

AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

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



System Dashboard – July 2021

REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

QUALITY AND OUTCOMES		DESCRIPTION
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
5	Integration of Bio Medical devices	Integration of strategic biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Our staff will be freed from data entry and able to spend more time on clinical care.
CARE EXPERIENCE		
6	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
8	MyChart Activations	Number of patients who have activated a MyChart account
FINANCIAL SUSTAINABILITY		
9	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	
11	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
12	Total AR days per month (Outpatient, Inpatient)	Data source: Unity/Sourion. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13	Past Acute Care Total AR days(12 months)	Total accounts receivable days
14	Data Center Migration progress	
ACCESS TO CARE		
15	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
16	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
17	NYC Care	Total enrollees in NYC Care program
CULTURE OF SAFETY		
18	Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events
COVID-19		
19	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
20	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 th)
21	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
22	1 st dose vaccinations Administered	Total number of 1 st dose vaccinations administered by NYC Health + Hospitals Facilities
23	2 nd dose Vaccinations Administered	Total number of 2 nd dose vaccinations administered by NYC Health + Hospitals Facilities
24	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

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REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	1	1.85	-0.85	1.55	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66%	55.70%	-10.30%	37.97%	56.82%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	60.70%	-5.90%	61%	66.10%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3%	-2.19%	1.8%	7.84%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100.00%	103%	+3.00%	-	-
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	64.9%	0.35%	66.65%	63.00%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	86.97	-4.12%	82.88%	84.50%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	66%	-20%	55%	17%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14.00%	72.60%	61.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	72%	-4%	58%	-
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	38.80%	-5.90%	39.10%	-
12	Total AR days per month (Outpatient, Inpatient)	SVP CFO	Quarterly	45	60	-15	62.6	72
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	48.2	6.8	51	-
14	Data Center Migration progress	SVP CIO	Quarterly	100%	90%	-10%	-	-
ACCESS TO CARE								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	TBD	370,878	-5,680	376,558	-
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	82,226	36,226	71,793	51,890
17	NYC Care	SVP AMB	Quarterly	50,000	65,788	16,460	46,460	20,000
CULTURE OF SAFETY								
18	Total Wellness Encounters *	SVP CQO + SVP CNE	Quarterly	N/A	936	N/A	737	-
RACIAL AND SOCIAL INEQUITY								
19	(New Measure) % of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		N/A		-	-
20	(New Measure) % Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	0%	100%	-	-
21	(New Measure) % of Total Procurement spend on MWBE	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	N/A		-	-
COVID-19								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	1,194,500	N/A	1,010,840	-
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	102,538	N/A	54,049	-
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	86.6	N/A	26.5	-
25	Number of 1 st dose vaccinations	SVP AMB	Quarterly	undefined	366,448	N/A	199,882	-
26	Number of 2 nd dose vaccinations	SVP AMB	Quarterly	undefined	303,568	N/A	100,363	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	69%	N/A	54.00%	N/A

ADDITIONAL QUESTIONS:

1. **Have the board members acknowledged that they have read and understood the mission of the public authority?**
 - Yes.
2. **Who has the power to appoint the management of the public authority?**
 - Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)
3. **If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**
 - The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.
4. **Briefly describe the role of the Board and the role of management in the implementation of the mission.**
 - In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly and or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.
5. **Has the Board acknowledged that they have read and understood the responses to each of these questions?**
 - Yes.

