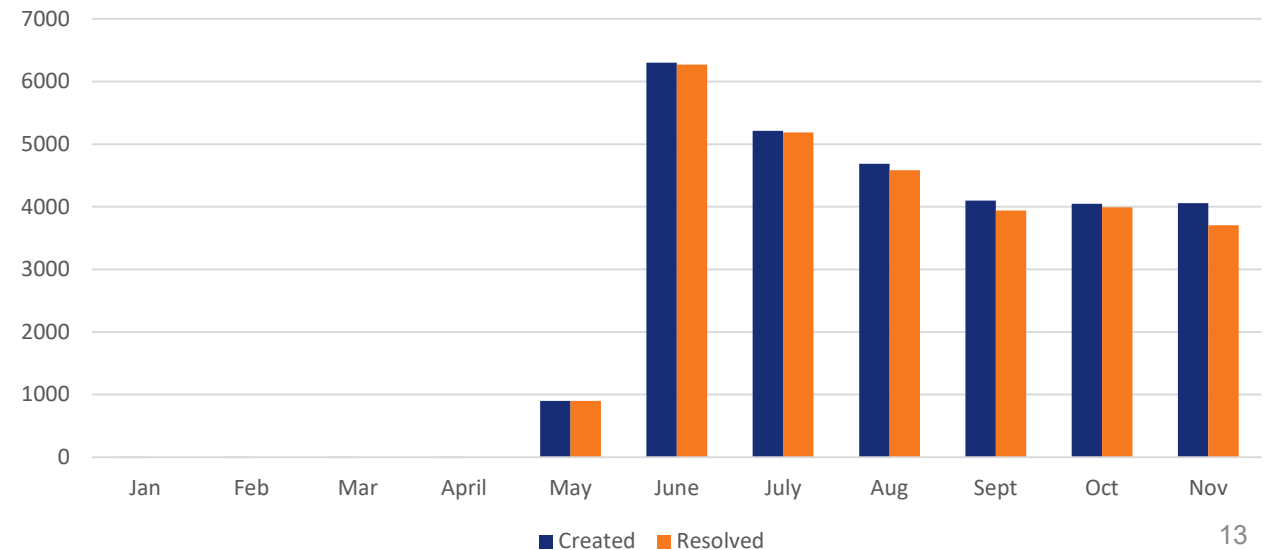
- Increase the percentage of tickets resolved at the Enterprise Service Desk by conducting and coordinating training
- Decrease the turnaround time for issues/request resolution
- Support application onboarding for EITS / ESD and continue post-conversion as project leads and ESD support

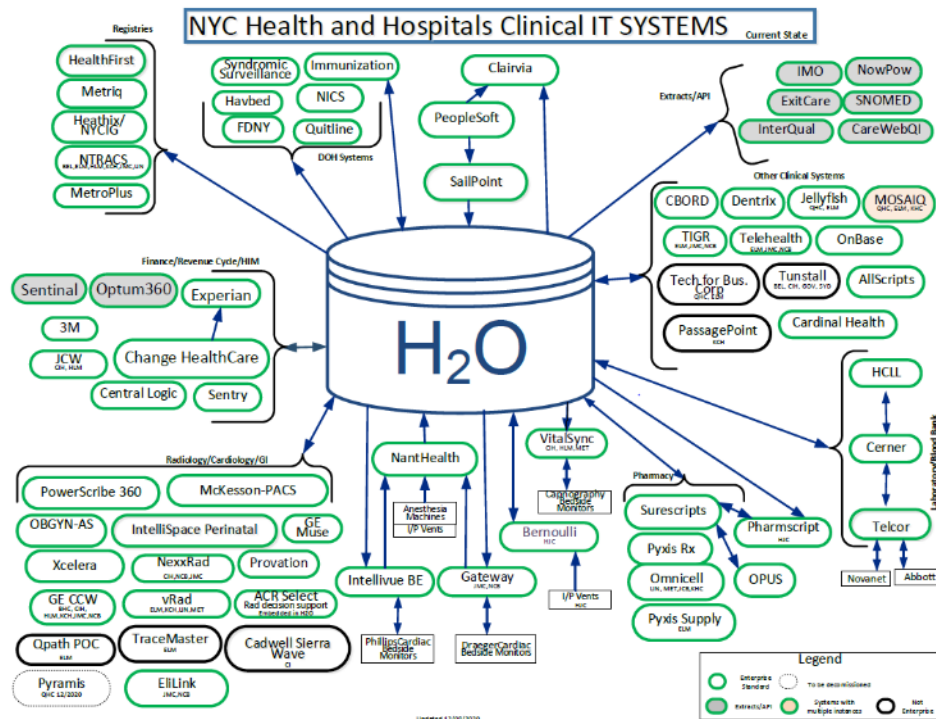
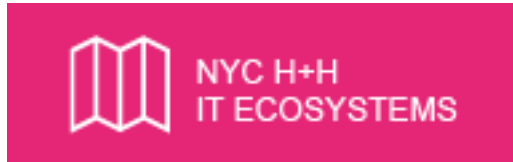
During 2020, over 100 applications were onboarded. These included many critical applications shown below including the applications supporting the COVID-19 contact tracers for which the team continues to play an important support role.

Some of the critical applications onboarded during 2020:

- DUO Mobile
- Cisco AnyConnect
- Point of Entry Self-Screening
- PAC ID Band
- Salesforce
- Twilio Flex

ESD Supported COVID Tracer Tickets



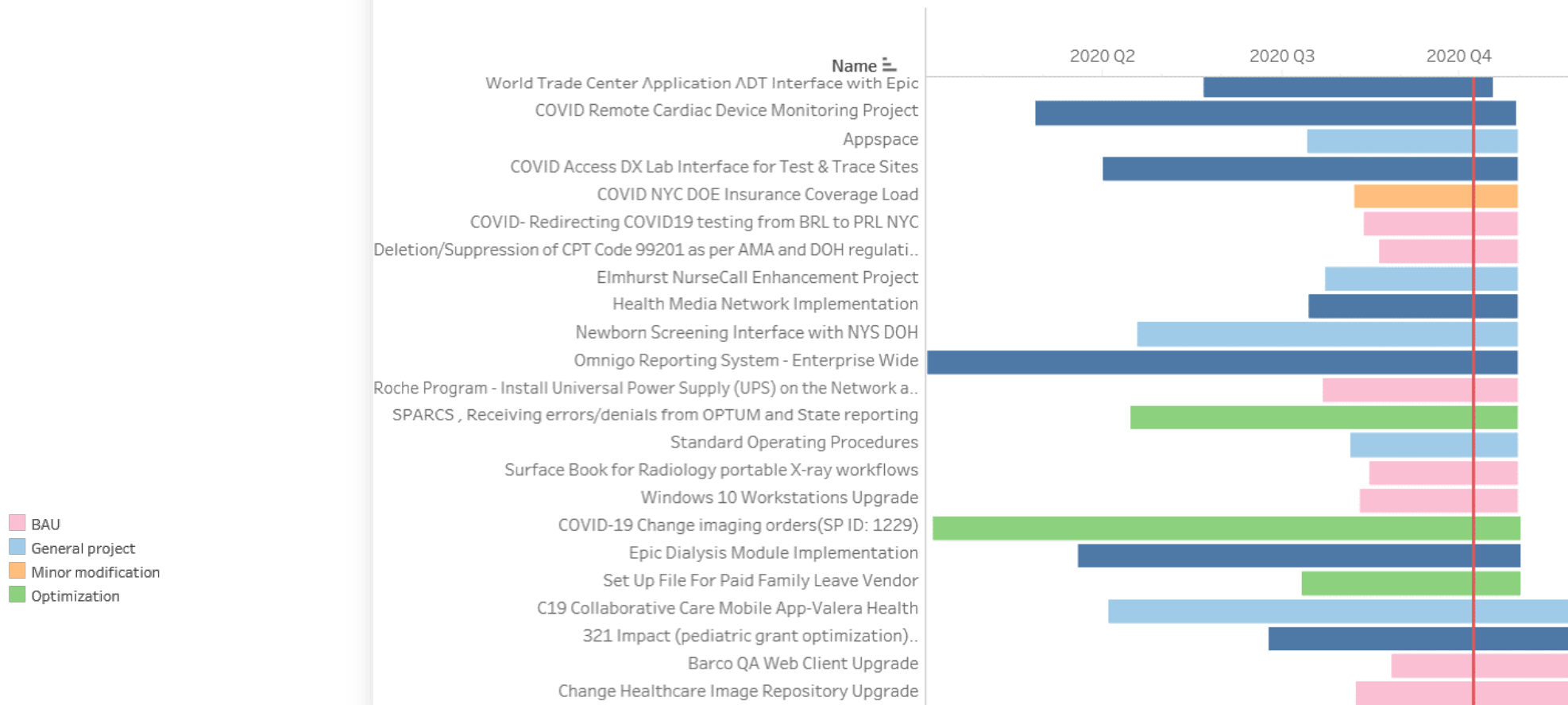


Overall Health+Hospitals Landscape, including:

- H2O Sites
- Data Center & Connectivity Overview
- EHR and Integration Landscape
- Archived H2O Diagrams

CQI: Projects, BAU, Upgrades, etc. Planning & Timelines

Demand Timelines - Start/End



Business Applications

ERP

Web Time Entry (WTE)

- **37,774** employees are enrolled in WTE
- **95%** of users agree that WTE is easy to use, efficient and fast
- **9 Trees** are saved every week we do not print timesheets
... that's **468 Trees a year!**

Good-Bye Timesheets!!!



8TH ANNUAL NISA CONFERENCE

Nursing, Technology and Innovation in Times of COVID-19

Virtual: December 16, 2020 1:00pm - 4:00pm

Keynote Speakers:

Kim Mendez EdD, ANP, RN, Chief Information Officer
Natalia Cineas DNP, RN, NEA-BC, System Chief Nurse Executive

Goal: Provide nurses with an overview of innovation strategies used to deal with the global COVID-19 pandemic.

Target Audience: Nursing

Learning Objectives:

- Identify Information Technology innovations implemented during the COVID-19 pandemic
- Identify how data was utilized to drive decision making
- Discuss the role of the Informatics Nurse during the pandemic

Activity Completion Requirements:

- Complete participant evaluation and post assessment
- Complete enrollment for CME account
- Complete 3 month post assessment

Scan to register

For further information:

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Thank You!