

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS

Date: September 13th, 2021
Time: 9:00 AM
Location: VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

EXECUTIVE SESSION

ADOPTION OF MINUTES - April 12th, 2021- Joint M&PA and IT Committees

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

ACTION ITEMS:

1) Authorizing funding for New York City Health and Hospitals Corporation (the “**System**”) to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“**PAGNY**”) made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below.

DR. ALLEN

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center with an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

Vendex: Pending

EEO: Approved

2) Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue (“Bellevue”) as a pediatric trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons,

Committee on Trauma.

3) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

4) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

5) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

6) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal

care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

7) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

8) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

9) Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("Lincoln") as a trauma center.

DR. ALLEN

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on

Trauma.

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Virtual - Joint Medical and Professional Affairs and Information Technology Committees - April 12, 2021

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Mitchell Katz - left at 10:23, Barbara Lowe, Scott French sitting in for Steven Banks - left at 10:25, Feniosky Pena-Mora

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:12 AM. On motion made and seconded, the Committee adopted the minutes of the February 8th, 2021 Medical and Professional Affairs committee.

On motion made and seconded, as proposed by Mr. Pena-Mora, Chair of the Information Technology committee the minutes of February 8th, 2021 meeting was adopted.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee full report is included in the materials, she highlighted the following.

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

Systems Corporate Nursing Education: The vaccination program on-boarded 134 nurses. Through a partnership with CUNY 1000 students help with the vaccine efforts. The CUNY partnership also provided 6 community grants to 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 with a launch of 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: the 5th Cohorts from the residency program recently graduated, resulting in a 91% retention rate increase from 46% two years ago.

NP Fellowship: The fellowship program has started with the Weitzman Institute as of April 1, 2021. There was 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

Dr. Machelles Allen, SVP/System Chief Medical Officer, Medical and Professional Affairs full report is included in the materials, she highlighted the following:

A summary of all accomplishments for 2020 were submitted including services in Laboratory, Radiology, the SIM Lab, Women Health, Clinical Service lines, including Critical Care, Nephrology, Behavioral Health, Credentialing, Occupational Health and Research administration.

Dr. Allen highlight three areas, Laboratory, Women Health and Dental services. Dr. Allen made reference to the Committee 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 provided an update that for the past week 3 ½ there has been surveillance of 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's surveillance through our samples going to Pearl Laboratory 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 in house, collaborating with Northwell initially and commercial labs, and now we are doing those test ourselves. Dr. Calamia raised the question, what is the turnaround time and how are we using the data to address the variants. 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 is 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 is based on a Primary Care Patient-Centered Medical home. It combines 2

staff models, Socio-Ecological, which is based on building trust 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. Patients in Tier 3 criteria are eligible 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 includes nutrition and dental services. The Psychosocial support bulk was for mental health and for WIC.

SIMULATION LABS

June 2018 thru December 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 is pregnant. Due to COVID-19 training was limited. 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, saving the lives of 3 rapidly deteriorating mothers. They came into 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. Calamia, 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 Health + Hospitals for Dentistry**
 - **Dental Clinic Visit Data**
- **Clinic hours and staff**

- **Highlights, issues and quality improvement initiative**
- **Initiatives/grants to improve oral health of patients at Health + Hospitals**

Two sites have imbedded dental providers in Pediatric clinics (anticipated to grow to more sites by end of the fiscal year). 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 patients; those with developmental disabilities; Pediatric patients; Pregnant women and those with medical conditions- diabetics and 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 Department; to utilize Oral health Personnel during times of crisis (COVID-19)

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

Dr. Badner responded to questions from the Committee regarding dental services at the Gotham centers, which varies by facility.

Access to dental/specialized care was also a concern and what is the average wait-time. While the System was amazing on infection prevention during COVID in the dental clinic, specialized care does have a long wait-time and is being evaluated.

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Office, MetroPlus Health Plan report is included in the materials, he highlighted the the following:

Regulatory Highlights

Disenrollment moratorium for Medicaid, Child Health Plus (CHP), and Essential Plan (EP) continue through June 2021. 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 full report is included in the materials, she 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 alignment 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 discussing 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.

Dr. Long presented the background/current state of the canvassing initiative, justification for the NTE increase amount, funding consideration, program details, an overview of the procurement, terms, criteria for distribution of work across the vendors, recap of the procurement process and MWBE participation plan.

The Committee expressed concerns on the MWBE waiver for Mosaic.

Follow Up: The Committee requested for the presentation to the Board meeting information on the WMBE spending breakdown, the hiring pattern in the hardest hit communities, a revisit of Mosaic full waiver from MWBE participation and the performance of the current vendors.

The resolution was duly seconded, discussed and adopted by the Committee contingent on the above follow-ups for consideration by the full board, with one abstention.

Recusal: Dr. Calamia recuse from the balance of the meeting, Feniosky Peña-Mora chaired the balance of the meeting.

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.

The presenters presented the Committee with a background/current state of the services currently being provided, justification for the best interest renewal, the current market landscape, accomplishments over the past five years, transformation progression, MWBE plan, vendor workforce diversity, vendor performance evaluation, and improvement process for the needs improvement indication in the evaluation.

The Committee requested clarification 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.

The Committee expressed concerns on the MWBE implementation plan.

Follow-Up: the Committee requested in preparation for the board meeting the following be presented:

- An official written statement that they do not sub-contract maintenance with any other company anywhere.
- to provide the demographic for the entire company
- 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 11:10 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee
September 13th, 2021

NYS Healthcare Workers Vaccine Mandate

- NYSDOH vaccination mandate effective 9/27/21
- Ongoing review of vaccination status for all staff
- Encouraging vaccination
- Educating our staff on the science
- Preparing for various contingencies

BEHAVIORAL HEALTH

The Office of Behavioral Health actively supports the facility behavioral health services related to the impact of COVID-19. Behavioral Health continues to provide ongoing acute care and ambulatory services, including telehealth services. The behavioral health services at the facilities are seeing increased volume in all clinical areas due to the impact of COVID and the pandemic on mental health. People who have experienced psychological issues from isolation, stress, loss are provided therapy both in-person and virtually via video and telephone. Behavioral Health is working to increase access to services to meet the needs of these patients.

OBH is partnering with THRIVE to provide increased access and service for children and adolescents in our schools who are experiencing psychological issues related to COVID. Through screening and other methods at the schools, identified individuals are referred for treatment in our ambulatory behavioral health programs. As schools reopen for in-person learning, we are anticipating increased referrals. We have ready access in the high risk areas.

OBH is also partnering with THRIVE and the FDNY/EMS to develop a health response teams that will respond to 911 behavioral health calls. This program is called B-HEARD. The teams started work in July and to date are quite successful. The teams provide clinical intervention and service to people with behavioral health crises with a goal of a health centered approach and reduced emergency room visits. The team assesses the situation and determines the best approach and intervention. People with potential violence or dangerousness will have the traditional EMS/NYPD response. The identified pilot area is Northern Manhattan in the areas of Harlem Hospital and Metropolitan Hospital. We anticipate expanding this program to other areas by the beginning of 2022.

The Office of Behavioral Health is working to develop and expand our use of telehealth services in providing assessment and treatment to patients. We plan to provide telehealth on-demand / urgent care services that will help to connect people to ongoing care and treatment and also ongoing telehealth treatment at our facility clinics. This will help to increase access to care.

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

1. Mental Health Service Corp (additional training for early career social workers)
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. Operation 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.
5. Operation of ED Leads teams in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other substance use disorders.

- 6. Expansion of buprenorphine prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
- 7. Use of ECHO project to mentor primary care, ED, and behavioral health providers is use of buprenorphine.
- 8. Transition of Mobile Crisis Teams response time to 2 hours.

<h1 style="margin: 0;">House Staff Wellness</h1>	
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OBH maintains the **House Staff Wellness** webpage which is dedicated to the mental health and wellbeing all house staff across NYC Health + Hospitals regardless of their academic affiliation or pay line. It has been in operation since July 1st, 2021.

Website: <http://hcin Insider.nychhc.org/corpo ffices/erc/hssw/Pages/default.aspx>

It contains:

- Referral information with a concierge service managed by OBH that connects house staff with mental health services
- Information on 24/7 crisis line (1-800-NYC-WELL)
- Selected online resources
- Local and national hotlines
- Information on peer to peer support programs

Summary of House Staff Referrals to date:

1. Number of Referrals: **17**

Total number referred to H+H site:	11
Total number referred to private	4
Total number who declined referrals:	1
Total number with other result:	1
Total number with no result:	0
Total number of Referrals:	17

2. **H+H sites** which received referrals:

Coney Island	2
Elmhurst	1
Jacobi	1
Kings	3

Lincoln	3
Woodhull	1
Total H+H Referrals	11

<h2>SYSTEM-WIDE EMOTIONAL STAFF SUPPORT</h2>	<p>COVID-19 Emotional and Psychological Support Resources</p> 
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SYSTEM-WIDE EMOTIONAL STAFF SUPPORT is an anonymous support hotline managed by OBH for all NYC Health + Hospitals employees since March 2020

(646-815-4150, Monday – Friday, 9:00am – 5:00pm). Employees can call this number to reach out to speak with licensed mental health

Clinicians for psychological and emotional supports related to fatigue, stress, burnout, anxiety, fear and depression.

Referral opportunities for other services if needed.

Website: <https://hcin Insider.nychhc.org/sites/COVID-19/Pages/EPSR.aspx>

Summary of System-Wide Emotional Staff Support Initiative:

1. Number of Callers (to date): 200
2. Primary reasons for Hotline calls:

Anxiety	Crisis
Depression	Family Issues
Child Care Issues	Fear
Grief	Isolation/Loneliness
Vaccine	Trauma
Separation from family	

3. Referral Types

Domestic Violence Hotline	Employee Assistance Program
Helping Healers Heal	NYC Well Hotline
NYS HOPE Hotline	Physician’s Support Hotline
Suicide Prevention Hotline	Vaccine Finder

OBH Initiatives

DOE Collaboration	<p>To bring additional support to students in the neighborhoods most affected by the COVID-19 pandemic, we collaborated with the Mayor’s Office of Community Mental Health and the Department of Education to structure a new partnership between the City’s public hospitals and over 25 public schools. This partnership, called Pathways to Care, expedites referrals from schools to connect students to care at our outpatient mental health clinics, where students can receive ongoing therapy, psychiatric evaluation, medication management, and other clinical services.</p> <p>This program rolled out in November 2020. Currently we have four clinics participating:</p> <ul style="list-style-type: none"> - Kings County - Woodhull - Gouverneur (Gotham) - Elmhurst <p>Referrals have been slow to trickle in, as we only received 17 referrals during the school year. We suspect that there are many variables, including the challenges with blended learning. We are in the process of onboarding 5 Mental Health Service Corps members to 5 Clinics (Harlem, Woodhull, Morrisania, Lincoln, and East NY). We are working with the additional clinics to begin participating in the program this fall.</p> <p>We also recently found out that H+H will be receiving \$5million dollars to work with DOE in strengthening the Continuum of Care. DOE has selected Central Brooklyn and South Bronx as pilot areas. Discussions on this have just started.</p>
B-HEARD	<p>The Behavioral Health Emergency Assistance Response Division, or B-HEARD, is a new health-centered response to 911 mental health calls. This began June 6th, 2021 covering East Harlem and parts of Central and North Harlem. In areas where B-HEARD operates, 911 call operators dispatch new B-HEARD Teams —FDNY Emergency Medical Technicians (EMTs)/paramedics teamed with a Social Worker from NYC Health + Hospitals — as first responders to people experiencing a mental health emergency in instances that do not involve a weapon or imminent risk of violence. The B-HEARD teams use their physical and mental health expertise, and experience in crisis response to de-escalate emergencies and provide immediate care. These teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.</p> <p><i>How many encounters to date:</i></p>

	<p>The Social workers have provided engagement and assessment for 202 individuals (between 6/6 and 9/6).</p> <p><i>Outcomes of the encounters:</i></p> <p>If the 202 individuals the Social Worker engaged:</p> <ul style="list-style-type: none"> - 42% were transported to the hospital for further evaluation - 57% were treated in place and accepted referrals - 1% were treated in place and refused a referral <p><i>**With traditional 911 Response, 82% of people were transported to a hospital.</i></p> <p><i>Of those treated in place who accepted referrals:</i></p> <ul style="list-style-type: none"> - 40% Transported to the Support and Connection Center (Diversion Center) - 18% Referred back to their current outpatient clinic/providers - 24% Treated in place and did not warrant a referral, but accepted resources - 13% Referred to CPIU for a HEAT Team (5) - 5% Referred back to their ACT Teams, to Children’s Mobile Crisis, or to another destination. <p>Link for First Month Data: https://mentalhealth.cityofnewyork.us/wp-content/uploads/2021/07/B-HEARD-First-Month-Data.pdf</p> <p><i>Experience at Harlem to date:</i></p> <p>The team has had positive experiences at Harlem to date. Most of the interactions are communicating hand-offs for individuals being transported to the ED/CPEP for further evaluation. We have also been working closely with Harlem’s Mobile Crisis Team, and are looking at creating a referral pathway for individuals the B-HEARD Team engages with that need additional support and connection to care that.</p> <p><i>Experience at Metropolitan to date:</i></p> <p>The teams experience at Met has been more limited, as majorities of the individuals are transported to Harlem Hospital or Mount Sinai. However, the experience has been positive and the team will be acquiring an office space there this fall.</p> <p><i>What is the definition of “success”:</i></p> <p>To increase connection to community-based care, reduce unnecessary transports to hospitals, and reduce unnecessary use of police resources</p>
Behavioral Tele-Health	<ul style="list-style-type: none"> • Started in March 2020 • How many telehealth encounters to date: <ul style="list-style-type: none"> ○ On demand / urgent care (virtual ExpressWell) Go-Live October 2021 ○ Adult ambulatory visits: 334k ○ Child psych: 50k
ED-Leads	Patients encounters - 48k (since inception in 2018)
CATCH	Patient encounters - 15k (since inception in 2018)
ECHO	COVID has impacted both patients and healthcare staff at NYC Health + Hospitals. Our patients are impacted both directly (COVID infection) and indirectly (reduced access to healthcare, lost employment, stress/trauma etc.). While everyone is at risk of the effects of COVID, vulnerable populations are at particularly high risk. Unfortunately, many of the

issues vulnerable populations experience require a lot of coordination, effort, and communication to address. Many providers do not feel comfortable or knowledgeable about affecting change when it comes to addressing social determinants. At the same time, COVID has negatively impacted our healthcare system by increasing isolation and exposing staff to additional trauma, which may be partially improved by creating a sense of community and system wide connections.

To that end, the Office of Behavioral Health and Population Health created a bi-weekly Vulnerable Populations ECHO series targeting a wide audience of providers, social workers, peers and administrators from across the system. On average, 80 H+H staff attend each 1-hour session. The objectives of this series are:

- 1) Improve awareness and knowledge about the impact and intersectionality of social determinants of health, mental health, substance use, and medical outcomes
- 2) Improve sense of community and communication across H+H sites and specialties
- 3) Improve knowledge of resources across H+H and NYC

To date, beginning in Spring 2020, the Vulnerable Populations ECHO has covered 5 curriculums with 6 sessions devoted to the each of the following topics:

- Intro to the Double Pandemic (COVID and Racism)
- Homelessness
- LGBTQ health
- Substance Use Disorders
- Mental Health Disorders

Mobile Crisis Teams

NYC Health + Hospitals has 8 Mobile Crisis Teams. 7 (Bellevue, Elmhurst, Harlem, Jacobi, Kings County, Queens, Woodhull) operate out of Comprehensive Psychiatric Emergency Programs (CPEP) and Lincoln is our only non CPEP team.

Current response times:

As of January 2021, the city is looking for all teams to respond to referrals from NYC Well within 2 hours 90% of the time. Below is the average for NYC Health + Hospitals Mobile Crisis Teams for January – June 2021. *Of note, the citywide average (all mobile crisis teams) for 2-hour response is 77%.*

Mobile Crisis Team	% of Referrals Responded to within 2 hours
Bellevue	87%
Elmhurst**	70%
Harlem Hospital	84%
Jacobi Hospital **	28%
Kings County Hospital	66%
Lincoln Hospital	86%
Queens Hospital	96%
Woodhull Hospital	90%

	<p>** Elmhurst, Jacobi, and Queens were just added to the MOU with DOHMH for Mobile Crisis Services on January 1, 2021. Elmhurst and Jacobi will be hiring new staff which will help them to meet these deliverables. <i>Previous response times (CY 2019 due to COVID in 2020)</i></p>
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SIMULATION

1. The Maternal Mortality Simulation Reduction Program continues to grow markedly in the post pandemic period. Trainings were at their highest yet reaching 72 simulation and skill station educational sessions being held in June 2021.
2. Shoulder dystocia training will be commencing throughout the system in the next month and eclampsia and OBLS in each emergency department soon.
3. The “circle up” debriefing program has commenced at Harlem Emergency Department and set to start at Jacobi Obstetrics Department on September 1. The goal is to regularly check in on staff to improve communication and teamwork on each unit.
4. An Implicit Bias training program for clinical staff has been developed after a large consultation period. This will commence roll out at Lincoln ER next month.
5. The curriculum has been completed for a Maternal Substance Use Disorder training program. The plan for roll out is in progress.
6. The Simulation Fellowship program continues with 12 interprofessional fellows set to graduate June 2022.
7. Sim-Week will be celebrated in each of the facilities September 13-19 with each of the facilities making a brief video of their simulation activities

RESEARCH

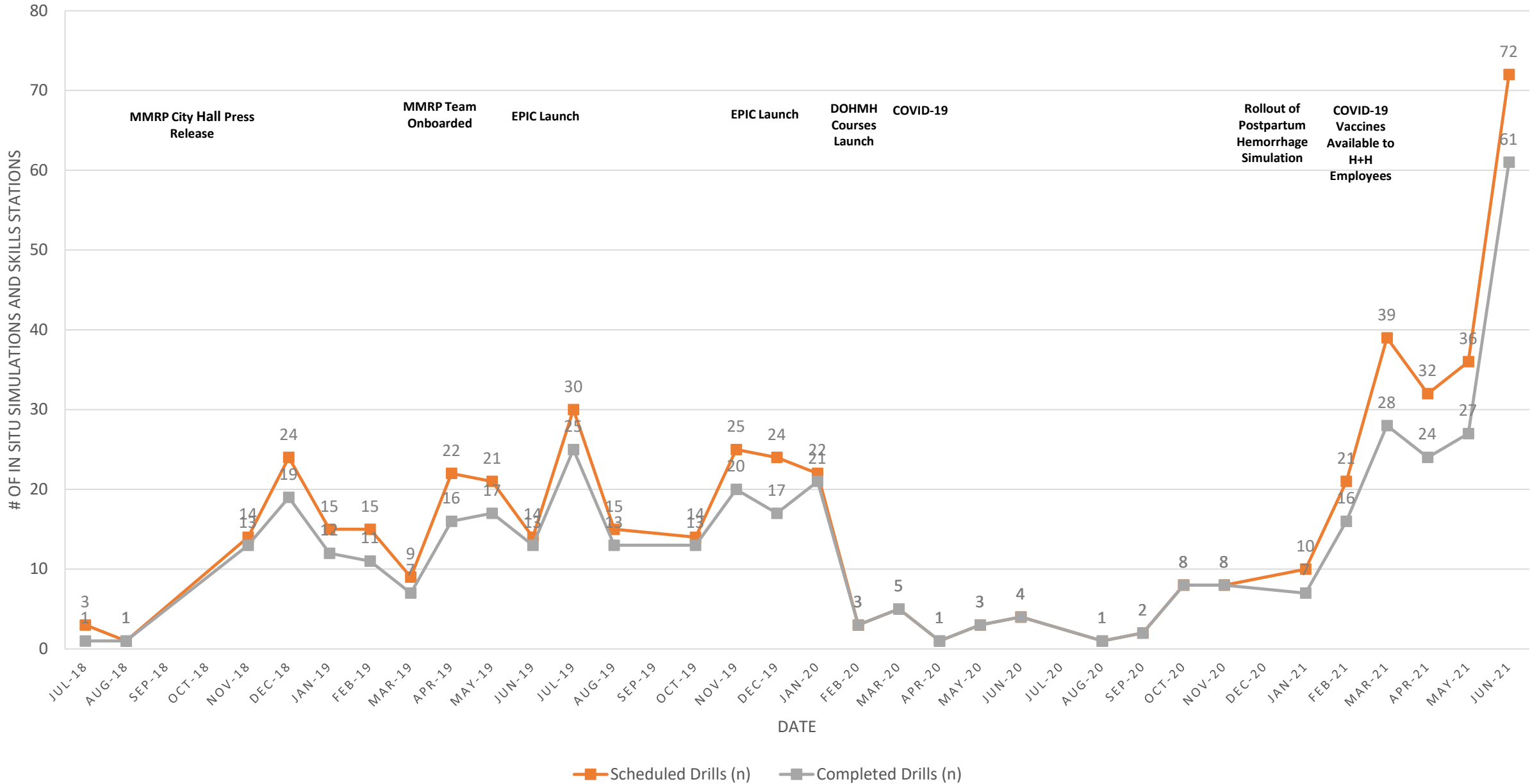
- Master Research Collaboration agreements executed with NYU and PAGNY (both took several years to negotiate)
- Research brought in \$6M for FY2021
- As of 8/30/2021- 920 active studies, 134 are COVID-specific, 18 are sponsored COVID drug trials

Maternal Mortality Reduction Program
Sim Data Analysis: January – June 2021

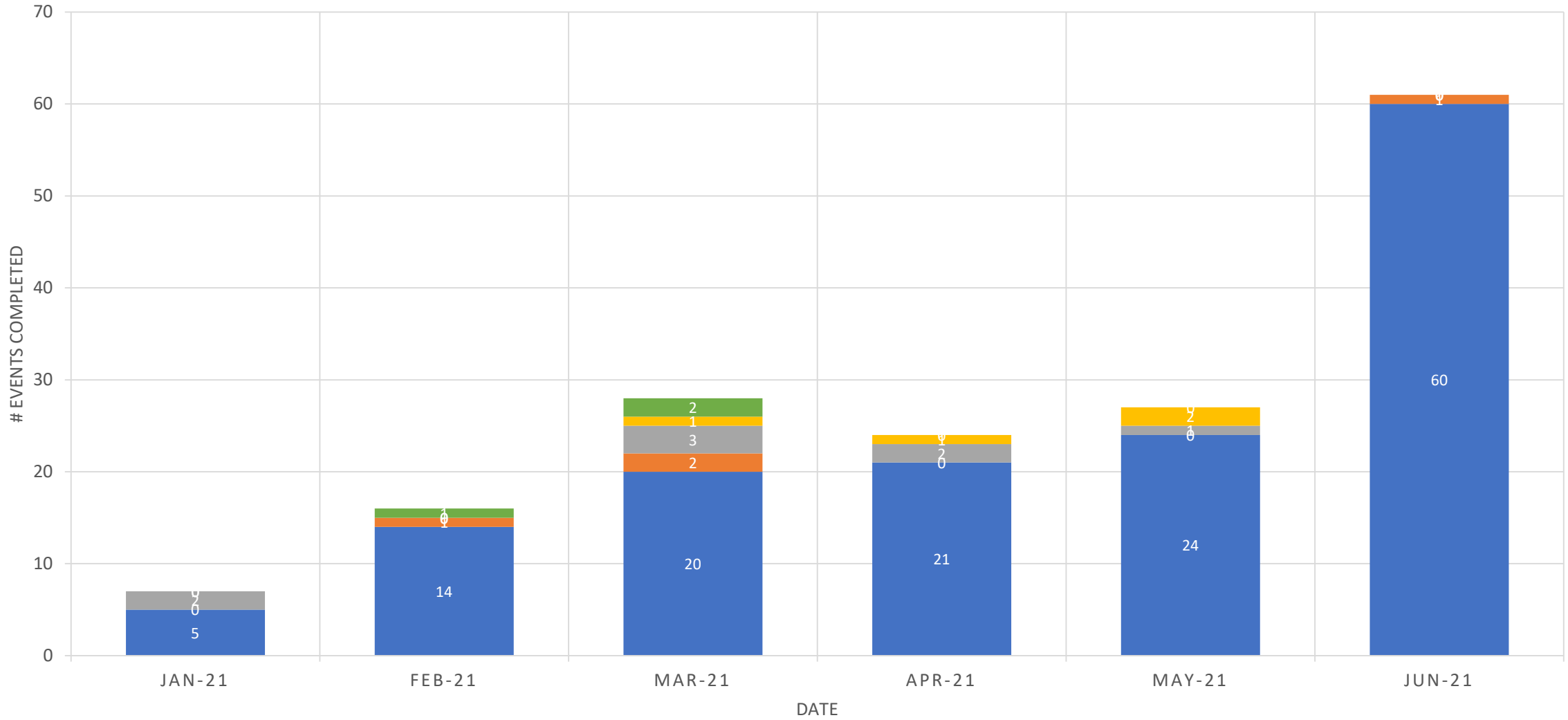
Medical and Professional Affairs Committee

9.13.21

SCHEDULED VS. COMPLETED OBSTETRIC SIMULATION EVENTS OVER TIME

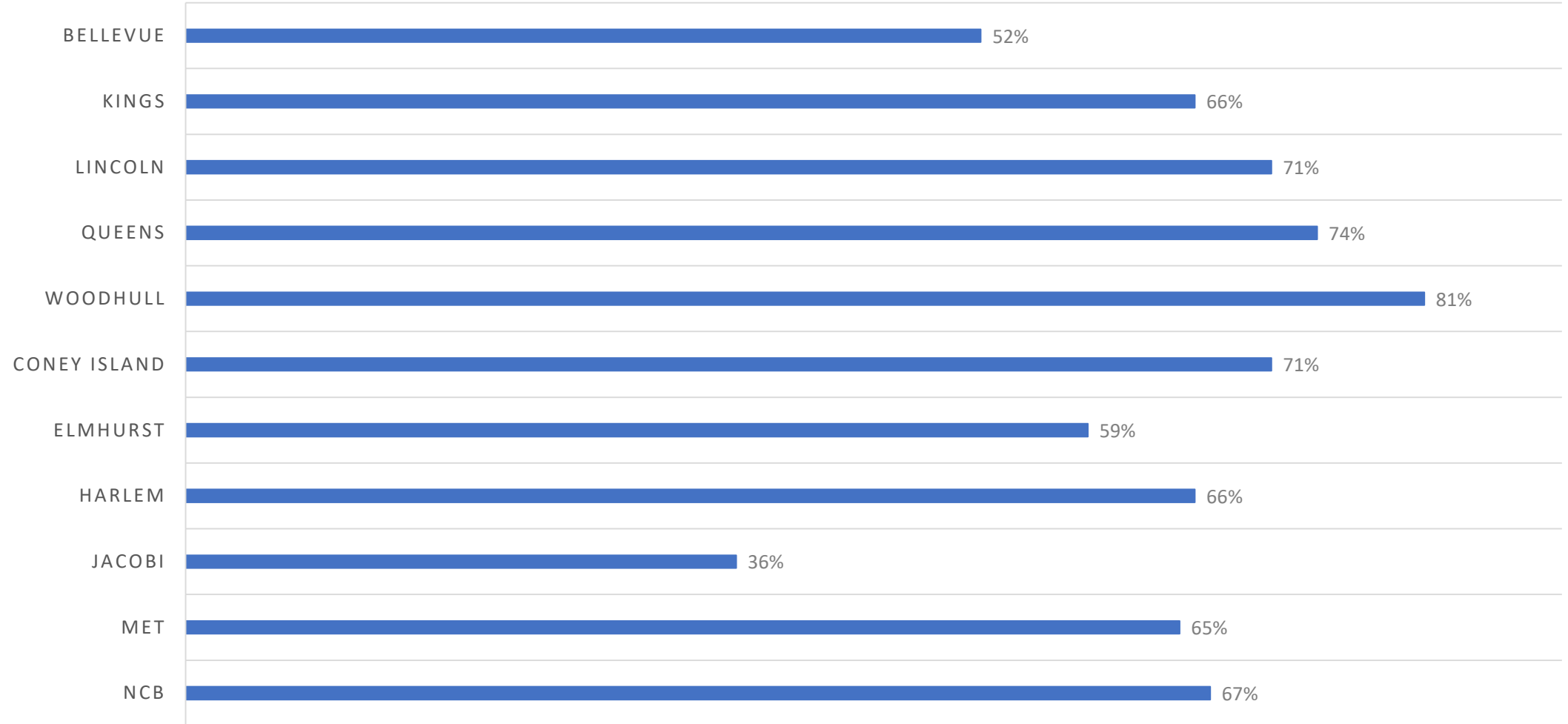


OBSTETRIC SIMULATION EVENTS COMPLETED BY CATEGORY SYSTEM-WIDE



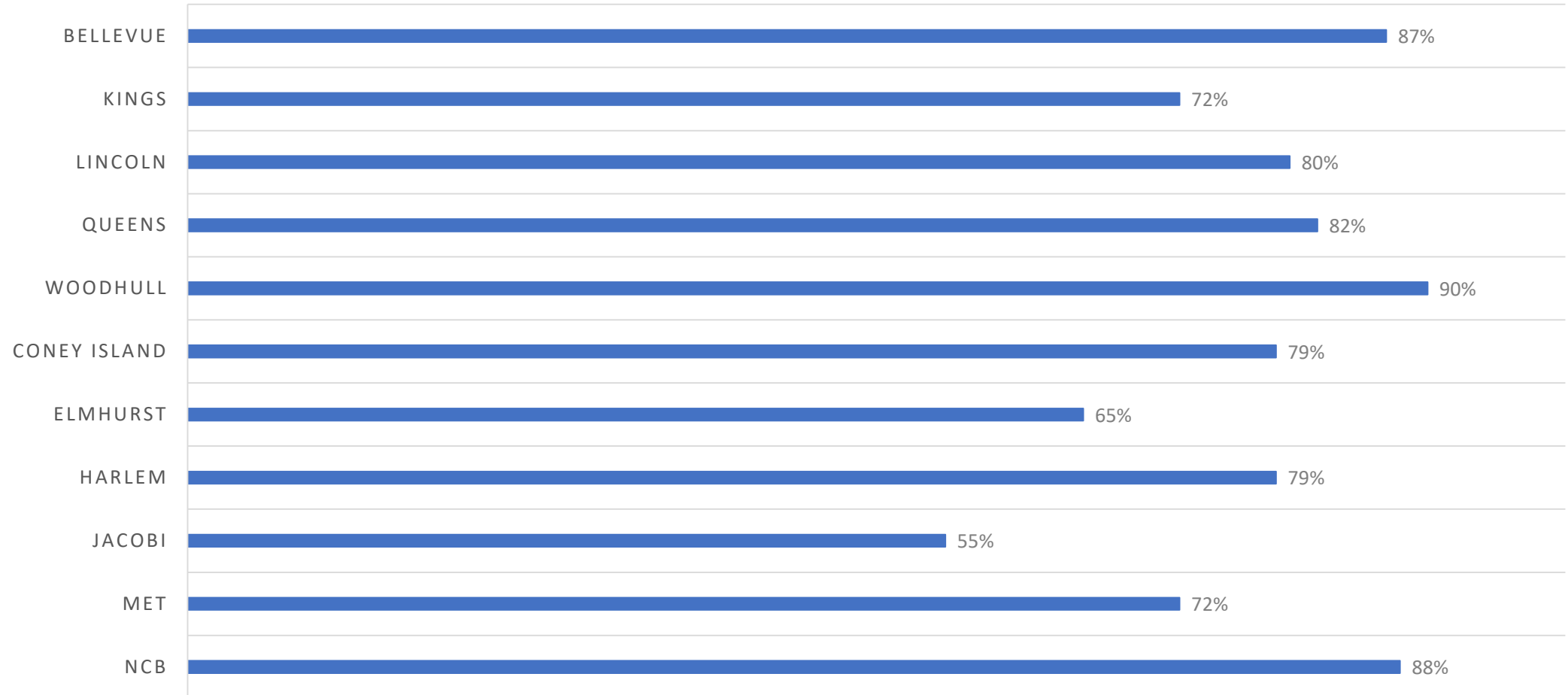
■ Post Partum Hemorrhage ■ OB Life Support ■ Shoulder Dystocia ■ Skills ■ C-Section

PPH SIMULATION DRILL STAFF SATURATION BY SITE (AS OF 6.30.21)



NOTE: Staff only includes Obstetrics + Anesthesia Providers (Attendings, Midwives, PAs, Residents, Nurses)

PPH SIMULATION DRILL STAFF SATURATION BY SITE (AS OF 8.26.21)



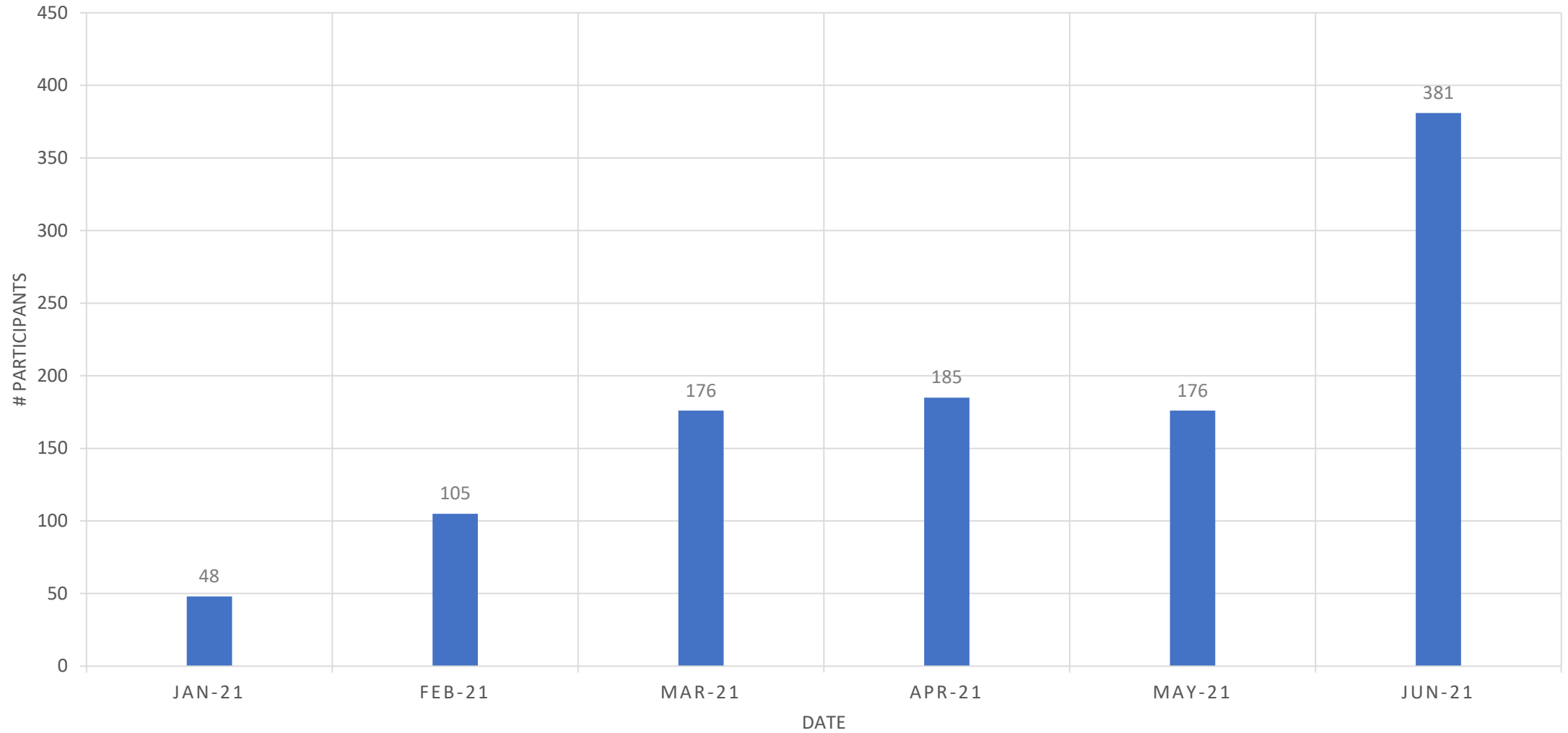
NOTE: Staff only includes Obstetrics + Anesthesia Providers (Attendings, Midwives, PAs, Residents, Nurses)

TIMELINE OF # PARTICIPANTS IN PPH SIMULATION BY FACILITY

** Note: this table only includes participants that count towards facilities' saturation values **

Date	Bellevue	Coney Island	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	System-Wide
Jan-21	9	0	0	0	15	13	11	0	0	0	0	48
Feb-21	17	0	0	0	16	20	27	0	12	13	0	105
Mar-21	17	26	0	0	24	23	14	0	3	6	63	176
Apr-21	12	16	23	21	17	32	20	0	5	19	20	185
May-21	2	0	25	23	12	0	8	16	9	38	43	176
Jun-21	13	43	94	22	0	10	23	55	27	28	66	381
TOTAL	70	85	142	66	84	98	103	71	56	104	192	1071

PARTICIPANTS IN PPH SIMULATION BY MONTH SYSTEM-WIDE



** Note: this graph only includes participants that count towards facilities' saturation values – OB Attendings, Residents, Midwives, NPs/PAs, and Nurses, and Anesthesia Attendings and CRNAs.*

TIMELINE OF # PARTICIPANTS IN PPH SIMULATION BY FACILITY

** Note: this table includes all participants that have attended a PPH simulation, not just those who count towards saturation **

Date	Bellevue	Coney Island	Elmhurst	Harlem	Jacobi	Kings	Lincoln	Metropolitan	NCB	Queens	Woodhull	System-Wide
Jan-21	11	0	0	0	18	14	12	0	0	0	0	55
Feb-21	18	0	0	0	21	26	32	0	15	16	0	128
Mar-21	18	34	0	0	28	29	19	0	4	7	74	213
Apr-21	14	19	26	23	19	43	24	0	6	28	29	231
May-21	3	0	34	26	16	0	10	19	12	48	57	225
Jun-21	13	63	98	24	0	10	31	58	31	37	86	451
TOTAL	77	116	158	73	102	122	128	77	68	136	246	1303

COMMENTARY

“Circle Up”: Workflow Adaptation and Psychological Support via Briefing, Debriefing, and Peer Support

Laura K. Rock, MD, Jenny W. Rudolph, PhD, Mary K. Fey, PhD, RN, CHSE-A, ANEF, Demian Szyld, MD, EdM, Roxane Gardner, MD, MSHPEd, DSc, Rebecca D. Minehart, MD, MSHPEd, Jo Shapiro, MD, FACS, Chris Roussin, PhD

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The Covid-19 pandemic has exposed and exacerbated the stresses that frontline health care workers encounter on the job. We implemented a process called “Circle Up,” which creates a regular time and place for problem-solving and connection, to promote better communication and improve the psychological well-being of care teams. Participants report greater interprofessional peer connectedness and less psychological distress. They feel encouraged to speak up more throughout the day and with colleagues they would not normally approach. Circle Up offers a proactive, rather than reactive, process of peer support that seems to work synergistically with clinical process improvements.

Introduction

The demands of Covid-19 care have exposed old and new challenges in our health care system. Psychological harm arises from stress and burnout, known threats to health care workers prior to the disruption of Covid-19. But during the Covid-19 pandemic many of the world’s hospital staff are overwhelmed — often working in newly formed teams with improvised and untested protocols in makeshift spaces to care for an overwhelming number of critically ill patients with a poorly understood disease.^{1,2} Inefficiencies in workflow adaptation³ impair patient safety, erode team cohesion, and demoralize clinicians.^{4,5} Frequent changes in workflow and concerns regarding personal protective equipment (PPE) are the norm. We already learned in the SARS epidemic that psychological depletion and trauma, cascading into burnout, were common.⁵ The daunting challenge before us: enhancing existing patterns of team communication and coordination that promote concurrent process improvement and support clinician psychological health — all at a pace required to address the Covid-19 crisis.

A wide gap exists between the realities of Covid-19 care and the pace and structure of existing systems of process improvement³ and psychological support,⁶ which are poorly-suited to the hour-to-hour, shift-to-shift, and day-to-day improvement requirements of a Covid-19 unit.³ An effective approach would rapidly capture, synthesize, and integrate frontline workers' insights into workable and testable solutions.

We offer a solution: an inexpensive, easy-to-implement, and broadly-applicable process for coordinating clinical care under the moniker “Circle Up,” meant to invoke the brief and inspirational planning or after-action conversations convened by sports coaches or platoon leaders (“Let’s Circle Up!”). This recurring process involves interprofessional on-shift team briefing and debriefing, intended to improve both psychological health and care quality. The goal is to create recurring, predictable moments of connection and problem-solving that create a “safe container”⁷ for clinicians in the midst of complex, dynamic clinical work. The approach builds on the authors’ 15 years of experience in leading, teaching, and researching organizational change efforts,⁸⁻¹¹ debriefing,^{7,12,13} and peer support¹⁴ across the Harvard teaching hospitals and internationally, as well as working in and leading acute care teams.

We designed Circle Up around research and practice on high-performance health care teams^{15,16} to enable sustained, high-quality work, including efficient adaptation in the face of uncertainty. The approach is rooted in a foundational philosophy of “holding ourselves to high standards while holding each other in high regard”¹³ and is based on these guiding principles: (1) sustained work effort requires psychological well-being, which is supported by many factors including opportunities to contribute to solutions, learn and share in teams, and support one’s colleagues;¹⁷ (2) psychological safety — the perception that the environment is safe for interpersonal risk taking — promotes effective team behaviors such as asking for help, speaking up, and sharing ideas;^{8,16} (3) communication that is timely, frequent, and focused on problem-solving builds mutual respect and clarifies shared goals in a way that improves coordination and clinical outcomes;¹⁵ (4) high-quality feedback is critical to improving complex teams and their output;^{16,18} health care cultures are not static but are iteratively created, changed, and sustained by the “normal” micro conversations and actions of organizational life.^{19,20}

Using Circle Up, frontline teams can build and sustain psychological safety and peer support and improve clinical processes. Circle Up activities can serve as a daily engine for sustaining or enhancing quality and safety, well-being, and Lean initiatives. Briefings serve as initiating mechanisms for frontline and just-in-time quality improvement; peer check-ins reinforce colleagues’ support of each other, and debriefings provide data for process improvement. These recurrent small episodes gradually create a new culture characterized by *esprit de corps*,²¹ adaptability, community, innovation, curiosity, and compassion. Combining purposive emotional support and improving clinical processes strengthens cohesion, meaning, and, ideally, joy at work.²²

“ *Using Circle Up, frontline teams can build and sustain psychological safety and peer support and improve clinical processes.* ”

In one project we led, daily 10-minute debriefings facilitated sharing of frustrations and ideas that led to the creation of an intracranial pressure treatment kit. The “brain box” simplified and expedited brain-saving interventions in the neuro intensive care unit, led to a sense of accomplishment and satisfaction, and reduced staff stress when confronted with a patient whose brain was swelling.

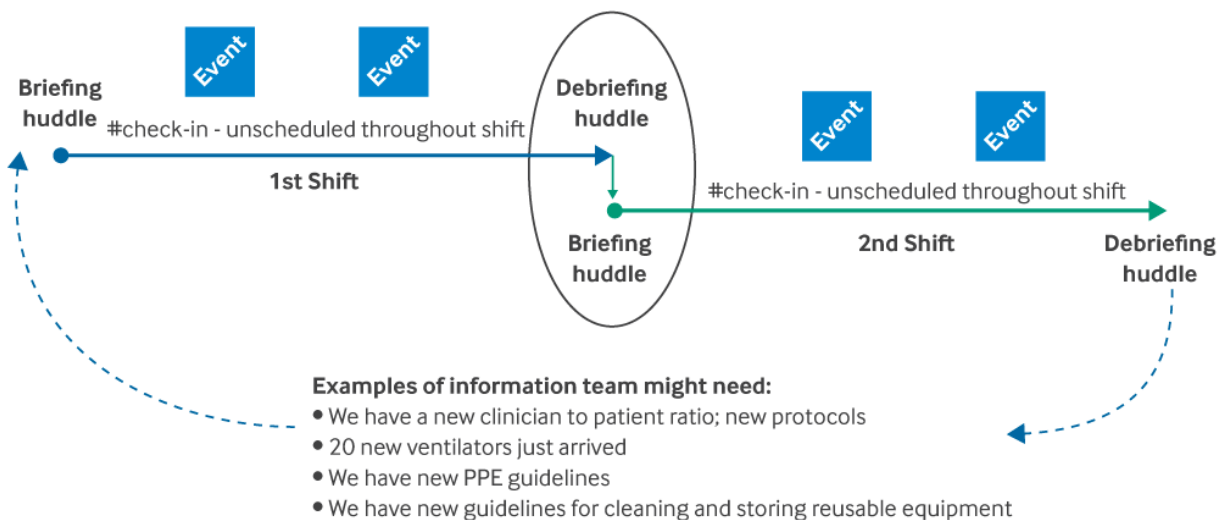
Below we describe the elements of Circle Up and how to implement it, and we report on its impact in early use.

The Circle Up System of Briefing, Peer Support, and Debriefing

The team connection and tone for the shift are framed by a briefing and a debriefing and reinforced by check-ins throughout the day. Briefings coordinate care at the beginning of each shift and debriefings promote reflecting, learning, and peer support at the end (see Figure 1). Circle Up briefings and debriefings are different from traditional care team communication, both in content and participation. Unlike patient handoffs, which are usually nurse-nurse or doctor-doctor conversations, Circle Up briefings and debriefings aim to include the entire team of clinicians and staff for the shift. Unlike rounds, these are 10- to 15-minute (or less) conversations that are not isolated to details regarding individual patients. Instead, these conversations develop a situational overview and plan for the shift. They emphasize team communication practices and their effect on patient care and individuals on the team.

FIGURE 1

Circle Up Workflows Example



Source: Rock et al, Center for Medical Simulation

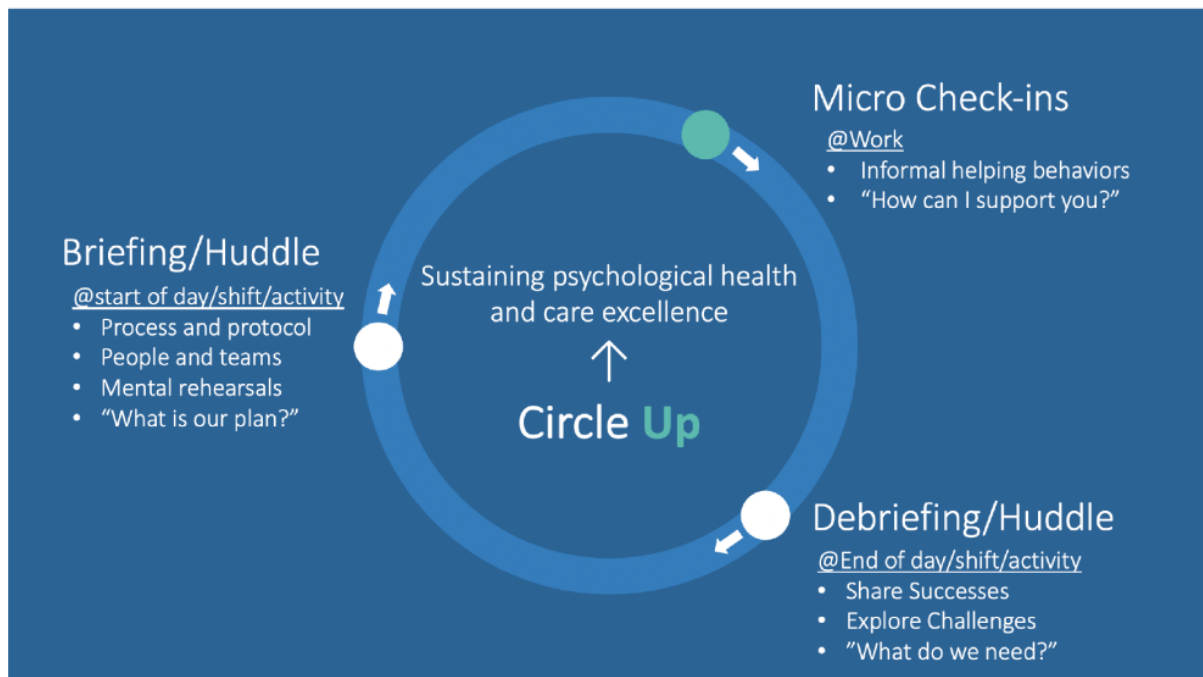
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“ Unlike patient handoffs, which are usually nurse-nurse or doctor-doctor conversations, Circle Up briefings and debriefings aim to include the entire team of clinicians and staff for the shift.”

Circle Up involves three primary activities: (1) Team briefing shortly after beginning a shift or prior to a procedure to connect and establish and optimize a work plan. In the briefing one might hear, “Two respiratory therapists are out sick. We only have two therapists for 60 patients on this floor. Here’s an idea for how to manage today. Let’s talk about it.” (2) Team leader and peer check-ins to offer support or just listen. One might hear, “Getting moved to a new unit with a new team is tough, how are you doing?” (3) Team debriefing before the end of a shift to reflect on successes and difficulties, and to initiate adaptations and solutions (see Figure 2). In the debriefing one might hear, “Reactions to today?” [discussion] “What helped your team work well together?” [discussion] “How could our work be 1% better?”²³ [discussion] “How did the shift affect you personally?”

FIGURE 2

Circle Up Framework



Source: Rock et al, Center for Medical Simulation

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The leader may be any member of the team who is comfortable in the role and has facilitation skills. In the ICU, for example, the leader could be the attending physician, nurse manager or educator, or respiratory therapist. The debriefing — geared toward learning, reflection, and support — may be led by a facilitator who is not on the care team, such as a social worker or other trained

debriefers. A neutral leader may make it easier to raise communication issues, and since the leader is unaware of the problems of the shift, they can explore issues among the entire team instead of being tempted to solve problems or prematurely end the discussion of a familiar issue raised before diverse perspectives are heard.

Briefing

Briefings support high-quality work by clarifying and aligning roles and expectations across the team. Multidirectional communication and perspective-sharing can also promote relationships, problem-solving, and a culture of support and learning.²⁴⁻²⁶ Circle Up briefings allow the team to see who they are working with and connect, review clinical needs for the day, and anticipate and prepare for challenges. A Circle Up briefing includes: a greeting, introductions, and an explicit invitation by the leader to speak up; updates on care-related protocols and processes; invitation to share concerns or anticipated challenges; brief mental rehearsals²⁷ or walk-through of new or complex procedures to be done; and encouragement to support each other using check-ins

Proactive Peer Support and Micro Check-ins

An effective program to mitigate stress and trauma is proactive — not relegated to fixing broken clinicians after a difficult event. Circle Up “micro check-ins” are *ad hoc* informal peer support²⁸ encounters interwoven with work. The principles behind micro check-ins include invitation to talk, use of empathy, and exploring (vs. only advising) and listening to understand before determining how to support. The supporter is not tasked with “fixing” their colleague or only addressing the problem at hand. Instead they are there to listen, validate, clarify, and facilitate follow-up if necessary, with the goal of supporting resilience and the ability of each team member to continue their contribution to high-quality care. There are free, publicly available open-access models^{29,30} to guide interactions of this type. The mnemonic “GIVE,”²⁹ for example, is a tool for offering a skilled, empathic response to emotion: **G**et that emotion is present and requires listening and connection, **I**dentify what they might be feeling, **V**alidate by acknowledging feelings, and **E**xplore to understand what might be driving the emotion expressed.

“*Emotional support for clinicians is not simply a “nice thing to do”; it is practical because it supports the clinician’s continued participation on the health care team, rather than calling in sick, quitting, or leaving the profession.*”

Emotional support for clinicians is not simply a “nice thing to do”; it is practical because it supports the clinician’s continued participation on the health care team, rather than calling in sick, quitting, or leaving the profession. Emotional support for clinicians can be conceptualized as a continuum from informal peer support, to formal peer support, to mental health treatment. Clinicians most want support from their colleagues rather than from mental health practitioners, particularly during highly stressful professional circumstances.^{14,28} The foundation of peer support is giving

focused presence to our colleagues, something we rarely experience. Informal peer support can normalize and destigmatize discussing emotions, strengthen team relationships, and identify team members who might benefit from formal peer support or other resources.

Check-ins do not replace, but are complementary to, formal peer support involving trained practitioners. Trained peer supporters typically have advanced communication skills and may assist with coping strategies and referrals to counseling services.

Debriefing

The debriefing starts with the team reflecting on work processes and communication during the shift. Debriefings also provide a pathway to discuss the emotional impact of providing care.

Circle Up debriefings may include these elements: greeting/introductions/invitation to speak up and share one's point of view; discussion of successes and ideas for improvement; capturing action items to improve future care; check in on emotions/support for team members; and expression of appreciation for the team's work

Implementation and Key Tips for Success

Figure 3 describes essential steps for implementing Circle Up. It requires a guiding team of local and organizational leaders who understand the value of the intervention and can help operationalize and sustain it. This process begins with the creation of a vision for the program and its impact on individuals, teams, and the organization. This guiding group of sponsors and leaders includes administrative, clinical, and safety-quality staff with interest and accountability for sustaining the at-risk health care workforce, as well as authority to schedule and enable participation in Circle Up activities.

FIGURE 3

Circle Up Implementation Process



Source: Rock et al, Center for Medical Simulation
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The budget for implementing Circle Up includes funding for consulting (or internal resources) to select and guide the leadership team, training to prepare facilitators for briefing-debriefing, and funding or dedicated staff time to capture and communicate process improvement ideas that

emerge from Circle Up activities. A robust example of these post-debriefing follow-up activities and their impact is described by Rose and team.³¹

Circle Up briefings and debriefings include a team member scribe to capture knowledge and concerns from team discussion that can be shared with other team members as well as “up” to organizational leadership.³¹ Without follow-through on these insights, colleagues quickly become discouraged and disengage from the process. When clinicians see that their ideas are heard and implemented, it drives a virtuous cycle of increasing engagement.³² Also vital to sustained engagement is normalizing expressing appreciation of each other, and mutual support for coping with the demands of care.

It can be daunting to implement a new group conversation and there will be day-to-day variations in feasibility and perceived value. We have learned that acknowledging and linking to communication processes already in place (e.g., huddle) is helpful. One measure to lower the threshold for initiating Circle Up may be a preliminary implementation among individual professional teams (e.g., nurses) or to brief and debrief a procedure or care episode (as in Figure 2).

Key factors for making briefings and debriefings successful include: short duration; convenient location and a layout that promotes conversation (all sitting or all standing where people can hear each other); time selection that minimizes interference with workflow (avoiding change-of-shift report and clinical tasks); recognition that patient care may preclude participation; and visible leadership support. Leveraging an existing patient-focused team conversation, such as a morning huddle, and adapting it to incorporate interprofessional communication and connection will promote the teamwork and support elements without burdening clinicians and staff with additional meetings. Any meeting that pauses clinical work in a continuous patient care environment, such as inpatient or critical care units, is a disruption. Choosing a time that is the least disruptive and captures the most people will facilitate participation. One unit successfully conducted daily debriefings from 4:00 to 4:10 p.m. because the attending shift changed at 5:00 p.m. and the nursing shift changed at 7:00 p.m. This time was chosen to minimize interference with afternoon procedures and avoid conflicting with end-of-shift documentation and transition of care. Participants often brought a coffee and expressed appreciation for the “break and a chat” mid-afternoon.

“*Leveraging an existing patient-focused team conversation, such as a morning huddle, and adapting it to incorporate interprofessional communication and connection will promote the teamwork and support elements without burdening clinicians and staff with additional meetings.*”

It may seem impossible to add anything into an already busy day, or unnecessary to conduct these conversations daily. Buy-in is facilitated by including at least one champion among nursing and medical leadership to motivate and organize their group’s participation. In our experience, the daily conversations are quickly appreciated and embraced. Daily briefings are described by

participants as promoting connection and a “jolt of fun” to start a shift. Participants are grateful for a short debrief to transition home after a difficult shift, saying even a few minutes of discussing challenges and feelings among the group is “like a giant exhale” and a way to “doff the day.” Since clinical work may preclude participation, scheduling debriefings daily will allow more clinicians to participate. The composition of teams changes frequently, and people tend to discuss issues relevant to the current shift, making daily debriefs important to capture those issues and include the involved personnel in the conversation.

Early Results

In this section we introduce preliminary self-reported data from Circle Up instances, implications, and recommendations for implementation.

We collected and analyzed data from the experience of eight units (including Intensive Care, Emergency Departments, and Labor and Delivery) across five hospitals in the United States, Spain, and South America. We interviewed Circle Up leaders and participants and used thematic analysis³³ to identify the themes presented in Figure 4. These preliminary data suggest that Circle Up activities influence process improvement, speaking up, sense of agency, emotional support, and teamwork. Specifically, participants report greater interprofessional peer connectedness and less psychological distress. Those who actively helped others through the “citizenship behaviors”¹⁷ of check-ins experienced direct benefit for themselves in addition to feeling good about helping others. Some reported a flattening of the traditional hierarchy and a stronger sense of trust among the team. Specifically, participants reported that checking in throughout the workday and during debriefings conveyed a sense of caring and that the invitation to share concerns made them feel encouraged to speak up more throughout the day and with colleagues they would not normally approach. Descriptions of early experiences with Circle Up indicate that it offers a proactive, rather than reactive, process of peer support that seems to work synergistically with clinical process improvements.

FIGURE 4

Selected Examples of Circle Up Self-Reported Impacts

THEMES	EXAMPLE 1	EXAMPLE 2
SPEAKING UP <i>Sharing one's point of view, asking questions.</i>	"Now people speak up about the safety breaches they see; like when others didn't have adequate PPE."	"I heard from members I don't normally hear from- like the Unit Coordinator, Patient Care Technician."
AGENCY <i>Demonstrating the power and courage to make change</i>	"The offsite IR nurse called a patient at home to check on their symptoms on their own, which I thought was such an exceptional safety event."	"We heard people had ideas and didn't know who to give them to or get approval from to enact them. It's so different now."
EMOTIONAL SUPPORT <i>Receiving and offering empathy, listening, problem solving help</i>	"Debriefing the day was a morale booster more than I actually understood. People were looking forward to it throughout the day."	"What I'm seeing is the first wave, the first week, these huge emotions that people were dealing with, that I never would have tapped into or shared with a group before."
TEAMWORK <i>Teaming mechanisms: Learning names, clarifying goals and roles, building mutual respect</i>	"Through debriefings we created a new culture; people don't get defensive when you raise concerns."	"I didn't realize the Unit Coordinator (secretary) was such a valuable member of our team."
PROCESS IMPROVEMENT <i>Efficiently adapting procedures, workflow, care plans</i>	"Walkthrough of a STAT c-section from triage—brain-stormed, tested ideas, and choreographed it out entirely."	"We saw tangible output - real things that make patients safer - like the "brain box" for high intracranial pressure we have been trying to do since 2010, we actually got that because of the debriefings."

Source: Rock et al, Center for Medical Simulation

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Discussion and Conclusion

Circle Up is a framework of supportive and adaptive interactions that fill an important void. Our preliminary data indicate that the combination of peer support and process improvement disrupts cycles of fear, uncertainty, and the moral distress of worrying if one is providing adequate care. Circle Up is designed to transform ineffective and demoralizing communication cycles into productive ones that enhance control and meaning and promote an esprit de corps that supports ongoing process improvement and community.²¹

While there is high face validity and widespread belief by clinicians that briefing and debriefing is important, it is not widely practiced.³⁴ Preliminary data and experience with Circle Up tracks with diverse clinical briefing and debriefing programs that have demonstrated a greater sense of connectedness, a reduction in overall stress, a commitment to the well-being of others, improved work efficiency, process outcomes, and contributions to reductions in patient mortality.^{31,35-37} Circle Up application also tracks with research that opportunities to reflect in debriefing appears to mitigate moral distress.³⁸

The “Circle Up” framework of briefing, peer check-ins, and debriefing is simple, low cost, and broadly applicable. A key ingredient is pairing high standards for workflow excellence with caring and high regard for our patients and for each other. This commitment to pairing excellence with caring and enacting that at predictable moments during a shift promotes a “safe container”⁷ where clinicians can examine their daily practice and learn to improve it. The process also strengthens the practice of assuming the best of each other. We hope this may point the way for other initiatives that use reflection on daily work as a source of meaning, growth, and joy.

Laura K. Rock, MD

Assistant Professor, Department of Medicine, Harvard Medical School Director of Communication and Teamwork, Pulmonary and Critical Care Medicine, Beth Israel Lahey Health

Jenny W. Rudolph, PhD

Executive Director, Center for Medical Simulation Assistant in Research, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital

Mary K. Fey, PhD, RN, CHSE-A, ANEF

Senior Director Teaching and Learning, Center for Medical Simulation Lecturer, Department of Anaesthesia, Harvard Medical School

Demian Szyld, MD, EdM

Senior Director, Institute for Medical Simulation, Center for Medical Simulation Attending Physician, Department of Emergency Medicine, Brigham and Women’s Hospital

Roxane Gardner, MD, MSHPEd, DSc

Assistant Professor, Obstetrics & Gynecology, Harvard Medical School Senior Director, Clinical Programs and Simulation Fellowship, Center for Medical Simulation

Rebecca D. Minehart, MD, MSHPEd

Assistant Professor, Department of Anaesthesia, Harvard Medical School Program Director, Obstetric Anesthesia Fellowship, Department of Anesthesia, Critical Care, and Pain Medicine, Massachusetts General Hospital

Jo Shapiro, MD, FACS

Associate Professor, Department of Otolaryngology-Head and Neck Surgery, Harvard Medical School Principal Faculty, Center for Medical Simulation

Chris Roussin, PhD

Senior Director, Educational Leadership and International Programs, Center for Medical Simulation Assistant in Research, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital

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System Chief Nurse Executive Report Medical & Professional Affairs Committee

Biennial Report Event

A Biennial Report event took place on August 13, 2021 at Harlem Hospital. The Biennial Report is a compilation of work implemented within the nursing department across NYC Health and Hospitals.

Bolus Event

NYC Health + Hospitals/McKinney and the Office of Patient Centered Care hosted a special luncheon event on Friday, Aug. 13, 2021 in the McKinney Gardens.

Sponsored by the charitable organization “Holidays With Heroes” and the family of the late Josephine Bolus, the event spotlighted the 2020 “Josephine Bolus Nursing Champion Award,” presented to Catherine Alicia Georges, ED.D, RN, FAAN. Dr. Georges was the first recipient of the newly-renamed Josephine Bolus Nursing Champion Award.

Josephine Bolus, RN, MS, CNP, APRN-BC, was the first recipient of NYC Health + Hospitals prestigious annual Nursing Champion Award in 2013, and also was the first nurse to serve on the NYC Health + Hospitals Board of Directors. The award was renamed in her honor in 2020 as part of the annual Nursing Excellence Awards

Event sponsor Holidays With Heroes has endowed a special scholarship, to be selected each year by the recipient of the Josephine Bolus Nursing Champion Award. The 2020 recipient, Dr. Georges, selected the New York City mentorship and writing program Girls Write Now to receive the \$2,000 scholarship. Holidays With Heroes and Dr. Georges presented the scholarship to Girls Write Now community manager Aariah Dow.

The event was hosted by Mrs. Bolus’ son, Michael H. Bolus, Executive Director/CEO of Holidays With Heroes. Speakers at the event included NYC Health + Hospitals Senior Vice President, Chief Nursing Executive Dr. Natalia Cineas; Chaplain Father Jean Montas; Robert Nolan, NYC Health + Hospitals Board Member; Helen Arteaga-Landaverde, former Board Member and CEO, NYC Health + Hospitals/Elmhurst; David Weinstein, CEO, NYC Health + Hospitals /McKinney; Ann Whyte-Akinyooye, Director Of Nursing, NYC Health + Hospitals/McKinney; New York State Senator Roxanne Persaud; New York State Assembly Member Jaime Williams; Mercedes Narcisse, RN; Henry "Hank" J. Carter, founder of Wheelchair Charities, Inc.; Sheldon McLeod, CEO, NYC Health + Hospitals/Kings County; and Opal Sinclair-Chung, CNO, NYC Health + Hospitals/Kings County.

Culture of Safety

Just Culture Training

Led virtual training sessions for more than 400 Nurse Residents

Nursing Close-the-Loop Framework

Corrective Action / Regulatory Monitoring Plans

Ongoing monthly meetings with Post-Acute, Community Health, Corrections and ad-hoc Acute Facility meetings to discuss Nursing corrective actions.

Serious Adverse Events (SAE) Escalation

Developed and implemented escalation process systemwide for Nursing to establish timely escalation to Facility and System Leadership. Since implemented process adapted for all other departments.

Systems Corporate Nursing Education

- Pronation: developed systems wide protocol; EPIC Optimization stage
- CRRT: trained >90% of all acute CC facilities; Elmhurst to start on Feb. 15th; annual competency for all CC RN's; **Magnet moment**: nurses from other CRRT-trained facilities assisted RN's from zero-utilization facilities
- Cross-training program (non-MS-MS; MS-CC): >90 Med Surg Critical Care, Ambulatory to Critical Care Nurses Training
- AHA/RQI initiative: Covid restricting of ACLS/BLS presents opportunity for ROI (\$2M savings);
- Vaccination program on boarded 134 Vaccine Nurses, 734 CUNY Nurses to support vaccination: developed educational program, systems collaboration with educational module

5 Community Grants Awarded to NYC Health & Hospitals

- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for men and/or women about the need for colorectal cancer screening.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Creating personal story videos or public service announcements (PSA's) to be shared on social media sites.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for healthcare professionals (e.g., dentists, nurses, medical providers, dental hygienists, etc.) to promote the HPV vaccine as cancer prevention and increase the number of adolescents and young adults who receive the HPV vaccine.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.
- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Hosting an educational event for health educators, patient navigators, cancer patients, and caregivers about available*

cancer treatment options and how to advocate for the best care possible, especially for hard-to-reach populations and communities of color. Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.

- Boyce, P., **Cineas, N and Paguirigan, M.** (2021). *Host an educational event for primary care providers (e.g., general medicine physicians, geriatricians, gynecologists, physician assistants, nurse practitioners, nurses) who have patients who are cancer survivors about how to better understand and care for survivors in the primary care setting, especially among hard-to-reach populations and communities of color.* Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) Comprehensive Cancer Control Program Community Intervention Grant.

2021 Podium Presentation

Paguirigan, M., Cineas, N. (2021): "Implementing a Fast-Track Onboarding and Orientation Program During a Public Health Crisis Applying Organizational Framework and Public Health Nursing Competencies." *Accepted for podium presentation for the 2021 Annual Convention of the ANPD (Association of Nursing Professional Development).*

Quality/Outcomes

Laying foundation for the creation of a system level Nursing Quality Council and nursing quality dashboard

- Obtained facility input on nursing quality data management process
- Cross-walked nursing quality data definitions across regulatory agencies (NDNQI, CMS, NHSN and Leapfrog)
- Working with system Data and Analytics (DnA) team to build data definition library to facilitate the creation of validated nursing quality metrics for internal and external reporting.

Laying foundation for the implementation of Nursing Care Delivery Model/Daily Management System.

- Had Gemba walks at H+H facilities and requested information from sites
- Scheduled Gemba at NYP & Sinai to develop a "Yokoten" plan for H+H facilities.

Access to Care

Access to Care – Current state, Current Projects and Outcomes

➤ Utilization Management (UM)

- Systemwide UM Orientation – under development
 - Goal is to standardize utilization management orientation throughout the system.
- Interqual (IQ) Certification Training – November 2021
 - IQ Certification of 36 Case Managers – 18 Acute, 18 Behavior Health
 - Web-based pre-work – completed individually.
 - Each participant will have an online training account created.
 - Curriculum information including web-based training module(s), PowerPoint training slides (includes case studies) will be assigned prior to VILT (instructor-led training)

- Instructor-Led Training.
- Following an instructor-led educational process using demonstration and case study work, participants will be able to:
 - Present and explain to others the:
 - ✚ Philosophy and benefits of the criteria
 - ✚ Criteria organization and concepts
 - ✚ Review process
 - ✚ Demonstrate the use of licensed criteria to conduct reviews and support clinical care decisions.
 - ✚ Facilitate discussion of criteria application to case studies.
 - ✚ Successfully complete post-tests designed to measure competency in teaching InterQual Criteria to adult learners.
 - CarePort training and implementation – CarePort is the new referral system which will replace Allscripts systemwide. Case Managers and Social Workers utilize this referral system.
 - Physician Advisor and secondary review training and implementation systemwide.
- **Documentation and Appeals subcommittee project**
 - Development of “pocket cards” with most common denied diagnosis due to physician documentation – goal is to do sample documentation tools to guide physicians on ED.
 - Currently 41 diagnosis “pocket cards” have been developed.
 - Pocket cards with link do MCG care guidelines.
- **Professional Shared Governance**
 - Presented Care Management Council Leaders at system wide report out on August 11th, 2021.
 - First meeting was August 18th. Many topics discussed, such as:
 - Role and scope of care manager;
 - Scheduling follow up visits to discharged patients;
 - Developing of a manage care contact list;
 - among others.
- **Bi-weekly site visits**
 - Utilization Management Council Leadership has been visiting each site bi-weekly and meeting with stakeholders to share current and future projects.
- **Care Management Week Recognition**
 - Currently planning Care Management week – October 2021

Social Work

- All-system Social Work Job Fair week of Sept. 27th for licensed titles
- Revising charter of Social Work Council in preparation for shared governance and to more closely align with established NASW and NYS Office of the Professions standards and practices

- Initiating discussions w/two local SW schools to discuss potential for field placement to staffing channels

Care Experience

- 2021 Podium/Poster Presentations.
 - Belaro, A., Cineas, N., Als, D., Gonzales, D. (2021). "Keeping Amazing Talent. NYCHH Nurse Residency Program Outcomes." Accepted for podium presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
 - Belaro, A., Cineas, N. (2021). "Rapid Implementation of Professional Shared Governance in the Largest Public Health System in the U.S." Accepted for podium presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
 - Belaro, A. (2021). "Quick and Easy Escape Room for a Virtual Nurse Residency Seminar." Accepted for podium/poster presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
 - Belaro, A. (2021). "Innovative EBP Recordings for Presentation of NRP EBP Projects." Accepted for poster presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
- ICARE Module launched March 2021. Completion by staff on September 2021.
- CETF have developed a system implementation plan for Meaningful Rounding. Local Implementation Plans have been developed/submitted. Expected launch in the first quarter of 2021.
- Meaningful Rounding Module targeted for launch in October 2021.
- Care Delivery Model for implementation in the Fall of 2021.
- Professional Shared Governance (PSG) completed 3 system wide report (including 1 annual retreat) and 4 hospital wide report outs. 98% of councils have been organized with charters and consistently meeting on a regular basis on all sites. Next PSG Retreat on February 9, 2022. Councils in formation: Care Management Council, Social Work Council.
- Twice daily Coaching Calls for PSG frequently asked questions surpassed 52 weeks (390+ hours) continuing every Mondays to Fridays.
- PSG Dashboards are in development. 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 system wide priorities.
- Nurse Residency Program graduated 7 cohorts (189 new nurses) to date. Enrolled 780 residents to date. Retention rates for enrolled new nurses since program inception: 2019 85% (n=196) => 2020 95% (n=327) =>2021 100% (n=103)

Nursing Finance

Contingency Staffing

- Successfully demobilized over 590 Surge staff consisting of ICU, Med/Surg, ED, HD, and Telemetry nurses throughout the health system.
- Continued partnership with Staffing Management Agency to source for contingency workers for all 11 Acute, Post-Acute and Correctional Facility.
- Oversight of Staffing Management program to ensure timeliness of open requisitions to be filled, special project staffing and time card processing.
- Another project is the Hotel Isolation Project which provides placement for persons exposed to COVID. Hotel placement comes from various referral sources. We have decommissioned 4 of the original 5 hotels that initially opened during the first and second wave. We have since had to open a new hotel to accommodate the increasing cases of COVID exposure and need for isolation.

Staffing Committee

- In preliminary stages of developing standard work for staffing committees throughout the 11 Acute Care sites.

Standard work will provide framework for discussion and implementation of staffing ratios as discussed in newly passed staffing bill

**MetroPlusHealth Report to the
Medical & Professional Affairs Committee
Monday, September 13th, 2021
Dr. Talya Schwartz, President & CEO**

Regulatory Update

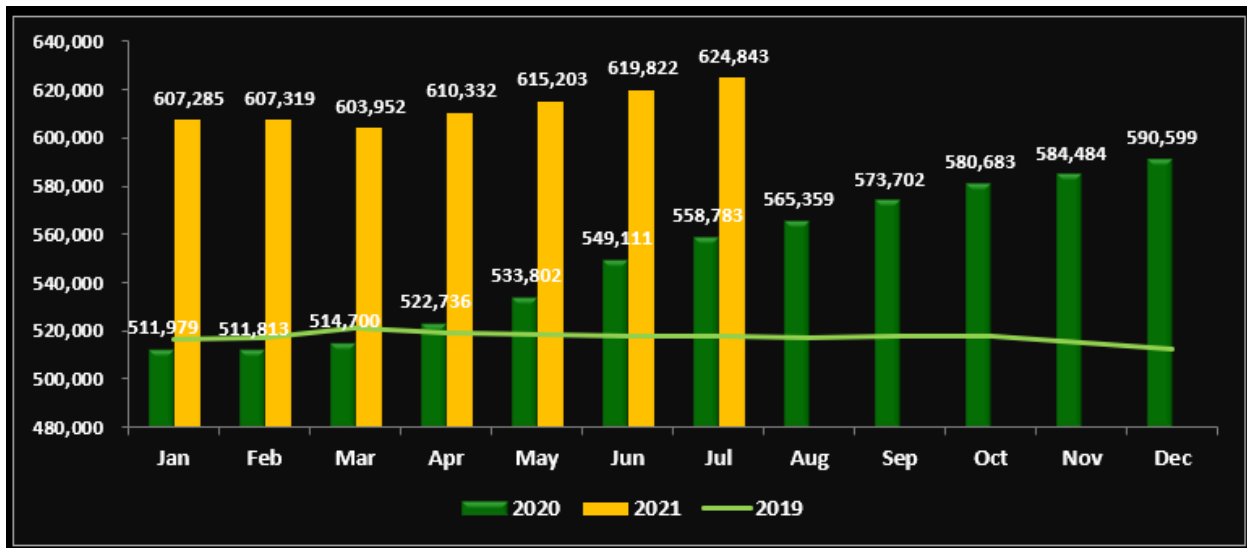
The New York State emergency declaration expired on June 24, 2021. Full guidance from various State agencies on how this will impact rules and regulatory changes created because of COVID-19 is yet to come. NY State Department of Health (NYS DOH) has issued confirmation that extensions for Medicaid coverage eligibility, telehealth coverage, and no cost-sharing for COVID-19 related services, including vaccination, will be tied to the *Federal* Public Health Emergency (PHE) declaration and will continue until at least 6 months after its expiration. Other NYS agencies are also exercising their authority to extend certain COVID-19 related provisions for a couple of months, though they cannot tie them to the Federal PHE. No cost-sharing for telehealth visits expired on June 4, 2021.

Medicaid members with recertification dates through August 31, 2021 will be auto renewed for a full 12-month period. We do not yet know how long the auto-renewal period will be for those with recertification dates from September to December 2021.

NYS has issued updated plan premium rates for EP to address removal of member premiums and cost-sharing, along with inclusion of vision and dental coverage in the base plan package. These rates restored monies the State had previously removed, including enhanced provider reimbursement. Additional funding for EP this year, retroactive to January 1st, 2021, will be \$420 million dollars. Plans will have discretion as to how to apply those additional funds. NYS issued final guidance on the new EP quality incentive program. Final plan scores will be calculated and communicated to plans in Fall/Winter 2021 with final incentive payments communicated in the first quarter of 2022. The available monetary pool will be set each year in the NYS Budget. The quality incentive structure resembles that of the Medicaid Plan. A risk adjustment score will be applied. In anticipation of the risk adjustment methodology resembling that of the Medicaid plan, MetroPlus started working on strategies to assure risk is captured appropriately.

Membership

Membership has reached 624,843 members in July, 3,991 members over target. Year to date membership is up 5.9%, driven by growth in Medicaid and EP lines of business.



COVID-19 Vaccination Rates

The Plan has been working with the NYC Citywide Immunization Response (CIR) system to exchange member COVID-19 vaccination data. As of July, 2021, total active members 12+ years of age that are fully or partially vaccinated is at 39.7%. Rates exchanged with the CIR have been trending behind MetroPlus claims COVID vaccination rates by about 5%. Combining claims and CIR data, MetroPlus' COVID vaccination rate goes up to 44.6%

COVID Vaccination Reported from CIR & Claims Data			
LOB	Vaccinated Member Count	Total Active Member 12+	% of Membership
CHP	3,499	10,672	32.8%
EP	53,105	97,588	54.4%
HARP	5,401	13,686	39.5%
HHC	8,299	14,407	57.6%
HHG1	713	1,137	62.7%
HHG2	408	583	70.0%
MA	5,949	8,905	66.8%
MCAD	133,656	335,355	39.9%
MCAS	2,666	4,412	60.4%
MLTC	982	1,442	68.1%
QHP	6,866	8,278	82.9%
SHOP	348	528	65.9%
Grand Total	221,892	496,993	44.6%

*Members receiving at least one dose. 58.4% of vaccinated members have received the Pfizer vaccine, 34.4% Moderna vaccine and 7.2% Janssen vaccine.

Interventions to improve vaccination rates have included a COVID-19 text campaign launched on July 7th to the parents/guardians of members 12-18 years of age in English and Spanish about the

importance of having their child vaccinated. The text provided the location of the closest COVID-19 vaccine walk-in site to members' home zip code and direct link to additional NYC COVID-19 vaccine walk-in sites. The Program is designed to incentivize PCPs or their office staff to reach out to their unvaccinated patients (MetroPlus members) to provide vaccine counseling and when possible, to support scheduling a vaccine appointment. The Program will target members in Medicaid (including HARP, HIV SNP), CHP and Medicare lines of business. PCPs can earn a \$50/\$25 incentive for a clinician/non-clinician who reaches out to an attributed unvaccinated MetroPlus member, 12+ years of age or older (parent or guardian acceptable). The Program is scheduled to launch on or about August 31 through October 31.

Next Steps: Target messaging to our Spanish and Black/African American members using language that is linguistically targeted to these two groups and a campaign targeting pregnant women addressing vaccine hesitancy and the importance of vaccination for self and baby.

Behavioral Health Transition

MetroPlus Underwent successful readiness review by NY State Department of Health, OMH and OASAS and has received an official approval to launch our Behavioral Health services as of October 1st, 2021. At that time services will transition from current vendor, Beacon Health Solutions to MetroPlus. Notices to members sent 30 days in advance of the transition. The Plan will guarantee that members will not experience any disruption to their services and their ongoing care. The transition aims at better integration between physical and behavioral health care, alignment with the provider network and appropriate continuum of services across all levels of severities and needs, as offered (among others) by H+H.

Products

Medicare

The Plan is introducing new benefits that include a new flex card, which will allow members to purchase items & services not covered elsewhere (i.e., bathroom safety devices, groceries), and new coverage for hearing aids.

The Plan was approved by CMS to participate in the Value-Based Insurance Design (VBID) program allowing health plans to design targeted interventions to reduce cost-sharing and increase quality. In 2022, MetroPlus will waive cost-sharing on all generic drugs for any member with a low-income subsidy (LIS), which represents over 99% most of our Medicare membership.

MetroPlusHealth is also incorporating a Broker Channel to increase its market share in Medicare Advantage. MetroPlus procured three agency partners through a request for proposal to serve as official Field Marketing Organizations (FMOs), which will deploy brokers to educate and enroll qualified/eligible Medicare recipients on our behalf. Broker Distribution Channels enable MetroPlusHealth to enter and test new markets, as well as test new distribution methods and channels (e.g., locations, approaches). As trusted advisors, Brokers typically have long standing relationships with Medicare beneficiaries, having sold them other types of insurances. This strategy will provide access to Medicare eligible individuals who might only consider enrolling in a health plan through a recommended and trusted advisor.

The MetroPlusHealth "Medicare Broker Channel" is scheduled to launch in Q4 of 2021, aligning with the start of the Medicare Annual Enrollment Period (AEP).

Gold

The Health Insurance Plan (HIP) mandate for new NYC employees will continue through the end of 2021. The Plan negotiated an exemption for all new MetroPlus Health employees starting

July 1, 2021, which mandates MetroPlusHealth new hires residing in NYC to default into the MetroPlusHealth Gold product.

The Plan has modified the emergency room & urgent care copay structure to drive appropriate utilization & support premiums. Urgent care utilization, that has been surging for several years now, will have a new copay of \$25 per visit. A new benefit providing reimbursement for a limited number of non-emergency transportation rides has been added. This benefit is an addition to our gym and weight management benefits.

To align with the marketplace & provide lower cost alternatives, the Plan has developed a new pharmacy rider which will be available to enrollees beginning August 1st, 2021. The current rider will be grandfathered (members who have this rider today, may keep it). The rider allows for lower monthly pharmacy premiums and higher consumer cost sharing responsibility.

GoldCare

The Plan has been approved by Department of Financial Services (DFS) for a zero-dollar cost sharing for individuals in our GoldCare I Plan (narrow H+H network product). This will allow for individual Daycare Workers to enroll into MetroPlus coverage by default, assuring equitable access to care.

Qualified Health Plans (QHP)

The completed 2022 product filing has been approved by DFS & New York State of Health (NYSOH). It includes reduced specialist copay for Platinum & Gold plans to improve competitive position and simplified member wellness rewards. It also includes reduced premium of over 3% compared to 2021, which will significantly improve Plan's price position in the market.

RESOLUTION

Authorizing funding for New York City Health and Hospitals Corporation (the “**System**”) to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“**PAGNY**”) made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below:

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center

with an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

WHEREAS, the System has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided general care and behavioral health services at System facilities; and

WHEREAS, the current Affiliation Agreement with PAGNY (the “PAGNY Agreement”) was approved by the System’s Board of Directors at its meeting held on June 18, 2015 for a term to expire on June 30, 2020; and

WHEREAS, the System’s Board of Directors at its meeting held in June 2020 approved an extension of the PAGNY Agreement through December 31, 2020; and

WHEREAS, the System’s Board of Directors at its meeting held in December 2020 authorized funding for the further continuation of the PAGNY Agreement for an additional three months, to approximately March 31, 2021; and

WHEREAS, the PAGNY Agreement provides that its terms will continue on a month-to-month basis until the parties enter into a new affiliation agreement; and

WHEREAS, the System is continuing to negotiate a multi-year renewal of the PAGNY Agreement; and

WHEREAS, the proposed funding authorization will keep substantially the current terms of the PAGNY Agreement in place for approximately six (6) months to provide sufficient time to conclude negotiations of a new agreement for authorization and execution prior to the expiration of funding authority.

NOW, THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to continue to operate under of the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“**PAGNY**”), made for the provision of general care and behavioral health services at the System facilities served by PAGNY: Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center, for an amount not to exceed \$392,684,315.

**EXECUTIVE SUMMARY
MEDICAL AFFILIATION AGREEMENT
WITH
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.**

BACKGROUND: The System has long obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations, including Physician Affiliate Group of New York, P.C. (“PAGNY”). The System’s Board of Directors approved the agreement with PAGNY (the “PAGNY Agreement”) at its June 2015 meeting, approved an extension of the PAGNY Agreement through December 31, 2020 at its June 2020 meeting, and authorized funding to continue the PAGNY Agreement through March 31, 2021 at its December 2020 meeting. The System and PAGNY are continuing to negotiate the terms of an amended and restated affiliation agreement in good faith, but require additional time to finalize its terms. Accordingly, the System seeks authorization to extend funding to continue the PAGNY Agreement on a month-to-month basis for approximately six months to allow time for the conclusion of such negotiations.

TERMS: The PAGNY Agreement will remain in place during this negotiation period. The following System facilities are serviced by PAGNY:

- Lincoln Medical & Mental Health Center
- Morrisania D&TC
- Segundo Ruiz Belvis D&TC
- Jacobi Medical Center
- North Central Bronx Hospital
- Harlem Hospital Center
- Renaissance Health Care D&TC
- Metropolitan Hospital Center
- Coney Island Hospital
- Kings County Hospital Center

FUNDING NOT-TO-EXCEED AMOUNTS	Money to pay the costs of extending the PAGNY Agreement will come from the System’s general operating funds and the costs of the extension will not exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.
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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: 2021.03.22
11:42:17 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Physician Affiliate Group of New York (PAGNY)

Date: March 22, 2021

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

Not applicable

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.

Authorizing Funding for PAGNY Affiliation Agreement Thru March 2022

Dr. Machelles Allen, Senior Vice President and Chief Medical Officer

Deborah Brown, Senior Vice President, External and Regulatory Affairs

Andrea Cohen, Senior Vice President and General Counsel

John Ulberg, Senior Vice President and Chief Financial Officer

Medical and Professional Affairs Committee

September 13, 2021

PAGNY Next Steps

Negotiations have progressed at difference paces across Affiliates.
H+H discussions with PAGNY are ongoing.

PAGNY Continues to Operate Under the Terms of its Current Agreement

- Good faith negotiations proceed for a multi-year renewal
- Regular communication continue
- Resolution expected in the coming months
- Funding authorization needed for 6 months to continue the existing contract

PAGNY Contract History

Period Covered	Extension Length	Contract Value	Contingency	Total NTE
July 1, 2015 – June 30, 2020	5 years	\$2,562,175,665	\$640,543,916 (Up to 25%)	\$3,202,719,581
July 1, 2020 – December 31, 2020	6 months	\$325,093,974	\$32,509,397 (10%)	\$357,603,371
January 1, 2021 – March 31, 2021	3 months	\$171,333,018	\$25,699,953 (10% + 5% for COVID)	\$197,032,971
April 1, 2021 – September 30, 2021	6 months	\$331,761,878	\$33,176,188 (10%)	\$364,938,066
October 1, 2021 – March 31, 2022	6 months	\$341,464,622	\$51,219,893 (10% + 5% for COVID)	\$392,684,315

Current Request

*Approved not-to-exceed amount prior to including any contingency



M&PA Committee Approval Request

Authorizing funding for New York City Health and Hospitals Corporation (the “**System**”) to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“**PAGNY**”) for the provision of general care and behavioral health services at the System facilities served by PAGNY for a period of six months from October 1, 2021 to March 31, 2022 [...] as indicated below:

Proposed Funding For PAGNY October 2021 - March 2022	
Total Contract Value	\$341,464,622
10% Contingency Value	\$34,146,462
5% Contingency COVID	\$17,073,231
Total Not-to-Exceed Value	\$392,684,315

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of pediatric trauma services at Bellevue; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Bellevue as a pediatric trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Pediatric Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Bellevue as a Pediatric Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Bellevue; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Bellevue as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Bellevue, as a Trauma Center

Background: The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

Program: Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Elmhurst; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Elmhurst as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Elmhurst, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Elmhurst, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Harlem; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Harlem as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Harlem, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Harlem as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of pediatric trauma services at Jacobi; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Jacobi as a pediatric trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Pediatric Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Jacobi as a Pediatric Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2021
the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Jacobi; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Jacobi as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Jacobi as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Kings County; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Kings County as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Kings County, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

Designation of NYC Health + Hospitals/Kings County, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the "System") for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln ("Lincoln") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

WHEREAS, the System has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System's Board of Directors fully supports the continued provision of trauma services at Lincoln; and

NOW THEREFORE, be it

RESOLVED, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Lincoln as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Lincoln, as a Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY

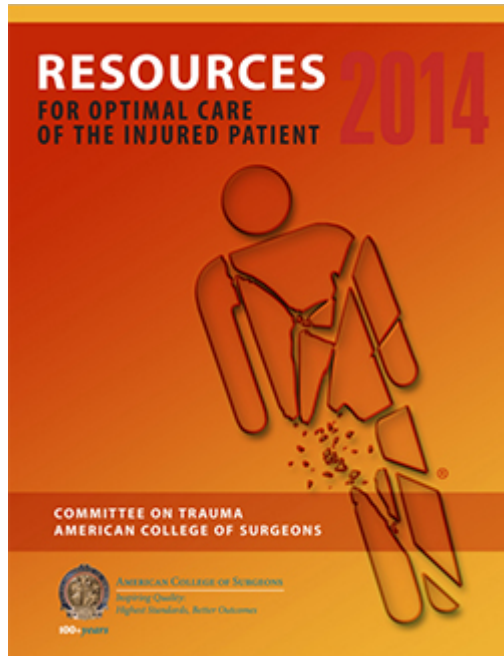
Designation of NYC Health + Hospitals/Lincoln, as a Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

How to be an American College of Surgeons Verified Trauma Center

Sheldon Teperman MD FACS
NYC H and H Trauma Service Line Lead

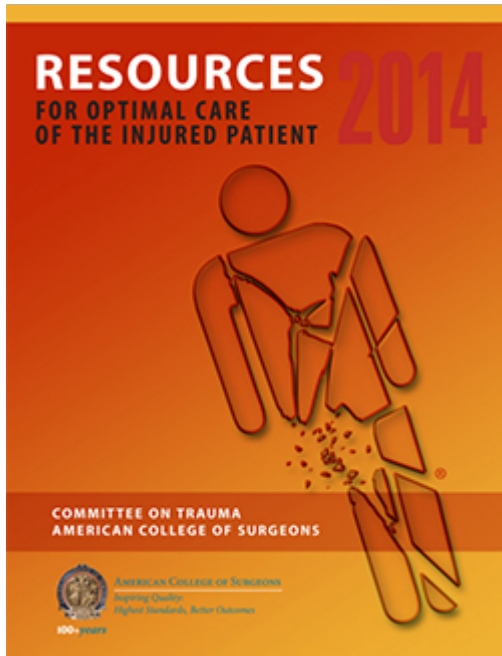
Medical and Professional Affairs Committee
September 13, 2021



In approximately 2011 the NYS DOH adopted the American College of Verification System for Trauma Centers

This “Optimal Resources” document is now codified “by reference” in the NYS 408 health code regulations

The College of Surgeons has a rigorous on-Site Survey and Verification Process



The College Verifies and the State DOH stamps that Verification with “Designation”
-Three Year Cycle

H and H has two levels of ACS Verified
Trauma Centers

We have five Level One Adult Centers
and one Level Two Center

The College of Surgeons- for the last decade-has been seeking to make **the clinical** capabilities of Level One and Level Two Centers the same-Important differences remain

Both Levels must have the entire array of dedicated Clinical specialists and resources

Examples: In house 24/ 7 Board Certified Trauma Expert Surgeon

-Trauma SICU run by same

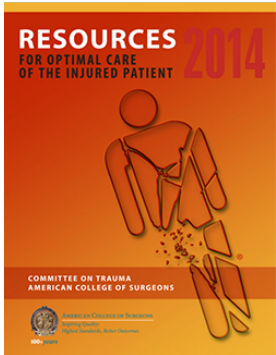
-Extensive lists of Trauma Subspecialists, who must be available instantly

A dedicated Trauma Program office:

Performance improvement

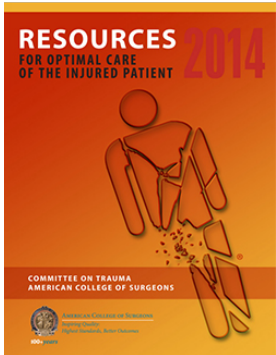
Trauma Registry

Injury Prevention



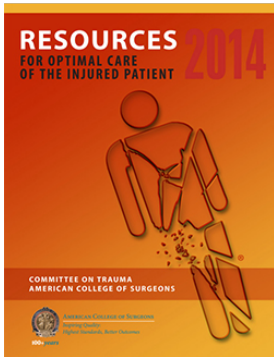
The Difference Between and ACS Verified Level One and Level Two Centers?

Research Education Leadership



American College of Surgeons Verified Pediatric Trauma Center

- Volume Requirements-Between 100 and 200 Pediatric (Less than 15 years of age) Trauma Admissions
- Immediate Response of a Board -Certified Surgeon
- Excellence in Pediatric Emergency Medicine
- Dedicated and Extensive Pediatric Critical Care Services(PICU)
 - Dedicated Pediatric Surgeon(s)
 - Extensive list of Pediatric Surgical Subspecialists
 - Most Importantly Peds Ortho



Pediatric Trauma Program Office:
PI/Registry/Injury Prevention

