AGENDA

I. Call to Order

Feniosky Peña-Mora

II. Adoption of October 17, 2022
Strategic Planning Committee Meeting Minutes.

Feniosky Peña-Mora

III. Information Items

a. Update and System Dashboard

Matthew Siegler
Senior Vice President
Managed Care, Patient Growth,
CEO One City Health & CEO ACO

Dr. Eric Wei Senior Vice President/ Chief Quality Officer
Deborah Brown, Senior Vice President, External and Regulatory Affairs

IV. Old Business

Feniosky Peña-Mora

V. New Business

VI. Adjournment
The meeting of the Strategic Planning Committee of the Board of Directors was held on October 17, 2022 with Mr. Feniosky Peña-Mora, presiding as Chairperson.

**Attendees**

**Committee Members**

Feniosky Peña-Mora, Chairperson of the Strategic Planning Committee  
Jose A. Pagán, Ph.D.  
Mitchell Katz, M.D.  
Patricia Marthone, M.D.  
Sally Hernandez-Piñero  
Freda Wang

**Other Attendees**

**HHC Staff**

M. Allen, Senior Vice President, Medical and Professional Affairs  
D. Brown, Senior Vice President, External & Regulatory Affairs  
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs  
O. Lebarty, Senior Director, External & Regulatory Affairs  
S. Seleznyov, Senior Director, Accountable Care Organization  
M. Siegler, Senior Vice President, Managed Care, Patient Growth, CEO one City Health & CEO ACO  
E. Wei, Vice President, Chief Quality Officer
Mr. Feniosky Peña-Mora, called the October 17th meeting of the Strategic Planning Committee (SPC) to order at 12:00 pm.

Upon motion made and duly seconded the minutes of the June 13, 2022 Strategic Planning Committee meeting was unanimously approved.

Mr. Peña-Mora turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to read the 2022 Community Health Needs Assessment Implementation Strategy Plan resolution into the record and to proceed with the presentation.

ACTION ITEM
Resolution to adopt 2022 Community Health Needs Assessment Implementation Strategy Plan

Ms. Brown presented the following resolution:

Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors an Implementation Strategy Plan (an "ISP") prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") which was approved by the Board of Directors in June 2022.

Ms. Brown turned the meeting over to Okenfe Lebarty, Senior Director of Community Affairs, to give an update on the Community Health Needs Assessment (CHNA). Mr. Lebarty reported that it is an IRS requirement for non-profit provider systems to perform a CHNA Implementation Strategy Plan, which covers three years (FY 2022-2025). The 2022 CHNA findings has three priority health needs, first is improving health equity, second fighting chronic disease, and third facilitating access to resources. These three priority health needs are broken down by goals and tactics in the report.

The CHNA also touches on the resource commitment and evaluation. NYC Health + Hospitals will continue its financial and in-kind resource commitment through FY 2022-2025 to implement transformative initiatives and programs to both clinical and
nonclinical services. The evaluation will be based on existing quantitative metrics and it is still an ongoing conversation.

Ms. Brown reported that we are fortunate to work for a system in which the CHNA work already consists of the work we do and are proud to do.

The Committee commended the dedication and hard work of staff to reflect on the needs of our communities and have an opportunity to access those needs.

After discussion and upon motion made and duly seconded the Resolution to adopt the 2022 Community Health Needs Assessment Implementation Strategy Plan was unanimously approved.

INFORMATION ITEMS

Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO, Dr. Eric Wei, Senior Vice President, Chief Quality Officer, and Ms. Brown reported on FY-22 Q4 (April 1 to June 30, 2022) Performance;

Notable Updates to Targets & Measures:

Quality and Outcomes
5. Integration of Bio Medical Devices - Retired (met goal)

Care Experience
No Changes

Financial Sustainability
9. Patient Care Revenue/Expenses - Revised target to 65% (from 60%)
10. % of Patients Enrolled in Health Insurance Coverage or Financial Assistance - Revised target to 90% (from 76%)

Access to Care
No Changes

Culture of Safety
No Changes

Racial & Social Equity
20. # of Ambulatory Dashboards Stratified with Equity Lend - Retired (met goal)
20. # of Equity Lenses Applied to PI Projects, with Data - New Measure
Positive Trends:

Quality and Outcomes
1. Post-Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.82 per 1,000 care days** from 1.92 per 1,000 care days (target: 1.00 per 1,000 care days)

Care Experience
6. Inpatient care - overall rating: **63.2%** from 61.82% (target: 66.3%)
7. Ambulatory care - recommend provider office: **85.4%** from 82% (target: 87.0%)

Financial Sustainability
10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **88%** from 87% (revised target: 90%)
11. % of MetroPlus medical spend at NYC Health + Hospitals: **44%** from 42.58% (target: 45%)
12. Total AR days per month: **49.7 days** from 53 days (target: 45)
   • As of June 2022, 50% of 2-year project is complete
   • FY22 Q4 milestones are 100% complete (target: 100%)

Access to Care
16. # of e-consults: **107,027** from 100,389 (target: 95,100)
17. NYC Care: **113,180** from 110,377 (target: 100,000)
15. Unique Primary Care Patients: **413,908** from 400,571 (target: 405,000)

Culture of Safety
18. Total Wellness Encounters: **1,402 encounters** from 1,118 encounters (target: 600)

Steady Trends (including close to or exceeding target):

Quality and Outcomes
3. Hgb A1c control <8: Remains steady at **65.3%** (almost at target of 66.6%)

Care Experience
8. MyChart Activations: Remains steady at **71.3%** (close to target of 75%)

Financial Sustainability
9. Patient care revenue/expenses: Remains the same from prior quarter, at **74.8%** (remains better than target of 65%--this target is the revised target)
Negative Trends:

Quality and Outcomes
2. Follow-up appointment kept within 30 days after behavioral health discharge: **41.5%** from 50.4% (target: 50%)
4. % Left without being seen in ED: **4.4%** from 3.9% (target 4.0%)

Financial Sustainability
13. Post-Acute Care Total AR Days: **52 days** from 47 days (target: 50 days)

Equity Measures:

Racial & Social Equity Measures
19. % of New Physician Hires being underrepresented minority (URM), as follows: Women: 42%; Non-Binary: 0.3%; Ethnic Groups Hired other than White: Asian (14.1%); Black or African American (4.9%); Hispanic or Latino (2.1%); American Indian (0.5%); Native Hawaiian or Other Pacific Islander (0.3%)
20. New Measure: # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data: FY22 Q3 (Jan-March 2022): **36**, FY22 Q4 (April-June 2022): **18** (Note: this contains partial data only and will be updated in the next reporting quarter)

COVID-19 Metrics:

COVID-19
22. Total # of COVID-19 Test Administered: **337,717** from 522,470
23. Total # of COVID-19 Positive Tests: **31,619** from 84,529
24. Post-Acute Care COVID-19 Infection Rate: **17.4** from 210.7
25. COVID-19 Vaccine: # 1st Dose: **5,567** from 22,500
26. COVID-19 Vaccine: # 2nd Dose: **4,044** from 27,393
27. % of Occupied Beds: **76.5%** from 71%
##. Third doses and boosters administered: **232,591** (October 2021 through August 2022)

FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into a MyChart Utilization measure, to go along with the MyChart Activations metric.
- The Committee expressed an interest in looking into a Social Needs Screening measure, as well as to break down our access measures by racial and social dimensions.
• The Committee expressed interest in an educational session of the MOSAIC program to better understand the recruitment process of diverse clinicians.

Mr. Peña-Mora thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 1:00 pm.
Strategic Planning: Policy Update and Dashboard FY23 Q1

Matt Siegler
SVP MANAGED CARE AND PATIENT GROWTH

Dr. Eric Wei
SVP AND CHIEF QUALITY OFFICER

Deborah Brown
SVP, External and Regulatory Affairs

January 9, 2023
Government Affairs Overview

- Federal
  - Omnibus
    - Health care provisions
    - Community project funding
  - Looking ahead

- State
  - Albany update
  - 2023 schedule and priorities

- City
  - Ongoing partnerships
  - Planning
System Dashboard: FY23 Q1 Update (July to September 2022)
FY23 Q1 (July 1 to September 30, 2022)
Performance: Positive Trends*

QUALITY AND OUTCOMES
- Follow-up appointment kept within 30 days after behavioral health discharge: **53.4%** from **41.5%** ¹ (target: 50%)
- % Left Without Being Seen in ED: **4.2%** from **4.4%** ² (target: 4.0%)
- Hgb A1c control <8: **67.4%** from **65.3%** ³ (revised target: 67.6%)

CULTURE OF SAFETY
- Total Wellness Encounters: **1,664** from **1,402** ⁴ (target: 600)

*Change reflected from the Prior Period, which was Q4 FY22 (April 1 to June 30, 2022). Notes include the following:

¹ Follow-up appointment kept within 30 days after behavioral health discharge: This measure has been going in the desired direction to 53.4% from 41.5% in the previous quarter, now above the 50% target. More than 1/3 of our sites have follow-up rates above 60%. The Office of Behavioral Health continues to work with all sites, with key focus on ongoing training for new and existing staff about appropriate workflow to fully document these follow-up appointments in the EMR. Staffing turnover and vacancy challenges (which also impact healthcare nationwide) impacts full documentation in the chart and contributes to more limited access at some clinics. Nevertheless, our performance in this metric is substantially improving.

² % Left without being seen in ED: Similar to the prior reporting quarters, overall ED utilization has continued to substantially increase, even above pre-pandemic levels. With these progressive increases, there had been a concomitant increase in the % of patients who left the EDs without being seen, but in this reporting quarter, there was a slight decrease to 4.2%, which is just over the 4.0% target. There are a variety of improvement efforts occurring at the hospitals, aimed at augmenting flow and efficiency across the EDs. NYC Health + Hospitals is also exploring additional efforts to decompress patient volume in the EDs through telemedicine alternatives.

³ Hgb A1c Control: There was a substantial increase in Hgb A1c control to 67.4% from 65.3% in the previous quarter. This improvement is a result of having patients come back to their in-person primary care visits more regularly. There were less face-to-face visits throughout the pandemic, contributing to a decline in A1c control, with this metric reaching a low of 59.9% in Feb. 2021. Since then, there has been more steady improvement, and we are now at a higher rate than pre-pandemic levels and meeting the new higher target. Sustaining these new heights will be near term goal.

⁴ Total Wellness Encounters: This measure includes 1:1 debriefs, group debriefs, and wellness events; total wellness encounters increased again as compared to the prior reporting period. There continues to be a growing emphasis on wellness based on the issues impacting our workforce, and the consistent need for these interventions. As noted, this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.
FY23 Q1 (July 1 to September 30, 2022) Performance: Positive Trends, continued*

**ACCESS TO CARE**
- Unique Primary Care Patients: **426,238** from 413,908 \(^1\) (target: 405,000)

**FINANCIAL SUSTAINABILITY**
- Post Acute Care Total AR days: **49 days** from 52 days \(^2\) (target: 55 days)
- Enterprise Data Center Migration progress: **Project timeline remains 5/2021-5/2023**
  - As of July-September 2022, 66% of 2-year project is complete
  - FY23 Q1 milestones are **100% complete** \(^3\) (target: 100%)

*Change reflected from the Prior Period, which was Q4 FY22 (April 1 to June 30, 2022). Notes include the following:

1. Unique Primary Care patients: Unique primary care patients had an observed increase, now for 2 quarters in a row and continues to surpass the target. As inperson visits continue to increase across clinic settings, the number of unique primary care patients also has been growing.

2. Post Acute Care Total AR days (lower is better for this measure): This measure has an observed improvement over the quarter. After a slight increase last quarter due to billing delays in June for year-end close and Medicaid recertification delays, causing Medicaid to withhold claims payments in June, this measure has improved over the FY23 Q1 period, as a result of those issues being resolved upon FY22 close.

3. Enterprise Data Center Migration progress: This is a 24 month long project (5-2021-5/2023). NYC Health + Hospitals remains on target, now at 66% completion at this point in the project, with 100% of July-September 2022 deliverables reached. Overall, this measure continues to be on target and within budget.
FY23 Q1 (July 1 to September 30, 2022) Performance: Steady Trends*

**FINANCIAL SUSTAINABILITY**

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: Remains at **88%** \(^1\) (target: 90%)
- Total A/R days per month: Remains at **49.7 days** \(^2\) (target: 45)

Change reflected from the Prior Period, which was Q4 FY22 (April 1 to June 30, 2022). Notes include the following:

\(^1\) % of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance: Performance is slightly below the updated target established for FY23. Screening rates have continued to improve year over year, and ongoing efforts continue to optimize screening rates and enrollments, as well as the timeliness of financial counseling interactions.

\(^2\) Total A/R days per month: [Includes both inpatient and outpatient for the acute care facilities (lower is better for this measure)]. The target remains at 45 days, which is best practice. Days in a/r have leveled off. NYC Health + Hospitals continues to focus on denial reduction and aged accounts in order to achieve the days in a/r target.
**NYC HEALTH+ HOSPITALS**

**FY23 Q1 (July 1 to September 30, 2022) Performance:**

**Negative Trends (better than or close to target)***

**FINANCIAL SUSTAINABILITY**

- Patient care revenue/expenses: Slightly decreased from prior quarter, at **73.3%** from 74.8% ¹ (remains better than target of 65%)
- % MetroPlus medical spend at NYC Health + Hospitals: **42%** from 44% ² (is close to target of 45%)

**ACCESS TO CARE**

- # of e-consults: **105,478** from 107,027 ³ (remains better than target of 95,100)
- NYC Care: **106,520** from 113,180 ⁴ (remains better than target of 100,000)

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* Change reflected from the Prior Period, which was Q4 FY22 (April 1 to June 30, 2022). Notes include the following:

  ¹ Patient care revenue/expenses: Patient Care Revenue/Expense ratio has remained relatively steady over time, though with a slight decrease during this reporting period. It continues to be close to where it was last year at the same period and is better than the target of 65%.

  ² % MetroPlus medical spend at NYC Health + Hospitals: In the previous quarter there was a slight increase, and over the current quarter, there has been a slight decrease. This rate remains slightly below the target of 45%. NYC Health + Hospitals continues to obtain payment from MetroPlus’s risk arrangements, which has increased over the last several quarters.

  ³ # of e-consults: This metric slightly decreased over the current quarter, after several quarters of progressive increases. It remains better than the target of 95,100. E-consults are an indicator of top priority, focused on improving specialty access. The overall system-wide focus continues to be on improving referral review, scheduling, and follow-up time.

  ⁴ NYC Care: Enrollment in NYC Care decreased slightly from 113,178 patients in FY22 to just over 106,000 in FY23 Q1. The decrease is due to the large volume of renewals due in the first quarter of FY23 and the requirements of the Emergency Medicaid re-enrollment process. Additionally, the number of new enrollees has decreased compared to last year, indicating that we may have reached most of the eligible population. NYC Health + Hospitals is implementing a multi-pronged strategy to improve new enrollment and re-enrollment rates. First, the System has implemented re-enrollment reminders for NYC Care members and invests in direct enrollment pathways through community partners. The System currently partners with 22 community-based organizations (CBOs) in all five boroughs. We are collaborating with them to reach out to underrepresented communities among NYC Care members. NYC Health + Hospitals also continues to build enrollment capacity and find ways to facilitate enrollment. We continue to surpass the 100,000 membership goal and expect membership to climb again as we implement these strategies.
FY23 Q1 (July 1 to September 30, 2022) Performance: Negative Trends*

Quality & Outcomes

- Post Acute Care (PAC): All Cause Hospitalization rate: **2.1 per 1,000 care days** from 1.82 per 1,000 care days ¹ (target: 1.6 per 1,000 care days)

Care Experience

- Inpatient care – overall rating: **61.7%** from 63.2% ² (target: 66.3%)
- Ambulatory care – recommended provider office: reduced slightly to **84.2%** from 85.4% ³ (target: 87.0%)
- MyChart Activations: **66%** from 71.3% ⁴ (target: 75%)

Change reflected from the Prior Period, which was Q4 FY22 (April 1 to June 30, 2022). This reflects a negative trend in which the target has not been achieved. Notes include the following:

⁰ PAC: All Cause Hospitalization rate: There was an increase in hospitalizations over the quarter. All hospitalizations were reviewed by PAC sites and were attributed to the need for acute level care. They were deemed unavoidable. Based on these rates, PAC sites have established targets to reduce hospitalizations and will focus on enhanced strategies to treat in place, including integrating predictive tools to anticipate and mitigate unplanned hospitalizations. Other improvements include offering diagnostic services and provider consultations, palliative care and advanced illness management programs to plan goals of care, partnering with community providers, and continued communication with hospitals.

² Inpatient care – overall rating: Compared to the prior quarter, this metric has seen a decrease, which is attributable to an overall surge in volume on the inpatient side. Inpatient satisfaction decreases when volumes surge, due to stress on all aspects of the system.

³ Ambulatory care – recommended provider office: Similar to inpatient care experience, there was an observed decrease in ambulatory care patient experience as well, compared to the prior quarter. This again is due to increases in clinic volume, causing stress on various aspects of clinic operations.

⁴ MyChart Activations: Each facility across NYC Health + Hospitals continues to encourage patients to sign up or “activate” their MyChart accounts, to use MyChart to communicate with care teams, track upcoming appointments, manage medication lists, and request prescription refills. NYC Health + Hospitals performance remains above the Epic customer average of 47% and has been steady at just over 70%. This is the first quarter we have seen a slight decrease in activation. Our peak of over 70% reflected significant COVID-19 testing volume and patients’ ability to easily access their COVID-19 test results. NYC Health + Hospitals has maintained an activation rate of the mid-60% range which is in the top quarter nationally, and we are expanding the patient portal functionality to focus on patient engagement and utilization. MyChart is a critical tool to provide patients with virtual care via MyChart video visits, to allow patients to communicate with their care teams without having to come to clinic, and to provide patients easy access to their COVID-19 test results and vaccine information and other health information.
Racial & Social Equity Measures

- % of New Physician Hires being underrepresented minority (URM) \(^1\), as follows:
  - Women: 45%
  - Ethnic Groups Hired other than White: Asian (20.5%); Black or African American (5.2%); Hispanic or Latino (5.2%); American Indian (0.3%); Native Hawaiian or Other Pacific Islander (0.3%)

- New Measure: # of Equity Lenses Applied to Performance Improvement (PI) Projects, with Data \(^2\)
  - FY22 Q4 (April-June 2022): 40 (achieved target of 40)
  - FY23 Q1 (July-September 2022): 8 (Note: this contains partial data only and will be updated in the next reporting quarter)

\(^1\) % of new physician hires being underrepresented minority: It is important to note that most of this data is reported by the affiliate organizations, and during FY23 Q1, 48.7% of new hire physicians’ ethnic groups are unknown due to missing information that is reported; of note, during FY22 Q4, 60.8% of new hire physicians’ ethnic groups were unknown. There has been an improvement, with less new hires in the Unknown category for 2 quarters in a row. NYC Health + Hospitals continues to work with affiliate organizations to improve demographic information of the contingent physician workforce.
  - These data include Acute Care, Gotham, & PAC.
  - Exclusions are Correctional Health Services, MetroPlus, Residents (measured separately in EDI Committee), and duplicate roles.
  - *Note: This measure has been developed under the leadership of the Equity & Access Council and is reported in full through the Equity, Diversity, and Inclusion Committee to the Board. The Strategic Planning Committee to the Board is the second venue for reporting these data.

\(^2\) # of Equity Lenses Applied to PI Projects, with Data: This measure was just started to be reported as of FY22 Q4. Of note, the definition focuses on the number of PI projects that have data to support an equity focus to the project (e.g., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender). This metric will lag by 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues (e.g., System-wide QAPI meetings, Data & Analytics PI database, etc.).
## FY22 Q1 (July 1 to September 30, 2022) Performance: COVID-19 Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY23 Q1 (July 1-September 30, 2022)</th>
<th>FY22 Q4 (April 1-June 30, 2022)</th>
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<tbody>
<tr>
<td>% of Occupied Beds</td>
<td>72%</td>
<td>76.5%</td>
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<tr>
<td>% of COVID-19 Occupied Beds</td>
<td>5%</td>
<td>3%</td>
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<tr>
<td># of COVID-19 Therapies – Oral Antivirals</td>
<td>13,478</td>
<td>10,230</td>
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<tr>
<td># of COVID-19 Therapies – Infusion Treatments</td>
<td>2,040</td>
<td>1,787</td>
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<tr>
<td>Total # of COVID-19 Tests Administered</td>
<td>213,118</td>
<td>337,717</td>
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<tr>
<td>Total # of COVID-19 Positive Tests</td>
<td>25,240</td>
<td>31,619</td>
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<tr>
<td>COVID-19 Vaccine: # 1st Dose</td>
<td>6,540</td>
<td>5,567</td>
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<tr>
<td>COVID-19 Vaccine: # 2nd Dose</td>
<td>3,432</td>
<td>4,044</td>
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<tr>
<td>Booster Vaccines administered</td>
<td>268,494 (October 2021 through November 2022)</td>
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</tbody>
</table>

1 These are new COVID-19 measures that will be reported to the Strategic Planning Committee to the Board from this point forward.
2 These COVID-19 measures will be retired (no longer to be reported) after this reporting quarter.

Note: PAC COVID-19 rate, which had been reported previously, is no longer being reported and has been removed.
Next Steps

- Report out on Community Health Needs Assessment Implementation Plan and merge with System Strategy
  - Spotlight key programs and tactics to achieve goals
  - Update strategic plan pyramid
  - Update reported metrics

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<thead>
<tr>
<th>CHNA Priority Health Needs for 2022-2025</th>
<th>CHNA Implementation Plan Goals</th>
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<tbody>
<tr>
<td>Health Equity</td>
<td>Address Existing Health Equity Challenges</td>
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<td></td>
<td>Optimize the patient care experience by increasing access to information and promoting continuity of care</td>
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<tr>
<td>Chronic Disease</td>
<td>Promote longitudinal, integrated care for all New Yorkers to improve health outcomes</td>
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<td></td>
<td>Address lifestyle behavior change by empowering patients to move towards healthier practices</td>
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<tr>
<td>Facilitating Access to Services</td>
<td>Improve access and service navigation</td>
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<td>Continued recovery from the effects of the COVID-19 pandemic</td>
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<td>Category</td>
<td>Metric</td>
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<tr>
<td><strong>QUALITY AND OUTCOMES</strong></td>
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<tr>
<td>Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)</td>
<td>SVP CEO + SVP PAC</td>
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<tr>
<td>Follow-up appointment kept within 30 days after behavioral health discharge</td>
<td>SVP CMO + SVP CDD</td>
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<td>HgbA1c control &lt; 8</td>
<td>SVP AMB + VP CPHO</td>
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<td>% Left without being seen in the ED</td>
<td>SVP CMO + SVP COO</td>
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<td>Integration of Bio Medical devices</td>
<td>SVP CIO</td>
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<td><strong>CARE EXPERIENCE</strong></td>
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<tr>
<td>Inpatient care - overall rating (top box)</td>
<td>SVP CIO + SVP CNE</td>
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<tr>
<td>Ambulatory care (medical practice) recommended provider office (top box)</td>
<td>SVP CIO + SVP AMB</td>
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<td>MyChart Activations</td>
<td>SVP CIO + SVP AMB</td>
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<td><strong>FINANCIAL SUSTAINABILITY</strong></td>
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<td>Patient care revenue/expenses</td>
<td>SVP CFO + SVP MC</td>
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<td>% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance</td>
<td>SVP CFO + SVP MC</td>
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<td>% of M+ medical spend at H+H</td>
<td>SVP MC</td>
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<tr>
<td>Total AR days per month (Outpatient, Inpatient)</td>
<td>SVP CFO</td>
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<tr>
<td>Post Acute Care Total AR days/12 months</td>
<td>CFO</td>
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<td>Enterprise Data Center Migration progress</td>
<td>SVP CIO</td>
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<td><strong>ACCESS TO CARE</strong></td>
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<td>Unique primary care patients seen in last 12 months</td>
<td>SVP AMB</td>
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<td>Number of e-consults completed/quarter</td>
<td>SVP AMB</td>
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<td>NYC Care</td>
<td>SVP AMB</td>
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<td><strong>CULTURE OF SAFETY</strong></td>
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<td>Total Wellness Encounters</td>
<td>SVP CIO + SVP CNE</td>
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<td><strong>RACIAL AND SOCIAL EQUITY</strong></td>
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<td>% of New Physician hires being underrepresented minority (URM)</td>
<td>SVP CMO + SVP HR</td>
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<td>New measure: # of Equity Lenses Applied to PI Projects</td>
<td>CIO</td>
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<td>% of Total Procurement spend on MWBE*</td>
<td>SVP SUPPLY CHAIN + SVP DFD</td>
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<tr>
<td>QUALITY AND OUTCOMES</td>
<td>DESCRIPTION</td>
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<tr>
<td>1 Post Acute Care All Cause Hospitalization Rate</td>
<td>Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days</td>
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<td>2 Follow-up appointment kept within 30 days after behavioral health discharge</td>
<td>Follow-up appointment kept within 30 days after behavioral health discharge</td>
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<tr>
<td>3 HgbA1c control &lt; 8</td>
<td>Population health measure for diabetes control</td>
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<td>4 % Left without being seen in the ED</td>
<td>Measure of ED efficiency and safety</td>
</tr>
<tr>
<td>5 Integration of BioMedical devices</td>
<td>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.</td>
</tr>
<tr>
<td>CARE EXPERIENCE</td>
<td></td>
</tr>
<tr>
<td>6 Inpatient care - overall rating (top box)</td>
<td>Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0 -10 (Top Box)</td>
</tr>
<tr>
<td>7 Ambulatory care (medical practice) recommended provider office (top box)</td>
<td>Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)</td>
</tr>
<tr>
<td>8 MyChart Activations</td>
<td>Number of patients who have activated a MyChart account</td>
</tr>
<tr>
<td>FINANCIAL SUSTAINABILITY</td>
<td></td>
</tr>
<tr>
<td>9 Patient care revenue/expenses</td>
<td>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</td>
</tr>
<tr>
<td>10 % of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance</td>
<td>Measures effectiveness of financial counselling and registration processes in connecting patients to insurance or financial assistance</td>
</tr>
<tr>
<td>11 % of M+ medical spend at H+H</td>
<td>Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend</td>
</tr>
<tr>
<td>12 Total AR days per month (Outpatient/Inpatient)</td>
<td>Total accounts receivable days, excluding days where patient remains admitted (lower is better)</td>
</tr>
<tr>
<td>13 Post Acute Care Total AR days(12 months)</td>
<td>Total accounts receivable days (lower is better)</td>
</tr>
<tr>
<td>14 Data Center Migration progress</td>
<td>Measures milestones achieved in major information technology project</td>
</tr>
<tr>
<td>ACCESS TO CARE</td>
<td></td>
</tr>
<tr>
<td>15 Unique primary care patients seen in last 12 months</td>
<td>Measure of primary care growth and access; measures active patients only</td>
</tr>
<tr>
<td>16 Number of e-consults completed/quarter</td>
<td>Top priority initiative and measure of specialty access</td>
</tr>
<tr>
<td>17 NYC Care Total enrollees in NYC Care program</td>
<td></td>
</tr>
<tr>
<td>CULTURE OF SAFETY</td>
<td></td>
</tr>
<tr>
<td>18 Total Wellness Encounters *</td>
<td>This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, G Number of wellness events</td>
</tr>
</tbody>
</table>
## System Dashboard Glossary

**REPORTING PERIOD** - Q1 FY23 (July 1 through September 30 | 2022)

<table>
<thead>
<tr>
<th><strong>RACIAL AND SOCIAL EQUITY</strong></th>
<th><strong>DESCRIPTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>% of New Physician Hires being underrepresented minority (URM)</td>
</tr>
<tr>
<td>20</td>
<td># of Equity Lenses Applied to PI Projects</td>
</tr>
<tr>
<td>21</td>
<td>% of Total Procurement spend on MWBE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>COVID-19</strong></th>
<th><strong>DESCRIPTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>COVID-19 Tests Administered</td>
</tr>
<tr>
<td>23</td>
<td>COVID-19 Positive Tests</td>
</tr>
<tr>
<td>24</td>
<td>Post Acute Care COVID-19 Infection Rate per 1,000 resident days</td>
</tr>
<tr>
<td>25</td>
<td>1st dose vaccinations Administered</td>
</tr>
<tr>
<td>26</td>
<td>2nd dose Vaccinations Administered</td>
</tr>
<tr>
<td>27</td>
<td>% Bed Occupied (Not Including ED)</td>
</tr>
</tbody>
</table>