

RESOLUTION - 04

Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) for Fiscal Year 2020** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).

WHEREAS, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

WHEREAS, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the ABO requires reporting of NYC Health + Hospitals’ mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

WHEREAS, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

NOW, THEREFORE, be it

RESOLVED that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller’s Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

**AUTHORIZATION TO MAKE ANNUAL FILING
PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT**

Executive Summary

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the “PARA”) to adopt and to report to the New York State Office of the State Comptroller’s Authority Budget Office (the “ABO”) each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board’s adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. There have been minor variations in the Mission Statement over these years but all have been refined versions of the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals’ website.

AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect; To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York; To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

ADDITIONAL QUESTIONS:

- 1. Have the board members acknowledged that they have read and understood the mission of the public authority?**

Yes.

- 2. Who has the power to appoint the management of the public authority?**

Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

- 3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

- 4. Briefly describe the role of the Board and the role of management in the implementation of the mission.**

In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly and or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

- 5. Has the Board acknowledged that they have read and understood the responses to each of these questions?**

Yes.

System Dashboard – July 2020

REPORTING PERIOD - Q3 FY20 (Jan 1st - March 31st | 2020)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
ACCESS TO CARE								
1	Unique primary care patients seen in last 12 months	SVP AMB	Annually	418,000	N/A	—	—	—
2	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	51,544	1.1%	51,379	21,907
3	NYC Care	SVP AMB	Quarterly	10,000	20,000	10,000	11,000	new
FINANCIAL SUSTAINABILITY								
4	Patient care revenue/expenses	CFO + SVP MC	Quarterly	60%	61.60%	1.60%	—	60.80%
5	#Insurance applications submitted/quarter	CFO + SVP MC	Quarterly	22,242	18,146	-18.4%	20,887	20,666
6	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	39.20%	-5.80%	—	40%
7	Total AR days per month (excluding in-house)	CFO	Quarterly	45	68	23	52.8	—
INFORMATION TECHNOLOGY								
8	MyChart Activations	CQO + SVP AMB	Quarterly	30%	21%	new	new	new
9	ERP milestones	CIO	Quarterly	100%	80%	-20%	75.00%	80%
QUALITY AND OUTCOMES								
10	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.50%	65%	1.50%	66.80%	70.90%
11	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66.00%	56.82%	-9.18%	58.20%	58.70%
12	HgbA1c control < 8	SVP AMB + CPHO	Quarterly	66.60%	66.10%	-0.50%	67.20%	63.70%
13	% Left without being seen in the ED	CMO + CQO	Quarterly	4.00%	7.84%	3.84%	6.56%	6.66%
CARE EXPERIENCE								
14	Inpatient care - overall rating (top box)	CQO + CNO	Quarterly	65.40%	63.60%	-1.80%	65.20%	59.00%
15	Ambulatory care (medical practice) recommended provider office (top box)	CQO + SVP AMB	Quarterly	83.60%	84.50%	0.90%	84.80%	82.10%
16	Post acute care - likelihood to recommend (mean) [2016]	CQO + SVP PAC	Semi-Annually	86.30%	—	0.80%	86.70%	87.10%
CULTURE OF SAFETY								
17	Acute care - overall safety grade	CQO + CNO	Annually	76%	64%	-12%	63%	N/A
COVID-19								
18	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	14,415	new	new	new
19	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	8,426	new	new	new
20	Patients Tested for COVID -19	SVP AMB	Quarterly	undefined	13,542	new	new	new
21	Patients Positive for COVID -19	SVP AMB	Quarterly	undefined	8,085	new	new	new



System Dashboard Glossary

REPORTING PERIOD - Q3 FY20 (Jan 1st - March 31st | 2020)

	METRIC	DESCRIPTION
ACCESS TO CARE		
1	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only; N/A due to Epic data definition issue
2	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
3	NYC Care	Total enrollees in NYC Care program
FINANCIAL SUSTAINABILITY		
4	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
5	#Insurance applications submitted/quarter	Top priority initiative and measure of efforts to convert self-pay to insured
6	% of M+ medical spend at H+H	Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
7	Total AR days per month (excluding in-house)	Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
INFORMATION TECHNOLOGY		
8	MyChart Activations	Number of new patient activations in MyChart
9	ERP milestones	Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design
QUALITY AND OUTCOMES		
10	Sepsis 3-hour bundle	NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score; one quarter lag vs other measures
11	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge.
12	HgbA1c control < 8	Population health measure for diabetes control
13	% Left without being seen in the ED	Measure of ED efficiency and safety
CARE EXPERIENCE		
14	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
15	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
16	Post acute care - likelihood to recommend (mean) [2016]	Press Ganey Survey. Likelihood to recommend (mean)
CULTURE OF SAFETY		
17	Acute care - overall safety grade	Measure of patient safety, quality of care, and staff psychological safety
COVID-19		
18	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
19	COVID-19 Positive Tests	Total number of tests yielding and positive results (some positive results were recorded after March 31 st)
20	Patients Tested for COVID -19	Total number of unique patients tested
21	Patients Positive for COVID -19	Total number of unique patients tested yielding and positive result (some positive results were recorded after March 31 st)

