

**AGENDA**

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

**Date:** May 5<sup>th</sup>, 2025  
**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 – November 4<sup>th</sup>, 2024**

**DR. CALAMIA**

**ACTION ITEM:**

I) 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/Harlem (“**Harlem**”) as a Level II Pediatric Trauma center; and

**MS. FORD**

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 Harlem through the ACS, Committee on Trauma.

**CLINICAL SERVICES OPERATIONS REPORT**

**MS. FORD**

**CHIEF NURSE EXECUTIVE REPORT**

**DR. CINEAS**

**CHIEF INFORMATION OFFICER REPORT**

**DR. MENDEZ**

**METROPLUS HEALTH PLAN**

**DR. SCHWARTZ**

**OLD BUSINESS**

**NEW BUSINESS**

**ADJOURNMENT**

**Medical and Professional Affairs / Information Technology Committee-  
November 4th, 2024**

**As Reported by** Mr. José Pagán

**Committee Members Present-** José Pagán, Dr. Mitchell Katz, Sally Hernandez-Piñero, delegated Molly Wasow Park, representing Dr. Vincent Calamia Chairman of the committee in a voting capacity.

Mr. José Pagán, Chairman of the board, called the meeting to order at 9:08AM. On motion made and seconded, the Committee adopted the minutes of the September 9th, 2024 Medical and Professional Affairs/Information Technology Committee.

**Action Item**

Patricia Yang, Senior Vice President, Correctional Health Services and Tim O'Leary, Chief Financial Officer of Correctional Health Services, presented to the committee the resolution for Physician Affiliate Group of New York PAGNY.

**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.**

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 that 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.

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. The current contract expires on 12/31/24 and there are no more renewal options.

PAGNY expenses as are followed: 2020 \$97.4 million, 2021 \$90.9 million, 2022 \$85.1 million, 2023 \$87.8 million, 2024 \$92.7 million NYC Health + Hospitals reimburses PAGNY for their financial outlay for authorized expenses.

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

Machelle Allen MD, System Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs, and Sheldon Teperman, MD Systems Chief of Trauma Services, presented to the committee the resolution for American College of Surgeons Committee on Trauma Verification Process for Trauma Centers.

**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.**

**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.

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.

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.

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.

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.

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.

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.

Dr. Teperman provided details regarding H+H trauma centers; We have 5 level one, 1 level two, 2 lever two pediatric, and the City is well covered by the Health + Hospitals Center. There is a regulatory book, which is called the grey book, which is created to verify the system. There is a vigorous revisit of questionnaires that have to be filled out, there is a two-day vigorous inspection, this is a three-year cycle.

The America College of Surgeons come in to check that all the rules are being followed in our trauma centers. The "Optimal Resources" is codified by the reference in the New York State 408 health code regulations. The State comes in and certifies that the rules have been followed and designates the trauma center according to that level.

There is a rule change which requires the exact level of verification be specified in Governing Board Resolution. Our level 1 trauma centers are required to innovate and advance trauma care through research and scholarly activities. We create opportunities through our fellowships and residencies and other training programs for the development of future trauma leaders.

American College of surgeons, ask that outreach is done in the community. The most common program is the Injury Prevention, this is called "Stop the Bleed". This is when you teach members of the public on how to stop life

threatening hemorrhage. It is also asked that the next generation of trauma physicians, surgeons, and subspecialists are trained.

Trauma PIPS performance improvement and patient safety must be independent, but report to hospital PI program. If a center was to fail their verification visit they would fail because their performance improvement is not adequate. The American College of Surgeons do not find fault that we have a glitch, but they want to assure the repairs are being made to the glitches, whether it be a question of personnel or a supply chain or some kind of systems error.

There are a couple of special things that trauma centers need to do and the intense resources that is needs to be in place; The OR has to be available within 15 minutes and have the ability to open up a second room if necessary. At all of our trauma centers, the OR opens up in 5 seconds, the blood bank has to have products immediately, our trauma centers have never run out of blood. The radiology department, has to have MRI, CAT Scan, and interventional radiology available immediately, and there is special equipment that is needed to take care of the injured patients. All of the trauma programs have a robust data gathering system, trauma registry, program offices with nurses that oversee all this programmatic work.

**Questions raised by the Board;** *what would it take for us to have a level 1 pediatric trauma center and are we moving in that direction? Dr. Teperman responded; The difference between a Level 1 and a level 2 is a question of volume. Our pediatrics level II trauma centers which are right now Bellevue and Jacobi, have between and just over one hundred patients. The volume requirements for level 1 are much higher. The rule is, you must have a full-time trauma Medical Director that is a full-time pediatric surgeon.*

*The community that we serve, Bellevue and Jacobi, Jacobi being the only pediatric trauma center in the Bronx, are well staffed and do an excellent job serving the communities.*

After discussion, the resolutions were 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 Wendy Wilcox, MD, System Chief Women's Health Officer, Office of Women's Health highlighted the following:

Dr. Wilcox opened up the report with discussion of Heart disease in women. It is the number 1 cause of death in women in the United States. The focus is to make women aware of this risk and destigmatize the disease. It is recognized that conditions that are present during pregnancy can have a lifetime of negative effects. Preeclampsia is one of those conditions which is frequently seen in pregnancy, after 10 years with preeclampsia women are at increased risk for cardiovascular causes of death after that episode.

In October New York City released their most recent pregnancy report associated deaths, with the latest issue is from 2016 to 2020. It is known that black non-Hispanic women have a much higher maternal mortality than other ethnicities or races. When you look at the numbers it is about 4 times as much. You will hear other numbers quoted, but New York State, New York City, black non-Hispanic women have a higher maternal mortality death.

When looking at the causes of pregnancy associated deaths, Dr. Wilcox provide the definition of pregnancy associated deaths, "a pregnancy associated death is a death that occurs of a woman, either while pregnant or within 1 year of determination of a pregnancy irrespective of how long that pregnancy last."

Top cause of pregnancy associated deaths, we see mental health conditions, being the top cause. Cardiovascular is the second, it is divided into Cardiomyopathy and other cardiac disease. When we looked at causes and then subdivide them by race and ethnicity, for Hispanic women and birthing people, mental health conditions and hemorrhage are the causes.

When you look at Caucasian women and birthing people, you see mental health conditions as a leading cause. When looking at Asian people of pacific island or Asian descent, cancer is the leading cause. However, when you look at black non-Hispanic women, you see the top cause of death are cardiovascular conditions followed then followed by mental health and Embolism.

Pertaining to the timing of deaths, over half of the deaths occur between the 43 and 365 days. That is over the six weeks mark postpartum that was usually considered when looking at maternal mortality. Looking at mental health conditions and cardiomyopathy and cancer, most of those occurred during that same time period.

Funding was given for the Cardio-OB project, from both Robin Hood Foundation, and Health + Hospitals. It took over three years to start this program. The program was started at Kings County, it was chosen because King's is located in central Brooklyn, which is the hot spot, and the highest in the city for maternal mortality and severe maternal morbidity, also it has the highest rate of black non-Hispanic women amongst Health + Hospitals facilities.

Pregnancy related cardiac risk groups-key deliverables; women will come into pregnancy with pre-existing cardiac disease. Those are the women who are known, and are able to be evaluated and be referred to a higher level of care to the regional perinatal center, and or create a multidisciplinary plan around their pregnancy. There are a larger group of women who are unknown, they will either present during the pregnancy with signs and symptoms that indicate that they have heart disease, which will need to be evaluated and to protect them during that pregnancy and subsequent pregnancies. There are women with these symptoms that will have vascular conditions, like hypertension, preeclampsia, who will go on to progress in the postpartum period and later in life, who will need much more increased surveillance and to know about their disease and follow up, so that they don't present later in life with cardiac condition.



Dr. Wilcox shared an illustration of the different types of cardiovascular disease in pregnant women. Ischemic, cardiomyopathy, which means weakening of the heart muscle, arrhythmia, and hypertension disorders of pregnancy, which many of our patients have. Cardiomyopathy is one of the things we are trying to institute with this program, to diagnose women during the index pregnancy. What is being realized is women are not being diagnosed in the index pregnancy and come back for a second pregnancy and are in great danger because their cardiomyopathy was not diagnosed, and that cause high risk.

Key take away are, we will target patient's disease and or risk factors. As mentioned, hypertension, obesity and diabetes are very prevalent in our communities from the prenatal period up to a year. They will then be set up with care from beyond that postpartum year. We have multidisciplinary team, Obstetrician, cardiologist, and all partners within our hospitals. Contact was made to the community-based organizations; Caribbean women Health Association and Life Hope, to work on presentation to the community to make them aware of these increase risks of heart disease.

The maternal home is being extended to the community, which has a mental health diagnose to refer patients. If given the opportunity, the maternal home would certainly be expanded to a mental health maternal home. There reason for that shows in the numbers; from 2021 to 2022 there was an 20% increase in mental health referrals, they were 23% of the referrals than they are much higher now.

Dr. Wilcox shared a picture o Dr. Suzette Graham Hill, who is a cardiologist at Kings County, the Director of the program and is brining metric. Right now, it is in the planning stages, the aim to start in quarter 1 of 2025.

**Questions raised by the Board:** *is the mental health part because of postpartum depression or is it beyond that? Dr. Wilcox responded; it is everything, pre-existing behavioral health conditions, as well as the peri-partum mood disorders. We saw this post covid, with a hundred percent increase. Since then we have seen much more increase and do realize that those behavioral health resources are in short supply for everyone. Through the maternal home we do a good job at being able to diagnose and or get people support to refer them. If it could be done, If I could I would create a special mental health maternal home so that those patients could get even more specialty care, we would be able to help a lot more patients.*

**Questions raised by the Board:** *Could remote mental health be a way to overcome some of our restriction, is that something that could work? Dr. Wilcox responded; This would absolutely work, we would include that with increasing our prescribers. Health + Hospitals is the largest mental health service in New York City. We have a good number of pregnant persons who have preexisting mental health disease who need to continue on medications. We are currently partnering with Cornell and others to apply for an HRQ grant, to pilot a program.*

Dr. Allen pointed out a couple of key factors; the slide that shows from 2001 through 2020 the maternal mortality range for blacks have decrease, back in 2001 we were fivefold greater than the Caucasian population, now we are four

*fold. The Hispanic population have gone over the time frame, and the biggest decrease has been among African Americans. The rate amongst non-Hispanic blacks has gone down from 61 to 52, overall has gone down to 14.1, and has gone up to 20.3. We are focus on black because we have the highest incident, but we really need to take care of everybody within our community. Dr. Allen made mention to cardiac disease, the most frequent presenting complaint is dyspnea. The providers often say, it is because your pregnant, and we miss the diagnosis.*

*The work that Dr. Wilcox is doing at Kings County and amongst all the teams, we are all doing our maintenance of certification for the boards. We are reviewing the same articles and there are a number of articles on cardiac disease, being the leading cause of maternal mortality amongst non-Hispanic blacks. We need to be really sensitive.*

**SYSTEM CHIEF NURSE EXECUTIVE REPORT**

Natalia Cineas, System Chief Nurse Executive, Office of Patient Center Care, Submitted the Chief Nurse Report for the record.

**CHIEF INFORMATION OFFICER REPORT**

Dr. Kim Keziah Mendez, Senior Vice President and Corporate Chief Information Officer, submitted the Chief Information Officer Report for the record.

**METROPLUS HEALTH PLAN, INC.**

Talya Schwartz, MD, President and CEO, MetroPlus Health Plan, submitted the MetroPlus Report for the record.

There being no further business, the meeting was adjourned 9:47AM.

## 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/Harlem (“**Harlem**”) as a Level II Pediatric Trauma center; and

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 Harlem 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**, 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 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 Pediatric Trauma Center; and

**IT IS 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

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

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Harlem**  
**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 for such verification. 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. Harlem 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  
May 5, 2025**

**Kenra Ford, FAEH, FABC, MBA, MT (ASCP)  
Vice President  
Clinical Services Operations**

**Arthur Cooper, MD**  
Director  
Harlem Hospital, Trauma Services

# 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 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 Harlem through the ACS, Committee on Trauma.

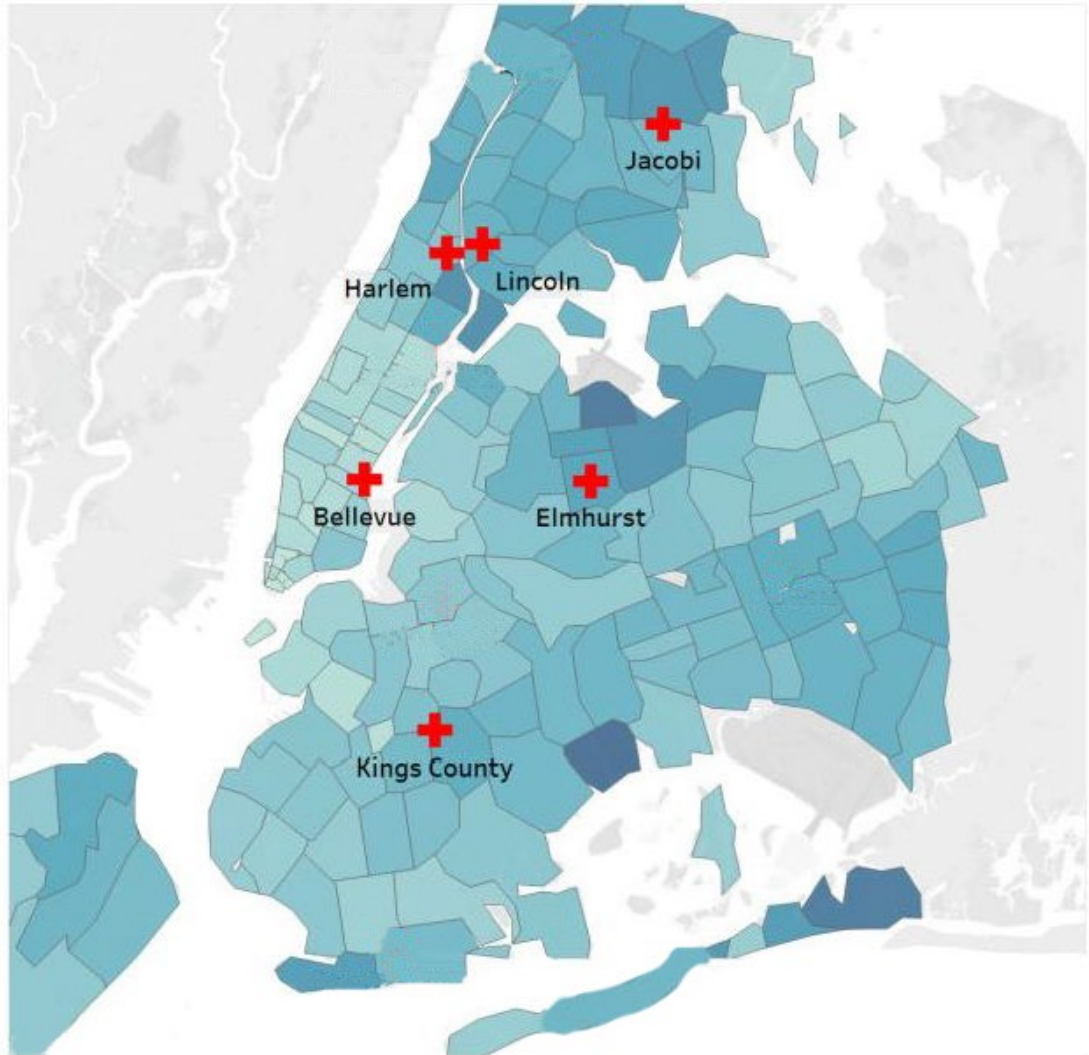
# Current ACS Verified NYC Health + Hospitals Trauma Centers

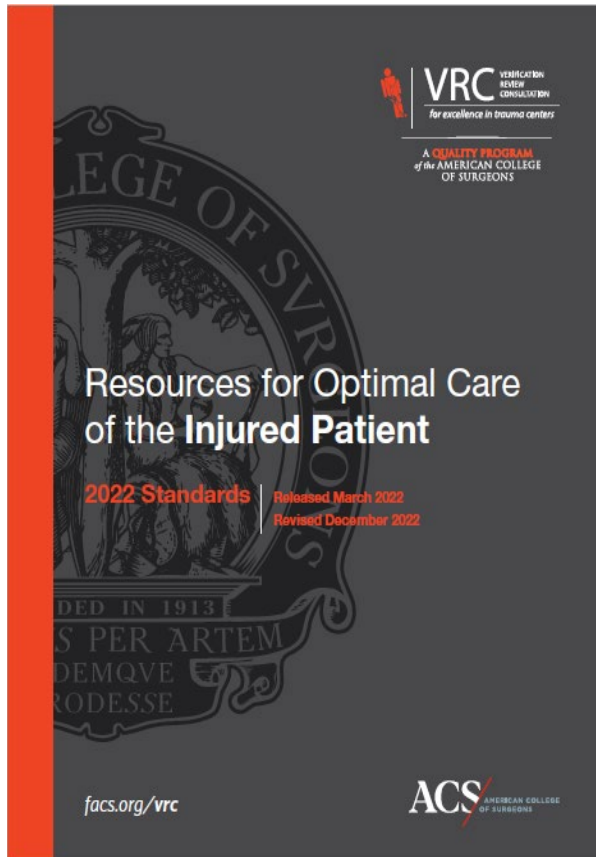
## Adult

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

## Pediatrics

- Level 1
  - None
- Level 2
  - Bellevue
  - Jacobi
  - Harlem





- 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
- The Harlem Level II Pediatric Trauma Center was last reviewed in 2022. The upcoming survey is expected to verify Level II Pediatric Trauma Center designation for Harlem Hospital and put it on the same three year cycle as the rest of our trauma centers



- 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.

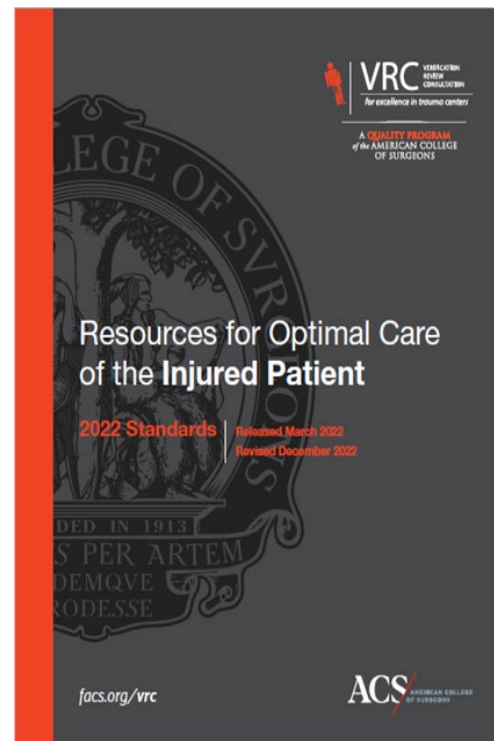
This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

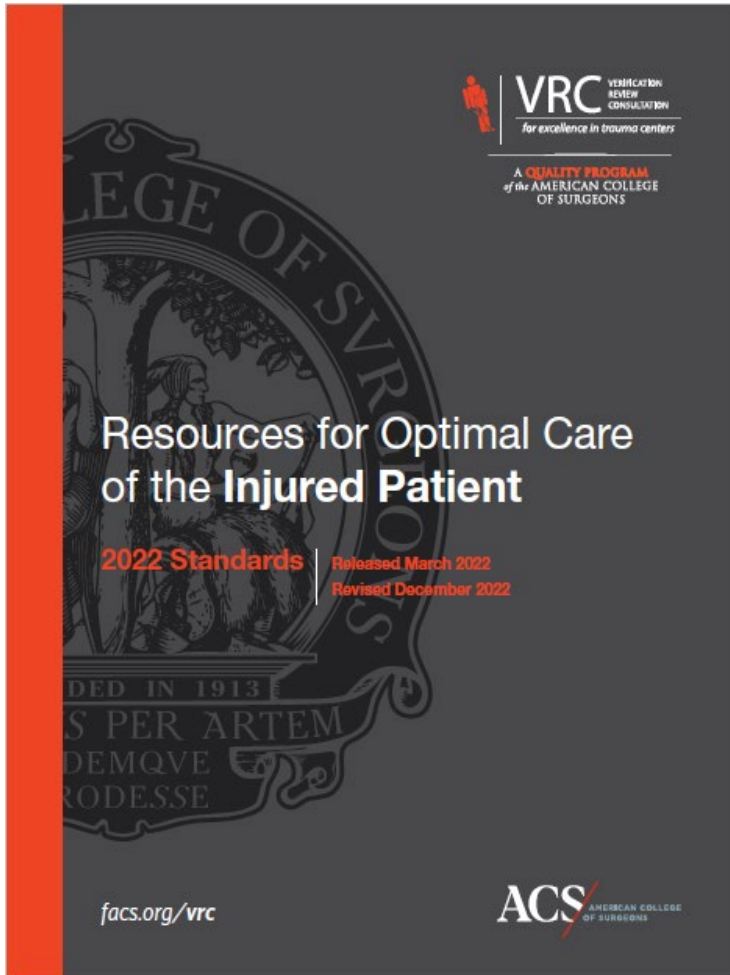
### Measures of Compliance

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

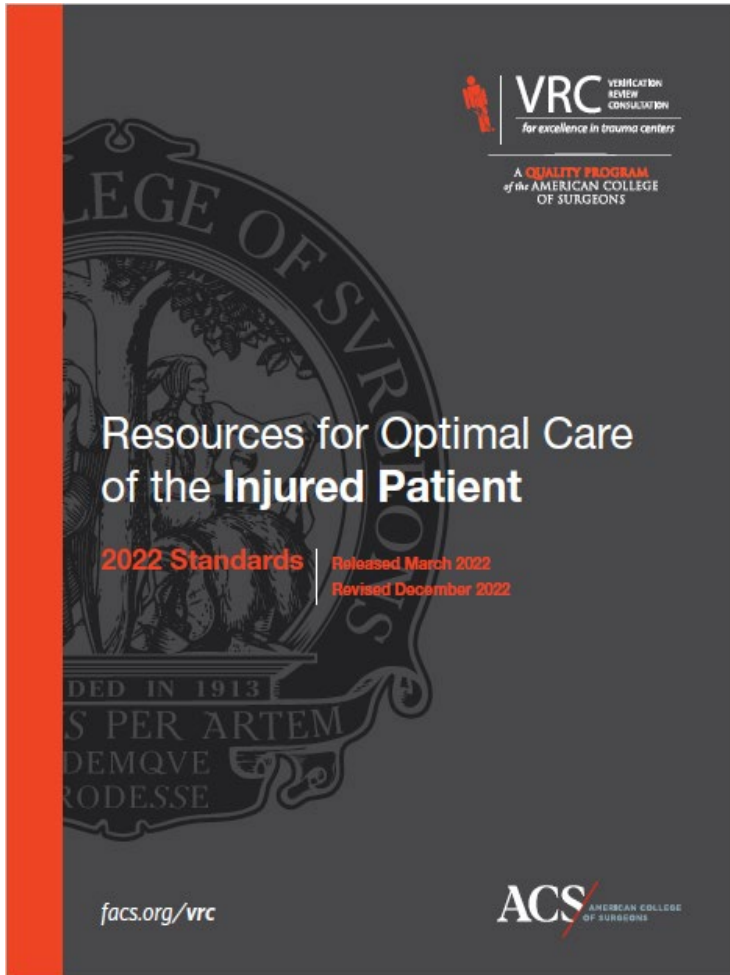
Subtle rule change requiring the *Exact level of Verification to be specified in Governing Board Resolution*





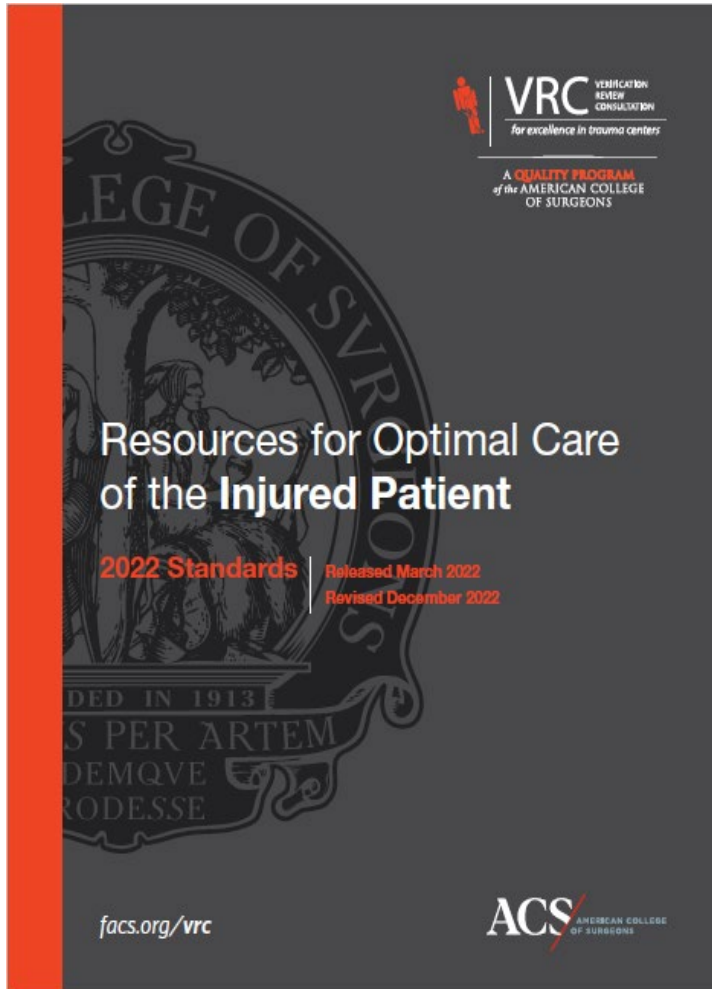
## Research and Scholarly Activities Only for Level I Trauma Centers

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



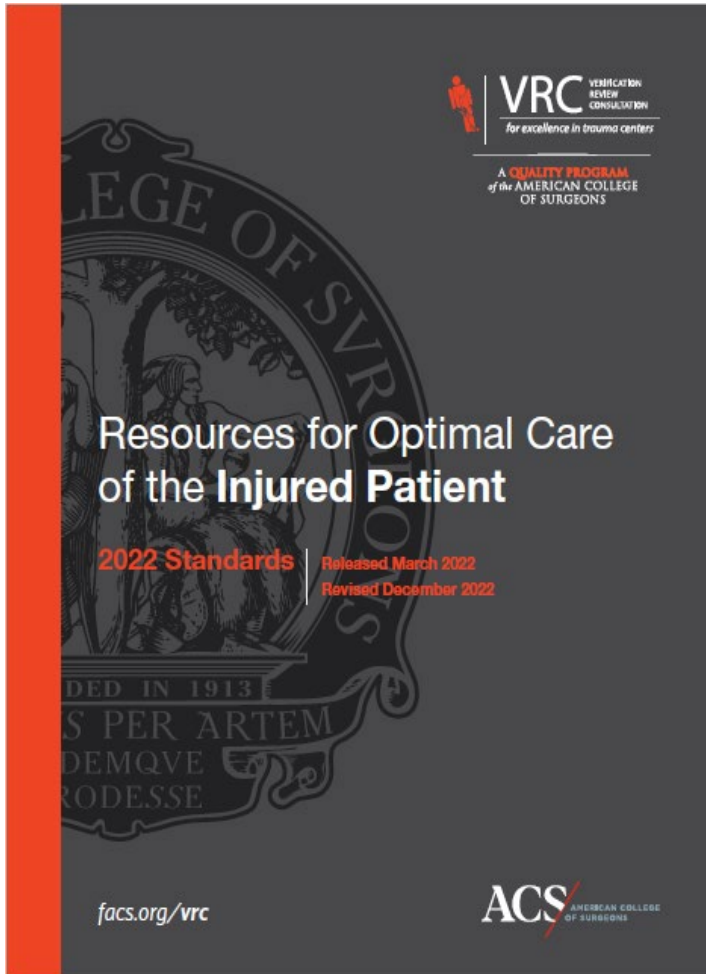
## Education: Professional and Community Outreach

- All trauma centers must participate in public and profession 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

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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 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 Harlem through the ACS, Committee on Trauma.

# Thank – You

Questions



# NYC H+H Enterprise Radiology

Growth through Efficiency

Steven Pulitzer, MD

Chief, Enterprise Radiology Services

Kenra Ford

Senior Vice President

Clinical Services Operations

Medical & Professional Affairs / Information Technology Committee

May 5, 2025



















# Enterprise Radiology: Before and After





# Enterprise Radiology: Vision and Phased Approach Plan



## Phase 1: Complete

- ✓ Enterprise – wide radiology service line
- ✓ Single IT platform
- ✓ Increased volume FY 24-FY25 by 10%
- ✓ Eliminated external vendor reading support
- ✓ Decreased per diem ED radiology by 30-40%
- ✓ Created annual financial and quality reports



## Phase 2: In Progress

- Establishing enterprise-wide subspecialty divisions by implementing hub and spoke model
- Benchmarking
- Further consolidate vendor supply contracts
- Refine current 5-year capital equipment plan based on needs



## Phase 3: Optimization

- New revenue through increased efficiency
- Improve outpatient access by expand Gotham Health outpatient imaging

# Enterprise Radiology: Daily Metrics Dashboard



## Order to Exam

Delay in getting exam completed



## Exam Complete to Final Read

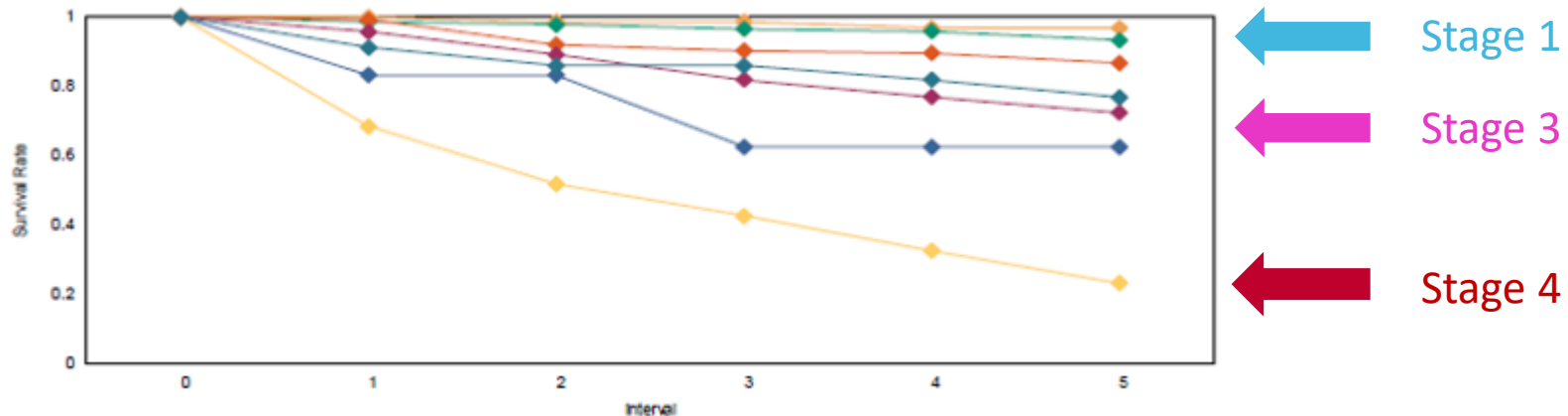
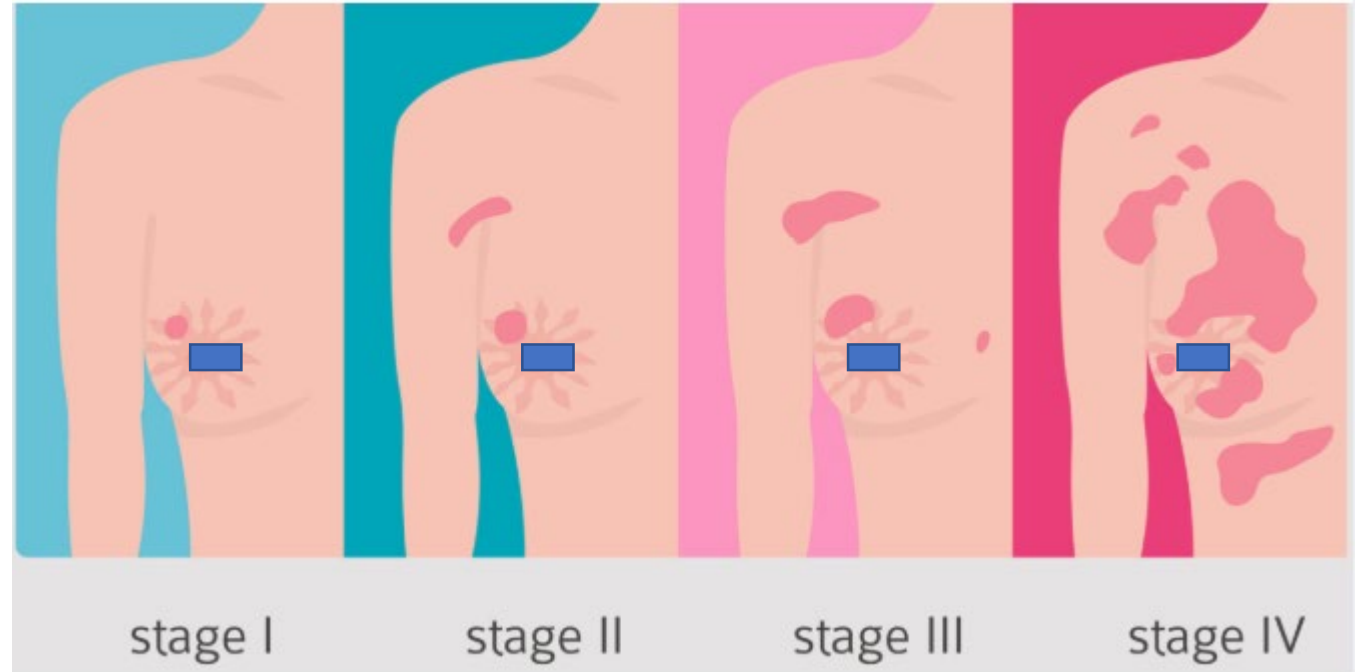
Delays in radiology clinical service



## Daily/Hourly Volume

Variable daily volume affects performance metrics

# Enterprise Radiology: Serving the Community



Thank you!

# **System Chief Nurse Executive Report**

**M&PA/IT Committee Meeting  
May 5, 2025**

**Natalia Cineas, DNP,  
MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**

**Reporting Period: October 2024 – April 2025**

## Special Fireside Chat

- A special Fireside Chat was held on October 16<sup>th</sup> from 11 AM - 12 PM, which was focused on the ancillary staff.
- The topic of this event was **Career Ladder for Ancillary Staff** – a special program providing pathway for them to become registered nurses.
- In this forum, **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, discussed the program for the PCAs, PCTs, and BHAs.
- There were over 77 attendees and questions from the staff were addressed during this event.

# Fireside Chat: Medication Administration

- The sixteenth iteration of our Fireside Chat was held on March 13<sup>th</sup>, 2025, where **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, had an intimate chat about the important topics within the nursing system.
- The event had over 374 attendees and the topic was **Medication Administration**.
- The featured guests were **David Conner and Devika Persaud-Singh** who answered questions about medication administration from the front line staff.

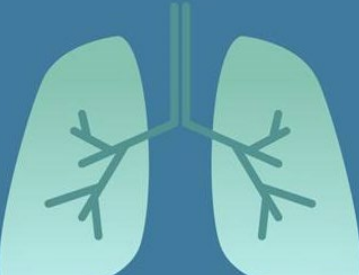
# Respiratory Care Celebration


NYC  
HEALTH+  
HOSPITALS

NURSING


## RESPIRATORY *Therapy* CELEBRATION

**October 21, 2024**  
**1-2pm**






**Natalia Cineas, DNP, RN, NEA-BC, FAAN, FADLN**  
Senior Vice President; Chief Nursing Executive;  
Co-Chair Equity and Access Council



**Ricardo Lopez, M.D., FCCP**  
Director of Division of Pulmonary  
Medicine & Critical Care; Director of Medical  
Intensive care

**RESPIRATORY CARE WEEK | OCT 20-26, 2024**



*Respiratory  
Therapy*

**JourneyTOGETHER. ImpactFOREVER.**

- The third annual virtual celebration for **Respiratory Care Week** was held October 21<sup>st</sup> from 1 - 2 PM with over 71 people in attendance.
- The theme was JourneyTOGETHER. ImpactFOREVER.
- **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, gave the introductory and closing remarks and **Ricardo Lopez, MD, FACP, FCCP**, *Director, Division of Pulmonary Medicine and Critical Care, and Director of Medical Intensive Care*, gave the keynote address to the attendees.



# Nursing Strategic Planning Retreat

- Nursing Leadership from all facilities gathered at NYC Health + Hospitals' central office for a transformative **5-Year Strategic Planning Retreat**. It was a multi-day retreat from November 21-22, December 2, and January 13, 2025
- The working sessions focused on aligning initiatives within the strategic pillars and building relationships for collaboration, shared learning, and improvement.
- The welcome remarks were provided by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**, and she was joined by **Eric Wei, MD, Omar Fattal, MD, Machel Allen, MD, and Kim Keller** during the special fireside chat portion of the retreat.
- The keynote speaker for the event was **Marc A. Bertrand, MSA, M.Ed.**

# Nursing Strategic Planning Retreat

- About 160 people in attendance during the retreat.



NYC Health + Hospitals' 5-Year Strategic Planning Retreat held in Central Office last 11/21, 11/22, 12/2 and 1/13/25.

# Nursing Strategic Planning Retreat



***NYC Health + Hospitals Chief Nursing Executive Natalia Cineas addressing the nursing leadership.***



***Drs. Machel Allen, Omar Fattal, Eric Wei with Kim Keller during the Fireside Chat on November 21.***



# 2024 Nursing Excellence Awards

- The **Nursing Excellence Awards** ceremony, held at the Central Office on December 17<sup>th</sup>, honored **35 nurse professionals** from across the health system.
- **25 nurses** were recognized for **Excellence in Clinical Nursing**, and **five nurses** were recognized systemwide for their efforts in leadership, volunteering, education, and mentorship, home or ambulatory care, and technology and innovation. **Five nurses** received the **DAISY Award** for Nurses advancing Health Equity.
- Other awards handed out at the special ceremony included the fifth annual **Structural Empowerment Award**, presented to the **nursing leadership and staff** at **NYC Health + Hospitals/Queens**.
- The fifth annual **Josephine Bolus Nursing Champion Award**, a prestigious designation bestowed upon supporters of nurses and the nursing profession was given to **Sharon H. Pappas, PhD, RN, NEA-BC, FAAN**.
- The first **Josephine Bolus Shining Light Award** recognized five-units that embody the values of compassion, dedication, and excellence in the nursing profession. The awards were presented by **Michael H. Bolus, son of the late Ms. Bolus**, to both Dr. Pappas and the five units.

# 2024 Nursing Excellence Awards



NYC Health + Hospitals Chief Nursing Executive, **Dr. Natalia Cineas** addressing the 2024 Nursing Excellence honorees. Keynote speaker **Dr. Sharon Pappas**, Chief Nurse Executive for Emory Healthcare



NYC Health + Hospitals President, **Dr. Mitch Katz** and Nursing leadership with recipients of the 2024 Nursing Excellence Awards. The award ceremony was attended by over 140 nursing professionals.



# Beacon Awards - Metropolitan

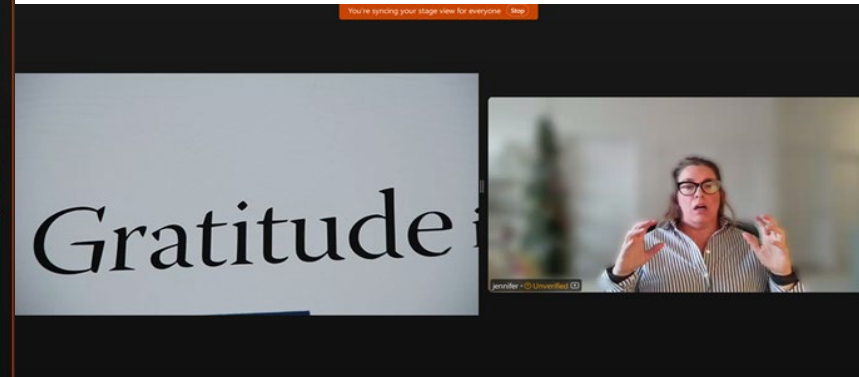
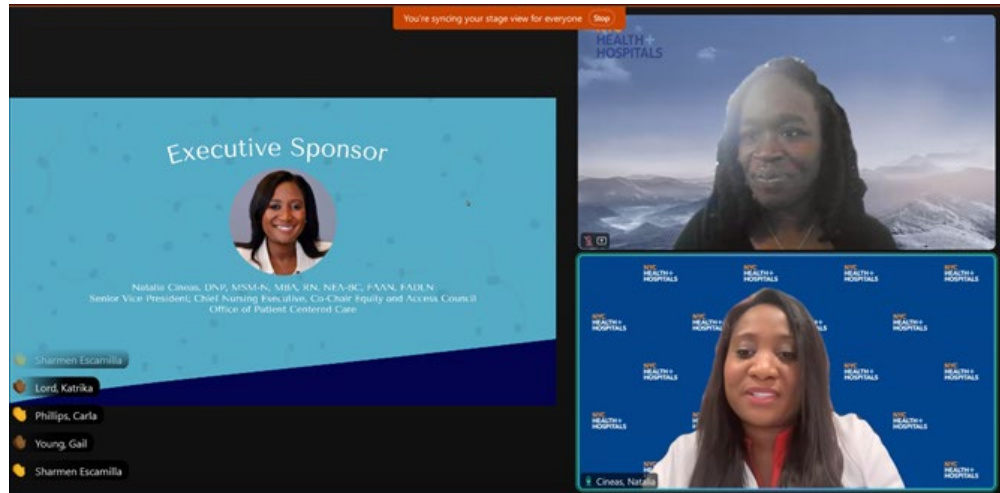
- NYC Health + Hospitals/**Metropolitan** received the **Gold Beacon** Award for their Adult ICU on January 30, 2025.
- Celebration was held to honor Metropolitan Hospital on March 11<sup>th</sup>, 2025 with over 100 people in attendance.
- **Julian John**, CEO of Metropolitan gave the welcome remarks and introductory remarks were given by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN**.
- **Christopher Wilson, MSN, RN, CNML, CENP, NEA-BC, FACHE**, gave an overview of what the Beacon award is followed by remarks from **Andrew Wuthrich, MBA, MSN, RN, ONC, NE-BC, CPAN** and **Armeen Poor, MD**.





- Celebration to honor **NYC Health + Hospitals/ Metropolitan – Adult ICU** on March 11, 2025.

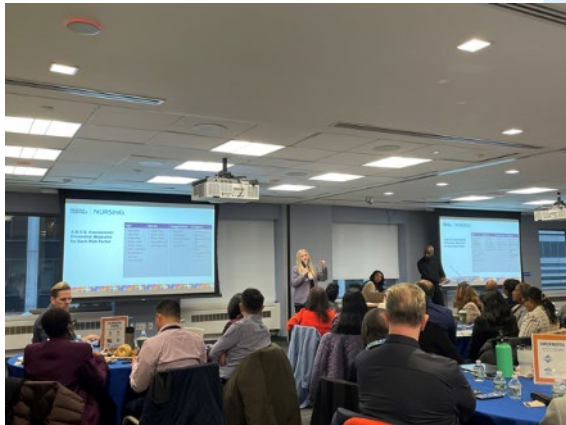
# Certified Nurses Day Celebration



- The 2025 Virtual Systemwide Certified Nurses Day celebration is an annual event where all certified nurses across the health system to recognize and honor them for their contributions. The event was held on March 17, 2025 from 11 AM – 12 PM with over 255 attendees.
- Welcome and introductions were given by **Natalia Cineas, DNP, MSM-N, MBA, RN, NEA-BC, FAAN, FADLN** and remarks by **Opeyemi Blessing, DNP, RN, CCRN, CPPS**. The keynote speaker was **Jennifer Graebe, DrPH, MSN, RN, NEA-BC, FAAN**.



# Fall and Injury Prevention Summit

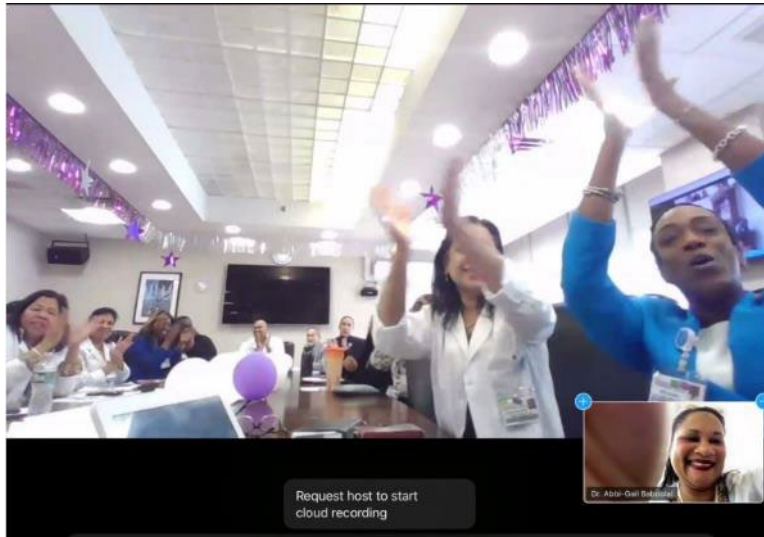


- The third and final **Fall & Injury Summit** was held on March 24<sup>th</sup>, 2025 with over **100 participants** from the 11 acute care hospitals.
- In this summit, the **Behavioral Health Fall Prevention Bundle** was introduced.
- The Behavioral Health (BH) specific **Fall Risk Assessment Tool** was also introduced on this summit.



# PRISM Award – Queens

- NYC Health + Hospitals/**Queens** received last April 4, 2025 recognition from **the Academy of Medical-Surgical Nurses (AMSN) PRISM Award – 4BE unit.**
- **NYC H+H/Queens** proudly joined the other 105 units in the country and three hospitals in New York State to receive this prestigious award.





# AORN Awards – Queens

- NYC Health + Hospitals/Queens received recognition as the **Center of Excellence in Surgical Safety: Prevention of RSI**; and recipient of the **Smoke Evacuation Facility** and the **AORN's Go Clear Award**.



- The AORN Global Surgical Conference & Expo, held in Boston, MA from April 5-8, 2025, where NYC Health + Hospitals/Queens was one of the recipients of the double award.



## Nursing Fellowship Programs

- **Emergency Department (ED) – 389 nurse fellows** completed their six-month fellowship program. **179 fellows** enrolled in Phase 1.
- **Intensive Care Unit (ICU) – 67 nurse fellows** completed their six-month fellowship program. **73 fellows** enrolled in Phase 1.
- **Peri-Operative – 17 nurse fellows** completed their six-month fellowship program. **41 fellows** enrolled in Phase 1.

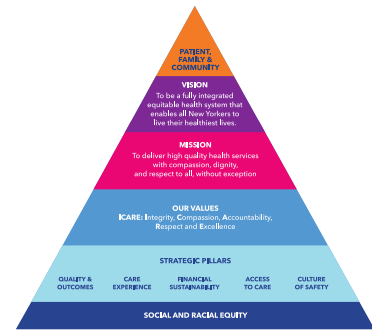
# Questions and Thank You!

# **EITS BOD Update**

*Kim K. Mendez, EdD, ANP, RN / Sr. VP/ Corporate CIO*

*M&PA/IT Committee Meeting  
May 5, 2025*

# EITS Update Agenda



## Introductions

## Focused EITS Updates

- DnA, Innovations & AI Service Line
- Epic & Clinical Applications
  - Epic Honor Roll
  - Epic & IRIS for Health (Ensemble) Upgrades
  - Epic Care Companion
  - Epic Hello World
- HIT Priority Projects
- EITS UnPrint Initiative
- ESS Virtual Agent
- EITS Employee Recognition

Q + A

## DnA, Innovations & AI Service Lines

- Transition to EITS –December 2024
- AI Service Line– AI enablement plan, strategic business proposal development, governance, stakeholder collaboration
- DnA Champions Operating Model
- Enterprise Policy Management System
- FY 2025 OKRs

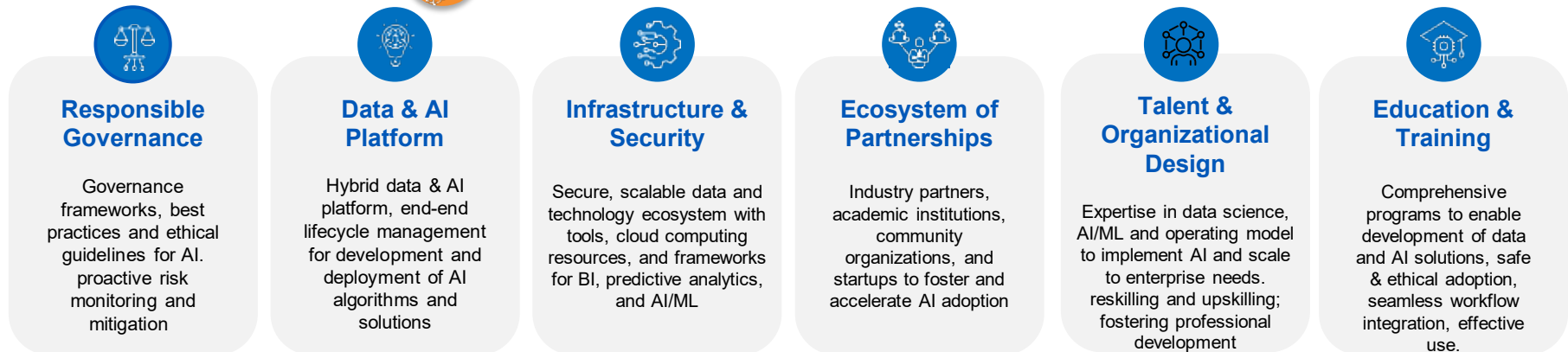


# AI Enablement Strategy for NYC H+H

Implement AI to enhance high-quality care, optimize workflows, and ensure equity in healthcare delivery



## Foundational Readiness / Building Blocks



**References :** [HHS Artificial Intelligence \(AI\) Strategy](#) | [The New York City Artificial Intelligence Action](#)

## AI Governance Objectives

- **Streamline AI Procurement** – Establish a structured framework for AI use case evaluation, routing, and prioritization.
- **Prioritize AI initiatives** - Prioritize AI initiatives based on business impact, urgency, and complexity.
- **Ensure Transparency & Accountability** – Provide oversight, guidance, and enterprise-wide alignment on AI initiatives while maintaining a structured portfolio.
- **Regulatory & Ethical Compliance** – Ensure AI aligns with industry regulations, data privacy laws, and ethical guidelines
- **Establish Best Practices** – Streamline processes and define best practices and enable infrastructure and tools to enable the responsible and safe integration of AI into workflows
- **Scale AI Capabilities** – Manage capacity and demand for technical teams in AI implementation to drive enterprise-wide AI adoption
- **Measure AI Success** – Define and track KPIs to assess AI project effectiveness.
- **Continuous Improvement & Innovation** – Regularly assess AI strategies, emerging technologies, and new use cases to drive transformation.

# NYC H+H achieves Epic Honor Roll



## **Q2 2025 Epic/H2O & IRIS For Health Upgrade**

- Go Live planned for May 10<sup>th</sup> , 2025
- Epic currently on version May 2024
- IRIS for Health ( Ensemble) currently on V 2023.1
- Training materials complete & available
- Presented overview to System & facility Down Time Committees
  - E-mail has been sent out to all the H2O Site Directors to obtain Downtime Facility Support Schedules
  - Facility Support Schedules must be finalized by Friday, April 25th, 2025
  - On Friday, May 9th , 2025 all Facilities will check-in to the Virtual Command Center at 11:30 PM sharp for roll call
  - Attendance is mandatory for ALL scheduled site staff that was identified to support downtime

## Q2 2025 Epic/H<sub>2</sub>O & IRIS For Health Upgrade

The EITS Command Center will be virtual

Issue resolution via Enterprise Service Help Desk tickets

### **Post Go Live Support schedule:**

- Saturday 5/10/2025: 2:00am to 5:00pm
- Monday 5/12/2025: 7:00am to 5:00pm
- Saturday: Weekend Deck will Be Published At 4:00 PM
- Monday: 4:00pm status call, round robin and to re-assess support needs

# Epic Care Companion

## Completed

- Pregnancy
- Rad/Onc
- VEC Med Abortion
- HTN (RPM)\*

## In Progress

- HTN (RPM) Billing
- Obesity w/ E-Visit

## Future

- DM/CGM (RPM)
- Transition of Care + CHF



# Epic Hello World: February 2025 Update

## Total Messages Sent

- 5+ million since go-live
- ~42,000 per day

## Appointment Reminders

- ~32,000 per day

## Instant and Auto Instant Activations

- ~1,900 per day

## Fast Pass Offers

- ~300 per day

## Patient Estimates

- ~900 per day

## Two-factor Authentication

- ~2,070

## ■ Total Opt-Ins: February

- Verbal: 29,296
- MyChart: 695
- Mobile: 112

## Next Use Cases:

- Finalizing testing for RCS use cases
- Pharmacy notifications – starting at Lincoln and then expanding enterprise wide

## PRJ000052965: Epic Integration of B. Braun Infusion Pumps

Business Owner: Mitchell Adler, MD, JD, MPH, FACP  
Project Manager: Naomi Galan, MS



### Summary

The B. Braun infusion pump project consists of three phases. Phase one of the project consisted of implementing the new infusion pumps at our facilities, phase two of the project consisted of standardizing our drug library. We are now in phase three of the project, which is to integrate the infusion pumps with Epic. The integration of the pumps with Epic will allow for the transmission of orders from Epic into the pumps and the downloading of patient-specific data from the pumps into Epic. As a result, the nursing workflow of initiating infusions will become safer and more efficient and the entry of infusion data into Epic will become more efficient and complete.

### Accomplishments

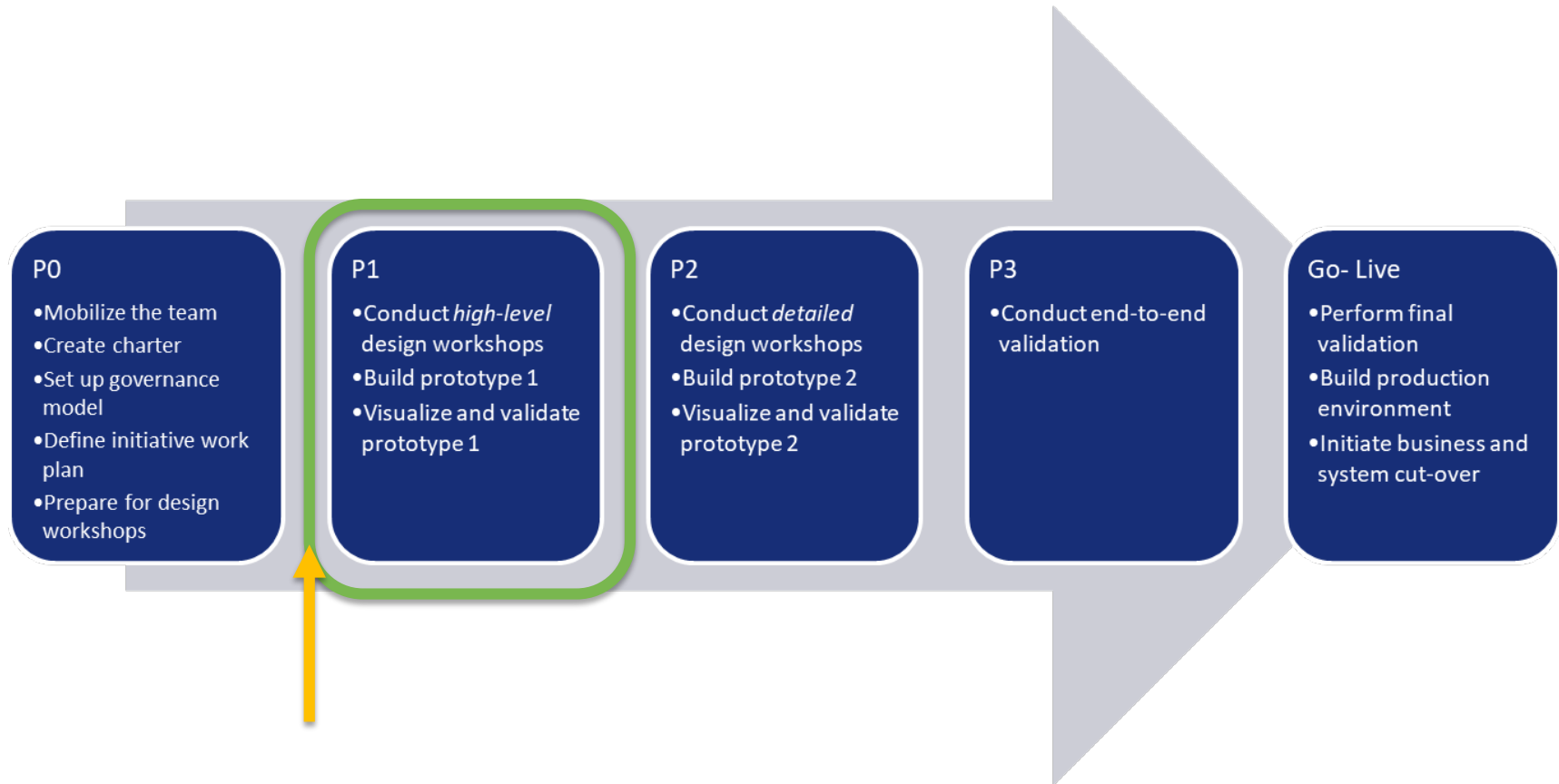
### Highlighted Risks

- DoseTrac Test server operational
- Epic/DoseTrac/Pump Test interface operational
- Sample medication testing successfully completed
- Workflow walkthrough completed

- The budget is at a status of 'Watch' as we are projected to spend 100% of overall implementation budget
- The integration phase of this project is bond funded

Milestone	End Date	Revised End Date	Status	Notes
Sample med testing	1/15/2025		Complete	Complete
Workflow walkthrough	2/5/2025		Complete	Complete
Full record testing	6/30/2025			Every infusion in the drug library will be tested end-to-end.
Workflow adoption	7/14/2025			This marks the finalization of workflow changes and acceptance by stakeholders.
B. Braun field service to prepare pumps	9/16/2025			Field service begins 8/12/2025.
End user training	10/17/2025			Training begins 9/15/2025.
Pilot site (Lincoln) go-live	10/21/2025			

# Oracle Cloud Implementation Project



## P0 Phase Complete / Phase P1 Initiated/ Next Steps

Oracle Cloud Implementation

Design Workshops in progress for functional and technical teams  
OCI Design Strategy underway

Data clean up efforts underway

Align reporting expectations through workshops  
Address any security concerns with Oracle security experts

Assist business workstream owners with data mapping  
H+H Infrastructure & Architecture Review underway- follow up session to  
be held after Design phase (Q3)

# Q1 2025 UnPrint Update

Deliverable	Delivery Date
Service Line assessments starting with C-Suite Walkthroughs	3/1/2025
Completed introductory UnPrint kick-off meetings with C-Suite executives.	3/31/2025
<a href="#">Earth Day UnPrint Challenge</a>	4/1/2025
Mindful Printing Pop-ups	1/2/2025

## Current Status:

- Currently on track with all milestone dates and deliverables for this 5 year project.
- Overall 15% completion of 5 year project

## Highlights:

- **C Suite Walkthrough Kick-offs:**
  - All C-Suite leadership at acute facilities
- **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:**
  - Introduced mindful printing pop-ups: When someone attempts to print certain types of documents, a pop-up will appear as a gentle reminder, allowing them to cancel if they choose.
  - First dashboard for PowerPoint printing: Launched for the [April Earth Day 30-Day Challenge](#).



Green indicates current progress to date= 15% completion

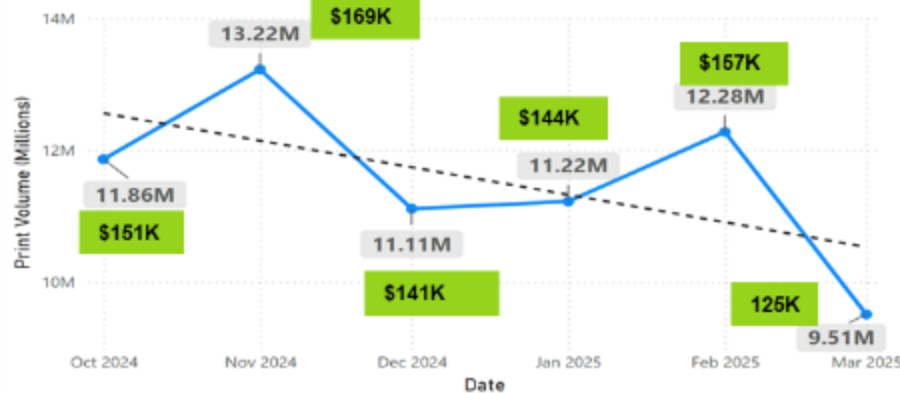


Unprint.  
Keep your information  
accessible, secure,  
and eco-friendly.

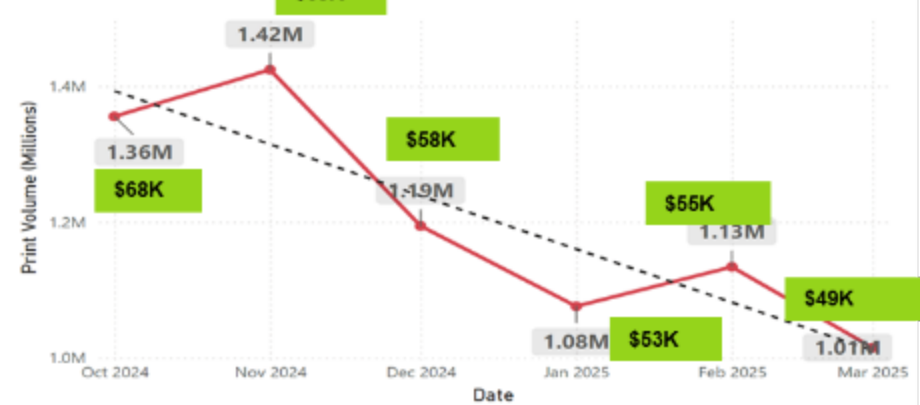
# Total Volume Q4 2024 - Q1 2025

- Data is 6 months from October to the end of March.
- Trending downward making lower highs and steady lows.
- CLR and BW move in tandem with peaks above trend in January and March.
- Our peak was November of 14.65M which is 3.17M less than the previous high of 17.82M from June 2024(not shown).
- The low was 10.52M from March 2025 resulting in a delta of 4.13M

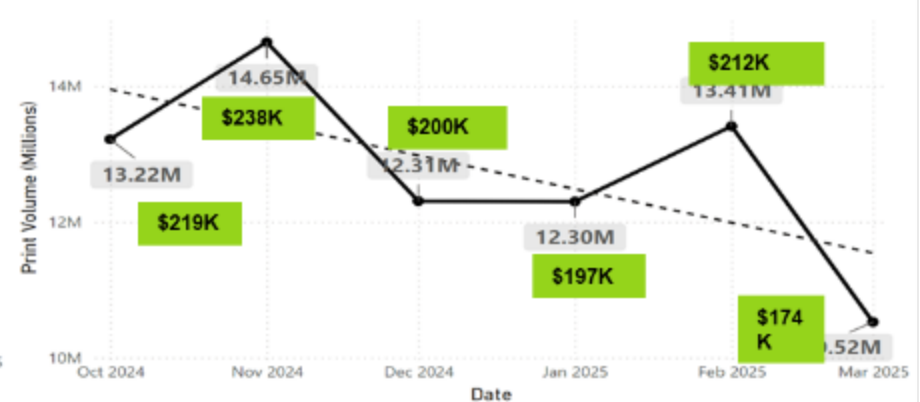
**BW Volume**



**COLOR Volume**



**Total Volume**



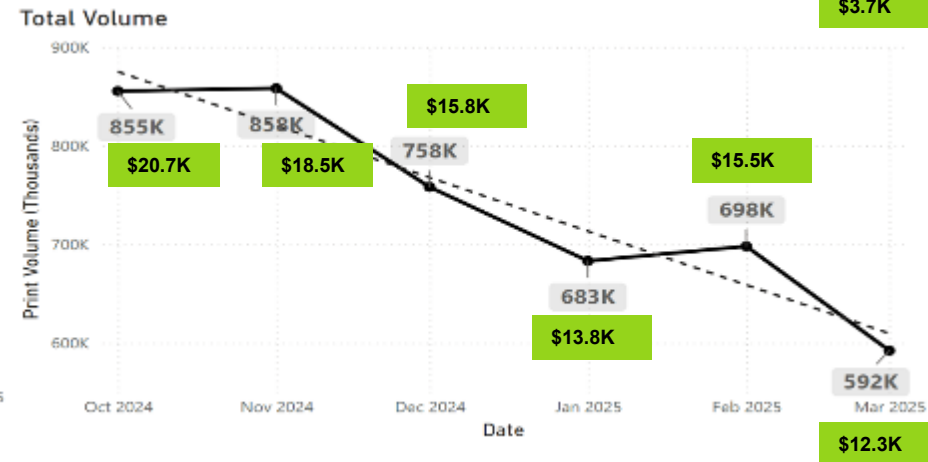
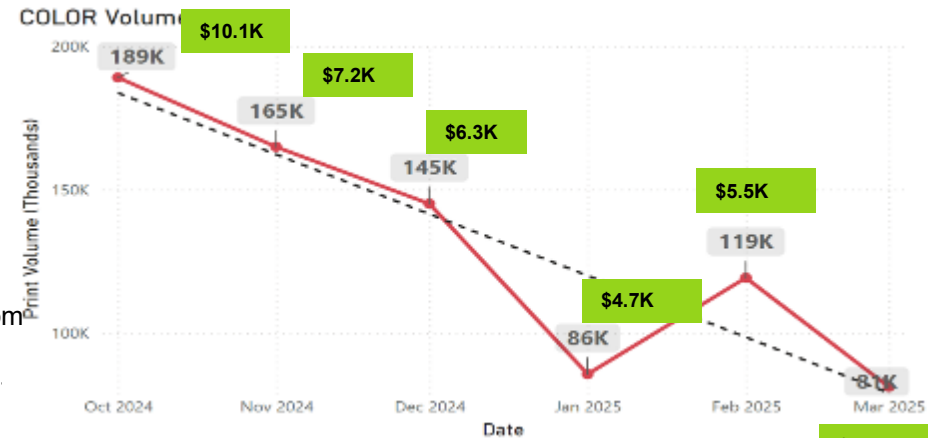
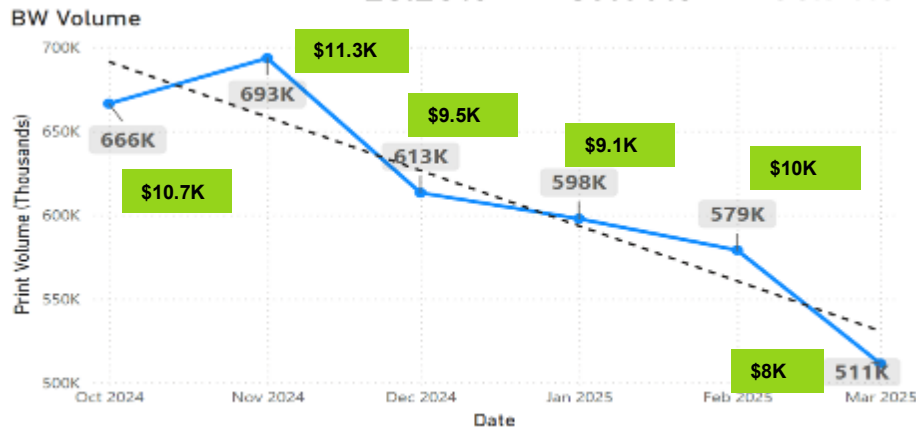


# Central Office Q4 2024 - Q1 2025

- Data is 6 months from October to the end of March.
- Trending downward making lower highs and steady lows.
- Our monthly peak was November of 858K which is 312K less than the previous high of 1.17M from June 2024(not shown).
- The low was 592K from March 2025 resulting in a reduction of 266K from the high.
- The low is also 168K

BW Volume % Change    CLR Volume % Change    Total Volume % Change

-23.26%    -57.11%    -30.74%



NYC  
HEALTH+  
HOSPITALS

This April, can you  
conduct meetings  
**without printing**  
presentations for 30  
days?

Learn More at <https://nychhccloud.sharepoint.com/sites/UnPrint>



Share Ideas,  
Not Printouts.



## Virtual Agent (ESD Jr.) – Project Overview

*Data from March 2025*

### Metrics

- All Chats (Interaction tickets) – 410
- Agents Chats – 53
- Bot Chats – 357
- Agent Handled Duration – 12 Minutes 3 Seconds
- First Response Wait Time – 15 Seconds
- Requester Avg Response Time – 31 Seconds
- Agent Created INC – 20
- Bot Created INC – 0
- Bot Closed Chats – 109
- Agent Closed Chats – 48

#### Bot Surveys | Agent Surveys



### Operations

- Enterprise-Wide as of 2/27/25



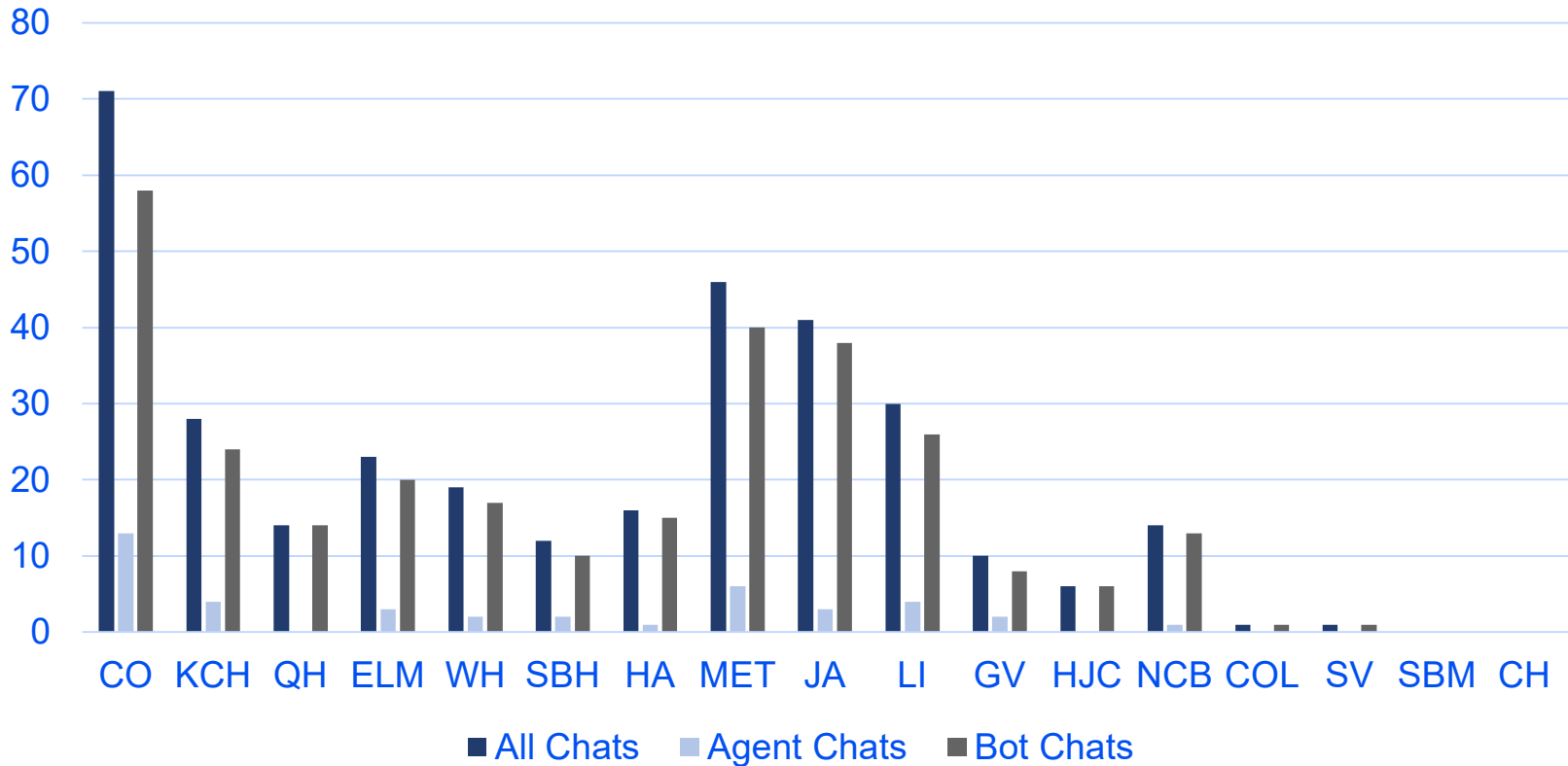
### Knowledge

- ~~1000+~~ **1200+ Articles published**
- Expanded\* knowledge areas:
  - HR ([Employee Resources](#))
  - Epic Anesthesia
  - Epic Willow Ambulatory
  - Epic Hospital Billing
  - EpicCare Link
  - Correctional Health Knowledge
    - CHER (in-progress)
    - DocuBatch (in-progress)
    - Indexing Client (in-progress)



## Virtual Agent (ESD Jr.) – Inline Facility Metrics

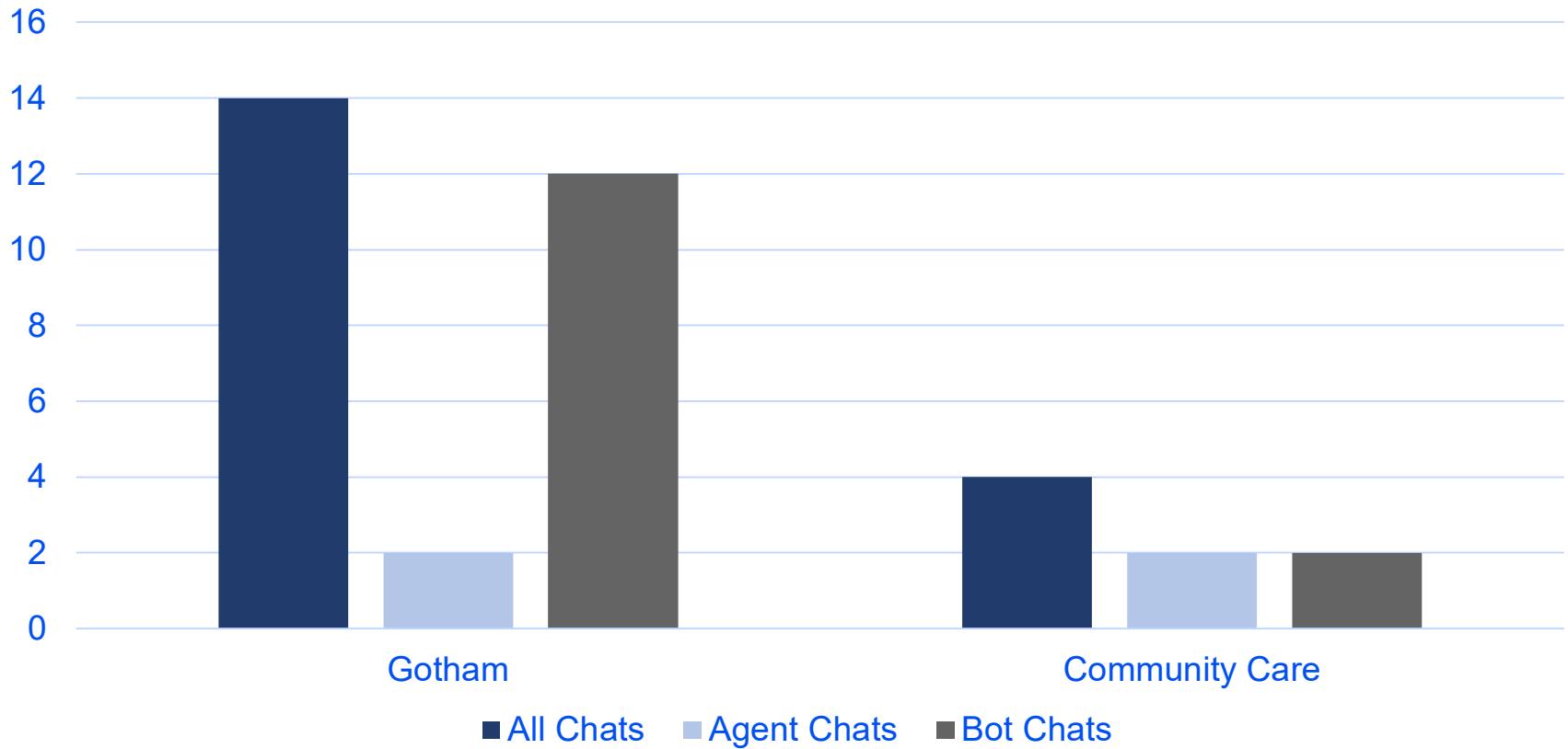
*Data from March 2025*



\* Data includes Gotham & Community Care

## Virtual Agent (ESD Jr.) – Gotham & Community Care

Data from March 2025





# Employee Recognition

## EITS RADIOLGOY SUPPORT

NYC Health + Hospitals | Central Office



**2024**  
EMPLOYEE RESOURCE CENTER  
**AMAZING**  
**EMPLOYEE**  
**OF THE YEAR**  
**NOMINEE**

The EITS Radiology Support team is instrumental in supporting NYC Health+Hospitals' Systems and a portfolio of other medical imaging technologies across the enterprise. This team has been successful in implementing technical solutions, and has been instrumental in providing exceptional service and support, is committed to delivering high priority projects, leveraging innovation in designing technical solutions, and optimizes workflows and advanced technical transformations with immediate positive quality and care outcomes in our organizations.

"It is with great pleasure that we recognize the entire EITS Radiology Support team for the dedication, commitment and delivering excellent customer service - 24 hours/365 days to our organization." - Kim Mennery, VP/PCO

The EITS Radiology Support team members are as follows:

Garfield King Director	Jorge Mora Sr. Management Consultant	Jorge Escalante Sr. Consultant MS
Marcin Marzec Sr. Consultant MS	Jeffrey Penn Chief of Business Analyst	Carlos Guzman-Emriquez Chief of Business Analyst
Krunal Kumar Patel Director, System & Program	Lance Graham Director, System & Program	Brinsley Johnson Assistant Director
MD Habibul Islam Clinical Business Analyst	Kate Cooper Clinical Business Analyst	Norman Ni Clinical Business Analyst
Malcoons Salomon Clinical Business Analyst	John Foley Sr. Consultant MS	John Georgescu Clinical Business Analyst
Kumish Patel Sr. Consultant MS	Tania Velaz Gonzalez Clinical Business Analyst	Nadeesh Abraham Clinical Business Analyst

## ARCHIT TRIVEDI

NYC Health + Hospitals | Central Office



**2024**  
EMPLOYEE RESOURCE CENTER  
**AMAZING**  
**EMPLOYEE**  
**OF THE YEAR**  
**NOMINEE**

Archit Trivedi started working with NYC Health+Hospitals in 2017 as a consultant and became a Health + Hospitals employee in December 2022.

Archit Trivedi, enhances NYC Health + Hospitals' KARE values through his dedicated performance in data governance. He ensures reliability and organizational goals are achieved by maintaining integrity in enterprise processes and governance frameworks. Archit fosters a supportive environment through empathy and collaboration, crucial for successfully implementing governance frameworks across various departments.

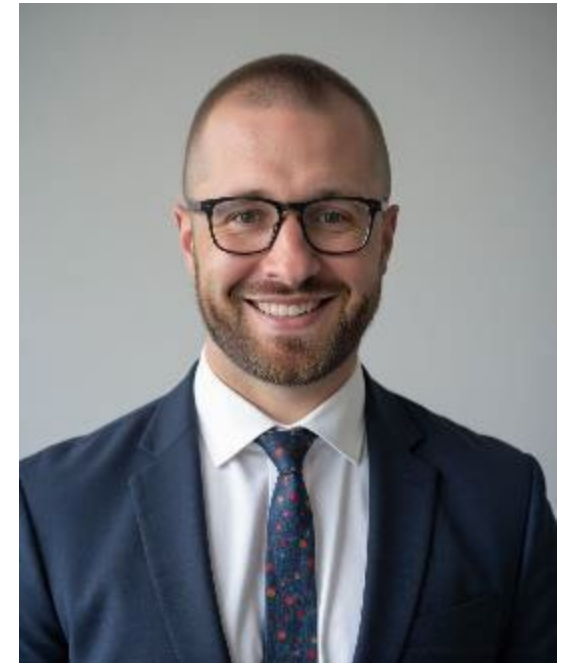
His effective resource management and high-quality work, marked by attention to detail and efficient time management, are central to his data governance. Archit values teamwork, respects diverse perspectives, and builds inclusive relationships, ensuring governance frameworks meet operational needs at NYC Health + Hospitals. His diverse excellence by leveraging deep knowledge to keep the organization at the forefront of strategic developments.

Under Archit's guidance, Data implemented comprehensive measures to protect sensitive data in Snowflake, including strict access protocols based on signed Treatment, Payment, and Healthcare Operations (THPO) forms. His meticulous approach to detailing access requirements and developing clear control objectives ensures compliance and safeguards patient confidentiality. Archit's leadership ensures NYC Health + Hospitals remains transparent, efficient, and at the forefront of data governance practices.

## 2025 OTI HAYES

## AWARDEE:

Daniel Mackall, NYC H+H , EITS





Elmhurst Hospital  
Patricia Ruiz & Anuj Rao



Woodhull Hospital  
Saul Garcia, Patricia Ruiz &  
Neida Cruz



## EITS launches Coat Drive Winter 2024-2025

### EITS Department Pilot Coat Drive

- Socialized to the team at large

The goal was 50 coats

- Collected 38 coats, 20 scarves, 5 blankets, 25 pairs of new socks & lip balm!

Distributed to Elmhurst & Woodhull Hospitals



# MetroPlusHealth

**NYC Health + Hospitals**

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

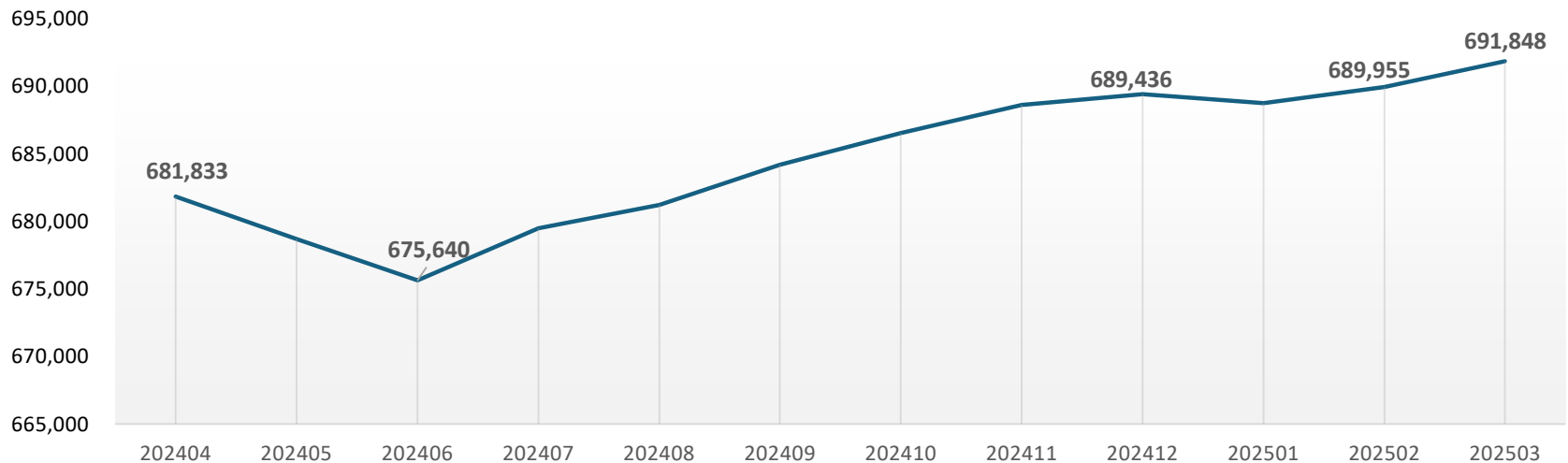
**May 5<sup>th</sup>, 2025**

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

# Membership

# MPH Membership Trend (12 M) and Market Share

MPH Total Membership



- As of March 31, 2025, MetroPlus had 691,848 members across its plan offerings, representing growth of over 154,000 (28.6%) since January 2020, for annual growth of 1.5 % since April 31<sup>st</sup>, 2024.
- MPH Medicaid and EP market share remained stable since the unwind.
- Largest membership percentage growth among H+H facilities was observed in Harlem hospital.

# Regulatory Update

# Single Fiscal Intermediary

The 2024-25 Enacted Budget directed DOH to contract with a single statewide fiscal intermediary (SFI) to manage the Consumer Directed Personal Assistance Program (CDPAP)\*. Public Partnerships LLC (PPL) has been selected as the SFI vendor managing CDPAP services starting April 1, 2025. However, due to a Court Order, Members now have until May 15 and Personal Assistants (PAs) until June 8 to complete their registration with PPL.

## Impact to Members

- Members and their PA's must register with PPL to continue receiving and providing CDPAP services.

## Current Project Status:

- Consumers filed a lawsuit due to issues with PPL transition. Given the risk of leaving this vulnerable population without critical services, a Court Order was issued to ensure aides get paid to provide services.

## Obstacles:

- PPL registration process has been riddled with issue such as members reporting long hold times, issues with PPL system, and inaccurate PPL data.
- Inability to reach certain members.
- Campaigns by existing FIs to retain members.

Due to these issues, MHP currently has over 85% of members who registered or started the process.

*\* CDPAP provides services to chronically ill or physically disabled individuals who need help with activities of daily living (ADLs). These activities may include assistance with dressing, bathing, housekeeping and meal preparation.*

# Quality Performance



# Essential Plan - Tier 1

- MetroPlusHealth's Essential Plan (EP) has over 150,000 members.
- EP Quality Incentive Award for measurement year (MY) 2023 was announced on March 27<sup>th</sup>, 2025 by NYSDOH.
- **There are 5 scoring tiers:** Tier 1 is the highest, tier 5 the lowest. MetroPlusHealth has improved from Tier 3 for MY 2021 (when plans were evaluated retrospectively on their performance for the first time ever in this line of business) to Tier 2 for MY 2022 to Tier 1 for MY 2023.

# Essential Plan - Tier 1

- The Quality Measures assessed by NYS align closely with the quality standards monitored by H+H, other health systems and community providers.
- The QM team has strong working relationship with Quality at H+H Central Office, and key quality contacts at H+H sites and community providers.
- Although the Plan's Quality scores substantially improved year over year, our Tier 1 ranking was also based on improved Member Satisfaction results, a particular area of focus for the Plan and H+H.
- Not only is there a huge clinical and reputational impact but this performance is associated with a significant monetary award.

# Breast Cancer Screening - Importance

- Breast cancer is the most diagnosed cancer and the second leading cause of cancer deaths among females in NYS, with approximately 16,688 new cases and 2,486 deaths from the disease each year from 2016 to 2020.
- Breast cancer screening has been shown to reduce breast cancer mortality, and current USPSTF guidelines recommend screening with a mammogram every 2 years for females ages 50–74 years and discussion with a healthcare provider regarding the risks and benefits of screening for females ages 40–49 years.
- Breast Cancer Screening (BCS) is a quality metric that is included in all NYS DOH quality programs. Additionally, the NYS DOH Office of Quality instituted a two-year performance improvement project (PIP) for 2024–2025 to improve cancer screening, including Breast Cancer Screening, among Medicaid Managed Care Plans, and HIV Special Needs Plans.

# Breast Cancer Screening | Meaningful Improvement

- Improving BCS rates has been of considerable focus for MetroPlus Health Plan, particularly following the COVID-19 public health emergency and promoting the importance of cancer screenings to the Plan's membership.
  - **Measurement Year (MY) 2022:** MetroPlus achieved the 90<sup>th</sup> percentile in Medicaid and HIV SNP in the BCS measure, however Essential Plan was below the 50<sup>th</sup> percentile.
  - **MY 2023:** MetroPlus is projecting to maintain the 90<sup>th</sup> percentile in Medicaid and HIVSNP and surpass the 50<sup>th</sup> percentile for Essential Plan.
  - **MY 2024:** MetroPlus is, on average, **5% higher year-over-year (YOY)** with claims through August.

# Breast Cancer Screening | Collaboration

- MetroPlus' success is largely driven by its close collaboration with NYC Health and Hospitals (H+H), where H+H performance greatly exceeds that of Community providers (+6-7%). Through its unique relationship with H+H, a robust strategy has been developed and executed to support BCS performance:
- Collaboration with H+H Office of Women's Health to identify system-wide and site-based screening barriers and jointly investigate/resolve. Through this forum, identified the need for patient outreach to assist 2 facilities in scheduling mammograms. As a result, these sites are now **11.67** and **5.82** percentage points higher YOY, respectively.
- Supplemental data exchange to provide screening evidence not captured in claims.
- Live outreach calls to non-compliant members with no recent PCP visit/mammogram order via H+H's Patient Engagement team to help schedule a PCP visit.
- MyChart messaging to encourage patients with a care gap for breast cancer screening are encouraged to schedule a mammography appointment.
- Pre-visit planning with participating care teams.
- MetroPlus Member Rewards, Value-Based and Pay for Performance (P4P) programs to incentivize members and providers for screenings.

# **Marketing Modernization with Salesforce Marketing Cloud**



# Salesforce Marketing Cloud

In 2024, MetroPlusHealth began embarking on a transformative journey to modernize our marketing strategy through Salesforce Marketing Cloud. This digital shift is intended to streamline operations, improve efficiency, and deliver superior results, all while enhancing member engagement and satisfaction.

## Key Benefits of the Transition:

- **Cost Efficiency:** By bringing text and email marketing in-house from our current vendor, we expect to save \$1.3 million annually. These savings will be reinvested in enhancing our services and overall member experience.
- **Enhanced Personalization:** In addition to email and text, we personalize web experiences, app notifications, and more. This ensures that each interaction with our members is relevant and engaging.
- **Expanded Channels:** Our communication strategy will extend to mobile app notifications and web experiences, allowing us to reach members through their preferred channels for deeper engagement.
- **Real-Time Analytics:** With instant access to campaign performance data, we can make timely adjustments to optimize our marketing efforts and improve results.