



AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS AND INFORMATION TECHNOLOGY COMMITTEE

Date: April 8th, 2024
Time: 9:00 AM
Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

MR. PAGÁN

ADOPTION OF MINUTES – February 5th, 2024

ACTION ITEMS:

1) Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

DR. LONG
DR. JIMENEZ

Vendex: Approved
EEO: Pending

2) Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a best-interest renewal agreement with Canon Solutions America Inc. for the provision of enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

DR. MENDEZ

Vendex: Approved
EEO: Pending

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

CHIEF INFORMATION OFFICER REPORT

DR. MENDEZ

METROPLUS HEALTH PLAN

DR. SCHWARTZ

Medical and Professional Affairs / Information Technology Committee-
February 5th, 2024

As Reported by Dr. Vincent Calamia

Committee Members Present- Dr. Mitchell Katz, José Pagán, Sally
Hernandez-Piñero, Barbara Lowe

Dr. Vincent Calamia, Chairman of the committee, called the meeting to order at 9:06AM. On motion made and seconded, the Committee adopted the minutes of the November 20th, 2023 Medical and Professional Affairs/Information Technology Committee.

ACTION ITEM:

Dr. Kim Keziah Mendez, Senior Vice President and Corporate Chief Information Officer presented the resolution to the committee.

Authorizing New York City Health and Hospitals Corporation (the "System") to execute agreements to create a pool of vendor contracts with each of the following vendors: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS) for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$85,000,000 over the potential five-year term, and to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.

Dr. Mendez presented an overview of the RFP that was done to enter into a pricing contract with cabling vendors to provide all labor, equipment materials, necessary to structure cabling services and racking cabinet solutions for both project and support based needs. The amount would not to exceed of \$85,000,000 and the contract would be for three years with two one-year renewal options. In similar structure with the citywide contract, the contract would be in place by the Fiscal Year 2024.

Dr. Mendez then presented the rationale on additional authorization of vendors. To align with the supply chain process which would be posted on the city records, this contract will allow the opportunity to replace the existing contracts if any of the 4 vendors are unavailable to meet operational needs. Vendors would have met the same selection by the evaluation committee membership and the same scoring criteria with a minimum of 7.25 or greater on the score. EITS would also need to present the proposed award to the Contract Review Committee and inform M&PA/IT Committee. The RFP criteria included 5 year experienced with cabling services of similar size and scope within health care facilities, financial capacity of \$10,000,000 and have a MWBE Utilization plan or certification.

Dr. Mendez presented a slide showing the overview of the procurement which included a timeline of proposals being due on September 13, 2023 and 7 were received. Two of the seven proposals did not meet the minimum criteria and

were disqualified. The top 4 proposers included Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS) of which EITS has worked with 3 of 4 vendors in the past. The evaluation committee that included members of EITS and OFD, also conducted background checks of the perspective vendors and have all been at or above satisfactory. Dr. Mendez presented a chart of the vendor diversity regarding their MWBE utilization plan which had a goal set at 30%

Dr. Mendez answered a question from Dr. Allen regarding prioritization of projects and requests. She stated that was a part of the evaluations process. Dr. Allen also inquired if this allow for nurses to have devices in hand immediately. Dr. Mendez clarified that this contract would help set the ground work to support the infrastructure required for the equipment such as rovers or mobile devices.

Questioned raised by the board: How will the contract be allocated? Ms. Karia responded; a mini solicitation where the requirements are sent out to all 4 vendors on which they would have to bid with a proposal. A vendor would be selected based on the lowest cost.

After discussion resolution was duly seconded, and unanimously adopted by the Committee for consideration by the full board.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, System Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs, and Omar Fattal, MD, Co-Deputy Chief Medical Officer/System Chief of Behavioral Health highlighted the following:

Dr. Allen commented the remarkable work and notable accomplishment of the African American staff in honor of Black History Month. Saturday, February 3rd was national women physician day. It is on the birthday of Elizabeth Blackwell, who was her first women to become a license physician in the United States.

OBH Aligned Accomplishments: Access to Care

These are some highlights with access for inpatient and outpatient. For the workforce they were successful in distributing \$1 million in debt relief grant to 27 behavioral health providers in exchange for a three-year commitment to serving our health system. Secured an additional \$4 million to double grants to providers over the next 2 years.

They were able to meet the state mandate to restore 225 psychiatric beds across six facilities that were repurposed during COVID-19 bringing the system's capacity up to nearly 1,000 psychiatric beds. There were a lot of effort from many different teams to make this happen. Part of the 225 beds are at Kings unit, which is a unit where people can stay for up to 90 days for rehabilitation and reintegrating back into the community.

The ECU unit at Kings is modeled after Bellevue, which opened in 2020 and has been very successful. We are currently looking into opening a 3rd one at Elmhurst. It also includes the 11 female forensic unit which has been closed for 4 years and just opened on January 22nd.

There is expanded services for survivors of domestic violence by providing mental health service in 9 domestic violence shelters. There are 2 clinics 1 at Lincoln and 1 at Kings, telehealth health is also an option. Work is being done for regular outpatient visits on the adult mental health access across the 11 acute sites. The focus has been on Epic visit types and workflow to improve efficiency. Providers bookings has been increased by 20%, which resulted in a 6% increase in patient volume in 2023.

Questioned raised by the board: are the number of beds we have the max, are we fully staffed as far as license beds? Dr. Fattal responded: we have more license beds then online. Online beds, are beds that are available for patient, it could be off line for many reasons, lack of staffing, clinical, or an aggressive patient, covid patient, the beds will be blocked. We have 1000 beds available for patients now, to be filled immediately.

Questioned raised by the board: For women with children, is there a process in place once discharged how to keep them engaged until they are totally on their feet? There is a focus on women's health in collaboration with Dr. Wendy Wilcox through the impact 3 2 1 program, embedded service in women health. The approach has been to meet them in women health and provide the service there; then link them with the efficient services. Dr. Allen responded: there is a focus of increasing social work support and presence in our prenatal service. There is a fellowship that is called reproductive psychiatry for psychiatrist that are interested in caring for women. Bellevue has the fellowship, we have access to behavioral health specialist with the focus on Women's Health Behavioral Health. Pediatrics is starting with the care of the child's at fetus stage knowing that the care of the mother has significant impact on the development of the child in the prenatal setting. The at-risk families can be identified.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive, Office of Patient Center Care, highlighted the following -

Care Delivery Daily (CD)² Management System - Elmhurst
The Care Delivery Daily Management system was successfully completed at Elmhurst this past November. Elmhurst is the sixth hospital to complete the CD² training and roll out. The goals of CD² is to enhance patient safety; standardize communication huddles from frontline staff all the way up to the CEO of the organization. To improve communication amongst nurses and nurses' leaders; to escalate any issues for awareness and additional support. To organize and establish consistent nursing care that is patient centric and, to reinforce the nursing process and standard of care. This is a weeklong didactic training that comprises of 5 service lines; Med/Surg, Behavior Health, Critical Care, Emergency Medicine, and Maternal Child Health. Then followed by simulation training for all nurse leaders, and a rollout on all of the respective units. There has been an increase in communication regarding reductions of falls throughout all of the hospitals.

Questioned raised by the board: what does CD² do and how is the training with the nurse leaders? Dr. Cineas responded; it is going back to basic nurse practice. There are 5 days of training, Dr. Cineas leads the trainings. There are all levels of nurses in the training, they go over what they learned in nursing school. Then they challenge one another with questions. After the 5 days the nurse leaders go back to the basics with standard work to ensure that they are understanding what the assessment are in their areas and go back and demonstrate the basics.

All of the leaders are trained, the CEO and the CMO at all of our facilities come in during the 5 days. The leaders are trained on how to huddle for less than 10 minutes at the beginning of every shift. There is a huddle at 6:45AM where the CNO dials in and gets the report from the off-shift supervisor and all leaders are there for 15 minutes to get what is transpiring in the hospital. After the week of safe space training and nurse leadership are on the same page, training starts for the frontline staff. Right now, 1500 nurses are being trained at Bellevue one by one. After they are trained on their respective units, they are brought to simulation to go over the skills they should have. This is ensuring safe practices. The board commended the work that Dr. Cineas has done.

CHIEF INFORMATION OFFICER REPORT

Dr. Kim Keziah Mendez, Senior Vice President and Corporate Chief Information Officer gave highlights of EITS to the committee.

Dr. Mendez presented the update which includes an overview EITS goals for fiscal 2024 and highlight accomplishments from 2023. The data center migrations whose project timeline that started in May 2021 has been completed as of December 2023. The SunGuard transition was completed in September 2022 and the transition to Cyrus One and that was completed at the end of last month. The former Jacobi Data Center will be transitioning to new MDF, main district distribution framework, areas which will be built out to support network support activities at Jacobi Medical Center.

Dr. Mendez also highlighted efforts from the Enterprise Support Services, which are relied on 24/7 by the entire institution answer any call anybody has when they need support. The satisfaction rate has increased from 92% to 95.3 which is higher than the average benchmark for the nation of 85%.

Dr. Mendez then provided an overview of the PMO, Project Management Office, and their efforts over the past year. They processed almost 2500 demands, or requests, across the system which include the, not limited to, new hospital wing at South Brooklyn and major Epic workflow changes. In addition, various governance and advisory committees have also been formed to provide equity and help with decision making. A few of the committees include clinical governance and artificial intelligence which will be reported on in future updates.

Questioned raised by the board: regarding the volume of call received by the Enterprise Service Desk. Dr. Mendez responded; On average, over 70,000 calls are received which includes calls from across the system such as skilled nursing facilities and affiliates. As part of the high satisfaction rate,

customers survey satisfaction surveys were put in place about 2 years ago as per recommendation from previous board meetings. In addition, efforts to automating certain requests by using a virtual agent would help the call center agent navigate requests and improve escalation efficiencies such as password reset or issues with Epic. Dr. Mendez closed her report by thanking Angela Zumaran, AVP of Support Service for her work and efforts in this area.

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan, presented on behalf of Talya Schwartz, MD, President and CEO, to the committee, a full report is included in the materials, with the following highlights -

Behavioral Health (BH) Care Management (CM) Redesign:

In 2016, 2015 the State decided, that individuals with serious mental illness who were previously managed by the State, in a fee for service model would be managed by managed care organizations. The first 5 years MetroPlus outsourced the behavioral Health portion of this benefit to a behavioral health organization, Beacon.

In 2021 MetroPlus brought behavioral health inhouse. This was to ensure that there will be a strong collaboration between the plan and the providers. A module was created to focus on individuals who are admitted to an inpatient facility where there was behavioral health or substance abuse to place care managers on site. This is done in 3 Health + Hospitals, Kings county, Metropolitan, and Jacobi.

At other inpatient facilities and standalone substance abuse inpatient facilities, there has been community outreach pods put in place. The modules require a care manager or a peer, to meet the individual while they are admitted into the inpatient facility. There they meet the person that they will be engaging with in the community and telephonically. Making that connection was to ensure strong community follow up post discharge. One of the other benefits of bringing behavioral health to the managed care health plans, is information exchange. There has often been a lot of information on the physical health issues with the member, where they have been admitted, to an inpatient stay. Despite the reliance on information exchange through electronic health record, substance abuse isn't there. There are digital restrictions that prevent the information from coming across. With the appropriate consent, information can be shared with the inpatient facilities and the managed care.

Engagement increase with the program redesign: the goal was to ensure that the patient engagement was immediate post discharge, after their outpatient visit, or at least 30 days with care management. The 30-day engagement increase dramatically in the Pre-redesign of this initiative. The goal was to solidify engagement happens within 7 days. This has reduced readmissions, individual enrolled in Medicaid with mental health issues, as well as those in health recovery plan. These people have to be followed longer to assure this is a sustained impact of the model. The collaboration between the plan and provider to bring health services and managed care is a benefit.

Questioned raised by the board: post covid, has it been a positive outcome being telephonic or virtual, versus in person? Dr. Shah responded: in the behavioral health space, once a connection has been made in person, a patient who struggled to leave their home because of their behavioral health conditions, is able to connect to the provider telephonically or virtual has been a plus. It may reduce no shows.

Questioned raised by the board: have you asked the peer counselors what challenges have they faced when they connect the patient to the different services: Dr. Shah responded; there has been time when the peer has had issues. They do give concrete feedback on the challenges they face. There has been talk about building a customer satisfaction survey. There should also be a model that surveillence the peers and community health workers on their experience. Their experience will make the system better on what the patients encounter.

The board commented and commend Dr. Shah on the work that has been done. There being no further business, the meeting was adjourned 10:10AM.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

WHEREAS, the NYC Care Vendors are Community Based Organizations (CBOs) will provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City’s diverse immigrant communities learn about access to healthcare; and

WHEREAS, the Request for Proposals for the provision of NYC Care was released on January 30, 2024 through its Supply Chain Services Unit, followed by a pre-proposal conference, attended by eighty-three vendors; and

WHEREAS, of the eighty-three vendors that attended the pre-proposal conference, forty vendors submitted proposals and were evaluated by the evaluation committee.

WHEREAS, in conformance with its procurement operating procedure, the System received and evaluated proposals from forty vendors and evaluated such proposals among a diverse evaluation committee; and

WHEREAS, twenty-two vendors, as listed in the attached Exhibit A, were selected to receive contract award; and

WHEREAS, the Executive Director for NYC Care Department of Ambulatory Care and Population Health will be responsible for the administration of the proposed agreements.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH
TWENTY-TWO VENDORS**

OVERVIEW: The purpose of this agreement is to provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City's diverse immigrant communities learn about access to healthcare

PROCUREMENT: The System undertook an RFP to procure vendors to provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City's diverse immigrant communities learn about access to healthcare Marketing Services. Forty vendors provided proposals. After evaluation, twenty-two vendors on the attached Exhibit A were selected to receive a contract award.

NEED Each vendor will provide outreach, education and enrollment assistance in support of the NYC Care program which is essential to ensuring New York City's diverse immigrant communities learn about access to healthcare.

TERMS: These agreements shall not exceed \$6,652,800 over the potential thirty-six-month term.

MWBE: All vendors are Community Based Organizations (CBOs) and are not subject to the MWBE requirement.

Exhibit A

1. Academy of Medical & Public Health Services
2. Adhikaar for Human Rights and Social Justice
3. AIDS Center of Queens County
4. AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)
5. Arab American Family Support Center, Inc.
6. Center for the Independence of the Disabled, NY
7. Center for the Integration & Advancement of New Americans, Inc. (CIANA)
8. Council of Peoples Organization, Inc.
9. DSI International Inc
10. Emerald Isle Immigration Center
11. Jewish Community Council of the Rockaway Peninsula, Inc
12. Korean Community Services of Metropolitan New York, Inc. (KCS)
13. La Jornada Ltd
14. Make the Road NY
15. Mixteca Organization Inc.
16. Metropolitan New York Coordinating Council on Jewish Poverty
17. Project Hospitality, Inc.
18. Sauti Yetu Center for African Women Inc
19. Single Stop USA
20. South Asian Council for Social Services
21. United Sikhs
22. Voces Latinas



To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Irmali Rivera-Bazan Associate Counsel Office of Legal Affairs
Irmali Rivera-Bazan
Digitally signed by Irmali Rivera-Bazan
Date: 2024.04.02 16:35:11 -0400

Re: Vendor Responsibility, EEO and MWBE Status for Board Review of Contract

Contract: RFP No. 2755 - NYC Care

Date: March 21, 2024

The below chart indicates each vendor’s status as to vendor responsibility, EEO and MWBE:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Academy of Medical & Public Health Services	Approved	Pending	N/A
Adhikaar for Human Rights and Social Justice	Approved	Pending	N/A
AIDS Center of Queens County	Approved	Pending	N/A
AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)	Approved	Pending	N/A
Arab American Family Support Center, Inc.	Approved	Pending	N/A
Center for the Independence of the Disabled, NY	Pending	Pending	N/A
Center for the Integration & Advancement of New Americans, Inc. (CIANA)	Approved	Pending	N/A
Council of Peoples Organization, Inc.	Approved	Pending	N/A
DSI International Inc	Pending	Pending	N/A
Emerald Isle Immigration Center	Approved	Pending	N/A
Jewish Community Council of the Rockaway Peninsula, Inc	Approved	Pending	N/A
Korean Community Services of Metropolitan New York, Inc. (KCS)	Approved	Pending	N/A
La Jornada Ltd	Pending	Pending	N/A
Make the Road NY	Approved	Pending	N/A
Mixteca Organization Inc.	Approved	Pending	N/A
Metropolitan New York Coordinating Council on Jewish Poverty	Approved	Pending	N/A

Project Hospitality, Inc.	Approved	Pending	N/A
Sauti Yetu Center for African Women Inc	Approved	Pending	N/A
Single Stop USA	Approved	Pending	N/A
South Asian Council for Social Services	Approved	Pending	N/A
UNITED SIKHS	Approved	Pending	N/A
Voces Latinas	Approved	Pending	N/A

NYC Care Outreach

Medical & Professional Affairs / Information Technology Committee

Application to Award Contracts April 8, 2024

**Jonathan Jimenez, MD, MPH
Executive Director, NYC Care**

Department of Ambulatory Care & Population Health

For Committee Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for NYC Care outreach services to cover all five boroughs with vendors, each of the 22 CBOs, and attached hereto as Exhibit A, on behalf of the System for an initial period of eighteen months with one eighteen-month renewal option, exercisable at the discretion of the System. These agreements shall not exceed \$6,652,800 over the potential thirty-six month term.

Background / Current State

- From the initial launch of NYC Care in 2019, community based organizations (CBOs) have facilitated significant outreach, education, and enrollment assistance. These CBOs have helped ensure NYC Care is understood among NYC's diverse uninsured and underinsured communities. These CBOs are ambassadors in building trust in NYC Care and accessing healthcare through NYC Health + Hospitals.
- All CBO partners have been performing satisfactorily. CBOs have helped bring NYC Care membership to over 135,000 New Yorkers, exceeding the initial target of 100,000. Additionally, the CBOs' success in outreach & enrollment is such that the zip codes they currently serve were not included as priority targets in the new round of funding.
- An RFP process was completed in 2021 for a twelve month contract with the option to extend another year. 22 organizations were funded and then 21 were offered an extension. The 21 contracts expired on October 31, 2023.
 - A deviation memo for a 6-month best interest extension had been submitted to Dr. Katz to avoid discontinuity in services and to allow for time to complete an RFP.
- CBOs are funded proportional to assigned outreach and enrollment assistance goals.
 - Each CBO focuses their contracted work in zip codes specifically identified by NYC Care as priority neighborhoods.
- As nonprofits, all CBO's are exempt from MWBE and ineligible for MWBE certification.

Historical Spend

Contract Dates	Term	Value
Nov 1, 2021 - Oct 31, 2022	12 months	2,697,200.00
Nov 1, 2022 - Oct 31, 2023	12 months	2,237,400.00
Nov 1, 2023 - Ap 30, 2024	6 months	1,118,700.00
Total	30 months	6,053,300.00

➤ Spend per 12 months has been \$2,421,320

RFP Criteria

- **Minimum criteria:**
 - Applicants must be not-for-profit corporations that are either organizations recognized as tax exempt under IRC501(c)(3) or have a fiscal sponsor that is a 501(c)(3) recognized organization.
 - Applicants must have general commercial liability insurance of at least \$1M.
 - Applicants and fiscal sponsors (where applicable) must have been in business for at least three years.
- **Substantive Criteria:**
 - 40% Organizational experience, capacity, and approach to outreach, particularly within the zip codes/communities targeted as priority by NYC Care
 - 30% Prior experience delivering similar health outreach and/or health insurance navigation/ enrollment programs
 - 20% Cultural expertise and cultural humility
 - 10% If organization employs health insurance enrollment navigators
- **Evaluation Committee:**
 - Executive Director, NYC Care
 - Director of Community Affairs, NYC Care
 - Senior Director, Office of Population Health
 - Senior Director, Office of Population Health
 - Director of Marketing, Post-Acute Care
 - Director of Community Affairs, Office of External Affairs

Overview of Procurement

- 11/28/23: CRC approved an application to issue RFP
- 01/30/24: RFP posted on City Record
- 01/30/24: RFP sent directly to wide list of NYC not-for-profit organizations
- 02/06/24: Pre-proposal conference call; 83 vendors attended
- 02/21/24: Proposal deadline, 40 proposals received
- 03/06/24: Evaluation committee completed scoring, 22 CBOs selected

Additional Context for Vendor Selection

- Vendors were selected based on organizational experience in serving neighborhoods from a pre-set list of NYC Care-selected priority Zip Codes
- Priority Zip Codes are those with higher rates of uninsured residents & lower rates of current NYC Care membership
- Boroughs are allotted vendor slots relative to their general population and rates of uninsured residents and current NYC Care membership
- Selected Vendors had the highest scores, but also represent a diversity of organizational experience.
- Most Selected Vendors are multi-service organizations with the capacity to leverage built-in audiences and existing community trust.
- They also represent additional programmatic areas, including:
 - AIDS/HIV Services & Advocacy
 - Anti-Poverty, Benefits Access, and Social Services
 - Civic Engagement
 - Disability Services & Advocacy
 - Education (Afterschool Programs, Job Training)
 - Housing & Homelessness
 - Immigrant/Refugee Services & Advocacy
 - Food Security (including America’s largest Kosher Food Pantry System)
 - Public Health & Healthcare Access

NYC Care 2024 Priority Zip Codes

TIER 1 BRONX	TIER 2 BRONX
10453 - Morris Heights	10457 - Bathgate
10460 - West Farms	10461- Westchester Square
10463 – Kingsbridge	10473 - Soundview
10475 - Co-Op City	

TIER 1 BROOKLYN	TIER 2 BROOKLYN
11204 – Bensonhurst	11209 – Bay Ridge
11207 - East New York	11218 – Kensington/Flatbush
11220, 11232 – Sunset Park	11231 – Red Hook
11233 - Ocean Hill/Brownsville	11214 – Bath Beach

TIER 1 MANHATTAN	TIER 2 MANHATTAN
10002, 10013 – Chinatown	10002 – Lower East Side
10038 – Two Bridges	10025 - Harlem
10033, 10039, 10040 – Washington Heights	10037 - Harlem
10034 - Inwood	

TIER 1 QUEENS	TIER 2 QUEENS
11101 – Queensbridge	11369 – East Elmhurst
11358 – Broadway-Flushing	11418, 11419 - Richmond Hill
11416, 11417– Ozone Park	11420 - South Ozone Park
11691 - Far Rockaway	11433, 11434 – Jamaica
11692 - Far Rockaway	

TIER 1 STATEN ISLAND	TIER 2 STATEN ISLAND
10302 – Port Richmond	10301 - Tompkinsville
10303 – Mariner’s Harbor	10306 - New Dorp
10304 – Stapleton	10310 - West Brighton

Vendor Performance

	Performance and Overall Quality Rating Satisfactory
Arab American Family Support Center	Satisfactory in All Areas
Adhikaar	Satisfactory in All Areas
AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)	Satisfactory in All Areas
Academy of Medical and Public Health Sciences/Raising Health	Satisfactory in All Areas
Center for the Integration & Advancement of New Americans, Inc. (CIANA)	Satisfactory in All Areas
Council of Peoples Organization	Satisfactory in All Areas
Diligently Serving Immigrants International Inc	Satisfactory in All Areas
Emerald Isle Immigration Center	Satisfactory in All Areas
Korean Community Services	Satisfactory in All Areas
Mixteca Organization Inc.	Satisfactory in All Areas
Make the Road New York (MRNY)	Satisfactory in All Areas
Project Hospitality	Satisfactory in All Areas
South Asian Council for Social Services	Satisfactory in All Areas
Sauti Yetu Center for African Women	Satisfactory in All Areas
Single Stop	Satisfactory in All Areas
UNITED SIKHS	Satisfactory in All Areas
Voces Latinas	Satisfactory in All Areas

➤ These are incumbent vendors that will be re-awarded

Vendor Performance Cont.

- **All selected incumbent vendors have performed satisfactorily.**
- Performance is based on fulfillment of contract responsibilities.
 - Quantitative Outreach Goals
 - Each Outreach Funding Line targets at least 400 individuals reached per month
 - AND 40 appointments made for insurance eligibility screenings
 - Each Direct Enrollment Funding Line will have a target of 10 enrollments per month.
 - Qualitative
 - Participate in monthly office hours
 - Participate in monthly one-on-one check-ins
 - Participate in NYC Care press and outreach events
 - Share community events and program success stories
 - Train new outreach staff

Vendor Selection

Bronx CBOs - 4

AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)

Sauti Yetu Center for African Women

Single Stop

Manhattan CBOs - 2

AIDS Service Center of Lower Manhattan, Inc. (dba Alliance for Positive Change)

Korean Community Services

22 CBOs chosen:

- Track records of serving NYC Care Priority Zip Codes (highest rates of uninsured NYers & lowest rates of NYC Care enrollment)
- Speak 30 different languages

Brooklyn CBOs - 8

Arab American Family Support Center

Center for the Independence of the Disabled, NY

Council of Peoples Organization

Jewish Community Council of the Rockaway Peninsula

Make the Road NY

Met Council

Mixteca Organization Inc.

Raising Health

Staten Island CBOs - 1

Project Hospitality

Queens CBOs - 12

Adhikaar

AIDS Center of Queens County

Center for Independence of the Disabled, NY

Center for the Integration & Advancement of New Americans, Inc.

DSI International

Emerald Isle Immigration Center

La Jornada Ltd.

Make the Road NY

South Asian Council for Social Services

United Sikhs

Voces Latinas

M&PA/IT Committee Request

Office of Ambulatory Care & Population Health is seeking approval to award 22 CBO contracts to provide outreach, education, and NYC Care enrollment services at a not to exceed amount of \$6,652,800

Contracts will start May 1, 2024 for 18-month terms, with option to renew for another 18-months.

Spend per 12 months will decrease from \$2,421,320 to \$2,217,600, saving \$203,720.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a best-interest renewal agreement with Canon Solutions America Inc. for the provision of enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

WHEREAS, Canon Solutions America Inc. (“Canon”) was previously awarded a contract as the result of an RFP performed in 2015 and such contract expires in June 2024 to provide enterprise-wide managed print services; and

WHEREAS, Canon has met the goals and service-level agreements in the existing agreement and has exceeded the cost savings goals in such agreement; and

WHEREAS, the System performed significant market due diligence to determine that the deal structure and model, market and pricing remain competitive and favorable to the System; and

WHEREAS, Canon will provide expertise and resources that would be cost prohibitive for the System to deploy; and

WHEREAS, it was determined that it is in the System’s best interest to renew the agreement with Canon to receive a best interest renewal contract award; and

WHEREAS, the Senior Assistant Vice President for EITS will be responsible for the administration of the proposed agreements.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute a best-interest renewal agreement with Canon Solutions America Inc. for enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH
CANON SOLUTIONS AMERICA INC., FOR
MANAGED PRINT SERVICES**

OVERVIEW

The purpose of this agreement is to provide enterprise-wide managed print services for all of the system's printing and printing consumables needs with best-in-class service level agreements. Under the existing agreement we have achieved reduced printing by 58%, reduced printers by 30%, reduced more expensive color printing by 50%, networked almost all printers allowing for "print anywhere" service and timely identification and resolution of troubleshooting issues, and saved \$19.4 million.

PROCUREMENT

The System is engaging in a best-interest renewal with Canon. Canon has met the service-level agreements in the existing contract and exceeded the cost savings targets. The System performed significant market due diligence, including engaging expert third-parties, to determine that the deal structure and model, market and pricing remain competitive and favorable to the System and thus determined that it is in the system's best interest to renew the agreement with Canon rather than to re-procure. The due diligence efforts did not reveal any potential significant cost savings opportunities by switching vendors. The cost of switching vendors for this service would be significant as every printer across the system would need to be replaced and re-networked, which would include IT infrastructure and software changes.

NEED

Canon Solutions America Inc. provides the system with managed print services.

TERMS

This agreement shall not exceed \$63,572,940 over a seven-year term.

MWBE

The MWBE goal was set at 20% for Canon Solutions America Inc., consistent with our Procurement and Contracting Policy 100-05 and Vendor Diversity Policy 100-10.

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Irmali Rivera-Bazan Irmali Rivera-Bazan
Associate Counsel Rivera-Bazan
Office of Legal Affairs Bazan

Digitally signed
by Irmali
Rivera-Bazan
Date:
2024.03.20
10:35:25 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board Review

Date: March 20, 2024

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

<u>Vendor Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Canon	Approved	Pending	20%

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.

Enterprise Print Management

**Medical & Professional Affairs/Information Technology
Committee**

Application for Best Interest Contract Renewal

April 8, 2024

Jeffrey Lutz, Senior AVP, EITS

Ishmael Miller, Director, EITS



For Committee Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a best-interest renewal agreement with Canon Solutions America Inc. for the provision of enterprise-wide managed print services for a period of seven-years. The agreement shall not exceed \$63,572,940 over the seven-year term.

Background

- Canon currently provides services supporting printing and printing consumables replacements that support NYC Health + Hospitals printing needs by providing expertise and resources that would be cost prohibitive for NYC Health + Hospitals to deploy.
- Canon was selected as the winning vendor from an RFP performed in 2015 and current contract expires June 2024
- Total contract spend (encumbrance) from FY '18 to '24 is \$79M
- In partnership with Canon, resulted in a reduction of our print environment including:
 - Over 30% of printers - from over 26,000 to currently 17,507
 - **Administrative** : Moving users to Secure Print shared devices; Challenges : users not wanting to relinquish “personal” printers. Require leadership endorsement and awareness efforts throughout our system. Benefits : more printing access, increased security, less waste, more transparency.
 - **Clinical** : Working with clinical leaders to design effective workflows that require less printer hardware, more failover & increase accessibility to printing; requires commitment, time and planning with our clinical leaders. Examples: AVS centralization and Rx Centralization projects at participating facilities.
 - 40% few models to manage (from 392 to 234)
 - 58% overall print volume reduction (from 480 million down to 200 million pages) *A large portion due to unreleased Secure Printing,jobs that prior to secure print would have printed and not retrieved and used.*
 - 50% reduction in color print volume (from 48 million to 23.6 million pages)
 - Increase in network connected printers from 35% to 90%
 - Increased the efficiency of our large print centers (from 11 to 5 Print Hubs) allowing for cost savings on everything from hard signage to business cards. Less hardware, more options, less costs & more output.
 - Improved printing security and efficiency through the implementation of Secure Print
 - Achieved a total cost savings of \$19.4 million in excess of the total \$13.3 million originally estimated

Due Diligence

- Contract Review
 - Reviewed contract and Canon service with Gartner
 - Gartner overall approved of the contract structure and gave a good review of Canon as a provider.
 - Conductiv Review included both contract and pricing
 - Pricing was in alignment with other similar sized contracts
 - Contract Pro's
 - SLA's - meet or exceed Conductiv's recommendations and are considered very competitive
 - Additional resources for quality assurance and continuous improvement
 - Resources both project and operational focused
 - Hard Drive destruction language which follows NYC H+H security policies
 - Recommendations
 - Lease Pausing - pausing leases for devices that are not used, but still under the terms of the lease agreement
 - Price Increases - adding language to specifically prevent price increases
- Conductiv - Industry Leading Purchased Services Tech Stack (GNYHA)
 - 20+ years of analytics + deep market insights including \$700B in categorizes spend and over 4,000 suppliers participating (including Canon)
 - Pricing compared across hospitals of similar size and competitors including Xerox, Staples, Ricoh, and Konica Minolta
- Analytics - Give raw data purpose and direction with market share visualizations, cognitive insights and ROI predictions.
- Contract Intelligence (Benchmarking) - Determine the competitiveness of the contract, validate sourcing activity, and refine savings goals.

Best Interest Renewal Rational

- Service Due Diligence
 - After review with Conductiv and given Canon's history with NYC H+H and proposed improved SLA's and added resources with still a lower contract cost, a change to a competitor would not necessarily lead to a significant improvement here as they would have to learn our environment and adapt to our current print support environment.
- Complexity of Transition
 - Due to the size and complexity of the current print environment, a transition to a new vendor would take multiple years and jeopardize current initiatives underway along with the potential cost savings associated with these initiatives.
- Pricing Due Diligence
 - After review with Conductiv, the analysis determined that there would not be a significant financial gain that would offset the costs associated with a transition and increase identified cost savings

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Canon Solutions America Inc.	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work?	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Satisfactory

New Contract

- New York City Health + Hospitals is looking to enter into a new seven year contract with a NTE of \$63,572,940
 - Annual Gain Share / Maximum Spend Pricing Schedule - approximately \$16 million in savings over life of contract
 - Additional resources and right-sizing of on site support personnel, better service and eliminate the need for overtime, plus ability to downsize labor if found to be underutilized
 - New reduced SLA's based on data from ServiceNow and additional resources, including 5% credit if SLA's are not met.
 - Multi-function devices will be on five year leases, which will be reduced by 25% in years six and seven.

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
\$9,465,127	\$9,370,476	\$9,276,771	\$9,184,004	\$9,092,164	\$8,635,376	\$8,549,022	\$63,572,940

Vendor Diversity

Canon Historical M/WBE Performance

Subcontractor	NYC/NYS Certified	Ethnicity	Gender	Total Paid to Canon	Total Paid to Garic	M/WBE % Achieved
Garic, Inc.	Yes	Black	Male	\$79,635,362	\$11,538,070	14.5%

- Canon’s M/WBE goal was set at 20%.
- They were able to achieve 14.5% with their subcontractor Garic, Inc.
- Garic, Inc is an Equipment Leasing Company.
- The renewal will also carry a 20% goal which Canon expects to achieve through equipment.

M&PA/IT Committee Request

EITS is seeking approval to enter into a seven year contract with Canon Solutions America for Managed Print Services at a not-to-exceed cost of \$63,572,940 to continue providing the following services:

- Support and maintain print flight
- Purchase of printing consumables (ex. toner)
- Provide resources to support printing fleet and establish a more efficient print environment
- Support and drive efficiencies for NYC H+H print hubs

Ability to terminate for convenience

Term: 7 years

**Chief Medical Officer Report
Medical & Professional Affairs and
Information Technology Committee**

Obstetrics, Gynecology & Women's Health Update

April 8, 2024

Wendy Wilcox, MD, MPH, MBA
Chief Women's Health Officer



NYC Health + Hospitals

Our Mission

Our mission is 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.

Our Brand Promise

Empower every New Yorker – without exception – to live the healthiest life possible by providing equitable, high-quality, culturally responsive, and affordable health care in every community.



QUALITY & OUTCOMES



ACOG Voluntary Review of Quality of Care (VRQC) --Background

- Confidential, voluntary, consultative peer review service offered to healthcare institutions by the American College of Obstetricians and Gynecologists (ACOG).
- Institutions may request ACOG's VRQC team of practicing, Board-certified obstetricians and gynecologists to visit the institution in order to evaluate the degree to which practice patterns are consistent with published guidelines, and to suggest possible avenues for improvement.
- Began in 1986, over 230 site visits have been conducted using a clinically-oriented and evidence-based approach to examine the quality of patient care delivered.



VRQC + NYC Health + Hospitals

- Starting in April 2022 and ending in March 2023, ACOG VRQC conducted 11 site visits to NYC Health + Hospitals OBGYN departments. To date, nine (9) reports have been received.
- The complete assessment will require receipt of all 9 reports; however some high level findings have been consistent across most facilities...

Positive

Staff is extremely committed to the patient population and communities which we serve.



VRQC High Level Findings

- All staff (MD, RN, CNM/CM, residents) need training in fetal heart rate interpretation.
[AWHONN training has started]
- A more robust quality structure should be developed at the system level
[Working with RPC and Quality to establish]
- A formal peer review structure should be developed
[Working with OBGYN Department leadership and Quality to establish]
- Team training is needed to enhance communication and foster healthy departmental culture
[AWHONN training + Simulations]
- Need for a policy management system which makes policies easier to find, update and manage.
Need for centralized, updated policies.
[in process with OBGYN Policy Workgroup]



CARE EXPERIENCE



Virtual Express Care for Postpartum Women

- Soft launch March 2024
- 24/7 access to a provider
- Will address clinical postpartum concerns, as well as behavioral health concerns
- Collaboration between VeC team and OBGYN departments
- Patients may be directed back to hospital, to an urgent visit with OBGYN, or may be resolved during the call



Quantification of Blood Loss

- Obstetric hemorrhage is a major cause of maternal mortality and severe maternal morbidity
- Estimated blood loss is notoriously imprecise and underestimation of blood loss during delivery can lead to a delayed and/or inadequate response to maternal hemorrhage, endangering the life of the peri-partum patient.
- ACOG Committee on Obstetric Practice recommended the implementation of QBL measurement:
 - (a) use of direct measurement of obstetric blood loss and
 - (b) protocol of the collecting and reporting of a cumulative record of blood loss after delivery.



Triton QBL

- A device used in Labor and Delivery rooms and Operating rooms to quantify blood loss
- Provides a standardized methodology for real-time quantification of blood loss and is more accurate for measurement of actual blood loss [the technology does not count amniotic fluid]
- As of March 2024, all Labor and Delivery units in 11 hospitals have implemented the Triton system



PeriWatch Fetal Monitoring System

- Encompassing most of CY2023, the OBGYN Council conducted a rigorous review of fetal heart monitoring software systems, culminating in December 2023 with the choice of

PeriWatch Vigilance Fetal Monitoring System by PeriGen

- Uses AI capability to give providers **decision support**, especially for evaluating indeterminate (category 2) fetal heart rate patterns
- Allows for standardized documentation and greater ease of documentation for nursing
- Currently the project is going through contract review and security review.
- Governance and implementation plan is being developed.
- Estimated timeline for implementation **June 2025**

THANK YOU!



SYSTEM CHIEF NURSE EXECUTIVE REPORT
Medical & Professional Affairs/Information
Technology Committee
April 8, 2024

NYC Health + Hospitals

January – March 2024



Office of Patient Centered Care (OPCC) Accomplishments

Care Delivery Daily (CD²) Management System – Bellevue

- Following a successful CD² roll out at six acute care hospitals, we implemented the Care Delivery Daily Management System at **Bellevue** last January. This is the seventh hospital to complete the CD² training and roll out.
- The goals of CD² include:
 - Standardize communication huddles from top to bottom in order to provide the best possible outcomes for our patients
 - Improve communication amongst nurses and nurse leaders
 - Escalate any issues for awareness and additional support as needed
 - Organize and consistent nursing care that is patient centric
 - Reinforce the nursing process and standard of care
- Attended by Nurse Leaders from Med/Surg, Behavior Health, Critical Care, Emergency Medicine, and Maternal Child Health

Office of Patient Centered Care (OPCC) Accomplishments

System Chief Nursing Executive (CNE) Town Hall

- The first town hall of the year where **Natalia Cineas, DNP, RN, NEA-BC, FAAN**, Senior Vice President and Chief Nursing Executive address topics of interest to the nursing leadership.
- In this town hall, **Opeyemi Blessing, DNP, RN, CCRN, CPPS**, Associate Director of Nursing Excellence/Research, joined to discuss Clinical Ladder Program and the launch of the new enhancement to the nursing program – StaffGarden. This is the only cloud-based, professional development management platform that is purpose-built to manage clinical professional advancement programs.
- The nursing leadership posed questions directly to both and received answers from them.
- Event was held on March 11th at 10 AM and 3 PM
- Attendance: >260 people

Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat: Clinical Ladder Program

- **Brief:** This is the tenth iteration of the bi-monthly series that **Natalia Cineas, DNP, RN, NEA-BC, FAAN** has an intimate chat about important topics within our Nursing System. The topic is Clinical Ladder Program.
- The guest speaker was **Opeyemi Blessing, DNP, RN, CCRN, CPPS**, Associate Director of Nursing Excellence/Research, who gave insight on steps on how to apply and participate in this program developed in partnership with the New York State Nurses Association (NYSNA).
- Event was held on March 15th from 2:00 – 3:00 PM
- Attendance: >302 people

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Beacon Awards



- The **Cardiac Catheterization Lab** at NYC Health + Hospitals/**Jacobi** is the latest to join a select group of organizations that have received a **Gold-level Beacon Award for Excellence** from the American Association of Critical-Care Nurses (AACN) on January 29th, 2024.
 - This recognition is **one of the only four Cath Labs in New York State (one in seven in the country)** and the only one in the Bronx with Gold AACN Beacon designation.
- The **Neonatal Intensive Care Unit (NICU)** at NYC Health + Hospitals/**Metropolitan** also received a **Gold-level Beacon Award for Excellence** from AACN on January 7th, 2024.
 - This recognition is the **1st in New York City and 2nd in New York State** with Gold AACN Beacon designation.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Beacon Awards



- The **Neonatal Intensive Care Unit (NICU)** at NYC Health + Hospitals/**Kings County** received a **Silver-level Beacon Award for Excellence** from AACN on January 16th, 2024.
- The **Neonatal Intensive Care Unit (NICU)** at NYC Health + Hospitals/**Jacobi** also received a **Silver-level Beacon Award for Excellence** from AACN on January 31st, 2024.
- On February 1st, 2024, the **Coronary Care Unit (CCU)** at NYC Health + Hospitals/**Jacobi** received a **Silver-level Beacon Award for Excellence**.
 - This recognition is **one of the four CCUs in New York State** and the only CCU in the Bronx with Silver AACN Beacon designation.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Nursing Clinical Ladder

- Over 1400 nurses successfully completed the Nursing Clinical Program in 2023.
- StaffGarden – a new cloud based professional development platform for the Nursing Clinical Ladder Program to be rolled out on March 29th, 2024.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Certification

- Nurse Builders, a cloud-based certification review course platform went live on March 19th, 2024. All registered nurses across the healthcare system can sign up and choose from 34 (and counting) certification review courses to begin the journey to obtain their certification.
- Facility-wide celebrations will be held throughout the month of March to recognize and celebrate certified nurses. The top three facilities with the highest percentage of certified nurses (**Queens, Elmhurst, PAC – Gouverneur**) will hold in-person certification events.
- Systemwide certified nurse day celebration on March 28th to celebrate all certified nurses in NYC Health + Hospitals.

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

Nursing Fellowship Programs

- The fellowship programs curricula are designed to prepare new graduate RNs transition to practice to provide high-quality care to patients while excelling in their nursing profession.
- The extensive, structured, evidence-based and detailed curriculum will equip nurses with the necessary knowledge, skills, and attitudes to navigate any challenges that may arise in their clinical practice with confidence, empathy, cultural awareness, and competence.

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

Emergency Department Nursing Fellowship

- Thirty-three fellows graduated between September 2023 – January 2024.
- In January 2024, the ED Nurse Fellowship started admitting candidates twice monthly. Currently, there are 190 ED nurse fellows from cohorts three to eight in the program.
- The next graduation is scheduled on April 16th, 2024 for 103 ED fellowship graduates.
- The ED Nurse Fellowship program has 27 cohorts for the 2024 program schedule. The program is projecting 300 graduates for 2024-2025 schedule.
- Additional fellowship programs for Intensive Care Units (ICU), Operating Room (OR) and Neonatal Intensive Care Units (NICU) will commence in the next few months.



Thank you!

Questions



Enterprise Information Technology Services

April 8th, 2024 Update

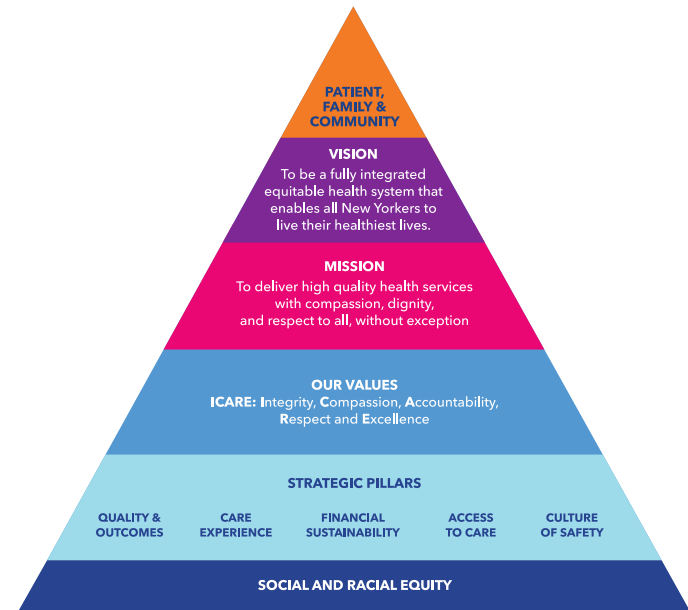
Kim Keziah Mendez, Senior Vice President- Corporate Chief Information Officer

EITS Update Agenda

- Introductions
- EITS FY 2024 Goals
- Focused EITS Update
- Q + A

NYC H + H Information Technology FY 2024 Goals

- **EITS Infrastructure Enhancement (Financial Sustainability/ Quality & Outcomes)**
 - Go Live of Cyrus One Data Center CY 2023
 - Facility & Data Center Network Refresh
 - Enhanced telecommunication experience & device tracking
 - Enhanced Downtime & Business Continuity Access (BCA)
 - Develop System Architect Office & Cloud Strategy
- **EITS Clinical Information Services Enhancement(Quality & Outcomes/ Access to Care)**
 - CQI of Clinical Applications & Integration
 - Enhanced Bio- Medical Device Management
- **Accelerated Digital Transformation (Quality & Outcomes/ Access to Care)**
 - Telehealth Expansion & Enhancement
 - CQI & Optimization of Patient Portal
 - Collaborate on System AI Strategy
- **Epic EHR Effective Use (Care Experience/ Quality & Outcomes / Social & Racial Equity)**
 - DOHMH – Epic Community Connect Go Live in CY 2024
 - Expansion & enhanced utilization of Epic EHR
- **EITS CQI (Quality & Outcomes)**
 - Implement Service Now Platform Enhanced Management & Roadmap
 - Security & Risk Assessment / Management
 - EITS Governance (ERP, HIT, COEI)
 - Application Learning Team Optimization
 - EITS Operational Enhancements: Position Management, On-Off Boarding, Budget Control
 - Enhanced EITS Customer Experience



OKR Cascade – EITS FY 2024 Objectives

Objective: Enhancement of EITS Infrastructure

Key Result(s):

KR #1 – Cyrus One Data Center Go Live December 2023
 KR #2 – Refresh Network for FY 24 planned facilities
 KR #3 – Enhance telecommunication experience & device tracking
 KR #4 – Improve downtime & business continuity access workflows & capabilities
 KR#5- Develop Roadmap for System Architect, AI Ops, and Cloud Strategy

Objective: Enhancement of Clinical Application Services

Key Result(s):

KR #1 – CQI of Clinical Applications & Integration
 KR #2 – Launch new Bio-Medical Device Management solution & organizational framework

Objective: Improve Effective Use of Epic EHR

KR # 1- Re-launch Epic Community Connect w/ DOHMH (planned date TBA)
 KR# 2- Expand & enhance utilization of Epic EHR

Objective: Accelerate Digital Transformation

Key Result(s):

KR #1 – Enhance & Expand Telehealth opportunities
 KR #2 – CQI & Optimization of My Chart Patient Portal
 KR# 3- Collaborate on System AI Strategy development

Objective: EITS CQI

KR#1 –Develop & Implement Service Now FY 24 Roadmap
 KR#2- Security & Risk Management assessment findings mitigation plan developed, launched, and tracked to conclusion.
 KR#3- Ongoing enhancement of EITS Governance (HIT, ERP, COEI, AI)
 KR#4- EITS Operational improvements developed & implemented: position management, on-off boarding, budget control
 KR#5- Improvement of EITS Customer Service



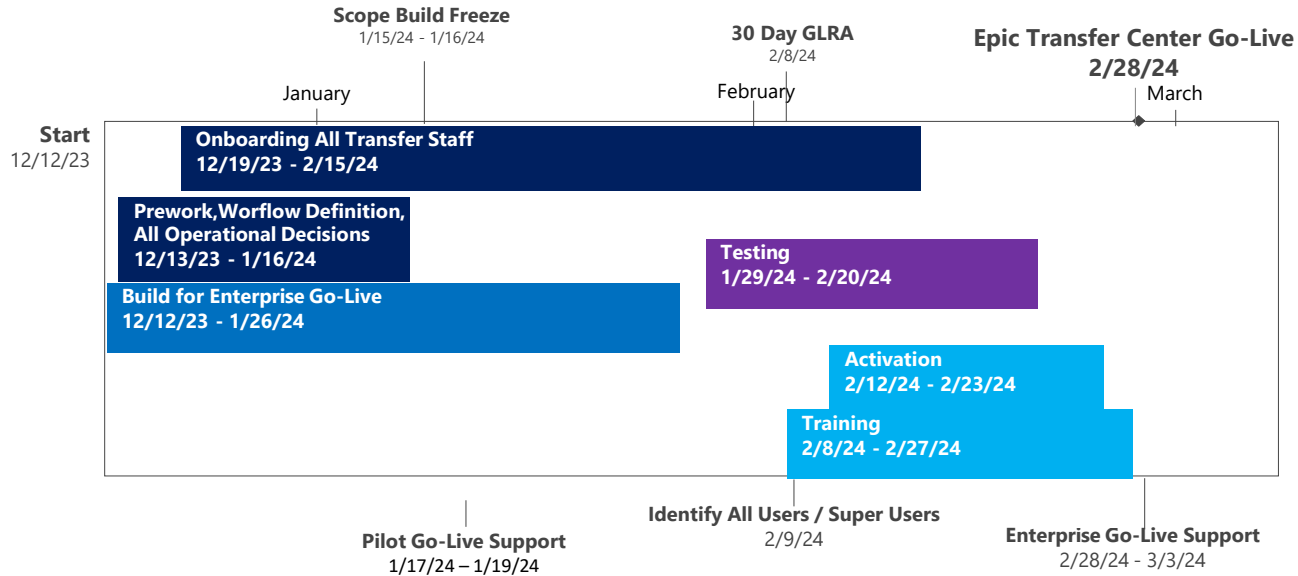
EITS Focused Update: Epic & Clinical Information Services

- Epic Transfer Center Module
- Nuvolo – Bio Medical Device Database

Epic Transfer Center Module : Go Live –February 28, 2024

- **Go Live Readiness:**
 - Project Timeline & Status
 - Build & Testing
 - Training
 - Operational Training
 - Go-Live Support & Next Steps

High-Level Timeline



Key Dates

Build for Enterprise Go-Live: 1/26/2024

Testing: 2/20/2024

Training and Operational Readiness: 2/27/2024

Enterprise Go-Live: 2/28/2024

TIMELINE KEY	
▶	DESIGN
▶	BUILD
▶	TEST
▶	OPERATIONAL READINESS AND TRAINING
▶	TECHNICAL AND ENVIRONMENTS
▶	GET SET & GO LIVE



Executive Summary

Note: Pilot went live on 1/17/24 for Emergency Department non emergency transfers from Woodhull to Bellevue.



Go-Live
Wednesday,
2/28/2024

Status

- High Alert
- Caution
- On Target
- Complete
- Not Started

Build Accomplishments



- Six workflows for the enterprise were configured for the Transfer Center: Build completed in Development environment on 1/26/24
 - Order Driven (ADT-20) (piloted on 1/17/2024 between Woodhull and Bellevue Hospitals for routine and urgent transfers for cardiology services)
 - Level loading
 - Emergency Department to Emergency Department
 - Labor & Delivery to Labor & Delivery
 - Call driven
 - Outgoing transport
- Build migrated to test environment and training environment environment 1/30/24 to facilitate application/integrated testing and training

Testing

- The team completed and reviewed six test scripts to facilitate Application, Integrated, and User Acceptance Testing: 1/26/24
- Application Testing conducted: 1/31/24 - 2/7/24
- Integrated Testing conducted by the Quality Assurance Team: 2/8/24 - 2/15/24
- User Acceptance Testing conducted by operations: 2/15/24 – 2/20/24

- Build migrated to training environment: 1/30/2024
- Curriculum updated
 - FIVE new workflows added:
 - Level loading
 - Emergency Department to Emergency Department
 - Labor & Delivery to Labor & Delivery
 - Call driven
 - Outgoing transport
- Pilot Training: Hosted via WebEx on 2/16/2024
- Super-user Training: Hosted at King's County Hospital on 2/21/2024
- End-user Training: Hosted at King's County Hospital on 2/23/2024

Operational Training

- Operations identified and provided all the names of the staff to be trained (Ambulanz, full time employees , ExpressCare etc.) on or before 2/9/24
- DocGo Training coordinated by operations and completed on or before 2/12/24
- Call Recording Training (if needed for the new users) coordinated by operations and completed on or before 2/13/24
- Operations Lead workflow sessions completed on or before 2/27/24

Go-Live Support



- **At-the-Elbow Onsite:**
 - On site at-the-elbow (ATE) support consisted of operations team
 - The support schedules were compiled and published prior to the Go Live
- **Virtual Command Center:**
 - Started at 8:00 am on Wednesday 2/28/24
 - This WebEx line was open during the support period from 2/28/24 – 3/1/24 from 8:00 am – 4:00 pm
 - Support needs were assessed and revised as needed based on the number of incidents reported
 - There was on call support for after hours and users reported any issues to the enterprise service desk and opened a ticket

Final Steps finalized prior to Go Live

Operational Team:

- Operations to identified all users/super users by 2/9/24
- Operations provided list of Transfer Center staff to Grand Central Team by 2/9/24
- DocGo Training: 2/12/24
- Call Recording Training: 2/13/24
- Operationally Lead Transfer sessions: 2/27/24

EITS Teams:

- Integrated Testing: 2/15/24
- Epic Pilot / User Training sign-Off: 2/16/24
- Super User, End User, and User Acceptance Testing: 2/20/24
- Epic Nurse Hand Off/ Physician tip sheets circulated: 2/23/24
- Go-Live Readiness & Activation: 2/27/24

Post Go-Live : Data & Lessons Learned

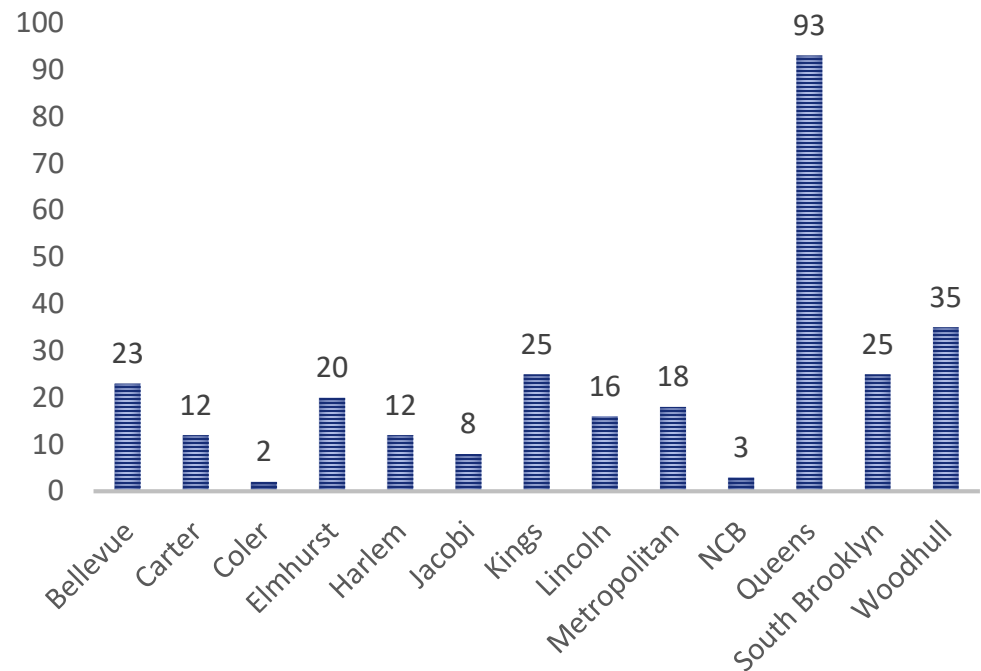
Data

- 446 Total Transfers since go-live
- 134 Canceled
- 312 Completed
 - 292 Completed Internally – see chart
 - 20 Incoming from external health systems

Lessons Learned

- Broaden Pilot Scope
 - Pilot was department to department at different facilities, ideally would have been facility to facility or an enterprise-wide go-live all at once

TRANSFERS BY SITE SINCE GO-LIVE 2/28/2024

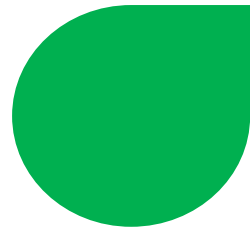


Biomed Device Database – Nuvolo

Phase 1: Customized Computerized Maintenance Management System (CMMS),
Work Order Management (WOM)

Preventative Maintenance (PM) and Biomed Incident Management (IM) , OT Security

Project Manager: Nicole Corbin



Summary

This project status has the Green status this month. The Nuvolo Implementation for Phase 1 is on target for the Go Live date of March 25, 2024. Testing was completed on March 6.

Accomplishments

Highlighted Risks

- **Phase 1a: Clinical Implementation:**
 - **Migration of Historical Data to the Production Environment:**
 - The historical data from Crothall's TeamChamps Nuvolo instance was transferred to H+H's Nuvolo instance ahead of schedule in order to facilitate the transfer of a significant amount of data.
 - **Project Milestone – Testing (UAT):**
 - UAT Sign Off has been successfully completed and confirmed.
 - The transfer of data to the Production Environment is currently underway.
 - **Project Milestone – H+H Nuvolo Training:**
 - Training needs were identified and agreed upon
 - Training schedules and registrations have been finalized for all teams
 - Training will start on Tuesday, March 12th
 - **Project Milestone – Cutover:**
 - Cutover Plan has been presented and is under review
- **Phase 1b: OT (Operations Technology) Security:**
 - **Asimily Integration** – UAT on the Asimily Workflow is complete. This integration is a Cyber Security Feature.

RSK1568: This is a Schedule Risk related to the Project Milestone dates that were recast and presented at the HIT Committee Meeting in January 2024.
Mitigation: The project manager will keep close watch and work with the stakeholders to recast new dates, if necessary. In the event of a slippage, the project manager will escalate to Sr. Leadership.

UPCOMING MILESTONES

End Date

Status

Notes

Design/Build

1/26/2024

Testing

3/06/24

Training

3/22/2024

Go-Live Phase 1 – Clinical and OT Security

3/25/2024



Nuvolo: Bio Medical Device Database Project

- Current state
 - Crothall is NYCHHC's BioMed Device Vendor
 - Previously vendor had their own internal Device inventory DB
 - NYCHHC has lack of access / visibility into this tool
- Nuvolo project goals:
 - Allow for a common tool for BioMed device inventory
 - Implemented in NYCHHC's Service Now
 - Access to be provided to H+H App teams, BioMed teams & Crothall
- Healthcare IT partners is our implementation partner

Planning for March 25th, 2024 Go-Live : Phase I

- Training underway
- Everbridge integration testing in progress
 - Wrap up planned before Go-Live
- Cut-over activities and operational support going as planned
- Project is on track with phase 1 Go-Live targeted for 3/25/2024 @ 8am

Same Vendor, New Partnership

- Level set expectations and path forward
 - Needed Crothall's input for designing our computerized maintenance management system
 - Required Crothall partnership and adherence to EITS policies, procedures, and practices and use our new system as the source of truth
- Established cross team meeting structure and escalation paths
- Introduced MedTech IT team
 - Providing onsite support
 - Coverage of all 11 facilities + Gotham sites
 - Providing support for Clinical information systems
 - Integrations, testing, troubleshooting, issue escalations
 - Providing support for Information Security and Risk Management
 - Vulnerability management and review; medical device security risk reporting

Lessons Learned

- Incredibly large and technically complex IT project
- Much bigger than the IT work effort
 - Earlier facility engagement could have been beneficial
 - Site-specific processes need to align to the enterprise support structure
 - Cultural shift for users who place tickets
 - Escalation pathway
 - Excitement for more transparency on issue follow-up and resolution

Starting **March 22, 2024**, Enterprise Service Desk (ESD) will be servicing any Biomed (Medical Device) related requests and issues

You may...

- Call the ESD at: (877) 934 - 8442 Option 4; OR
- Email to: EnterpriseServiceDesk@nychhc.org; OR
- Use the self-service portal https://nychh.service-now.com/nuvolo_eam



Asset Tag Number (Remember to reference the Asset Tag Number attached to the Medical Device)

Examples of biomed devices include: Bedside monitors, fetal monitors, vents, pumps, MRI scanners ...



Thank You!



MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs/Information Technology
Committee

Monday, April 8th, 2024

Dr. Talya Schwartz, President & CEO



Regulatory Highlights



EP Expansion 200-250% FPL

- The 1332 State Innovation Waiver application to expand the Essential Plan eligibility to 250% FPL was approved and took effect **April 1, 2024**:
 - Waiver approved for 2024 through 2028.
 - Currently about 3,411 QHP members impacted and will be moved to EP 200-250.
- **Additional updates:**
 - Individuals who report becoming pregnant will remain in EP rather than move to Medicaid.
 - There will be parity in coverage and benefits between EP and Medicaid throughout the length of the pregnancy plus 12 months postpartum.

The expansion of coverage is expected to save New Yorkers an average of \$4,700 per year compared to the Qualified Health Plans.



Medicare 2025

- **Part D 2025 Inflation Reduction Act (IRA) Changes:**
 - In 2025 the Medicare Part D program is undergoing significant redesign.
 - Costs will shift away from the member and to the plan.
 - **High-Spend Members:** Catastrophic plan liability increasing from 20% to 60%.
 - Increased Plan liability will mean BID increase.

- **CY2025 State Medicaid Agency Contract (SMAC) requirement for Dual Eligible Special Needs Plans (D-SNPs) to cover the Medicaid dental benefit as a Medicare supplemental benefit:**
 - Requirement will cause a reduction in existing supplemental benefits
 - Dental benefit has potential to cost \$25PMPM+.

- Both the IRA and SMAC combined will have a significant impact on available supplemental rebate dollars.

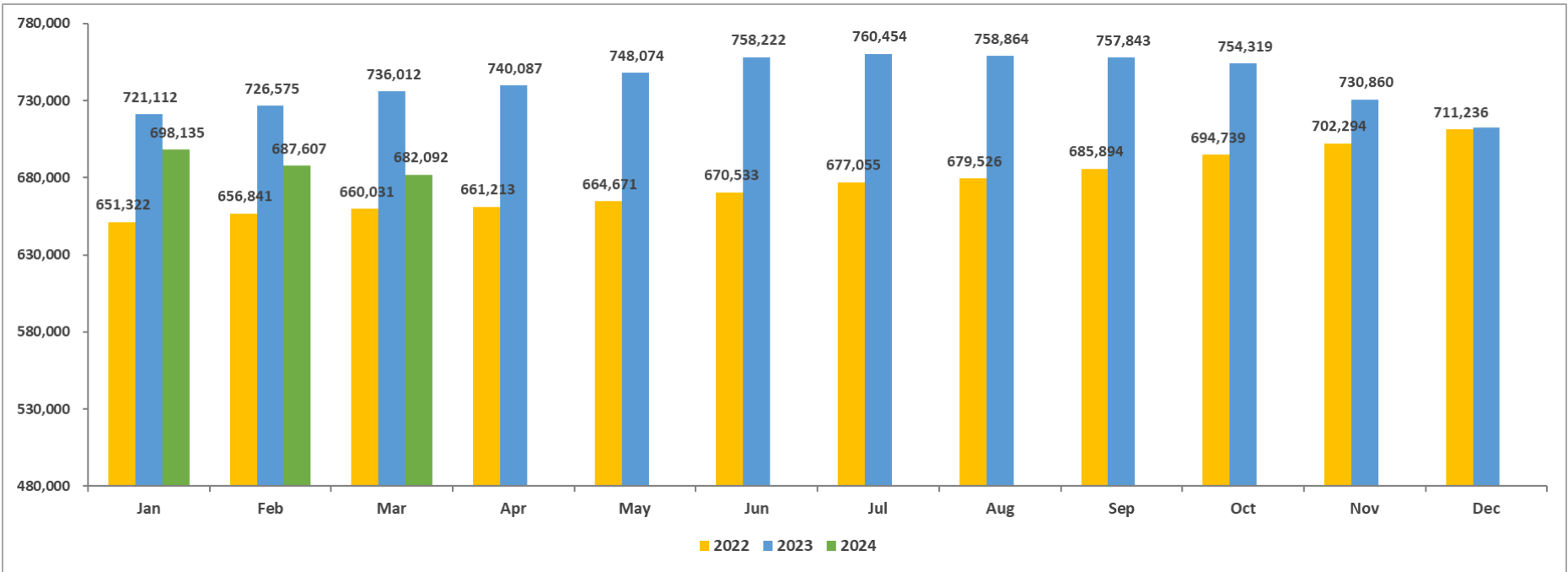


Membership



Membership

- Redetermination efforts continue under the additional allowance of PHE unwind for 2 additional month. Once the special allowance concludes, the Plans will have the original timeframe of 45 days to assist with re-determination.
- Membership loss due to failure to recertify mitigated by strong new member acquisition. Financial performance aligns with forecast.
- Significant growth in the CHP line of business.
- Strong Fall Transfer Period enrollment – achieving 140% of goal.



Cybersecurity Breach | Change Health



Change Health Security Breach | Key Points

The situation remains under scrutiny, and the health care community is closely monitoring updates from Change Healthcare.

1. Duration:

- Occurred sometime on February 21st and continues to persist.
- **Impact:** Change Healthcare (CHC) operations and customers across the country.

2. Suspected Root Cause:

- **Remote Control Application:** The attack has been linked to exploitation of *ConnectWise* (a remote service desk assistance tool).
- The U.S. government has previously recommended patching this vulnerability.
- **Sponsor:** Blackcat Ransomware Gang.

3. Nonimpacted Systems:

- **CHC** expressed confidence that systems belonging to **UHG**, **UHC** and **Optum** were not affected by the breach, including InterQual.

4. General Recommendation:

- Healthcare organizations disconnected from and prepared downtime procedures and contingency plans for affected services.



Actions Taken by MetroPlusHealth

MetroPlusHealth Response

- Disabled all CHC file transfers (sFTP) & connections.
- Removed connection in Azure with CHC.
- Quarantined (held) all inbound Email from Optum and CHC.
- Disabled InterQual Clinical Support Decision Tool.
- Leveraged provider portal for eligibility needs.
- *SS&C disabled all connectivity with Change Healthcare.*

Communications & Activities

- Internal War Room set up
- Ongoing communication with UHG, Optum and CHC
- Daily meetings with H+H Tech and Security Teams.
- Communication to providers
- Communication to vendors
- Portal communication
- Regulations & Reporting – CMS, NY State DFS, etc.
- Contracted with Availity; claims submission resumed within a week.
- Pre-payments sent to most vulnerable providers.



Immediate Operational Business Impact & Watch Items

- **Eligibility Checks** | Change Healthcare is the electronic clearing house for many providers, so providers were unable to check eligibility via that platform. Providers were redirected to check eligibility through our provider portal.
 - *MetroPlus maintains direct connections with H+H providers, H+H providers could submit eligibility inquiries to us without disruption.*
- **Claims Processing** | Electronic claims could not be submitted. Electronic Remittance Advices (ERA) are delayed while this disruption is ongoing. Availability in place
 - *Due to direct connections with H+H, no interruption.*
- **Medical Management** | Clinical criteria tool (InterQual) was temporarily taken offline. Reverted to offline tools to conduct clinical reviews. Back to normal operation.
- **Pharmacy** | CVS Caremark did not experience disruptions to our members' access to prescriptions.



Operational Updates



Operational Upgrades

- **Salesforce Enhancements** | Launched Contract Lifecycle Management module. Critical as we advance with our new core system implementation.
- **Call Center Overflow Vendor** | Launched in March to account for increased call volume and unpredictable call volume spikes.
- **Member Rewards** | New vendor launched in March with significantly expanded redemption locations (3,500 across NYC). Intended to incentivize members for healthy actions/activities.
- **GoMo for Maternal Health** | Allows members currently receiving care management to text and receive communication from their care managers through a secure platform as well as access to educational modules (gestational diabetes, postpartum depression, etc.).
- **Decision Point** | Partnered to segment Medicare members that need additional support and outreach.

