September 2023

RESOLUTION - 07

Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2023 to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

WHEREAS, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

WHEREAS, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the ABO requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

WHEREAS, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

NOW, THEREFORE, be it

RESOLVED that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller's Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

September 2023

AUTHORIZATION TO MAKE ANNUAL FILING PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT

Executive Summary

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the "**PARA**") to adopt and to report to the New York State Office of the State Comptroller's Authority Budget Office (the "**ABO**") each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board's adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. There have been minor variations in the Mission Statement over these years but all have been refined versions of the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals' website.

September 2023 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.

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.

NYC HEALTH+ HOSPITAL System Dashboard REPORTING PERIOD - D2 FY28 (October 1 through Dec 31 | 2022)

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIDR YEAR SAME PERIDI
DUALITY AND DUTCOMES							
Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	COO+SVP PAC	Quarterly	1.6	2.2	-0.6	2.1	1.96
Follow-up appointment kept within 3D days after behavioral health discharge	SVP CMO + SVP COO	Quarterly	50%	48%	-2%	53.4%	43.2%
HgbA1c control < 8	SVP AMB + VP CPHD	Quarterly	67.6%	68.7%	1.1%	67.4%	66.4%
% Left without being seen in the ED	SVP CMD + SVP CDD	Quarterly	4.0%	5.0%	-1%	4.22%	5.23%
Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%				100%
CARE EXPERIENCE		(i) and provide the state of					
Inpatient care - overall rating (top box)	SVP CQD + SVP CNE	Quarterly	66.30%	60.2%	-6.1%	61.7%	62.88%
Imbulatory care (medical practice) recommended provider office (top box)	SVP COD + SVP AMB	Quarterly	87.00%	85.7%	-1.3%	84.23%	84.43%
MyChart Activations	SVP COO + SVP AMB	Quarterly	60%	61%	1%	66%	72%
FINANCIAL SUSTAINABILITY							
Patient care revenue/expenses	SVP CFD + SVP MC	Quarterly	65%	74.2%	9.2%	73.3%	73.2%
% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	86%	-4%	88%	86%
% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.7%	-2.3%	42%	40,17%
Total AR days per month (Dutpatient ,Inpatient)	SVP CFO	Quarterly	45	48.8	3.8	49.7	60
Post Acute Care Total AR days(12 months)	CFO	Quarterly	50	48.0	2	49.0	40.6
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	416,669	11,669	401,850	413,362
Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	99,183	4,083	105,478	96,055
NYC Care	SVP AMB	Quarterly	100.000	108.672	8,672	106.520	114,496
CULTURE OF SAFETY				 C. LAND, EAST PROCESSED (1991). 			
Total Wellness Encounters	SVP CQD + SVP CNE	Quarterly	600	1,903	1,303	1,664	641
RACIAL AND SOCIAL EDUITY	off bab off bac	dian biny		NUM OF STAR	A CONTRACTOR OF A CONTRACTOR		
% of New Physician Hires being underrepresented minority (URM)	SVP CMD + SVP HR	Quarterly		See slide 9			
	COD	Quarterly (data will lag)	40	IG (partial)	-24	42	2

HEALTH + System Dashboard Glossary HOSPITAL S REPORTING PERIOD - 02 FY23 (October 1-December 31 | 2022)

		DESCRIPTION
	QUALITY AND OUTCOMES	
ŧ	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
ź	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
10	HgbAlc control < 8	Population health measure for diabetes control
4	% Left without being seen in the EO	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.
12 328	CARE EXPERIENCE	
6	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital D-1D (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital O-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
1	% 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 (Dutpatient , Inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13		Tatal accounts receivable days (lower is better)
14	Data Center Migration progress	Measures milestones achieved in major information technology project
18	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
	COLTURE OF SAFETY	
	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

NYC HEALTH HOSPITAL System Dashboard Glossary

REPORTING PERIOD - 02 FY23 (October 1-December 31 | 2022)

		DESCRIPTION
	RACIAL AND SOCIAL EDUITY	
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		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
	CDVID-19	
22	CDVID-19 Tests Administered	Total number of CDVID-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 30 th)
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1.000 resident days
25	1ª 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 accupied beds divided by all active beds



NYC HEALTH+ HOSPITALS

AUTHORITY MISSION STATEMENT

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NYC HEALTH+ HOSPITALS

ADDITIONAL QUESTIONS

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- 5. Has the Board acknowledged that they have read and understood the responses to each of these questions?
 - Yes.



HEALTH+ HOSPITALS Board of Directors Request for Approval

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