NYC HEALTH+ HOSPITALS

STRATEGIC PLANNING COMMITTEE

OF THE BOARD OF DIRECTORS

January 9, 2023

Boardroom

50 Water Street, 17th Floor, Room 1701, NY, NY 10004

11:00am

AGENDA

I.   **Call to Order**   **Feniosky Peña-Mora**

II.   **Adoption of October 17, 2022**   **Feniosky Peña-Mora**
     Strategic Planning Committee Meeting Minutes .

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**

**STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS**

OCTOBER 17, 2022

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:

<u>Quality and Outcomes</u>
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)

<u>Care Experience</u>
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%)

<u>Financial Sustainability</u>
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)
14.   Enterprise Data Center Migration progress: **Project timeline 5/2021-5/2023**
    - **As of June 2022, 50% of 2-year project is complete**
    - **FY22 Q4 milestones are 100% complete** (target: 100%)

<u>Access to Care</u>
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)

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

Steady Trends (including close to or exceeding target):

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

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

<u>Financial Sustainability</u>
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)

NYC HEALTH+ HOSPITALS | 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.

NYC HEALTH+ HOSPITALS

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.

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 AR 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.

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)

* 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:**

[1] *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 predicative 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.).

NYC HEALTH+ HOSPITALS | FY22 Q1 (July 1 to September 30, 2022) Performance: COVID-19 Metrics

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

[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

CHNA Priority Health Needs for 2022-2025	CHNA Implementation Plan Goals
Health Equity	Address Existing Health Equity Challenges
	Optimize the patient care experience by increasing access to information and promoting continuity of care
Chronic Disease	Promote longitudinal, integrated care for all New Yorkers to improve health outcomes
	Address lifestyle behavior change by empowering patients to move towards healthier practices
Facilitating Access to Services	Improve access and service navigation
	Continued recovery from the effects of the COVID-19 pandemic

PATIENT, FAMILY & COMMUNITY

VISION
To be a fully integrated equitable health system that enables all New Yorkers to live their healthiest lives.

MISSION
To deliver high quality health services with compassion, dignity, and respect to all, without exception

OUR VALUES
ICARE: Integrity, Compassion, Accountability, Respect and Excellence

STRATEGIC PILLARS

| QUALITY & OUTCOMES | CARE EXPERIENCE | FINANCIAL SUSTAINABILITY | ACCESS TO CARE | CULTURE OF SAFETY |

SOCIAL AND RACIAL EQUITY

System Dashboard
REPORTING PERIOD – Q1 FY23 (July 1 through Sept 30 | 2022)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES							
Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	1.6	2.1	-0.5	1.82	1.73
Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	50%	53.4%	3.4%	41.5%	44.70%
HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	67.3%	67.4%	.1%	65.3%	63.70%
% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.0%	4.22%	-.22	4.4%	3.79%
Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%	-		-	80.00%
CARE EXPERIENCE							
Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	61.71%	-4.59%	63.2%	66.96%
Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	84.23%	-2.77%	85.4%	86.99%
MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	66%	-9.0%	71.3%	69%
FINANCIAL SUSTAINABILITY							
Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	73.3%	-8.3%	74.8%	74%
% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	88%	-2%	88%	61%
% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.00%	-3%	44%	38.60%
Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	49.77	4.77	49.7	60
Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	49.00	6	52	53
Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	100%
ACCESS TO CARE							
Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	426,238	21,238	413,908	404,738
Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	105,478	10,378	107,027	101,054
NYC Care	SVP AMB	Quarterly	100,000	106,520	6,520	113,180	72,369
CULTURE OF SAFETY							
Total Wellness Encounters	SVP CQO + SVP CNE	Quarterly	600	1,664	1,064	1,402	665
RACIAL AND SOCIAL EQUITY							
% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		See slide 9			-
New measure: # of Equity Lenses Applied to PI Projects	CQO	Quarterly (data will lag)	40	18 (partial)	-22	40	2
% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	To be reported for close of FY			-

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System Dashboard Glossary

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

		DESCRIPTION
	QUALITY AND OUTCOMES	
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	HgbAlc 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	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance 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)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
14	Data Center Migration progress	Measures milestones achieved in major information technology project
	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

System Dashboard Glossary

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

		DESCRIPTION
	RACIAL AND SOCIAL EQUITY	
19	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
20	# of Equity Lenses Applied to PI Projects	Total number of performance improvement 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
21	% of Total Procurement spend on MWBE	The percentage of procurement spending to minority and women owned business enterprises
	COVID-19	
22	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30th)
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1st dose vaccinations Administered	Total number of 1st dose vaccinations administered by NYC Health + Hospitals Facilities
26	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
27	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

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