

AGENDA

**INFORMATION
TECHNOLOGY**

Meeting Date: September 20, 2021

Time: 10:00 AM

Location: **VIRTUAL MEEETING**

BOARD OF DIRECTORS

CALL TO ORDER

Feniosky Peña - Mora

ADOPTION OF JOINT M&PA / IT MINUTES - *April 12, 2021*

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

Meeting Date: April 12, 2021

INFORMATION TECHNOLOGY COMMITTEE

ATTENDEES

COMMITTEE MEMBERS

Feniosky Pena-Mora, Chair

Jose Pagán , BOD IT Committee member

Barbara Lowe, BOD IT Committee member

Dr. Mitchell Katz

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:

Dr. Kim Mendez, SVP/Corporate CIO

Dr. Michael Bouton, Corporate CMIO

Jeff Lutz, Chief Technology Officer

Sean Koenig, Chief Application Officer

**Virtual - Medical and Professional Affairs Committee - April 12, 2021
As Reported by Dr. Vincent Calamia**

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Mitchell Katz, Barbara Low, Scott French sitting in for Steven Banks, Feniosky Pena-Mora, Freda Wang

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:12 AM. On motion the Committee voted to adopt the minutes of the February 8th, 2021 Medical and Professional Affairs committee. Mr. Pena-Mora, Chair of the Information Technology committee proposed a motion to adopt the minutes of February 8th, 2021

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

Nursing Finance: Deployed over 1,694 of RN Staff for Covid-19 Wave 2.

Systems Corporate Nursing Education: A lot of work was done around our vaccine program. The vaccination program on boarded 134 nurses. We partnered with CUNY to bring on 1000 students to help with the vaccine. We also partnered with CUNY to get 5 community grants and now have been awarded an additional, which now give us 6 grants which will help with our cancer prevention and education for our patients.

System Safe Patient Handling and Mobility Initiative (SPHM): April is safe patient handling awareness month. We are hosting our first virtual System wide Safe Patient Handling event.

Nursing Clinical Ladder Program: 2062 nurses have applied for the program, which is a significant increase from last year.

Care Experience: ICARE Module was launched on 3/31/2021. Hourly Rounding simulation will begin this month. This will be evidence based to improve our care experience scores.

RN Residency Program: we have graduated our 5th Cohorts residence program. We have a 91% retention rate coming from 46% 2 years ago.

NP Fellowship: The fellowship program has started with the Weitzman Institute as of April 1, 2021. We hosted a certification event on March 20th, 2021, 275 nurses were in attendance.

Virtual Nursing Education Fair

The virtual nursing education fair is being held today (April 12, 2021) with CUNY. Two hundred nurses will take part in understanding the different programs for education within CUNY, to create educational pathways for our nurses.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, SVP/System Chief Medical Officer, Medical and Professional Affairs highlighted the following:

A summary of all accomplishments for 2020 were submitted for M&PA. This include services that fall under M&PA; which are Laboratory, Radiology, the SIM Lab, Women Health. We also, have Clinical Service lines, including Critical Care, Nephrology, Behavioral Health, Credentialing, Occupational Health and Research administration. The focus for the rest of this report will 3 areas, Laboratory, Women Health and Dental services. Dr. Allen made reference to the board that Kenra Ford, Vice President of Clinical Operations and Laboratory Services has set up a process in the lab for surveilling new mutations for the COVID-19 virus.

Kenra Ford gave and update that we are in week 3 ½ of surveillance monitoring for variances for COVID 19, a very diverse team is working on this, our system level ID Docs, our data analytics team, and as a system we are reviewing weekly. As of last week, we have submitted close to 1000 samples. This program is for all our ED patients. We are participating in the city surveillance through our samples going to Pearl Laboratory. The Pandemic response laboratory, Pearl is performing the gene frequency, we will continue to ramp up as capacity allows. Dr. Allen reminded the committee that in 2020 of the Pandemic, we were sending our specimens, to the city lab, then to the state lab, and then to Atlanta Georgia. Kenra Ford, was responsible for bringing all the processes into our house, collaborating with Northwell initially and commercial labs, and now we are doing those test ourselves. We would never be where we are today without the support of our Laboratory Services. Dr. Calamia raised the question, are we using the data. This is intensive testing and the turnaround time is about 3 and 4 days. Everything possible is being done to shave of hours in the overall turnaround time. By time the testing is completed and we transform the data into something informative, it's at about 5 days. We have not identified anything differently then what we have at the city level. We are currently working on overlaying with our vaccination information so that we can start to focus where appropriate.

Maternal Health

Dr. Windy Wilcox, spoke on Maternal Medical Home. Maternal Medical Home is centered on caring for the patient outside of the hospital. It's based on a Primary Care Patient-Centered Medical home. It combines 2 staff models, Socio-Ecological, which is based on building trusting and lasting relationships between patient and their healthcare team and Sociocultural Environmental, which is focused on making sure patients are connected with resources and services that they need. Patients are

tiered by their amount of risk, these are pregnant patients. Patients in Tier 3 criteria are eligible and need the higher risk and comprehensive services. There are different ways they can be categorized as a tier 3, they can be Medical conditions or diagnoses, and or morbidities; some are Psychosocial, like depression or domestic violence, substance abuse and needing financial help with housing. Thirty six percent of the patients seen meet tier 3 criteria. In 2020 the maternal medical home coordinators, and social workers, placed over 2700 referrals for our patients. The medical support bulk was for nutrition and dental services. The Psychosocial support bulk was for mental health and for WIC.

SIMULATION LABS

June 2018 thru Dec. 2019 there was a huge training event that mainly focused on skilled labs estimate blood lost and OB life support simulation drills to save a life of a mother if she has a cardiac arrest while she's pregnant. The training was put on hold due to COVID. However, we were still able to hold some events. The focus is to have most of our providers trained in the newer version of Obstetrics hemorrhage and rolling out the severe hyper tension in pregnancy simulation course in the fall. The OB life support has documented, save a life of 3 rapidly deteriorating mothers. They came in to our facilities and were having cardiac events, due to the simulation training the teams reacted immediately. The mothers delivered, the critical care team came in to help assist with the cardiac status, all 3 mothers returned home with their healthy babies. In 2020 the training continued around OB life support, postpartum hemorrhage, and skills stations on various clinical skills. In 2021 the training will continue with focus on hemorrhage and Eclampsia.

Dr. Calamica, complemented Dr. Wilcox on the cutting-edge work that is being done and hopes to see this in literature.

INFORMATION ITEM

Dr. Victor Badner, Chief of Dental Services, Jacobi, System Chief of Oral Health Clinical Services Line presented to the committee on the following:

General description of clinical spaces and equipment and H+H for Dentistry

- 18 facilities (survey responses from 16)
- All acute care facilities and most Gotham including 3 Centers of Excellence sites)
- Over 200 operatories and just under 20 ambulatory surgery areas in our clinics plus Operating Room block time for dento-alveolar and major surgical cases including pathology, trauma and reconstruction in Oral Surgery, Pediatric Dentistry and General Dentistry for those with IDD
- 15/18 have panoramic radiography capability, 5 with Head and Neck Cone beam computed tomography (CBCT)

- Some cutting-edge equipment: 5 lasers, 2 microscopes, 7 intraoral scanners
- Some report that their space is excellent, new and something they are proud of while others report frustration with space and need to renovate and improve. Wide variation in physical state among the clinics

Dental Clinic Visit Data

- Approximately 290-310,000 visits/yr for opd dental clinics FY'16/'19)
- COVID 19 led to sharp reduction in clinical activity as programs were closed approximately 4 months in FY'20. Volume returning but still 15% below previous volume due to increased infection prevention requirements
- Approximately 55% of the visits are General Dentistry and 35% are equally split between Pediatric and OMFS
- 3,750 sedations/General Anesthetics and 1,000 admissions/yr in clinic or OR
- Dentistry/OMFS provides coverage for Maxillofacial trauma with ED, ENT and Plastics

Clinic hours and staff

- All ambulatory clinics are open at least 40 hours five days per week
- Six of 16 have some availability to provide services on Saturday
- One (Woodhull) is open Sunday 1/mth.
- Five currently have evening hours
- Just under 100 FTE attendings (300 total attendings: approximately 50 General practitioners, 13 Pediatric and 20 Oral Maxillofacial Surgeon (OMFS) specialists
 - Part-time specialists in other areas including endodontists, periodontists, prosthodontists, orthodontists, dental anesthesiologists
- Over 200 Dental Residents: GPR (11/16), OMFS (9/16), Pediatric (5/16), Dental Anesthesia (1), DPH(1), Craniofacial-Orthodontic fellowship(1)
- Over 220 Ancillary support staff employees including 20 Dental Hygienists and 120 dental assistants

Highlights, issues and quality improvement initiative

- Multiple Varied Departmental Collaborations: Pediatrics, Medicine, Women's Health, Surgery, Anesthesia. At Jacobi there is a Dental Anesthesia residency program. They are the anesthesia residence for the entire hospital and were extremely helpful during the height of COVID, as they were employed to provide airway management for patients that were intubated with COVID. They demonstrated their skills and participated fully.
- Multiple Facility Collaborations

- Inter-professional Education - HEEN(O)T- This is an area that they are really proud of. The medical acronyms for the head and neck exam which left out the (O), stands for head, eyes, ears and throat, we added the (O) so the physician knows to look at the mouth as well. A training was done with the Albert Einstein Institute of medicine, teaching their medical students to include the (O).
- Dentrrix/EPIC: Wisdom - Transition in 2021

Dentrrix from Epic, it is a separate electronic record from Epic. Epic program does have a dental module which was inferior when Epic was being chosen for the medical side. Based on the last four years there has been improvements and the dental council has passed a resolution to move to Epic wisdom as soon as compliance is meant.

- Dental Revenue Cycle Integration
The financial managers are working on improving the dental billing component, it is different from the medical billing.
- Sterilization/Infection Control Centralized
Sterilization of dental equipment should be centralized is being worked on throughout the facilities.

PI- Fluoride, Sealants and Dental Opioid Prescription Reduction

In addition, Quality Improvement is done around Fluoride Sealants and Dental Opioid Prescription Reduction, since dentist were the number 1 prescribers of Opioids to adolescents. This has been an initiative through education, and virtual training and grants received to reduce opioid prescribing by dentist for dental procedures

Initiatives/grants to improve oral health of patients at H+H

Two sites have imbedded dental providers in Pediatric clinics (anticipated to grow to more sites by end of FY). One site has imbedded evaluation of Pregnant women in the Women's Health Center.

Grants: HRSA, NIH and WITH Foundation: To improve access to care for: HIV infected pts; those with developmental disabilities; Pediatric patients; Pregnant women and those with medical conditions- diabetics. To educate providers to reduce Opioid prescribing in the dental setting.

Publications: Multiple varied Journals: Demonstrating the relationship of oral health to general health; Methods to reduce non-traumatic dental visits to Emergency Depts; to utilize Oral health Personnel during times of crisis (COVID-19)

There is an Accredited Craniofacial Center- at Jacobi Medical (treat cleft lip and palate).

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Office, MetroPlus Health Plan report on the following:

Regulatory Highlights

Disenrollment moratorium for Medicaid, Child Health Plus (CHP), and Essential Plan (EP) continue through June 2021. Thus, for enrollees with April 2021 recertification dates have been extended through April 2022. Medicaid disenrollment for people with Third Party Health Insurance (TPHI) resumed February 28th, 2021 and plans have begun receiving disenrollment files from NYS. Open enrollment has been extended through December 31st, 2021.

Cost-sharing bans for COVID-19 testing and all telemedicine were extended to April 4th, 2021. The cost-sharing ban for immunizations is extended through May 4th, 2021. The cost-sharing ban on mental health services for essential workers has been extended to April 26th, 2021.

The Federal American Rescue Plan Act created the following changes for health insurance and NYS is currently in the process of implementing these items for the NYS Exchange. These changes will increase the number of people who can afford health insurance coverage:

- Available tax credits for individuals getting their health insurance through the NYS Exchange products (Qualified Health Plans) has been extended to people earning up to 400% of the Federal Poverty Level, beginning April 2021 through December 2022.
- Total premiums paid will be limited to 8.5% of household income through 2022.
- Individuals who had been enrolled in a QHP but are now receiving unemployment can qualify for cost-sharing support.

NYS Department of Financial Services will begin requiring health insurers to report data on the diversity of their Board of Directors and Executive staff.

Special Investigative Unit (SIU)

The Special Investigations Unit is responsible for performing targeted provider fraud investigations; evaluating and validating information alleging fraud, waste, and abuse (FWA); identifying suspicious billing patterns and trends through data analysis and claims examination; and conducting/resolving any ensuing investigations. Its goals are to mitigate and report suspected FWA to regulatory agencies and recover funds for the Plan. Since 2019, the SIU has obtained settlement agreements and achieved cost savings of over \$2.5M. The SIU works closely with many MetroPlus departments

to obtain and analyze additional billing and utilization data and the SIU will, where necessary, make recommendations for coding changes, modifications or the implementation of limitations.

Many resources are used to identify possible instances and patterns of FWA: data mining using proprietary software, referrals from MetroPlus staff, and member tips and complaints. Targeted data mining is also used when a possible vulnerability has been identified, such as modifier misuse or spikes in utilization. The criteria for elevating detected outlying providers to case review status includes peer to peer comparisons, severity of the aberration(s) discovered, financial exposure, and current and future Plan risk. The SIU focuses on a variety of cases, including providers who have unexplained monthly billing spikes and laboratory, pathology, durable medical equipment (DME) spend disproportionate to services rendered and not aligned with providers' scope of practice. The SIU facilitates implementation of Plan changes and refers cases to the Office of Medicaid Inspector General (OMIG) under certain circumstances. Although the primary focus of the SIU is overutilization of services inconsistent with the medical needs of impacted members, the Plan also examines underutilization of services to ensure that providers.

MetroPlusHealth App launch

In a series of member interviews that were conducted in 2020 to understand member needs, one request that most members had was for a MetroPlusHealth app. Our members can now have access to their MetroPlusHealth member information right at their fingertips with the MetroPlusHealth app. This app was built in conjunction with HealthX and provides most of the functionality of the Plan's member portal. Here members can access their member ID card, personal account info and select or change their PCP right on their phone. Available in both Google and the iOS app store. An important step in helping MetroPlusHealth customers access their information more efficiently, this app will continue the Plan's focus on improving the customer experience.

Employee Mentorship Program

MetroPlusHealth is now offering development opportunity for both senior leaders and top performers within the organization. The purpose of MetroPlusHealth's Mentorship Program is to retain talent, increase employee satisfaction and allow high performers the chance to meet and develop professional relationships with the senior leaders of the organization. The program allows employees an opportunity to take control of their personal and professional development. The current cohort consists of 24 leaders and 31 mentees, selected via application process. Based on their areas of interests, mentor-mentee pairs were selected in Fall 2020 and the first round of the program will be completed in Spring 2021. Plans are under way for cohort #2 scheduled

to launch in June 2021 since there is high level of satisfaction of the program in the first round.

CHIEF INFORMATION OFFICERS REPORT

Kim Mendez, Senior Vice President, Chief Information Officer, joined by Dr. Michael Bouton, Chief Medical Information Officer, and Dr. Alfred Garofalo, Senior Assistant Vice President highlighted the following:

Dr. Mendez provided a summary of EITS updates for the first quarter of calendar year 2021. The summary includes EITS goals for 2021, strategic dashboards metrics and how they align with System's comparatives. Dr. Mendez highlighted EITS projects and support during second surge of COVID. Starting at the end of December 2020 and continuing into the January 2021, a number a few EITS clinical staff, nurses, pharmacists and project managers were realigned to support efforts including vaccination clinics at Elmhurst.

Dr. Mendez also discussed the high-level status of the 10 prioritized HIIT projects of which 2 have been completed. The first, in conjunction with MPA, was the MD Staff credentialing program and the second was the merger of NCB and Jacobi. At the conclusion of report, 2 key areas of continuous quality improvements were highlighted. Managed Print Services is focusing on efficiency, effectiveness and security. EPIC training, known as the "Thrive Program", the team has developed a Joint Commission overview which provide overview of surveys and help navigate individuals during the survey.

The presentation transitioned to Dr. Bouton who highlighted dashboard updates regarding the Biomed Integration and MyChart. Dr. Bouton began his presentation by addressing the biomedical device integration and how it will bring in vital sign information into electronic medical records system. Previously, information was recorded and transcribed manually by medical staff which creates errors and not efficient use of staff's time and resources. Using dialysis information during COVID as an example, Dr. Bouton highlighted the need for efficiency. The goal is increase the number of integrated devices from 47% to 70% by the end of 2021. Dr. Bouton referred to the PowerPoint graph outlining the devices. He also presents a chart showing current progress to date including monthly cumulative goal of 294 devices and year to date 304 devices completed.

Dr. Bouton continued his presentation the progress of the Epic My Chart activation rates. My Chart is the Epic patient portal where patients engage their health information. The current activation has above the Epic customer average and the current system 2020 stretch goal of 50%. The original stretch goal was initially at 30% and was increased after successfully meeting that goal. A year ago, the Epic customer average was 37 % for the top 20% of Epic customers which then increased to 48%. Our organization increased from 15% to 66. This increase has been influenced by both COVID-19 and making the portal more readily available to patients.

Dr. Calamia asked Dr. Bouton to explain how to remedy the large disparity between the highest utilized and lowest utilized facilities as per his activation rates chart. Dr. Bouton explained the facilities at the lower end were actually at the national average. Based upon additional review of data, it was shown that sites with emergency rooms, such as Harlem and Woodhull, would naturally be lower numbers verses sites that focus on primary care, such as East NY and Cumberland. In addition, the facilities are discussion best practices amongst themselves in efforts to improve utilization rates. Lastly, with technology being the same across the board, staff engagement, communicating and reinforcing the value to patients is key.

Dr. Mendez mentioned that denominator would vary. For example, at an acute care facility, the patients include both acute and ambulatory are included in the denominator as opposed to sites like Cumberland and East NY which only include ambulatory & primary care provider.

ACTION ITEMS:

Theodore Long, MD Senior Vice President, Ambulatory Care and Johnathan Viguers, Director Campaign, T2 presented the resolution to the committee:

Authorizing New York City Health and Hospitals Corporation (the "**System**") to amend six agreements for neighborhood canvassing as part of the System's response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. (the "**Vendors**") previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

Mr. Pena-Mora, Board member raised his concerns on the MWBE. They were asked to bring to the Board meeting the following; information on the WMBE spending breakdown. Information on the hiring pattern in the hardest hit communities. Additional information was requested from Mosaic on their MWBE plan, and how they are performing in their canvassing work presently.

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

Machelle Allen, MD, SVP/System Chief Medical Officer, Medical and Professional Affairs introduced the resolution. David Shi, Senior Vice President, Radiology and Alfred Garofalo, MD Senior AVP EITS present to the board on the following.

Authorizing New York City Health and Hospitals Corporation (the "**System**") to sign a three-year best interest renewal contract with Change Healthcare Inc (the "**Vendor**") for an enterprise-wide radiology diagnostic management solution with two one-year options to renew the contract exercisable only by the System and with the

total cost of the contract over its full potential five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

Mr. Pagán, Chair of the Board, asked for clarity on the statement "bringing services in house". Bringing services in house, refers to the additional support services that will be originally contracted. Over a period of 6 to 18 months we will be able to bring that same skill set internally to NYC H+H and be a more sustainable enterprise.

Mr. Pena-Mora, Board Member, raised his concerns on the MWBE. They were asked to bring to the board meeting the following; An official written statement that they do not sub contract maintenance with any other company anywhere. The other is, to provide the demographic for the entire company, and how they plan to address the under representation at the executive level for minorities and information technology for women.

The resolution was duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board. There being no further business, the meeting was adjourned 11:00 AM.

Enterprise Information Technology Update

Information Technology Committee

September 20, 2021

Kim Keziah Mendez, Senior Vice President- Corporate Chief Information Officer

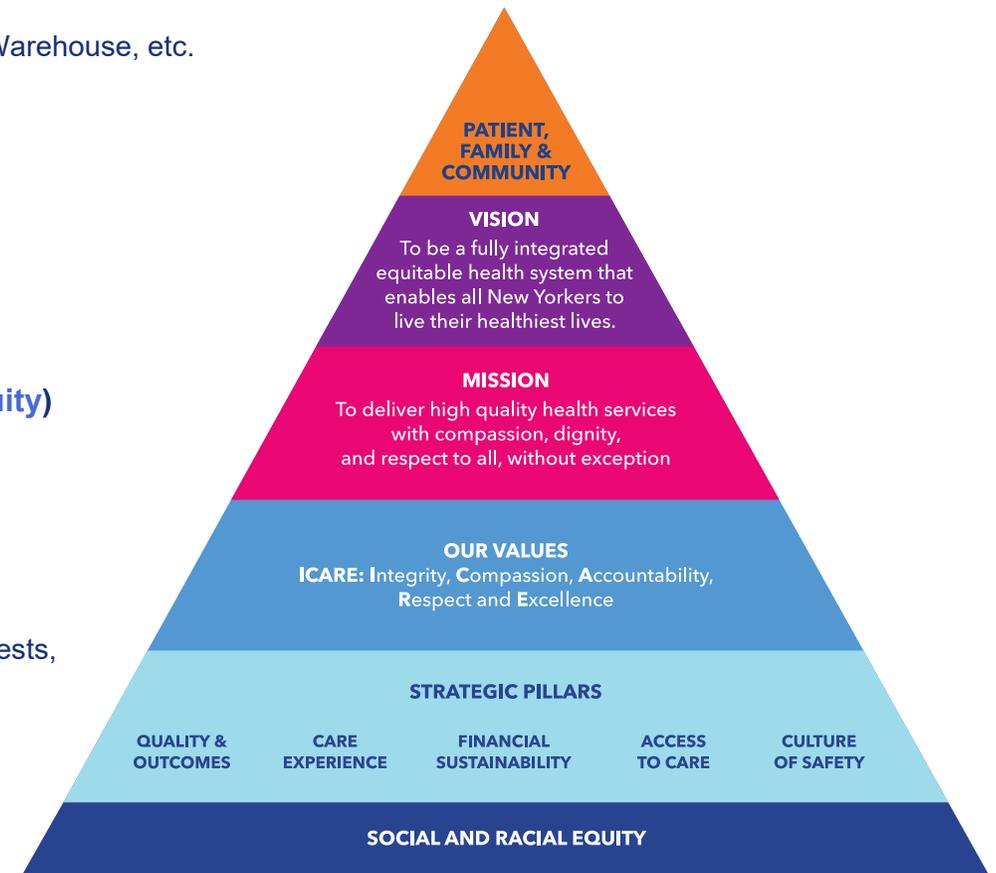
Agenda

- Introductions
- 2021 EITS Goals and Alignment with Strategic Pillars
- HIT Prioritized Projects
- EITS Targeted Service Line Updates
 - EITS Covid-19
 - Clinical Informatics
 - Infrastructure
 - EITS Cybersecurity
 - Clinical Applications
- Q & A

Aligning NYC H + H Information Technology Goals

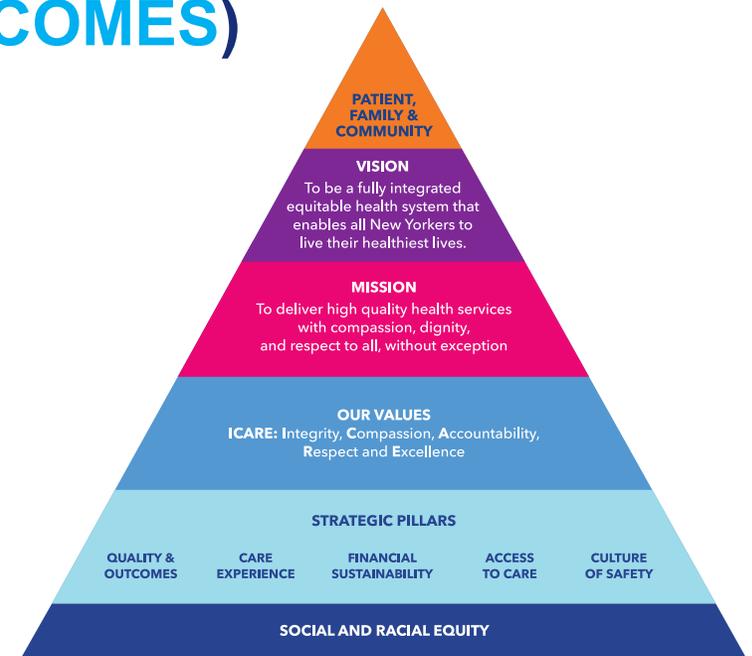
- **Data Management (Quality & Outcomes)**
 - Data and Analytics (DnA) ongoing developments: website, Platform , Enterprise Data Warehouse, etc.
 - UMPI
 - Legacy IT Systems/Data strategy
- **Infrastructure Enhancement (Financial Sustainability)**
 - **Data Center migration***
 - Telecommunication – improve experience & tracking
- **Accelerated Digital Transformation (Quality & Outcomes/ Access to Care)**
 - Telehealth Expansion
 - Enhanced Patient Monitoring
 - **Biomed Device Integration***
- **H2O Effective Use (Care Experience/ Quality & Outcomes / Social & Racial Equity)**
 - **MyChart Utilization***
 - Leveraging Epic to support social & racial equity in care
 - Expansion and Improvement of Epic Modules, Epic *Thrive* Educational Program
- **CQI (Quality & Outcomes)**
 - IT Ecosystems / Landscape Diagrams- Qtrly Updates
 - Mock Downtime & BCA validation
 - Leverage Service Now as a single platform for Service Management (Demands/Requests, Ticket/Event Mgmt, Device Tracking, Application Inventory Tracking, etc.)
 - Security & Risk Management best practices

* Denotes BOD Strategic dashboard metric



EITS Project Alignment with NYC H + H Strategic Pillars

- My Chart Activation (**CARE EXPERIENCE**)
- Bio-Medical Device Epic Integration (**QUALITY & OUTCOMES**)
- Data Center Migration (**FINANCIAL SUSTAINABILITY**)
- Epic Optimizations GFR, Race & Ethnicity capture (**SOCIAL & RACIAL EQUITY**)



HIT Prioritized Projects: August 2021

- SailPoint Identity IQ: User Access Review
- 340B – Split Billing
- Data Center Migration Initiative
- Biomedical Device Integration Project
- Epic Willow (Pharmacy) Ambulatory Module
- HCLL Upgrade
- Effective Use of Epic EHR
- Capital Restructuring Financing Program (CRFP)

EITS Ongoing COVID- 19 Support/Activities

- **Daily DnA support** – census, level loading, Covid-19+, point of entry, trending
- **Surge** space support & supplemental staff training
- **Covid Test & Trace** support ongoing
- **Covid Vaccination-** Technology infrastructure build-out, Epic vaccination build for three brands for ambulatory & Inpatient , NPSO, Allergic Reaction Protocols, leverage MyChart , self-scheduling/screening/ dynamic updates, registration & regulatory required documentation, CIR, billing , DnA reporting, and ongoing support for dynamic changes.

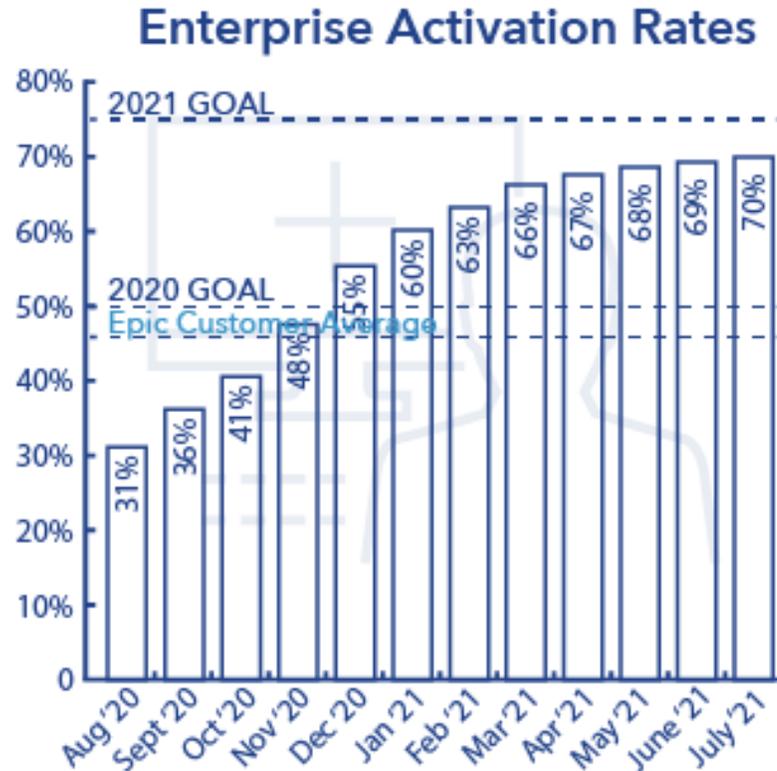
EITS Clinical Informatics Targeted Update

- My Chart Activation Rates – BOD Strategic Dashboard Metric
- Bio-Medical Device Integration- BOD Strategic Dashboard Metric
- Effective Use of Epic EHR:
 - Epic Honor Roll / Epic Gold Star Programs – HIT Project
 - Leveraging Epic for Social & Racial Equity

H2O Effective Use Care Experience

MyChart ACTIVATION RATES

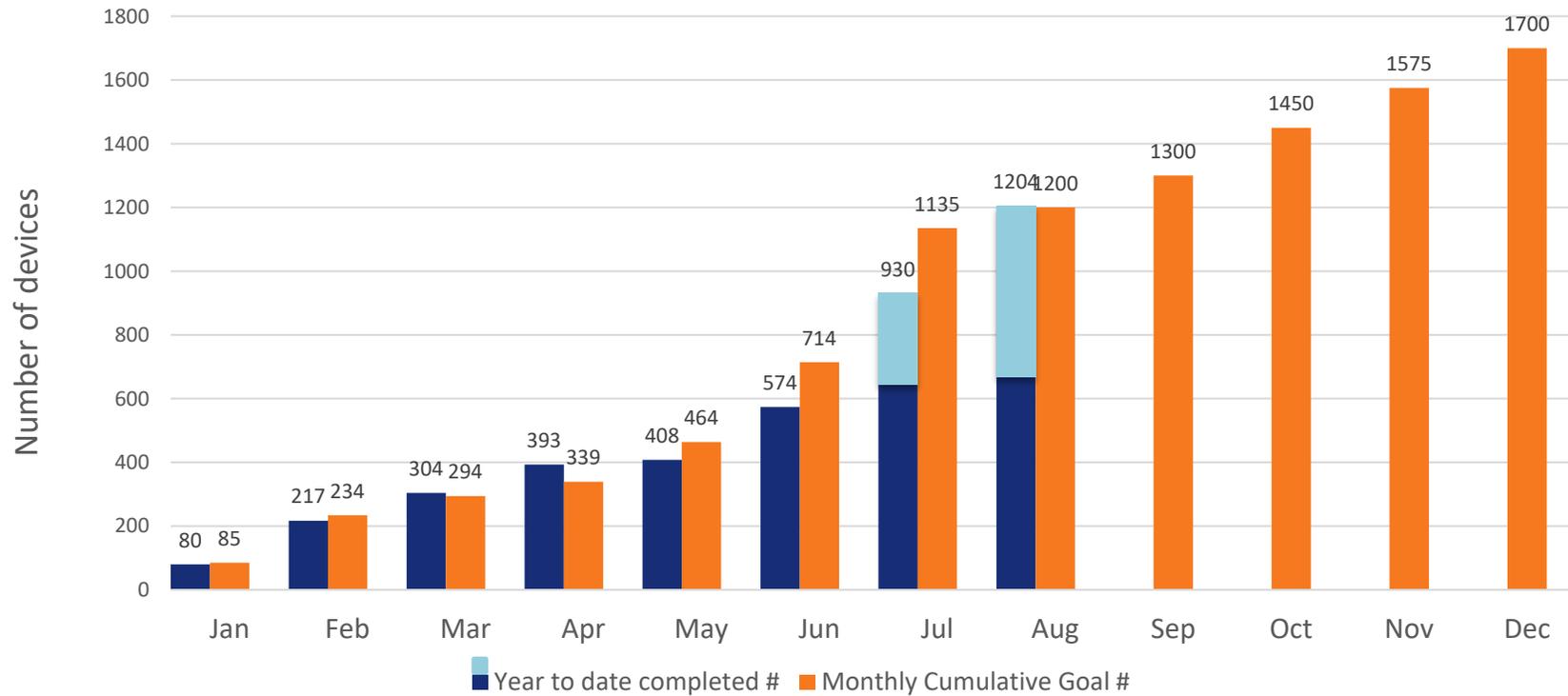
ENY.....	87%
Cumberland....	85%
Coney.....	82%
Metropolitan....	81%
Sydenham.....	77%
Elmhurst.....	71%
Lincoln.....	71%
Belvis.....	70%
Bellevue.....	68%
Gouverneur....	67%
Morrisania.....	67%
Queens.....	67%
Kings.....	66%
Jacobi/NCB.....	61%
Harlem.....	54%
Woodhull.....	53%



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. (July 2020 to July 2021)

Accelerated Digital Transformation (Quality & Outcomes)

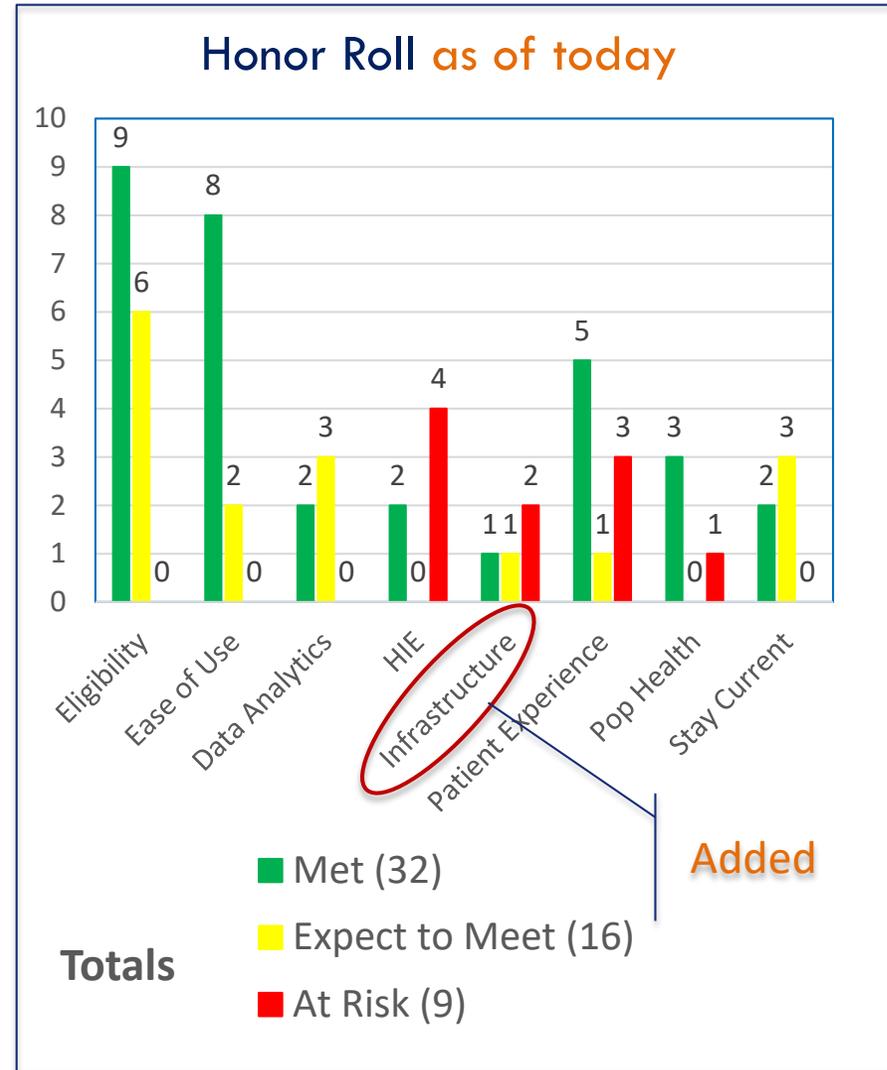
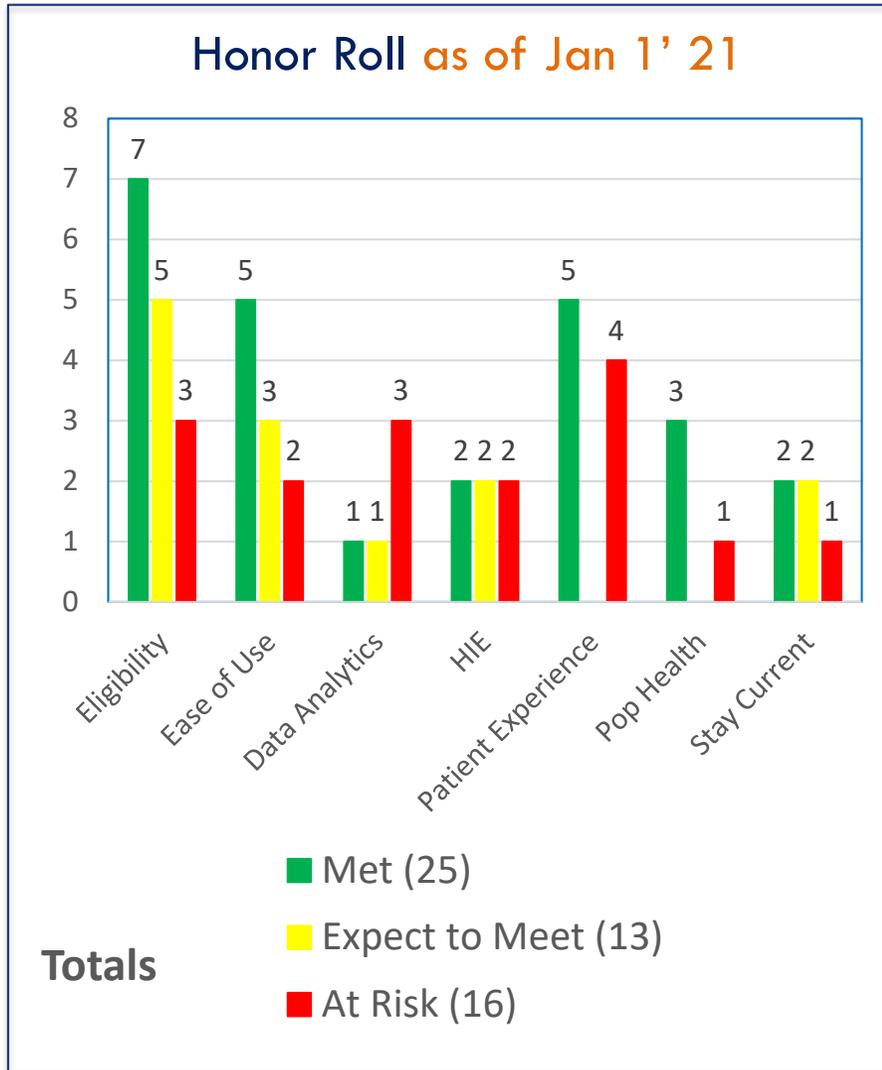
Biomed Device Integration
2021 Tracking



Accelerated Digital Transformation (Quality & Outcomes)

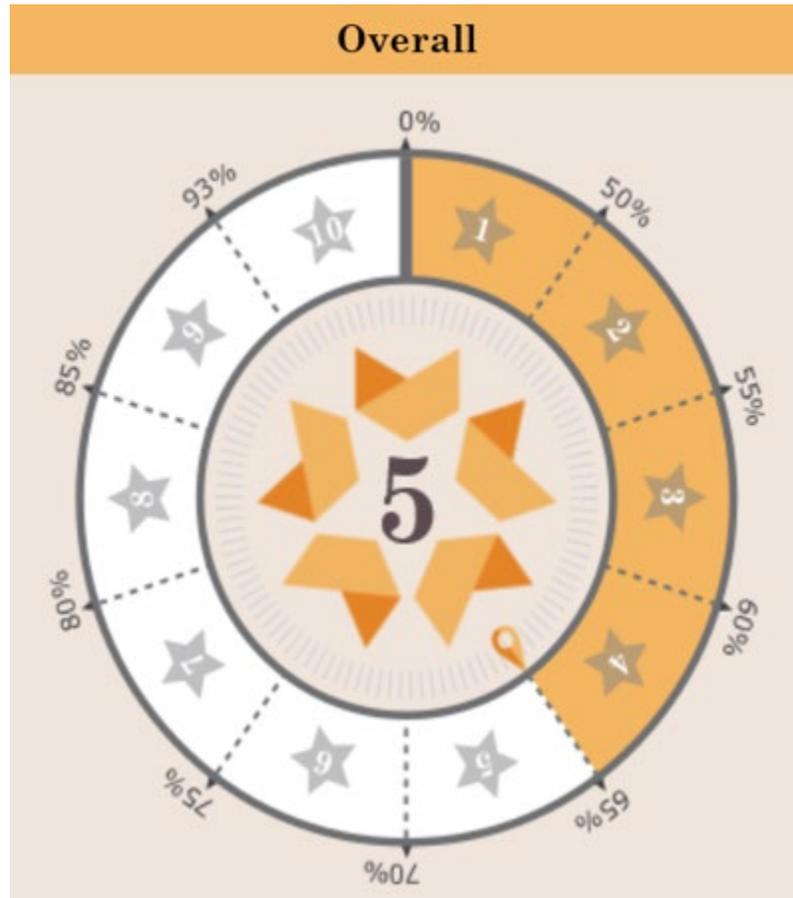
Device Type	2020 Non-Integrated	2021 Stretch Goal (original)	Revised Goal
Anesthesia Machine	8	8	59
Capnography Device	448	260	50
Cardiac Monitor	1,043	265	641
Dialysis Machine	238	225	255
Vital Signs Monitors	3,347	1,400	175
Telemetry	204	177	235
Ventilator	437	225	285
Total:	5,725	2,560	1,700

H2O Effective Use (Quality & Outcomes)

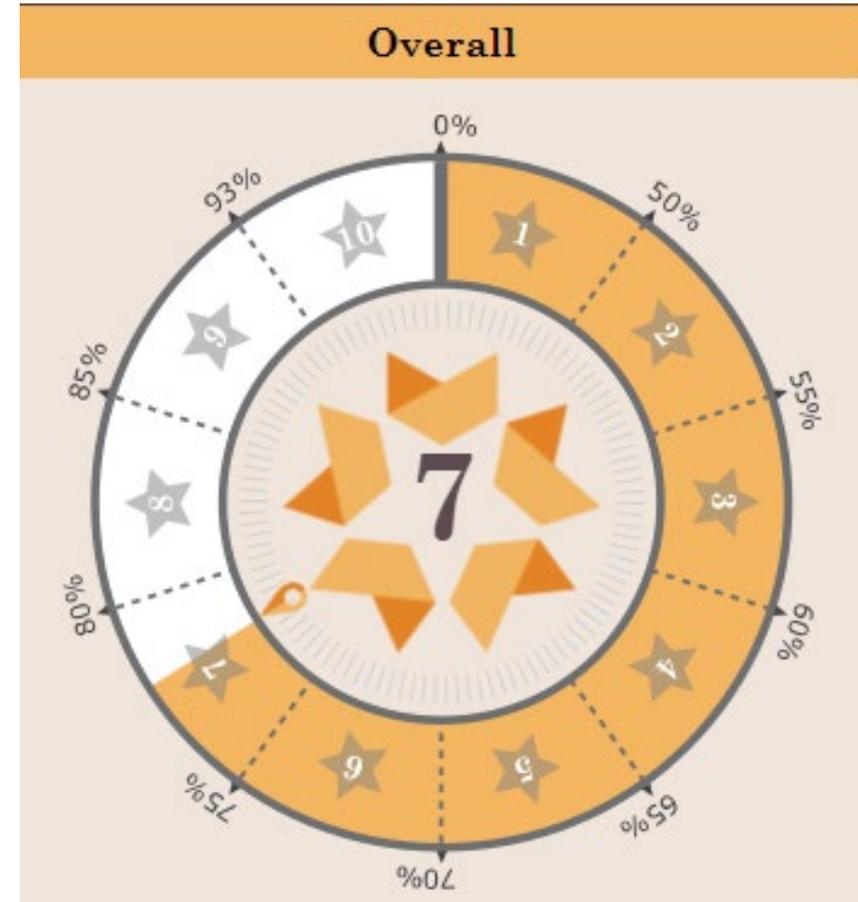


H2O Effective Use (Quality & Outcomes)

As of Jan 1 '21



As of today



EITS Infrastructure Targeted Update

- Data Center Migration – BOD Strategic Dashboard Metric

FINANCIAL SUSTAINABILITY: Data Center Migration Update

- Legend:**
- Complete
 - On Schedule
 - Caution
 - Off Schedule
 - Not Started

Overall Timeline Status	Completion Dates	Status
Data Center 1 Migration (Sungard -> QTS)	August 2022	●
Data Center 2 Migration (Jacobi -> CyrusOne)	March 2023	●

CY 2021: 2 nd Quarter Milestones	
Complete Initial Discovery and Interview Sessions	●
Order Circuits for Internet and Wide Area Network	●
Complete Core Infrastructure Buildout Design and Installation Plan	●

CY 2021: 2 nd Quarter Accomplishments
CyrusOne Agreement Completed
Rack and Space layout designs completed
Initial Rack and Cage equipment placed
Infrastructure technical discoveries completed
Setup of Virtana discovery application completed

CY 2021: 3 rd Quarter Milestones	
Complete Application Dependency Mapping	●
Complete Virtana network discovery and analysis of scanned results for Sungard	
Complete Application and Cloud workshops	

EITS Cybersecurity Best Practices Update

- Cybersecurity Best Practices
 - Legacy Mitigation
 - Multifactor Authentication
 - Personal Email Access Mitigation
 - Application Access User Certification
 - Dynamic Password

Prioritized Project: SailPoint IIQ

Certification Campaign - User Access Review Program

- To ensure risk mitigation best practice related to the access to clinical and non-clinical applications, NYC Health + Hospitals has committed to implementing an annual access re-certification process utilizing SailPoint IdentityIQ
- Currently the User Governance module has been installed and will be implemented in the following phases:
 - **Phase 1: Complete-** Central Office Consultant and Volunteers Go-Live 3/1/2021
 - **Phase 2: Complete-** HR Roles Privileged Users Go-Live 06/30/2021
 - **Phase 3: Ontrack-** PeopleSoft ERP Roles
 - Payroll Roles – Go-Live 9/7/2021
 - Finance Roles – Go-Live TBD (*just added on 8/3/21)
 - Supply Chain Roles – Go-Live TBD (*just added on 8/3/21)
 - **Phase 4:** Epic/H2O Privileged Users Go-Live 11/03/21



EITS Clinical Applications Targeted Update

- Omni-Cell
- Epic/Cerner Upgrade – October 2021
- Epic Willow Ambulatory Retail Pharmacy Module
- HCLL Blood Bank Upgrade

Willow Ambulatory Retail Pharmacy

- Initial go live at multiple sites on 5/7/2021
- Enhance quality and outcomes with medication therapy management, compliance tools, and robust adherence tracking measures.
- Improve patient satisfaction with easier access to outpatient pharmacy services and reduced wait times.
- Better patient care experience with outpatient pharmacy functionality leveraging our existing MyChart patient portal.
- Increase financial sustainability with expansion of outpatient services to commercially insured patients and adjudication of claims to PBMs.

HCLL Blood Bank Upgrade

HCLL is the blood bank transfusion service application used for managing transfusion related testing as well as blood product inventory management. It is integrated with H2O and Cerner.

- Go-live at all sites is tentatively scheduled for Q1 2022
- Upgrade the application from Ver. 2016 1.5.1 to Ver. 2021 R1, as well as upgrade the back-end servers
- Provide enhanced functionality, security compliance, and an improved disaster recovery processes
- Training of Lab operators will be performed by Blood Bank IT staff. Tip Sheets, as needed, will be developed by EITS and distributed to Clinical Staff and Lab Staff
- Support will be provided by Blood Bank IT and Wellsky after go-live as needed



Thank You!