

**AGENDA**

**MEDICAL AND PROFESSIONAL AFFAIRS  
AND INFORMATION TECHNOLOGY COMMITTEE**

**Date:** November 4th, 2024  
**Time:** 9:00 AM  
**Location:** 50 Water St. New York, NY  
10004 Room 1701

**BOARD OF DIRECTORS**

**CALL TO ORDER**

**DR. CALAMIA**

**ADOPTION OF MINUTES – September 9<sup>th</sup>, 2024**

**DR. CALAMIA**

**ACTION ITEMS:**

1) Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

**DR. YANG  
MR. O’LEARY**

**Vendex:** Approved  
**EEO:** Pending

2) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level I Trauma Center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

3) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Elmhurst (“**Elmhurst**”) as a Level I Trauma Center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

4) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Jacobi (“**Jacobi**”) as a Level I Trauma Center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

5) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Kings County (“**Kings County**”) as a Level I trauma center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Kings County through the ACS, Committee on Trauma.

6) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Lincoln (“**Lincoln**”) as a Level I Trauma Center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

7) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Harlem (“**Harlem**”) as a Level II Trauma Center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary

trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level II Trauma Center designation for Harlem through the ACS, Committee on Trauma.

8) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level II Pediatric Trauma Center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

9) Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Jacobi (“**Jacobi**”) as a Level II Pediatric Trauma center.

**DR. ALLEN**

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

**CHIEF MEDICAL OFFICER REPORT**

**DR. ALLEN**

**CHIEF NURSE EXECUTIVE REPORT**

**DR. CINEAS**

**CHIEF INFORMATION OFFICER REPORT**

**DR. MENDEZ**

**METROPLUS HEALTH PLAN**

**DR. SCHWARTZ**

**OLD BUSINESS**

**DR. CALAMIA**

**NEW BUSINESS**

**DR. CALAMIA**

**ADJOURNMENT**

**DR. CALAMIA**

**Medical and Professional Affairs / Information Technology Committee-**  
**September 9th, 2024**

**As Reported by Dr. Vincent Calamia**

**Committee Members Present-** José Pagán, Dr. Mitchell Katz, Sally  
Hernandez-Piñero, Patricia Martone

Dr. Vincent Calamia, Chair of the committee, called the meeting to order Calamia at 9:04AM. On motion made and seconded, the Committee adopted the minutes of the June 10th, 2024 Medical and Professional Affairs/Information Technology Committee.

**Action Item**

Hillary Jalon, Vice President of Quality and Safety, and Komal Lodaria, Senior Director, Quality and Safety, presented to the committee the resolution for Care Experience.

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute agreements with Press Ganey Associates, LLC for the provision of Care Experience Surveys, including patient experience, employee engagement, nursing excellence, and healthcare consumerism, on behalf of the System for an initial period of three-years and two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$12,380,433 over the potential five-year term.**

The scope of this project is to seek a vendor for the health System's patient experience surveying, employee engagement and safety culture surveying, nursing excellence, and healthcare consumerism solutions and services. These services are needed to fulfill public reporting and regulatory requirement, such as CMS Star ratings, hospital-based purchasing, Leapfrog, Excellence in Person-Centered Care, Pathway to Excellence, Beacon, and Magnet programs.

The original contract was inclusive of two scopes of work: patient experience and employee engagement. The two additional scopes were added through contract amendment because of System priorities: nursing excellence and healthcare consumerism.

Initiating the RFP process allowed us to: Increase cost-savings by combining multiple contracts into one; procurement with all scopes of work; renegotiate the terms of a new contract with the existing vendor, leverage better pricing from a single vendor, seek new vendor partnerships, products and service offerings to effectively meet our health System's needs and enhance the human experience strategy.

Press Ganey Associates was procured through an RFP and received a 3-year service agreement, with two 1-year extensions, which expired on June 30, 2024. Over the last five years, our evolving partnership with Press Ganey has allowed for additional opportunities to meet the needs of our workforce and community. We experienced improved collaboration when tailoring products and services, and gained better access to evidence-based improvement planning and best practice application tools and resources.

Press Ganey has established the relationship and functionality needed to continue to support regulatory and compliance requirements for patient experience surveying. Press Ganey has a large benchmarking database to compare the health system to meaningful peer groups such as other essential and safety net organizations, large integrated delivery networks, etc. Other vendors noted longer and costlier implementation timelines. Press Ganey's Nursing Excellence solutions allow for the health System nursing teams to meet requirements due for all nursing excellence designations (e.g. Magnet, Pathway to Excellence, Beacon, etc.).

Working with one vendor for all scopes of work allows for easier collaboration and alignment across patient experience, employee engagement, nursing excellence and healthcare consumerism efforts for the health System, and a more valuable and optimal integration with our electronic health record(s). Press Ganey's upgraded human experience platform is more aligned with the health system's experience strategy, and reference checks were conducted.

Mentioned by the Board, that this scope of work has to be conducted by an outside vendor.

**Questions raised by the Board;** *is there a way to have the more critical questions on the survey first? Komal replied; There are regulatory constraints on what is surveyed. CMSS, our guiding forces, are doing the research to find out what can be asked. Typically, our questions are based on care of the patient visit, which is helpful to see how it flows for the patient journey.*

*The inpatient survey is undergoing some change. Starting January 2025, the length of the survey is restricted by CMS, we can only ask 12 questions. Outside of the surveys that are regulated, our surveys are around 20 questions. They are administered by people or electronically.*

**Question raised by the Board;** *is this subsumed with one of your four categories? Komal replied; yes, it will be part of an employee surveying scope of work. Over the last 2 to 3 years, there has been tracking of the number and type of surveys that have been administered to the workforce across the System.*

**Dr. Allen raised a question,** *in terms of equity do they give us race based analysis? Among the English-speaking population can we distinguish care of satisfaction based on race? Komal responded: yes, there are a few ways, one; if they identify their race, and the other is to feed the data we collect in Epic, then connect it or integrate it with a patient survey response. The data is as good as the number of times or the efficiency or consistency with which those fields are populated either by patients themselves or by workforce members when they are registering. Dr. Allen raised another question; is it up to us to do that or does Press Ganey not include it on their analysis. We can self-serve this or Press Ganey can do it, as long as the data is captured. Either on the survey or in Epic, then integrate it with the survey response. We can also, pull our own data. Dr. Allen raised a question; how much of this is done by the vendor. Komal responded; Press Ganey can to*

*customize to analysis and reports for us. We would have to figure out what question we are researching.*

After discussion, the 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 Michael Meguerdichian, MD, Senior Assistant Vice President of Simulation Education highlighted the following:

#### **Institute for Medical Simulation Institute**

Dr. Meguerdichian talked about focus on the vision, which is The Institute for Medical Simulation and Advanced Learning, that offers innovative, safe educational and quality-driven opportunities to support and promote the highest quality, equitable care outcomes to the patients of NYC Health + Hospitals. This is done at the HUB-located at Jacobi and the satellites: Elmhurst, Kings County, Harlem, Lincoln, Correctional Health. There is also Obstetrics/Gynecology Mini-Labs at Bellevue, Elmhurst, Harlem, Lincoln, Kings, and Jacobi focusing on maternal health.

#### **What is Simulation**

Healthcare simulation essentially is to recreate clinical experiences. It allows to reflect on educational and quality improvement. It fallows you to practice in a clinical situation and make mistakes, and use this technique to explore everything from policy and procedures etc. There are scenarios created, where they go into a clinical environment and pretend to be a patient to explore how we are dealing with situations and bed side experiences.

There are 25 Programs throughout our System. Some of the focuses are on, how to managed a difficult airway when their breathing needs to be protected, how do you do a trauma surgery using cut-suit program where we have real surgery happening, allowing residents to make mistakes without the attending reaching over them so they can learn from their mistake. We also, are running programs that are allowing people to practice laparoscopic skills or coloscopy. We allow people to make mistakes and learn from them before it impacts our clinical environment.

We created and are running the largest simulation interprofessional fellowship program in the world. We have graduated a hundred fellows from the program last year. This year there is fifteen interprofessional fellows from different areas, for examples, Respiratory Therapist, Anesthesiology, Nursing, and Midwifery. It allows us to practice interprofessional within the educational setting so that they can go back into their clinical environment and bring those experiences to the bedside.

They have accreditation through Society for Simulation in Health care in all six areas, assessment research, teaching education, systems integration, and fellowship. There are only 30 in the world that have been accredited and we are amongst them. Since this year, January 2024 we already had 15 national and international presentation, as well as six manuscripts published or

submitted. One of Dr. Meguerdichian publication was accepted to be published about biased debriefing conversation on how they impact learning outcomes.

Some examples were given of the nursing education program that would experience situations in the ER, Critical Care impacted and the operating room that went through the simulation. The Nurse educators and SIM team worked together to recreate the experience so the nurses would be better prepared. Since those programs started, they are looking forward to starting a Pediatric ICU, and OBGYN in 2024. This has a significant amount of volume.

The Maternal Mortality Reduction program is another focus of the SIM center. Women of color are more likely to die during childbirth, prenatal care, acute care and implicit bias all contributes to these figures. Partnering with women health and maternal medical home, we have created management simulations like, OB advance care life support, postpartum hemorrhage, shoulder dystocia, etc. Six obstetric/GYN mini simulation labs have been built across the Sin order to help with training. The work that was done on postpartum hemorrhage, show a great outcome in use of TXA, Uterotonic, stage of bleeding, hysterectomy, length of stay, and ICU transfers.

#### **Opiate Use Disorder Program**

Opiate use has seen a significant rise over the last decade. Mortality rate over the year for a patient who has an accidental overdose is the same as major heart attack (5-10%). Lack of access to care because of bias and an unfamiliarity with treatment protocols like Buprenorphine are identified as contributing limitations to care.

Partnering with the Office of Behavioral Health, targeting emergency medicine providers, simulations have been created with actors playing roles of a patient suffering with a substance using issues. Working with these providers is helping to make a rapport with the patient, hopefully to create the opportunity to offer them an intervention to diagnose withdrawal appropriately, so that we can offer the right medication, and ordering and prescribing Buprenorphine.

Take a look at the outcome, are ordering and prescribing Buprenorphine and Methadone? Are ED LEADS.CATCH teams being used to link people with details? Eventually they are going to move through the DOH data to see if we are increasing detox placements and monitor return visits to the Emergency Room. Right now, the numbers are going up, 84 to approximately 1000 providers and all the residency programs throughout the System in emergency medicine. Metropolitan, Harlem, Jacobi, and NCB have been the piolet. Looking to extend this to the nursing programs.

The value of IMSAL, this is done with partnerships, this is done with 11 people. This adds to iCare value, mutual support, innovation, and service. It takes a lot to make it happen interprofessional.

**Question raised by the Board;** *How do we get this into institutions collaboratively? Dr. Meguerdichian responded; We have been making a partnership with both CUNY medical school and Nursing schools, and PA schools to have allow them to come into our centers and do training. We are hoping to create an interprofessional training. There are a lot of health schools that do not include medical schools, that are already doing this. Hopefully*

*Medical schools join. This would be a great practice to learn to practice with one another before we leave medical school.*

#### **SYSTEM CHIEF NURSE EXECUTIVE REPORT**

Natalia Cineas, System Chief Nurse Executive, Office of Patient Center Care, provided the following highlights -

Following a successful CD<sup>2</sup> roll-out at seven acute care facilities in 2023/2024, we implemented the Care Delivery Daily Management System at our 8<sup>th</sup> Acute Care Facility - NYC Health + Hospitals/Jacobi in June 2024. The classroom training was attended by 33 Nurse Leaders and Educators from Med/Surg, Behavioral Health, Critical Care, Emergency Medicine, and Maternal Child Health. The goal is to impart the training to ~900 nursing staff, Jacobi is at 93% of all staff nurses going back to the basic of nursing practice. Plans are to be at Kings County in October.

Celebration of the May 2021 to March 2023 Biennial Report Launch was held last May 31<sup>st</sup>, where we celebrated the last two years of work in partnership with NYSNA. This is an accumulation of all the work that was done.

There was a fireside chat, where a conversation was held with IT partners looking at informatics and documentation. The goal is to reduce redundancy within documentation post COVID. Three hundred nurses were in attendance, and were eager to look at streamlining different processes within Epic.

There has been celebration of Beacon awards. At the National Teaching Institute and Critical Care exposition (NTI) on the 20<sup>th</sup> of May to May 22<sup>nd</sup>, we celebrated six gold and six silver Beacon designations throughout our System. The facilities that were included were, Bellevue, Coler, Harlem, Jacobi, Kings County, Lincoln, Metropolitan, Queens, and Woodhull for their excellent of care within the critical care units.

Three of our Emergency Room departments were recognized. Metropolitan and Queens were designated this past weekend for ENA Lantern award, which recognizes emergency departments that demonstrate exceptional and innovative performance in leadership practice, education, advocacy and research. This is important as we hire new nurses. We have identified that many nurses want to work at facilities that are recognized.

Our Nursing Clinical Ladder, is a professional development program in partnership with NYSNA. We have 2622 individuals that have been approved to participate in the 2024 program. A 25% increase in the number of applicants and a 23% increase in the number of approved participants for the Nursing Clinical Ladder Program (NLCP).

Nurse Builders, a cloud-based certification review course platform with 34 certification review courses was rolled-out and was made available to all our nursing staff. The are **2,416 registered nurses** across the health System that have accessed and are actively taking certification review courses through the platform. Obtaining certification benefits patients, nurses and



the health System. Nurses validate specialized knowledge, skills and experience through certification and promote competence.

A couple of announcements: Our overall program retention rate is 8485.9, which surpasses the national benchmark for the nurse's residency program. The ED fellowship program is also as successful with the help of the simulation partners. We have 358 nurses enrolled with a 100% retention rate of all our new graduates working in the ED and also the critical care fellowship. There are 51 enrolled fellows in critical care, and we started the OR fellowship. In order to hire new graduate nurses in critical care spaces, we have to have fellowship programs. The pilot for the OR nursing fellowship started July 29<sup>th</sup> for Harlem, South Brooklyn Health, and Woodhull.

The Board commended Dr. Cineas on the accomplishments.

#### **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 presents the updates for EITS which includes highlights of FY-24 OKRs, applications learning program and the upcoming excellence awards on September the 17th, which is National IT professional day.

Dr. Mendez continued her update by provided details on the UnPrint program starting in 2024. The program will launch across the entire System as a sustainable way of lowering overall printing. The pilot will start at Central Office with Dr Allen's department. The success of the program involves key five process steps, known as SEEDS. They include identifying a champion in the area, looking at the current workflow, determine how printing is done in each area, and established goals that are unique with that department.

Dr. Mendez provided an overview of the marketing strategies that include links to education, which will be embedded into workflow process and easy to access. She then presents the five-year roadmap which showed the initial planning stage that started in July 2024, this will kick-off in late September/ early October 2024 at Central Office with Medical & Professional Affairs department. There will be quarterly reviews for the first three years, then a biannual review. After the plan id build and the launch at Central Office and will then transition across entire System. This will include enterprise administrative offices at C-suite level who are leaders in the organization and will serve as be the champions.

As part of the first deliverables, the initial launch will be at Central Office at the end of September. Dr. Mendez then mentioned Ishmael Miller is a director and champion of the initiative, along with CTO Jeff Lutz.

Dr. Katz then acknowledge the value in the marketing strategy and need to minimize the use of our colorful border in presentations as it is bad for the environment.

**METROPLUS HEALTH PLAN, INC.**

Talya Schwartz, MD, President and CEO, MetroPlus Health Plan, presented to the Committee, a full report is included in the materials, with the following highlights -

Before the start of Dr. Schwartz report, **Dr. Katz raised the question; how big is out membership.** Dr. Schwartz replied; 684,000. Dr. Katz mentioned that is amazing that people have chosen our plan. Dr. Schwartz provide an update on the recertification. It has been 1 year; the State average and our average was around 80%. The expectation was to lose approximately 20% of the population. We were able to mitigate the recertification and reintroduction, and have done better. There is significant growth around CHP and our commercial lines of business.

The focused attention has been placed on Navigator Agencies, as members without an MPH enroller or H+H enroller are recertifying at lower rates. We have increased staffing levels to enhance outreach strategies and improve member experience in the overall recertification journey. We see the highest rate of recertification in our sales people. If a sales enroller, enrolls the person, they will go back to that person and will help them renew. In the last several months their success rate was 85%.

We received the quality results for HIV SNP plan, and again we are number 1 for 2 years in a row. There is more expectation from the HIV SNP plans to provide much more comprehensive care management. We have done well on both the general quality aspect and the viral suppression aspect. We are doing well and able to sustain it, and continue to be number one.

**Questioned raised by the Board;** *Elmhurst has the highest recertification rates and Gotham has the lowest, what are recert rates now? Dr. Schwartz responded; Elmhurst is around 80. The Committee expressed concerns with the difference in numbers. Dr. Schwartz responded; There is a meaningful gap. Dr. Allen, asked is it because of the navigator agency or do they need more sales people, how can we help? Dr. Schwartz responded: there are a few factors, but she cannot speak on their behalf. Yes, supporting people who are able to recertify is one of the solutions.*

There being no further business, the meeting was adjourned 10:09AM.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

**WHEREAS**, Correctional Health Services (CHS) is one of the nation’s leading correctional health care services in quality of and innovations to care and access from pre-arraignment through compassionate release; and

**WHEREAS**, CHS is a pivotal partner in New York City’s criminal justice reform efforts, ranging from alternatives to incarceration to support of successful reentry into the community; and

**WHEREAS**, as part of New York City’s criminal justice reform, CHS transitioned from an outsourced service to a direct provider service under its management and supervision; and

**WHEREAS**, CHS entered into an affiliation agreement with the Physician Affiliate Group of New York (PAGNY) for an original three-year term effective from January 1, 2016 through December 31, 2018, with an option to renew three times for successive two-year terms; and

**WHEREAS**, since this transition, CHS has also leveraged the resources of the System and changed the culture of service to individuals in the custody of the New York City; and

**WHEREAS**, the agreement with PAGNY expires on December 31, 2024, with no additional renewal options; and

**WHEREAS**, it was determined that it is in the System’s best interest to renew the agreement with PAGNY; and

**WHEREAS**, the Senior Vice President for CHS will be responsible for the management of the proposed contract.

**NOW THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

**EXECUTIVE SUMMARY  
CORRECTIONAL HEALTH SERVICES  
AGREEMENT WITH  
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C**

**OVERVIEW:** The purpose of this agreement is to provide physical and behavioral health services to correctional health facilities.

**PROCUREMENT:** Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so. The System determined that it is in the System's best interest to renew the agreement with PAGNY. The renewal will ensure a continuation of services for CHS patients provided by PAGNY staff, which currently comprise approximately 1/3 of the CHS workforce. The contract with PAGNY is limited in scope and ensures a high level of transparency and accountability. The administrative costs have been capped at a rate of 2.75% since the inception of the PAGNY contract.

**COSTS:** The total not-to-exceed cost for the proposed contract over its full, potential six-year term is not to exceed \$622,600,000.

**MWBE:** PAGNY is a not-for-profit organization and is, therefore, exempt from the MWBE requirement.



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

From: Georgia Tsismenakis  
Associate Counsel  
Office of Legal Affairs

**Tsismenakis, Georgia** Digitally signed by  
Tsismenakis, Georgia  
Date: 2024.10.23  
12:58:20 -04'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of a contract for physical and behavioral health services at Correctional Health facilities.

Date: October 23, 2024

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

<u>Vendor Legal Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Physician Affiliate Group of New York, P.C.	Approved	Pending	Exempt

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.

# **Best Interest Renewal Application to Enter into Contract with Physician Affiliate Group of New York (PAGNY)**

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

**November 4th, 2024**

**Patricia Yang, DrPH, Senior Vice President, CHS**

**Tim O'Leary, Chief Financial Officer, CHS**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

# Background & Current State

- Correctional Health Services (CHS) was established as a division within NYC Health + Hospitals in August 2015. A primary impetus was to improve quality of care by directly providing services rather than through a contractor.
  - To support this goal, all management and supervisory staff, as well as many frontline staff, are direct NYC Health + Hospitals employees.
- However, some of the frontline staff whom CHS selected to retain were employed by the contractor. To avoid disruptions in patient care, it was important to preserve the benefits of these employees.
- CHS therefore selected Physician Affiliate Group of New York (PAGNY) to employ these individuals. CHS staff employed by PAGNY are strictly frontline patient care personnel in medicine, mental health, and social work, and are members of 1199 and Doctors Council. PAGNY staff currently comprise approximately 1/3 of the CHS workforce.



# Background & Current State

- Correctional Health Services' (CHS) contract with PAGNY is limited in scope and ensures a high level transparency and accountability.
  - The PAGNY contract for CHS is limited to personnel and payroll services.
  - The staffing plan is established, reviewed, and finalized by CHS, for PAGNY's implementation.
  - CHS maintains a close relationship with PAGNY over all human resources and labor relations actions, policies, and procedures involving CHS staff.
  - CHS establishes an annual budget for PAGNY consisting of payroll expenses as well as allowable overhead and administrative costs which have been capped at a rate of 2.75% since inception.
  - CHS receives and reviews PAGNY's bi-weekly payrolls and financial expenditure reports, along with all its CHS-related books and ledgers.
- The contract expires on 12/31/24 and there are no more renewal options.

# Background & Current State

- NYC Health + Hospitals and PAGNY entered into an agreement for an original three-year term of 1/1/16 to 12/31/18, with option to renew three times for successive two-year terms.
  - On 11/28/18, contract was renewed for the term 1/1/19 – 12/31/20
  - On 11/25/20, contract was renewed for the term 1/1/21 – 12/31/22
  - On 12/14/22, contract was renewed for the term 1/1/23 – 12/31/24
  
- NYC Health + Hospitals reimburses PAGNY for their financial outlay for authorized expenses. PAGNY expenses are below.

2020	2021	2022	2023	2024
\$97.4m	\$90.9m	\$85.1m	\$87.8m	\$92.7m

- CHS regularly audits and reconciles payments to PAGNY as part of ongoing financial review of its expenses.
- CHS' operating costs are fully reimbursed by the City.

# Best Interest Renewal

- Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.
- It is in the best interest of CHS to continue its current arrangement with PAGNY
  - The renewal will ensure a continuation of services for CHS patients provided by PAGNY staff, which currently comprise approximately 1/3rd of the CHS workforce.
  - CHS' contract with PAGNY is limited in scope and ensures a high level of transparency and accountability.
  - The administrative costs have been capped at a rate of 2.75% since the inception of the PAGNY contract.

# Vendor Performance

**Department of Supply Chain**  
**Vendor Performance Evaluation**  
**Physician Affiliate Group of New York (PAGNY)**

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 MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	n/a
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
<b>Performance and Overall Quality Rating</b>	<b>Satisfactory</b>

# Vendor Diversity

- As an affiliate, PAGNY is employing staff to provide physical and behavioral health services at correctional health facilities.
- Pursuant to the Vendor Diversity Policy, clinical services such as these are exempt from the vendor diversity program.
- PAGNY is also a non-profit organization, which is similarly exempt from diversity requirements and are themselves ineligible for MWBE certification.

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a best interest renewal with Physician Affiliate Group of New York, P.C for physical and behavioral health services at correctional health facilities for a not to exceed amount of \$622,600,000 for a contract term of three years and three one-year renewal options exercisable at the discretion of the System.

## **RESOLUTION**

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level I Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Bellevue; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level I Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Level I Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Bellevue**  
**as a Level 1 Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Bellevue is to be a Level 1 Trauma Center.



## RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Elmhurst (“**Elmhurst**”) as a Level I Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Elmhurst; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Elmhurst (“**Elmhurst**”) as a Level I Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Elmhurst, as a Level I Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Elmhurst**  
**as a Level 1 Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Elmhurst is to be a Level 1 Trauma Center.

## RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Jacobi (“**Jacobi**”) as a Level I Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Jacobi; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Jacobi (“**Jacobi**”) as a Level I Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Level I Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Jacobi**  
**as a Level 1 Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Jacobi is to be a Level 1 Trauma Center.

## RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Kings County (“**Kings County**”) as a Level I trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level 1 Trauma Center services at Kings County; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Kings County (“**Kings County**”) as a Level 1 Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Kings County, as a Level I Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Kings County**  
**as a Level 1 Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Kings County is to be a Level 1 Trauma Center.

## RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Lincoln (“**Lincoln**”) as a Level I Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level I Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level I Trauma Center services at Lincoln; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Lincoln (“**Lincoln**”) as a Level I Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Lincoln, as a Level I Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Lincoln**  
**as a Level 1 Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Lincoln is to be a Level 1 Trauma Center.



## **RESOLUTION**

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (“**ACS**”) of NYC Health + Hospitals/Harlem (“**Harlem**”) as a Level II Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of System to execute any and all documents necessary to verify Level II Trauma Center designation for Harlem through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level II Trauma Center services at Harlem; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Harlem (“**Harlem**”) as a Level II Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Harlem, as a Level II Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Harlem**  
**as a Level 2 Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Harlem is to be a Level II Trauma Center.

## **RESOLUTION**

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level II Pediatric Trauma Center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level II Pediatric Trauma Center services at Bellevue; and

**NOW THEREFOR**, be it

**RESOLVED**, New York City Health and Hospitals Corporation (the “**System**”) hereby approves of its application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Bellevue**”) as a Level II Pediatric Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Level II Pediatric Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Bellevue**  
**as a Level 2 Pediatric Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verifies) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within large Medical Centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. Pediatric Trauma Centers focus only on pediatric patients. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Bellevue is to be a Level II Pediatric Trauma Center.

## RESOLUTION

Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Jacobi (“**Jacobi**”) as a Level II Pediatric Trauma center.

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Level II Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

**WHEREAS**, in 2024 the ACS is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors (the “**Board**”) fully supports the continued provision of Level II Pediatric Trauma Center services at Jacobi; and

**NOW THEREFOR**, be it

**RESOLVED**, the Board of Directors (the “**Board**”) of New York City Health and Hospitals Corporation (the “**System**”) hereby approves of the application for verification by the American College of Surgeons (the “**ACS**”) of NYC Health + Hospitals/Bellevue (“**Jacobi**”) as a Level II Pediatric Trauma Center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify Jacobi as a Level II Pediatric Trauma Center, by the ACS.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Jacobi**  
**as a Level II Pediatric Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies (verified) hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within large medical centers. Trauma Center care takes place throughout the hospital. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. Pediatric Trauma Centers focus only on pediatric patients. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain/spinal cord injuries. There are four different levels of trauma centers in the United States. Level one and two centers provide the highest intensity of care. Jacobi will be certified as a Level II Pediatric Trauma Center.

**American College of Surgeons  
Committee on Trauma Verification  
Process for Trauma Centers**

**Medical & Professional Affairs /  
Information Technology Committee  
November 4, 2024**

**Machelle Allen, MD  
Senior Vice President  
System Chief Medical Officer**

# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Bellevue through the ACS, Committee on Trauma.



# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Elmhurst (“**Elmhurst**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Kings County (“**Kings County**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma.

# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Lincoln (“**Lincoln**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Harlem (“**Harlem**”) as a Level 2 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Trauma Center designation for Harlem through the ACS, Committee on Trauma.

# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

# For M&PA/IT Committee Consideration

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

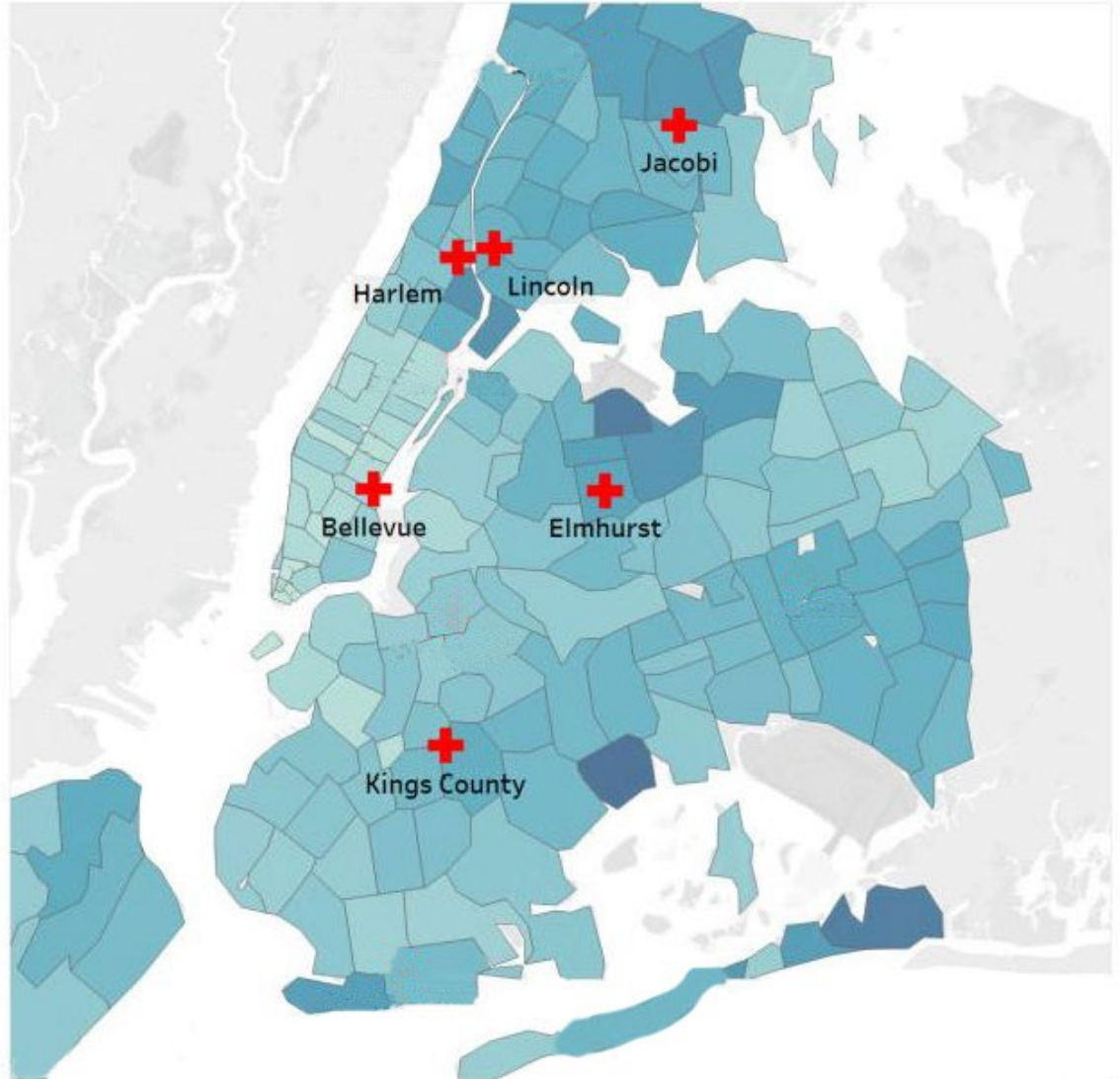
# Current ACS Verified NYC Health + Hospitals Trauma Centers

## Adult

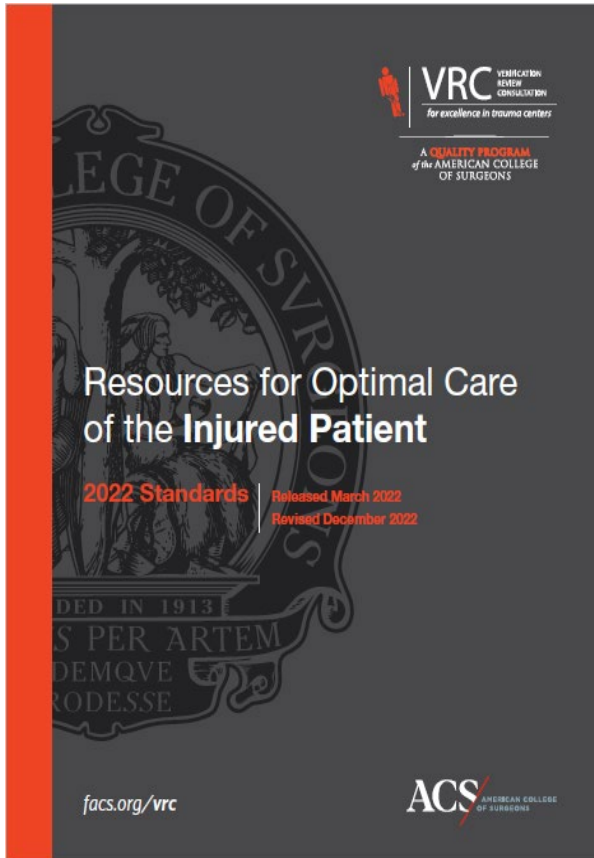
- **Level 1**
  - Bellevue
  - Elmhurst
  - Jacobi
  - Kings County
  - Lincoln
- **Level 2**
  - Harlem

## Pediatrics

- **Level 1**
  - None
- **Level 2**
  - Bellevue
  - Jacobi







- The 2022 Resources for Optimal Care of the Injured Patient is being used for trauma center verification as of Fall 2023
- The trauma center survey and verification process remains “remote.” Verification is required every three years
- This is a rigorous process both in pre-visit preparation and during the two day review period
- Our trauma centers were last reverified in 2021, and Lincoln went through the process last fall. This reverification will put all of our trauma centers on the same three year cycle

- The NYS DOH accepts the American College of Surgeons verification process for a hospital to become a designated trauma center
- This “Optimal Resources” document is codified “by reference” in the NYS 408 health code regulations; the ACS-COT standards updated in 2022 are now being adopted by the State

**New York State Hospitals are not recognized as Trauma Centers  
unless Verified by the  
American College of Surgeons Committee on Trauma  
Verification Review Committee (ACS-COT VRC)**

## 1.1 Administrative Commitment

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

### Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

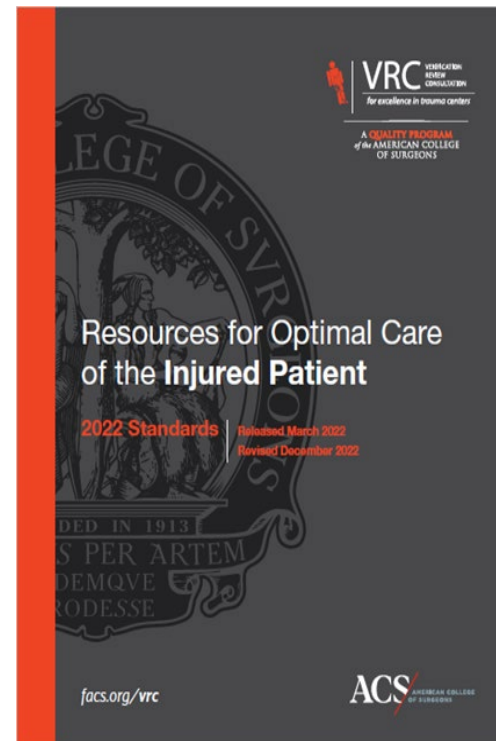
This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

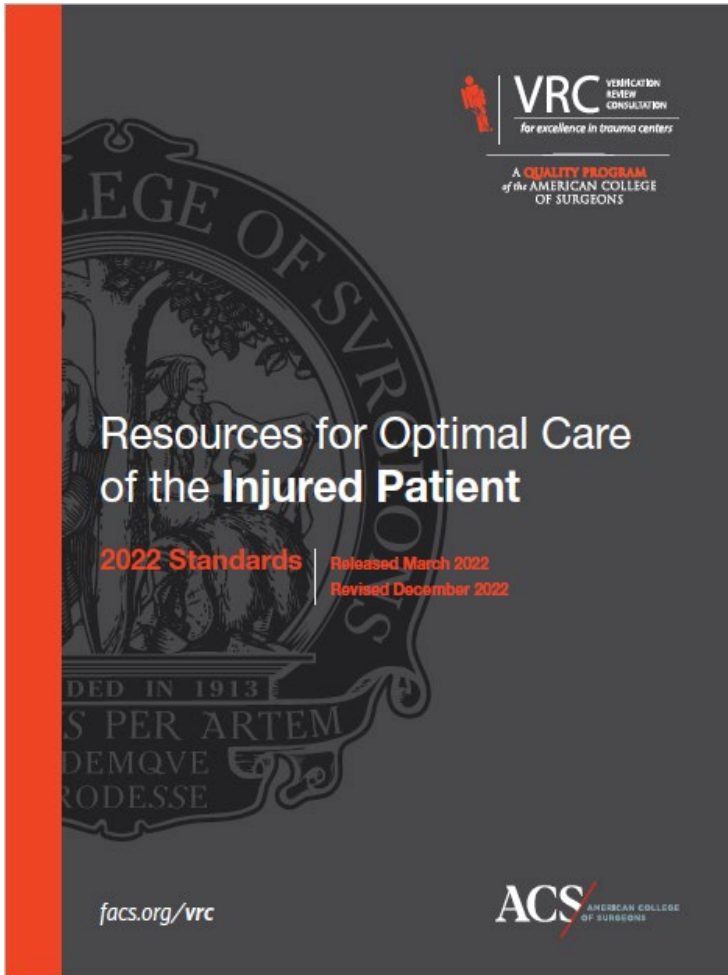
### Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

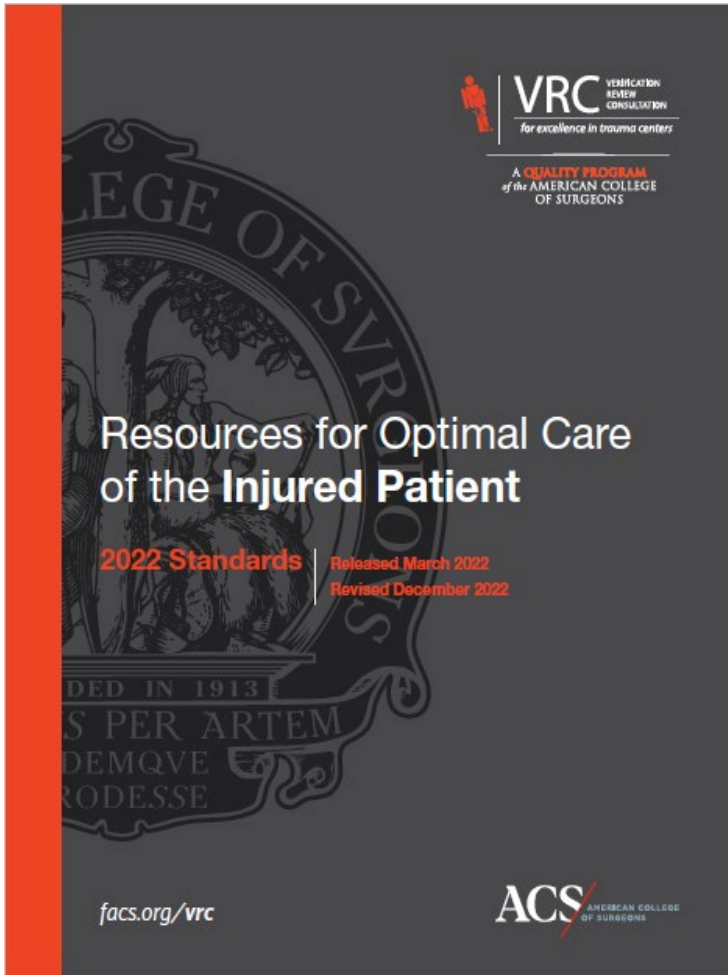
Subtle rule change requiring the *Exact level of Verification to be specified in Governing Board Resolution*





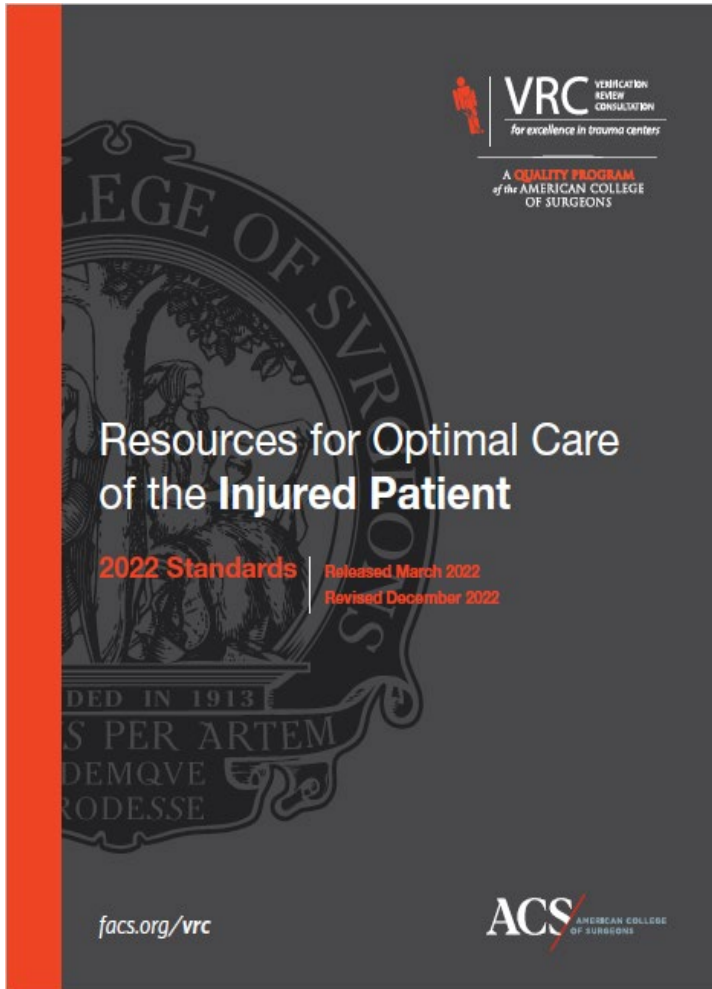
## Research and Scholarly Activities Only for Level I Trauma Centers

- Obligation to innovate and advance trauma care through research and other scholarly activities
- Create Opportunities for the development of future trauma leaders



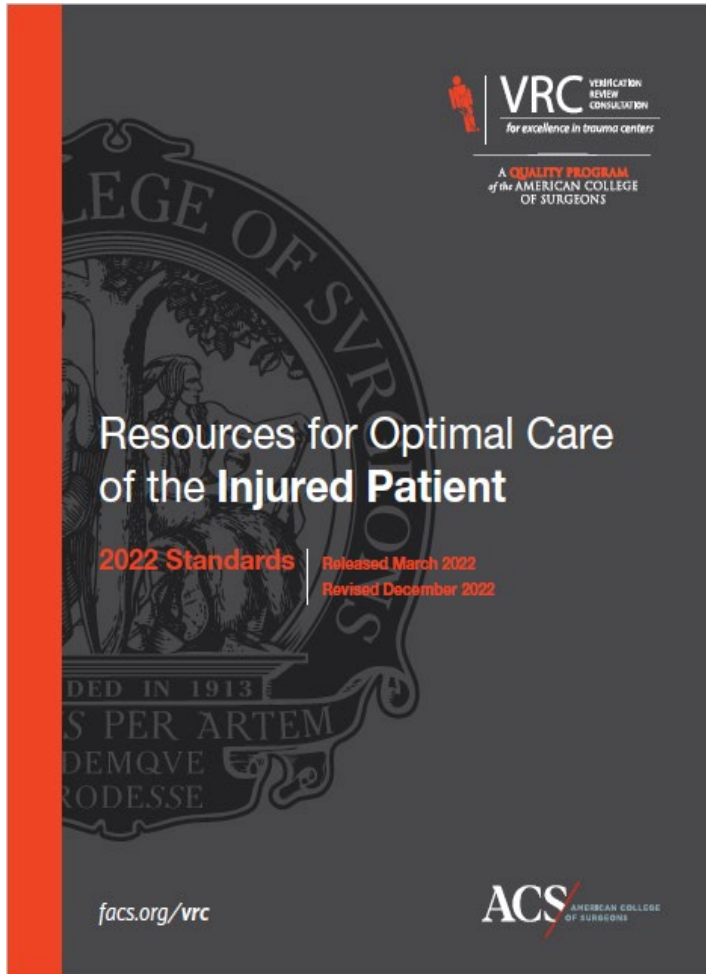
## Education: Professional and Community Outreach

- All trauma centers must participate in public and professional trauma/injury education – *“Stop the Bleed”*
- Level I Adult (and Pediatric) trauma centers must:
  - **Train** the next generation of trauma physicians – EM, Surgery, and subspecialties and others



## Performance Improvement and Patient Safety

- Trauma PIPS program must be independent but report to hospital PI program



## Facilities and Equipment Resources

- **Operating Room-**
  - OR available within 15 minutes and ability to open a second room if needed
  - Orthopedic Trauma or Fracture Room
- **Blood Bank-**all products immediately available
- **Radiology-** MRI within 2 hours; **Interventional** radiology within 1 hour
- **Special Clinical** Equipment/Programs
  - Trauma Registry and Program office

## For M&PA/IT Committee Approval

---

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Bellevue through the ACS, Committee on Trauma.



## For M&PA/IT Committee Approval

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Elmhurst (“**Elmhurst**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Elmhurst through the ACS, Committee on Trauma.

## For M&PA/IT Committee Approval

---

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

# For M&PA/IT Committee Approval

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Kings County (“**Kings County**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Kings County through the ACS, Committee on Trauma.

## For M&PA/IT Committee Approval

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Lincoln (“**Lincoln**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the ACS, Committee on Trauma.

## For M&PA/IT Committee Approval

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- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Harlem (“**Harlem**”) as a Level 2 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Trauma Center designation for Harlem through the ACS, Committee on Trauma.

## For M&PA/IT Committee Approval

---

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Bellevue (“**Bellevue**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Bellevue through the ACS, Committee on Trauma.

## For M&PA/IT Committee Approval

---

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons (“**ACS**”) of NYC Health + Hospitals/ Jacobi (“**Jacobi**”) as a Level 2 Pediatric Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 2 Pediatric Trauma Center designation for Jacobi through the ACS, Committee on Trauma.

# Thank – You

Questions



Medical & Professional Affairs and Information  
Technology Committee Meeting  
Chief Medical Officer's Report

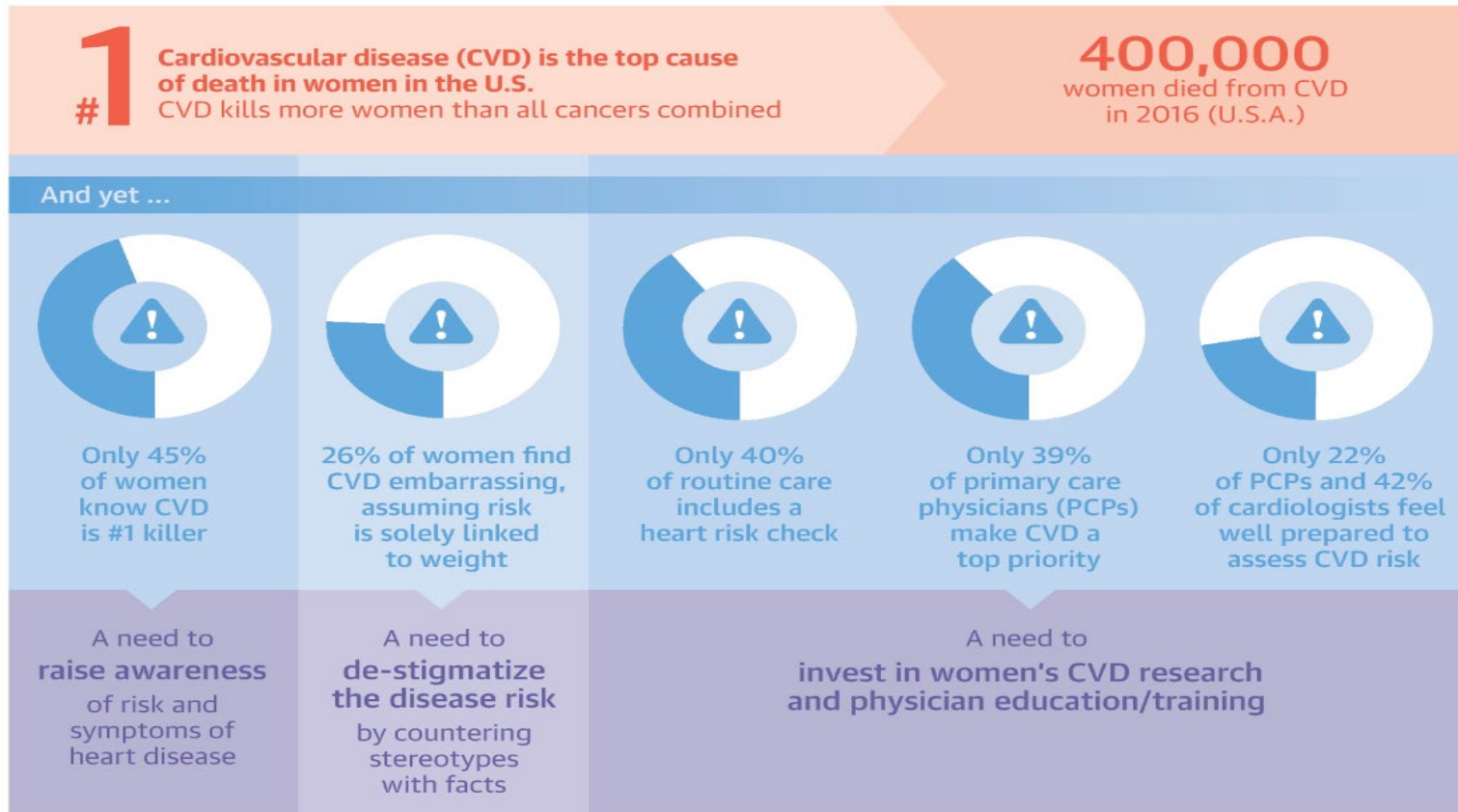
November 4, 2024

**Machelle Allen, MD**  
**Senior Vice President**

# Cardio-obstetrics Practice @ NYC H+H/Kings County

Wendy Wilcox, MD, MPH, MBA, FACOG  
Chief Women's Health Officer  
Medical and Professional Affairs

# Why Focus on Heart Disease in Women?



Bairey Merz, C.N. et al. J Am Coll Cardiol. 2017;70(2):123-32.

## The heart in pre-eclampsia (PE) and beyond

### Before pregnancy

**PE and cardiovascular disease share many common antecedents.** Factors such as age, obesity, diabetes, renal disease, abnormal lipid profile, family history of myocardial infarction and previous PE pregnancy increase the risk of developing both disorders.

### At clinical onset of PE

**Echo findings associated with PE:**  
**Early-onset PE** – Concentric remodeling, diastolic/systolic dysfunction, decreased stroke volume and cardiac output.  
**Late-onset PE** – Increased left ventricular mass, impaired myocardial relaxation/contractility, diastolic dysfunction.

### Delivery & peripartum care

**Incidence of serious maternal complications** with PE (such as pulmonary oedema, renal dysfunction and peripartum cardiomyopathy) occur more frequently in women with the **poorest cardiovascular function**.

### Life after PE (up to 5-10 years)

**Increased risk of cardiovascular disease** in both mother and off-spring. Magnitude of risk is related to the **severity of PE** and by proxy, severity of maternal **cardiovascular dysfunction** in pregnancy.

### Early pregnancy changes

**Increased peripheral vascular resistance** (i.e. in uterine, brachial or ophthalmic arteries), **higher BP** and **low PIGF** are associated with an **increased risk of developing PE** in pregnancy.

### Monitoring BP

- **Home monitoring** of BP with appears to be clinically safe and more economical.
- **Incidence of significant hypertension** appears lower with home monitoring.
- **Role of hemodynamic monitoring** to guide anti-hypertensive therapy deserves further evaluation.

### Postpartum period

- **About 50%** of women will remain **hypertensive at 2-3 months** postpartum.
- **About 10%** of women will develop **chronic hypertension within a year**.
- **Non-attendance at postpartum visits** is common and home monitoring may be of benefit in these women.

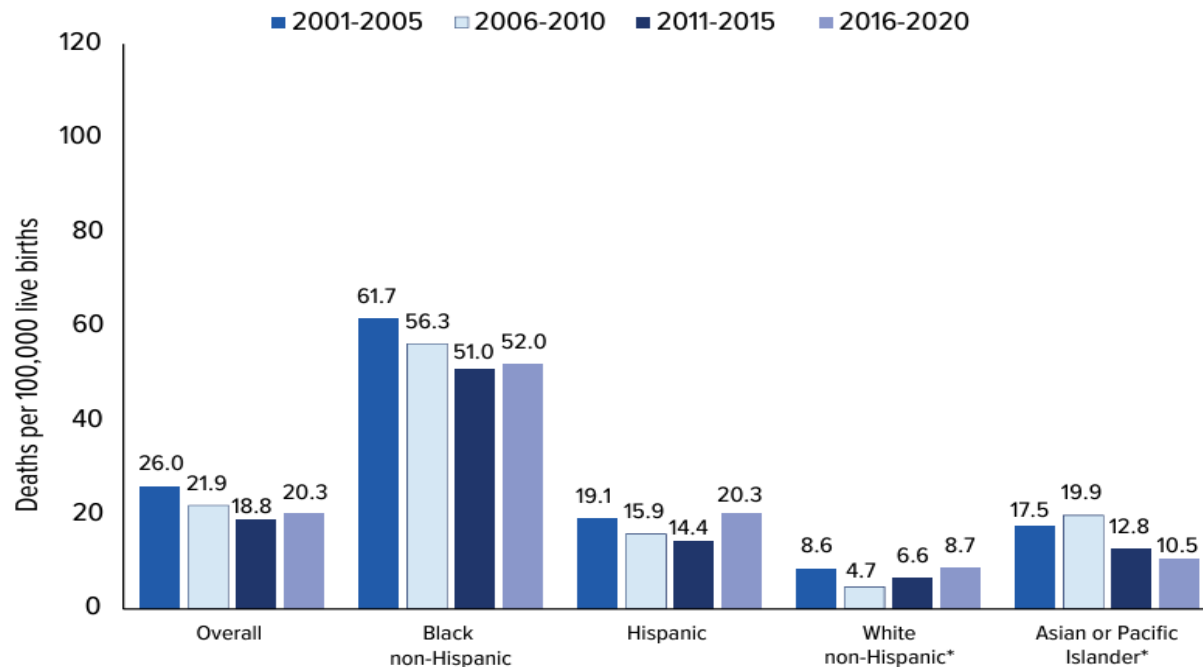
### Aging after PE (10+ years)

**Increased long-term risk** of cardiovascular disease, renal disorders, diabetes, dementia – leading to **reduced life expectancy**. Risk is related to the **severity of PE** and maternal **cardiovascular dysfunction** in pregnancy.



## Pregnancy-Associated Mortality in New York City, 2016-2020

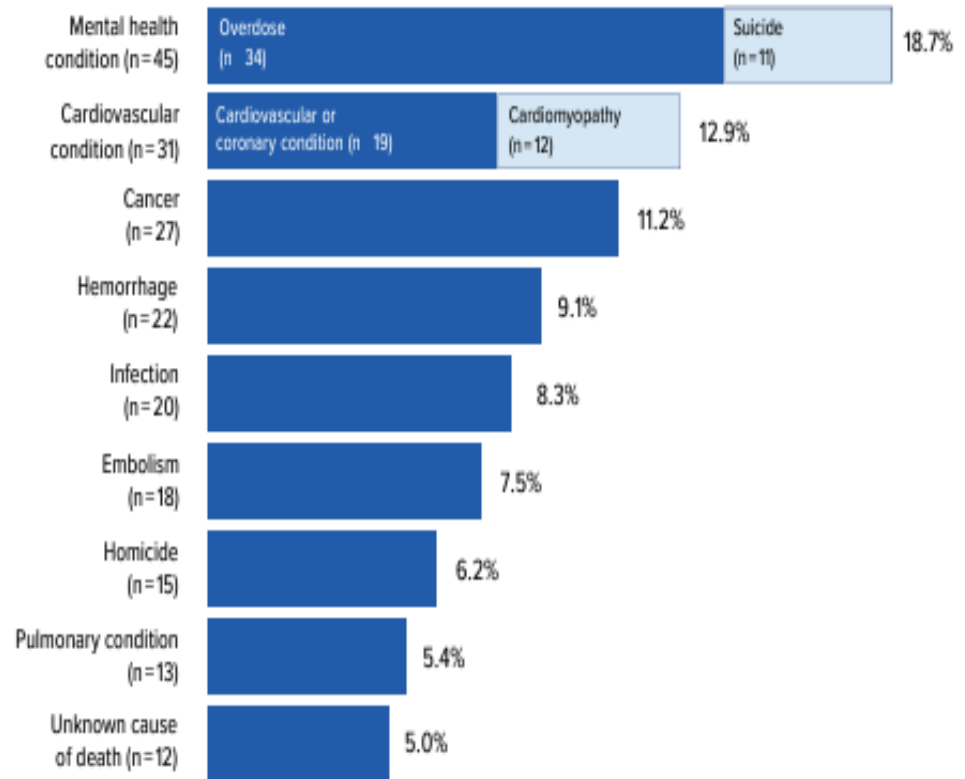
**Figure 3.** Five-Year Pregnancy-Related Mortality Ratio by Maternal Race and Ethnicity, NYC, 2001-2020



\*PRMRs for white non-Hispanic and Asian or Pacific Islander women and birthing people are based on fewer than 20 cases and should be interpreted with caution.

- Pregnancy-associated deaths among Black non-Hispanic women and birthing people were primarily caused by cardiovascular conditions (19.0%), mental health conditions (11.4%) and embolism (11.4%).
- The leading causes of death for Hispanic women and birthing people were mental health conditions (23.1%), hemorrhage (15.4%), and homicide (9.2%).
- Mental health conditions (31.9%) were the leading cause of pregnancy-associated death among white non-Hispanic women and birthing people.
- Cancer (20.0%) was the leading cause of pregnancy-associated death among Asian or Pacific Islander women and birthing people.

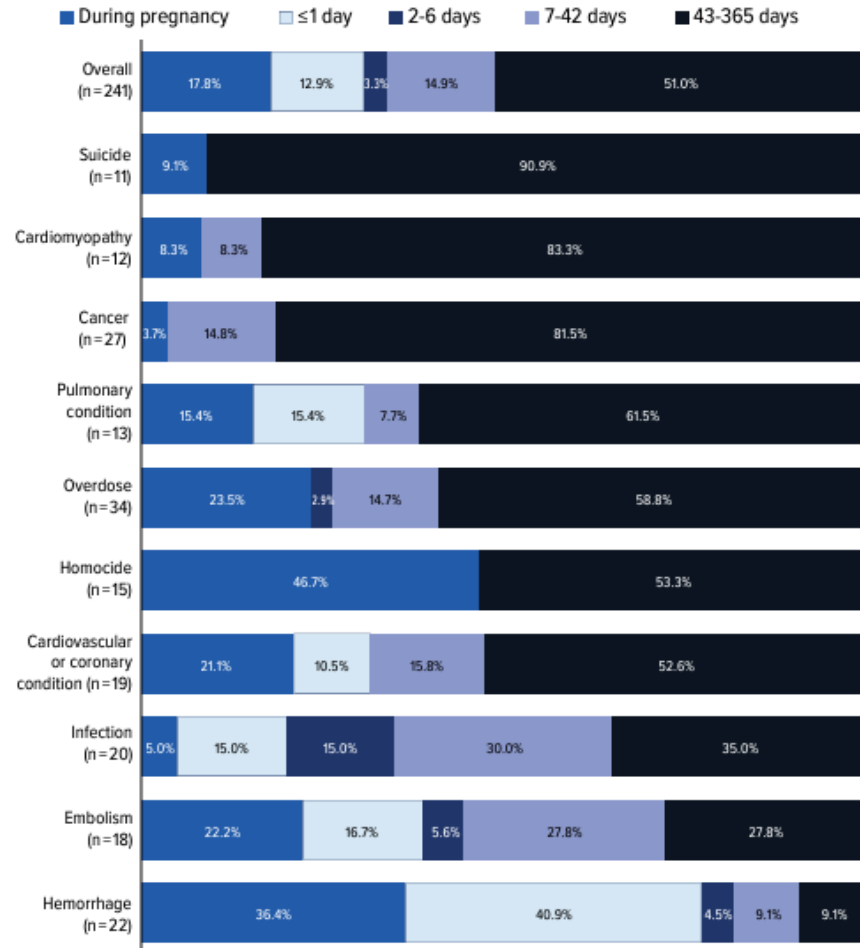
**Figure 4. Underlying Cause of Pregnancy-Associated Death, NYC, 2016-2020**



## Timing of Death by Leading Cause of Pregnancy Associated Death, NYC, 2016-2020

- Almost all deaths due to suicide (90.9%), cardiomyopathy (83.3%) and cancer (81.5%) occurred between 43 and 365 days after the end of pregnancy

**Figure 9.** Percent Distribution of Timing of Death by Leading Causes of Pregnancy-Associated Death, NYC, 2016-2020



# Cardio-OB: Funding

## Robin Hood Foundation

*“Poverty has a profound effect on health and is linked to high health care needs, from chronic, work-limiting conditions to severe psycho-logical distress. **Robin Hood funds solutions that will have a lasting, healthy change in the lives of New Yorkers and their families.**”*

- February 2024: Submitted concept
- March 2024: Invited to submit full proposal
- April 2024: Awarded funding - \$1.2M program
- July 1, 2024 – June 30, 2026

Women’s Health / NYC H+H	Robin Hood
\$837,000 match	<b>\$441,000</b>



## Pregnancy Related Cardiac Risk Groups – Key Deliverables

### Pre-Existing Cardiac Disease

- Evaluating Risk
- Finding the right team
- Assuring safe care during pregnancy


### New Cardiac Diagnoses in Pregnancy or Postpartum

- Evaluating symptoms
- Educating other specialties on pregnancy/PP evaluations

### Postpartum Patients at Increased Cardiac Risk

- Educating on Adverse Pregnancy Outcomes (APO)
- Advocating for interpregnancy care & lifestyle modification

## **CENTRAL ILLUSTRATION: Management of Complex Acquired and Heritable Cardiovascular Disease in Pregnancy and Considerations for Subspecialty Cardiovascular Care**



	Preconception Assessment	Peripartum Management	Postpartum/Long Term Management
<b>Ischemic Heart Disease</b>	<ul style="list-style-type: none"> <li>• History of PCI/MI</li> <li>• Evaluate CAD medications</li> <li>• Symptom assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment for possible ACS</li> <li>• Consideration for coronary angiography</li> <li>• Management of antiplatelet therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Contraception</li> <li>• Counseling for consideration of future pregnancies</li> <li>• Long term CVD risk modification</li> </ul>
<b>Cardiomyopathy</b>	<ul style="list-style-type: none"> <li>• History of cardiomyopathy</li> <li>• Evaluate HF medications</li> <li>• Functional class and myocardial reserve</li> </ul>	<ul style="list-style-type: none"> <li>• Acute HF management</li> <li>• Medication adjustment postpartum</li> <li>• Anticoagulation in women with PPCM</li> </ul>	
<b>Arrhythmia</b>	<ul style="list-style-type: none"> <li>• History of implantable device</li> <li>• History of arrhythmia</li> <li>• Assessment of antiarrhythmics, anticoagulation</li> </ul>	<ul style="list-style-type: none"> <li>• Acute management of arrhythmias</li> <li>• Consideration of ablation for acute refractory arrhythmias</li> </ul>	
<b>Hypertensive Disorders of Pregnancy</b>	<ul style="list-style-type: none"> <li>• History of chronic hypertension</li> <li>• Antihypertensive medication adjustment</li> <li>• Prevention of preeclampsia with low dose ASA</li> </ul>	<ul style="list-style-type: none"> <li>• Management of acute and severe hypertension</li> <li>• Medication adjustment postpartum</li> <li>• Postpartum blood pressure monitoring</li> </ul>	

← Multidisciplinary Expertise: Hypertension, Interventional, Electrophysiology, and Heart Failure →

Park, K. et al. J Am Coll Cardiol. 2021;77(14):1799-812.

## Key Takeaways

- The Cardio-Obstetric practice will target patients' heart disease or its risk factors, including hypertension, obesity, and diabetes, from the prenatal period to up to a year postpartum.
- The care team will include obstetricians, cardiologists, anesthesiologists, nurses, emergency department physicians, and other specialists.
- Two local community-based organizations, the [Caribbean Women's Health Association](#) and [Life of Hope](#), will promote health education in Central Brooklyn about heart disease during and after pregnancy, as well as long-term risks of heart disease, and support referrals to the program.
- Patients will be engaged in the Maternal Home by a social worker who will work with the Cardio-OB program

# Maternal Home

## Maternal Home Profile (2022)

Year	Patients Enrolled (n)	Patients Enrolled (%)*
2021	2189	15%
2022	2046	14%
2023	2133	14%

Age distribution	Patients (n)	Patients (%)
<20-24	527	26%
25-34	998	49%
35+	511	25%

Race/Ethnicity	Patients (n)	Patients (%)
Latina	863	42%
AA/Black	730	36%
Unknown	181	9%
Asian	135	7%
White	108	5%

\*Yearly percentages derived using 2022 denominator

\*\*Nurse family partnership program eligible to first time mothers only

Top HRSN referrals	Patients (n)	Patients (%)
WIC	699	31%
Mental Health	474	23%
Birthing / parent education	306	15%
SNAP	277	15%
Housing	253	12%
Food pantries	241	12%
Legal	162	8%

Top healthcare referrals	Patients (n)	Patients (%)
Lactation support	597	29%
Doulas (in community)	528	26%
Nurse family partnership**	290	14%
Healthy Families	284	14%
Healthy Steps / IMPACT	210	10%

- *Postpartum visit attendance markedly improved across all birthing hospitals*
- *We have expanded efforts to combine the mother's postpartum visit with the newborn/well child visit*
- *Referrals to Behavioral Health increased but*

## New Cardio-Obstetric Program Launches at NYC Health + Hospitals/Kings County

*The new \$1.2 million program will aim to reduce maternal mortality and morbidity among women of color by focusing on heart disease and its risk factors during and after pregnancy*



*NYC Health + Hospitals/Kings County Cardiologist Dr. Suzette Graham-Hill*

# **System Chief Nurse Executive Report**

August – October 2024

Medical & Professional Affairs/Information Technology Committee  
Meeting

November 4<sup>th</sup>, 2024

SCNE Town Hall, Fireside Chats, Recruitment

# **Office of Patient Centered Care (OPCC) Accomplishments**

# System CNE Town Hall

- The Second Town Hall of the year where **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, addressed the nursing leadership on featured topics: **Nurse Residency and Nurse Fellowship Programs.**
- The event was held August 28<sup>th</sup> at 11 AM and 3 PM with more than 95 nurse leader attendees.
- Guest speakers include **Albert Belaro, DNP, RN** and **Roxanne Reid, DNP, RN**, who provided program details and answered questions specifically on **Nurse Residency and Nurse Fellowship Programs.**



## **Fireside Chat: Documentation 2.0**

- The thirteenth iteration of the bi-monthly series where **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, has an intimate chat about the important topics within the nursing system.
- The event was held August 26<sup>th</sup> from 3 – 4 PM with over 308 people in attendance.
- The topic was the **Documentation 2.0** and the featured guests were **David Conner, MA, RN**, and **Valerie Cook, DNP, RN, NI-BC, PMP, MLS (ASCP)** who presented and addressed the Q&A session.

# Fireside Chat: New Wound Care Nurse Position

- The fourteenth iteration of the bi-monthly series where **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, has an intimate chat about the important topics within the nursing system.
- The event was held September 27<sup>th</sup> from 3 – 4 PM with over 293 people in attendance.
- The topic was **New Wound Care Nurse Position** and the guest speaker who presented was **Marie Estelle Lejarde, MSN, RN, CWOCN, IIWCC-NYU**. Also, **David Conner, MA, RN**, joined during the Q&A session.

## **Nurse Recruitment**

- Additional 2558 staff RNs were hired from January to September 30, 2024.

Celebrations and Report-Outs

# Care Experience/Nursing Excellence

# Emergency Nurses Association (ENA) Lantern Award Celebration



- **NYC Health + Hospitals/ Queens – Emergency Department held celebration on August 29<sup>th</sup>, 2024.**

# Emergency Nurses Association (ENA) Lantern Award Celebration



- Celebration was held for **NYC Health + Hospitals/ Metropolitan – Emergency Department** on September 12<sup>th</sup>, 2024.

# Nursing Clinical Ladder Program Day



- **The Nursing Clinical Ladder Program (CLP) Project Symposium** was created to celebrate the remarkable advancements and dedication of our nursing professionals systemwide.

# Nursing Clinical Ladder Program Day

- This event was held on September 6<sup>th</sup>, 2024 with 12 presenters representing various facilities across the health system.
- The presentations were evidence-based showcasing the innovative projects, research and clinical practices that embody the essence of the Nursing Clinical Ladder Program.



# Professional Shared Governance (PSG) Mid-Year Report Out

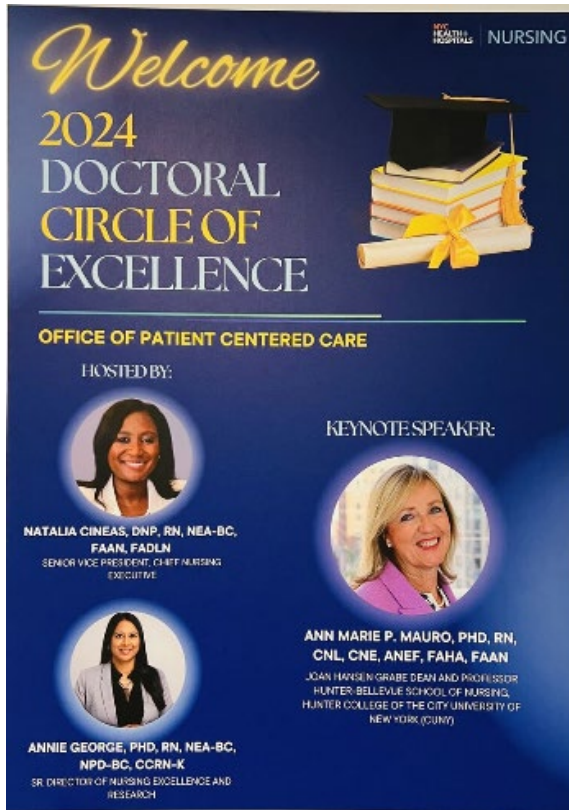
- Completed 10 systemwide report outs (including five annual retreats) and 20 hospital wide report outs.
- The virtual event was held on October 4<sup>th</sup>, 2024 with close to 400 attendees.

## **Nurse Residency Program/Mentorship**

- Graduated 33 cohorts (**841+ graduates**) to date.
- Eight active cohorts – new cohorts launched every 3 months, 4x a year.
- **2279 enrolled residents** to date, 2024 retention rate is 97% and program retention rate is 85.8%.
- **116 trained mentors** to date in LEAD Mentorship Training offered by Human Resources.
- 38 Mentors in MentorCliq; 185 Mentees ready to match; matching started in August 2024.
- Embedded into the Clinical Ladder Program as of February 2022.

# Doctoral Circle of Excellence

- The **Doctoral Circle of Excellence** recognizes nurses with doctoral degrees and honors their highest academic achievement.
- The event was held October 8<sup>th</sup>, 2024 recognizing 38 nurses across the health system.



Fellowship Programs and Technologies

# **Culture of Safety**

## Nursing Fellowship Programs

- **Emergency Department (ED) – 196 graduates** to date. **239 fellows** enrolled to date with ten active cohorts.
- **Intensive Care Unit (ICU) – 67 fellows** enrolled to date with six active cohorts.
- **Operating Room (OR) – 17 fellows** enrolled to date with two active cohorts.
- Total number of **nurse fellows** to date is **519**.

## New Technologies Implemented

- **B Braun IV Pumps** – the pumps were updated systemwide in all facilities with Elmhurst pending implementation.
- **Omnicell Anywhere RN** – the functionality allows the nursing staff to queue medications from Epic to multiple patients – minimizing time spent at the automatic dispensing cabinet (ADC) and increase nurse time at the bedside. This was rolled out to five facilities: Bellevue, Lincoln, Kings, Jacobi, South Brooklyn Health with the other facilities pending implementation.

**Questions and Thank You!**

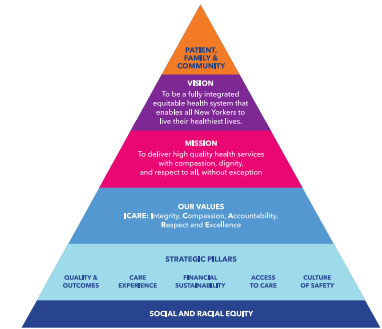
**Medical & Professional Affairs/Information  
Technology Committee Meeting  
November 4<sup>th</sup>, 2024**

**Enterprise Information Technology Services  
Update**

Kim Keziah Mendez, Senior Vice President  
Corporate Chief Information Officer

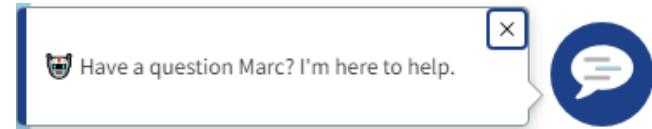
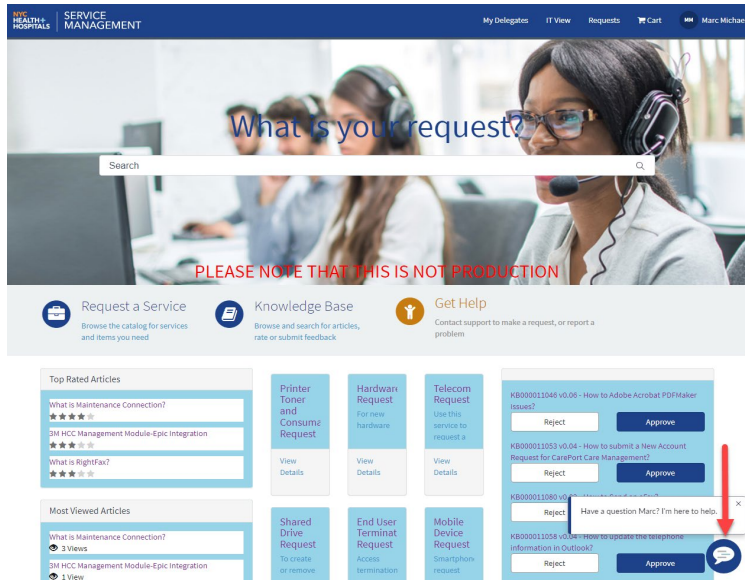


# EITS Update Agenda



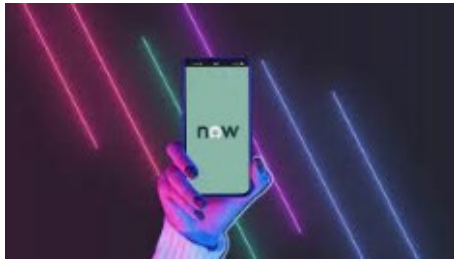
- Introductions
- Focused EITS Updates
  - ESD – Virtual Agent Launch
  - Cybersecurity Awareness Month
  - EITS UnPrint Initiative: July 1, 2024- September 30, 2024
  - Epic & Clinical Applications
    - Epic Honor Roll
    - Accelerating Digital Health ( Hello World, Welcome)
  - EITS Stars of Excellence 2024 Awardees
- Q + A

# What is the Virtual Agent?



- The Virtual Agent is an AI Chat Bot developed in ServiceNow that provides end-users assistance with their issues and requests
- End-users can reach the Chat Bot by navigating to the ServiceNow Portal, and clicking the floating chat symbol on the lower right-hand corner

## Virtual Agent End-User Experience



ESD Jr

Have a question Marc? I'm here to help.

Hello, Marc. I am ESD Jr, your Virtual Agent.

If you would like to get in touch with the Enterprise Service Desk at any time during this chat, please **click the three dots** on the upper right hand corner of this window.

How may I assist you?

- Request Something
- Need Information on How to
- Check status of my Tickets or Report an Issue

Please type your response here

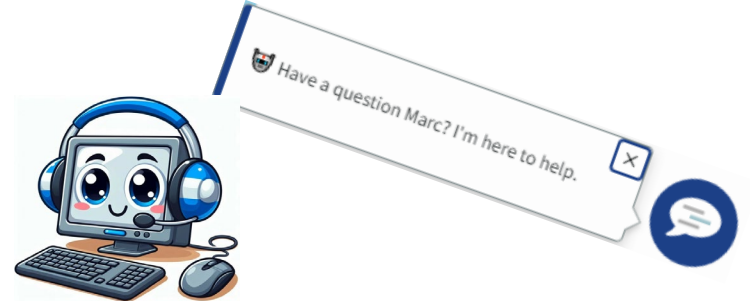
Searches ServiceNow Catalog Items (Requests)

Searches NYC H+H End User Knowledge Base

- Self-Service Ticket Review
- Real Time Outages / Parents
- Report a New Issue (INC)

## Virtual Agent (ESD Jr.) – Overview

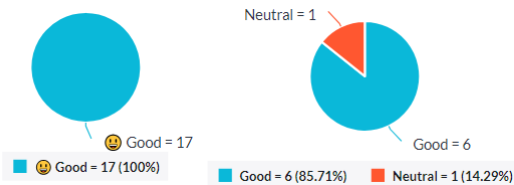
*July through October 2024*



### Metrics

- All Chats – 161
- Agents Chats – 28
- Bot Chats – 133
- Agent Handled Duration – 5 Minutes 49 Seconds
- First Response Wait Time – 26 Seconds
- Requester Avg Response Time – 21 Seconds
- Agent Created INC – 1
- Bot Created INC – 0
- Bot Closed Chats – 46
- Agent Closed Chats – 23
- Abandoned Chats - 87

#### Bot Surveys | Agent Surveys



### Operations

- Successful Queens Go-Live
  - **Soft** Go-Live 7/31
  - **Full** Go-Live 9/30 began
- Queens, Elmhurst, Kings County, and SBH Go-Live completed as of 10/17/24
- 60+ agents currently trained



### Knowledge

- **1000 + Articles published** based on top CI usage including Epic Workflow



In honor of **2024 Cyber Security Awareness Month**, Information Security and Risk Management (ISRM) is hosting a variety of live events and interactive games that could win you a prize.



## Live Events

### Week 1: Secure Our World

10/8/2024

Soma Bhaduri - Opening Remarks  
Keith Henkell (NYC Health + Hospitals)

### Week 3: Medical Device Cybersecurity

10/22/2024

Juuso Leinonen (Director of Medical Device  
Cybersecurity and Integration – Crothall)

### Week 2: Current Trends in Cybersecurity

10/15/2024

Jonathan Goll (Cybersecurity Advisor -  
Cybersecurity & Infrastructure Security  
Agency)

### Week 4: Women in Cybersecurity

10/29/2024

Kim Mendez – Opening Remarks  
Katrina Casey & Olivia Azrak (NYC Health +  
Hospitals)

## Skills Testing & Reinforcement

- ✓ Test your knowledge with a [Cybersecurity Awareness Month Crossword 2024](#). This ties into the monthly newsletters so readers have an advantage.
- ✓ Try your hand at 2 new video games: *Inside Man: New Recruits Game!* and *Spot the Phish Game: Bad links Edition!* These interactive games are available in our Security and Awareness Training platform: <https://sat.nychhc.org> - Hosted by KnowBe4.

## Video Reinforcement



We are kicking off season two of the *Inside Man* video series. At under 10 minutes an episode, this series features a compelling story but also demonstrates actual real-world scenarios and how they impact a modern workforce.



**NEW:** CISA produced 2 minute or less learning videos: [Secure Our World - YouTube](#)

# EITS Initial Quarterly Update : 7/1/24-9/30/24

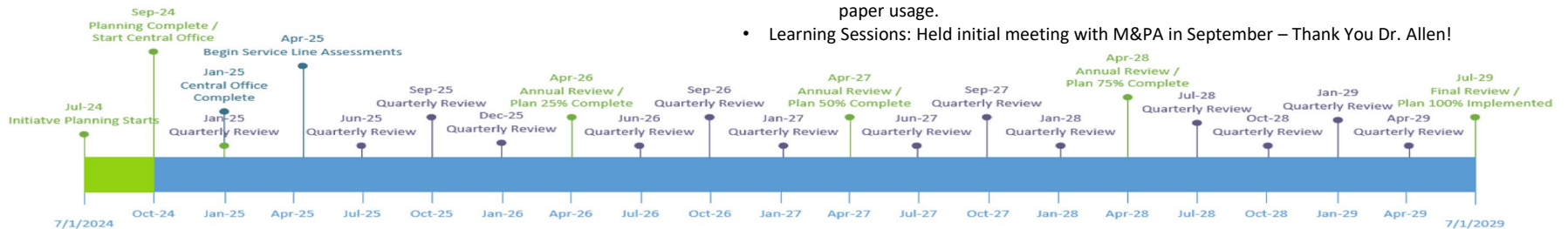
Deliverable	Delivery Date
Reporting baseline & Ongoing reporting	8/1/2024
ServiceNow Request Updates	8/15/2024
<a href="#">Leadership and EITS Talking Points</a>	8/15/2024
Listening and Surveying	9/1/2024
<a href="#">Rebranded Website and screen savers</a>	9/15/2024
<a href="#">UnPrint Pop-Ups</a>	9/15/2024
Started Central Office Walkthroughs	10/1/2024

### Current Status:

- Currently on track with all milestone dates and deliverables for this 5 year project.
- Overall 5% completion of 5 year project

### Highlights:

- **Walkthroughs:** To streamline our efforts, we've developed an internal management tool within ServiceNow. This tool will enable us to manage changes efficiently, highlight key modifications, and initiate the rollout of agreed-upon improvements with our partner champions.
- **Raising Awareness:**
  - Newly revamped Managed Print Service website, now known as **UnPrint**.
  - During the next quarter we will introduce new screen savers with targeted content
- **Resources and Reporting:**
  - We are committed to equipping our users with resources that enhance digital workflows, including straightforward access to eFax request forms, OnBase document management, Kiteworks, and more.
  - Starting in Q1 of calendar year 2025 we will be providing quarterly dashboard updates to leadership, enabling them to track their facilities' progress toward our goal of minimizing paper usage.
- Learning Sessions: Held initial meeting with M&PA in September – Thank You Dr. Allen!

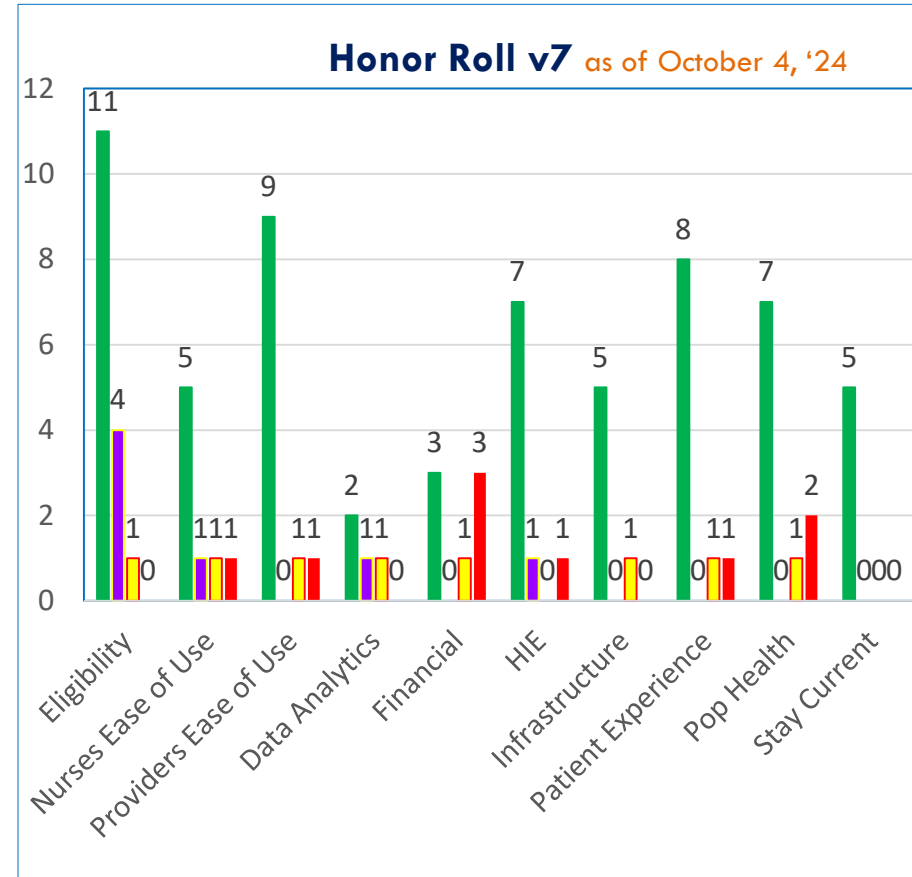
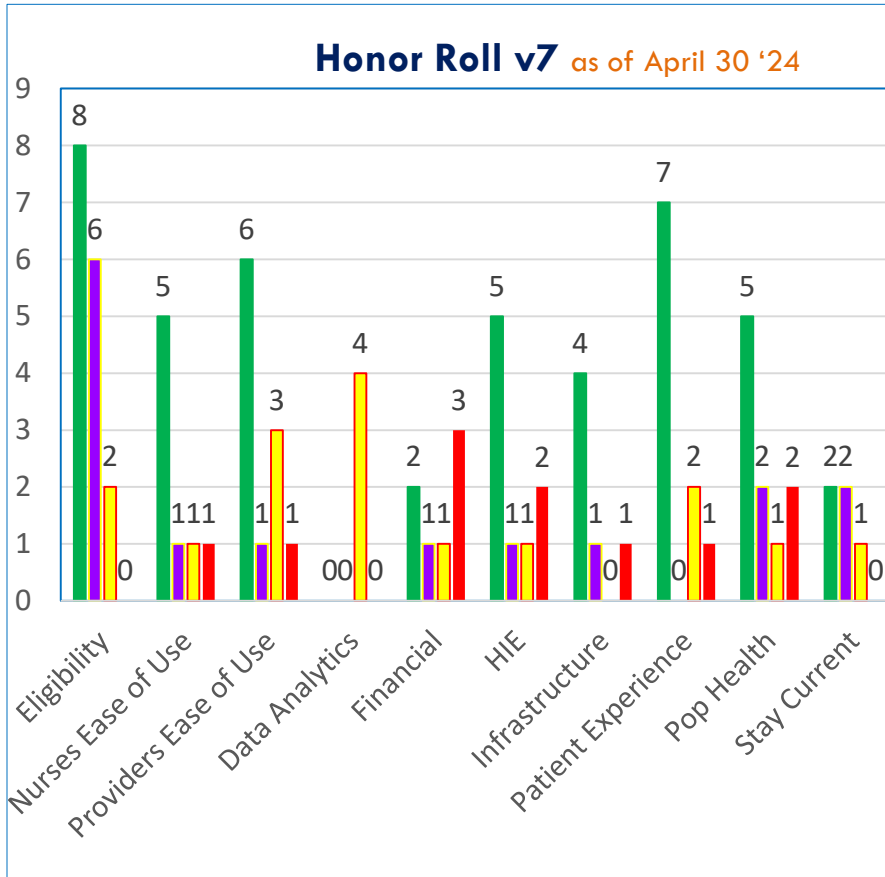


**Green indicates current progress to date= 5% completion**

# Epic & Clinical Applications Update

- Honor Roll
- Digital Health ( Hello World, Welcome)
- IV Pump & Epic Integration
- Epic & Cerner Upcoming Upgrade

# Honor Roll v7 Program



Totals: Met=44 Low=15 Moderate=16 High=11

Totals: Met=62 Low=7 Moderate= 8 High= 9

H+H is expecting to achieve honor roll by meeting criteria for the **following components**:  
Eligibility, Ease of Use Providers, Data Analytics, HIE, Pop Health, Infrastructure, Patient Experience and Stay Current.



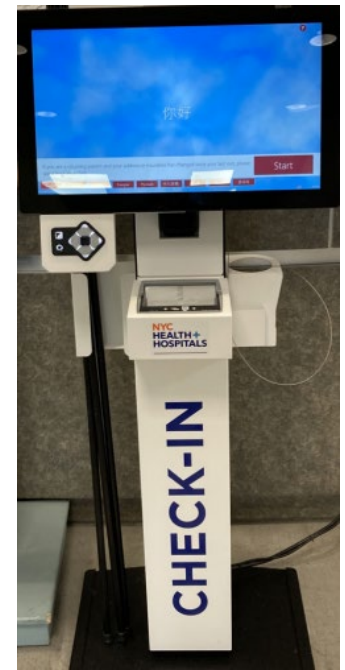
## H2O Hello World: Go-Live Statistics

- Total Messages Sent
  - 2.5 million since go-live in May 2024
  - ~22,000 per day
- Appointment Reminders
  - ~13,000 per day
- Instant and Auto Instant Activations
  - ~1,300 per day
- Fast Pass Offers
  - ~200 per day
- Patient Estimates
  - ~1,600 per day
- Two-factor Authentication
  - ~3,400
- New Opt-Ins (September)
  - ~6,641
- New Opt-Ins (MTD)
  - ~55,000
    - \*\*New change implemented as part of check in workflow for front desk staff to ask patients to opt-in



# Launching Epic Welcome kiosks

- What is Welcome?
  - Welcome offers patients self-service options at the start of their care process.
  - Welcome supports the walk-in, sign-in and check-in workflows.
  - Welcome lets patients/users complete a variety of tasks such as reviewing registration information, completing patient-entered questionnaires, and making payments.
- What Does Welcome Do?
  - Welcome supplements staff-driven registration and check-in workflows.
- What Does Welcome Not Do?
  - Pre-Registration-Departments must have a sound pre-registration process.



## Welcome Workflow Features

- **Identification**
  - Welcome users can identify themselves by Palm Scanning, MyChart barcode scanning or by entering their name.
- **Verification**
  - Welcome users can verify or update, their demographic information, email address, work, mobile and/or home phone numbers, emergency contact information and their primary care provider (PCP).
- **Insurance and Scanning**
  - Welcome users can review and indicate their insurance information is correct or incorrect. Users can scan their insurance card(s) and Identification card.
- **Medicare Secondary Payor Questionnaire (MSPQ)**
  - Welcome can prompt users to answer a few key questions and verify prior answers to the MSPQ if the MSPQ was completed at least once before during Pre-Registration in Hyperdrive.
- **Questionnaires**
  - Welcome users can complete the travel history and screening questionnaires and the Welcome Survey. On a Welcome mobile tablet users can answer pediatric questionnaires such as: SDOH, PHQ-9, SWYC and M-Chat.
- **Documents and eSignatures**
  - Welcome users can sign all their required documents like, the HIPAA notice and consent forms. Welcome respects Hyperspace registration settings regarding how often patients should sign a document.
- **Payments**
  - Welcome users can make copay/prepayments by credit card at the kiosk.
- **Photos**
  - Welcome prompt users to take a patient photo when needed.
- **Multiple Languages**
  - Welcome can display content in 9 languages: Arabic, Chinese (Simplified), Chinese (Traditional), English, French, Haitian Creole, Korean, Russian and Spanish.

## Project Scope and Background

- The B. Braun pumps project phase one and two consisted of replacing the pumps at our facilities and standardizing the drug library.
- We are now in phase three of the project, which is to integrate the B. Braun pumps with Epic
- This is an enterprise wide project consisting of our 11 acute care facilities and Henry J. Carter LTACH (Long Term Acute Care Hospital)
- An interface between Epic and the B. Braun infusion pumps will make the nurses' work flow more efficient and eliminate errors that can occur
- Development and testing of interfaces will involve multiple H+H Teams - Epic application teams, CIS Team, Biomed, UC Wireless, Nursing, and Pharmacy

## Timeline

- Enterprise roll out will be coordinated with facilities for site-by-site go-lives
- First facility go-live is scheduled for October 2025
- Last facility go-live is projected for the end of 2027

## Funding and Supply Chain

- The integration phase of this project will be bond funded

# Epic & Cerner Lab Q4 2024 Upgrade

## Project Scope and Background

- This effort seeks to upgrade our current EMR/Epic version to May, 2024 along with upgrading our current Cerner lab software to Ver 2024.03.01.
- All Sites currently using Epic and Cerner Lab are Impacted.
- This effort is currently underway. All PMO intake steps have been completed and the team is currently executing the project.
- The EMR/Clinical landscape and application portfolio are not affected.

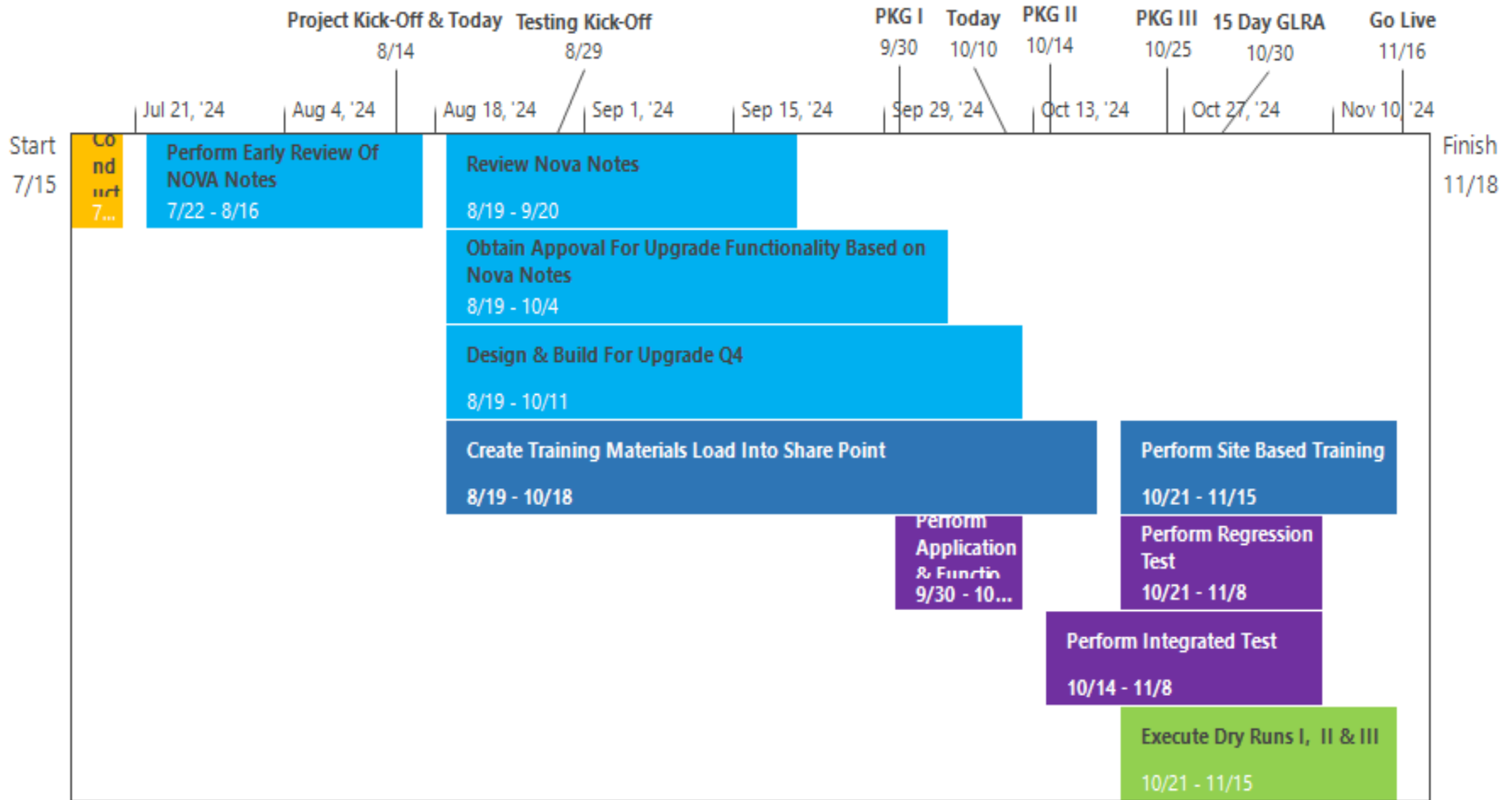
## Timeline

- Timeline attached. **Go Live November 16<sup>th</sup>, 3:00 AM,** Command Center Close, November 18<sup>th</sup>, 5:00 PM)
- This is an Enterprise Roll Out

## Funding and Supply Chain

- Operating Other Than Personnel Services (OTPS)
- Supply Chain Not Applicable

# Epic & Cerner Lab Q4 2024 Upgrade





EITS Employee Recognition Program  
September 17<sup>th</sup>, 2024  
Awardees

EITS STARS of Excellence Award Titles	Awardee
Safety In IT Practice	Rosemary Luu
Rising Star	Jeremy Muchler
Quality in IT Practice	Abdul Hirsi
IT Hero	Sean Rutherford
IT Exceptional Leadership	Haroon Bhatti
IT Empowerment	Ariel De La Rosa
Excellence in IT Practice	Chris Reyes
Customer Service Excellence	Laura Best
IT Innovator	Richard Plaza
CIO Award	Erald Velmishi
CIO Award	Edna Aurita Cargullo

# MetroPlusHealth

**NYC Health + Hospitals**

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

November 4<sup>th</sup>, 2024

**Dr. Talya Schwartz, President & CEO**



# **AI Application in Case Management**

# AI for Case Management

- Our case management system, DCMS, now features an AI assistant called **KAI**, which can assist case managers (CMs) with a variety of tasks:
  1. A powerful claims summary tool that can quickly evaluate hundreds of claims and convert them to Claims Analysis clinical summary, which helps to identify member's health profile and risks.

# AI for Case Management - Continued



DCMS-Claims AI Assistant For [REDACTED]

Loading...

### ### Medical Summary

The patient, a [REDACTED] born on [REDACTED] has a history of multiple health issues, including cardiovascular, metabolic, and musculoskeletal conditions. The claims data spans from February 27, 2024, to May 15, 2024.

### ### Health Issues

#### #### Cardiovascular Issues

1. Atrial Fibrillation (i48.91). 2024- [REDACTED]
2. Atrial Fibrillation (i48.11). 2024- [REDACTED]
3. Heart Block (i44.7). 2024- [REDACTED]
4. Rheumatic Heart Disease (i05.9). 2024- [REDACTED]

#### #### Metabolic Issues

1. Type 2 Diabetes Mellitus (e11.9). 2024- [REDACTED]
2. Hyperlipidemia (e78.5). 2024- [REDACTED]

#### #### Infectious Diseases

1. HIV Disease (b20). 2024- [REDACTED]



DCMS-Claims AI Assistant For [REDACTED]

(m54.9), atrial fibrillation (i48.91), type 2 diabetes mellitus (e11.9), HIV disease (b20), and hyperlipidemia (e78.5). This is the most recent hospitalization within the last year.

### ### Emergency Room

The patient visited the emergency room on [REDACTED], for multiple issues including low back pain (m54.2), chronic obstructive pulmonary disease (j44.9), atrial fibrillation (i48.91), and other symptoms. This is the most recent emergency room visit within the last year.

### ### Anomaly in Diagnosis and CPT Codes

No anomalies were detected in the diagnosis and CPT codes based on the provided data.

### ### Probability of Hospitalization

Given the patient's multiple chronic conditions, including cardiovascular issues (atrial fibrillation, heart block), metabolic issues (type 2 diabetes mellitus, hyperlipidemia), and infectious diseases (HIV), there is a high probability of hospitalization within the next 1 month and 3 months. The recent emergency room visit and hospitalization further increase this probability.

# AI for Case Management - Continued

- **Translation** - Translates anything—from case notes to email text—into the specified language.
- **Email Generation** - Draft email using any text provided, including Case Notes or claims data analysis.
- **Summary** - Summarizes long, complex text, making it easier for key points to stand out.
- **Edit/Simplify** - KAI can simplify complex information to a 6<sup>th</sup>, 8<sup>th</sup>, or 10<sup>th</sup> grade reading level, ensuring that the text is accessible and easy to understand.
- **Provider Search** - KAI's natural language provider search allows CMs to search by location and specialty, using casually worded queries such as, “Find a skin doctor in 11363” or “Find an orthopedist near Columbus Circle in Manhattan.”
- **KAI** was implemented using Azure ChatGPT in an internal secure framework that protects member PHI.

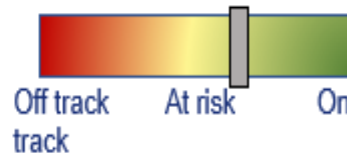
# Project Edge Update

# Project Edge Status

## Key Accomplishments

- Executed Accenture, HealthEdge, SourcEdge and Deloitte SOWs
- Established Program Structure, Governance and PMO
- Defined Program Roadmap, Integrated Project Plan and Key Milestones
- Project team onboarded & trained
- Documented current state
- Regulatory contract analysis ongoing
- Future Data & System Architecture
- Initiated Iterative Requirements, Design & Configuration Process

## Overall Program Status



## Awareness

- Program is on budget, on scope, however there are risks to the timeline that are being actively managed. Maintaining current release dates is a key priority for the program.
- HealthEdge to develop product enhancements to meet state regulatory requirements
- Hybrid “do no harm” approach to data warehouse adopted to minimize impacts on current reporting.

# Key Upcoming Activities



**Wave 1 April 2025** : PIC HIV-SNP

**Wave 2 July 2025**: Medicaid Managed Care, CHP, MLTC, MetroPlus Gold, MetroPlus GoldCare, HARP & EP.

## Q3 2024

## Q4 2024

## Q1 2025

## Q2 2025

### DESIGN/BUILD

- Data Conversion Mapping
- Iterative System Requirements, Design and Configuration for all Medicaid LOBs
- Technical Integration Designs
- Environment Builds

### PLANNING

- Executed Deloitte QA SOW
- Integrated Project Plan
- Detailed Strategies & Plans: Testing, BPO Insourcing, Training, Communications, Integrations, 3<sup>rd</sup> Party Vendors

### DESIGN/BUILD & TEST

- Finalize all requirements & design for Waves 1 and 2
- Complete Configurations for Wave 1
- Data Conversion Code Drops
- Integrations for Wave 1
- Start Wave 1 Testing
- Training Materials
- Wave 1 Report & Letters Design

### WAVE 1 TEST & TRAIN/READINESS

- Complete Testing
- Detailed Cutover Plans
- User Acceptance Sign-Off
- Training
- Mock Go Live

### WAVE 2 DESIGN/BUILD & TEST

- Reports & Letters
- Configurations
- Integrations
- Initiate Testing
- Data Conversion Code
- Product Enhancements

### WAVE 1 GO LIVE & STABILIZATION

- Go/No Go Decision
- Final data conversion
- Go Live in April 2025
- 60-Day Stabilization Period
- Post Go Live Support

### WAVE 2 TEST TRAIN/READINESS

- Complete Testing
- Detailed Cutover Plans
- User Acceptance Sign-Off
- Training
- Mock Go Live

*In Progress*

*Upcoming*

# Critical Component of Project Edge | Integration with 47 Third Party Vendors

## Ancillary Vendors - 7

- **CVS** – Pharmacy
- **Dentaquest** – Dental benefits
- **Integra** – DME benefits
- **H & H Virtual Care**
- **Etc.**

## Vendor Integrations - 4

- **psyckesmedicaid.omh.ny.gov**
- **ePACES**
- **Etc.**

## Data Exchange Partners - 24

- **3M PPA/3M TREO**
- **HCC**
- **EPIC**
- **RHIO Healthix/Bronx**
- **Maximus**
- **Etc.**

## Vendor Procurement - 12

- **RightFax**
- **Optum 360 Grouper**
- **InterQual Connect**
- **3M Inpatient/Outpatient Grouper**
- **Etc.**



# Methods Leveraged To Enable The Transformative Change

## Project Edge Newsletter

**The Weekly Edge**  
Project Edge Newsletter  
August 16, 2024  
*Your source for information on our journey, key accomplishments, and upcoming dates.*

**Adoption: The Pivotal Step in Ensuring Lasting Change**

In the last few editions of The Weekly Edge, we talked about the first two key elements in the change enablement strategy - Engage and Enable. Now we want to talk about Adopt, the third step. Adoption is where the rubber meets the road. It is where strategies transition from theory to practice, and where the true impact of change is felt across the organization. From senior leaders responsible for setting and driving the vision to the workforce impacted by the change, understanding and prioritizing adoption is critical to the overall successful implementation of the initiative.

**Engage** → **Enable** → **Adopt** → **Sustain**

Our change enablement strategy

The goal of the Adoption Phase is to ensure that the new changes are fully embraced and embedded into the day-to-day operations of the organization. To achieve that, adoption phase entails 6 steps:

1. Employee training and support
2. Monitoring and adjusting
3. Addressing resistance
4. Reinforcement and Reintegration
5. Celebrating Successes and Milestones
6. Sustainability

## Project Edge Branding



## Change Enablement Strategy & Planning

- Readiness for Change
- Awareness
- Communications
- Training
- Tools & Support
- Sustainability

## Periodic Updates

- ELT Updates
- Steering Committee
- SLT Bi-monthly
- Design Review Board
- Townhall
- Stakeholder Updates

## Dedicated Training & Communication Teams

# Member Rewards

# Former Rewards Program

- Prior to 2024, MetroPlus was contracted with a former vendor to administer the Member Rewards Program.
- Though the program allowed our members to earn “rewards” for healthy activities, it required them to earn “points” that required their redemption from an online catalog operated by the former vendor.
- This approach was cumbersome, administratively expensive and limited our members to only redeem from a catalog rather than at a store conveniently located to our members’ homes. Furthermore, items had to be shipped to a member’s address at additional cost to the Plan.
- There could be a substantial delay between completing a health activity and the “reward”.
- Most of our competitors had moved to a credit card/debit card approach for their member rewards program.

# Program Goals

- Ensure we spend more on member rewards than administratively managing the rewards program.
- Accelerating positive reinforcement between completing the healthy activity and earning/redeeming the reward.
- Support Quality Performance Improvement
- Support Member Retention
- Provide even a better experience for Medicare Flex benefit eligible members.



# 2024 Member Rewards Program

- MetroPlus contracted with InComm to administer a rewards program as of March 2024.
- Members receive a Rewards Card that loads with dollars as healthy activities are completed.
- Redemption occurs at over 6,000 retail shops throughout NYC, includes popular stores like Duane Reade, Walgreens, CVS, Rite Aid, Family Dollar, AHOLD, Dollar General, and participating independent grocery and drug stores.
- Rewardable Activities were reconfigured to focus on activities that directly impact quality and retention:
  - MetroPlus' Member Rewards continue to cover a wide range of measures: asthma, cancer screenings, diabetes care and HIV care.
  - Added enhanced rewards for Essential Plan Members, such as member's seeing their PCP twice per year.
  - Added significant rewards for members living with HIV/AIDS enrolled in the SNP.

# Marketing Performance

# Predictable Enrollments Based on Marketing Spend Creates Sustainable Growth

- In 2024, the Plan strategically shifted its marketing focus from brand awareness and consideration to driving enrollments.
- We have opened a dedicated sales call center, enabling us to directly attribute marketing activities to clear enrollments.
- Since the program's launch, we have witnessed consistent growth.
- By assigning tracking phone numbers to different media channels, we can accurately determine which channels generate the most calls and attribute call center enrollments to specific marketing activities.
- In just five months, our marketing efforts and call center have achieved remarkable results: **over 10,000 members successfully enrolled** and **nearly 40,000 calls generated**.
- With a predictable performance marketing enrollment model now in place, we can project enrollment activity based on marketing spend.