



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

December 8, 2025

Boardroom

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

11:00am

AGENDA

- | | | |
|-------------|---|--|
| I. | Call to Order | Jose A. Pagán |
| II. | Adoption of June 16, 2025
Strategic Planning Committee Meeting Minutes . | Jose A. Pagán |
| III. | Information Items | |
| | a. Update and System Dashboard | Matthew Siegler |
| | | Senior Vice President |
| | | Chief Growth and Strategy Officer |
| | | Deborah Brown, Senior Vice President, External and Regulatory Affairs |
| IV. | Old Business | Jose A. Pagán |
| V. | New Business | |
| VI. | Adjournment | |

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

JUNE 16, 2025

The meeting of the Strategic Planning Committee of the Board of Directors was held on June 16, 2025 with Dr. José Pagán, presiding as Chairperson.

Dr. Pagán noted for the record that Dr. Shadi Chamany will be representing Dr. Michelle Morse in a voting capacity.

ATTENDEES

COMMITTEE MEMBERS

José Pagán, Ph.D., Presiding as Chairperson
Shadi Chamany, M.D. representing Michelle Morse, M.D.
Sally Hernandez-Piñero
Mitchell Katz, M.D.
Tricia Taitt
Freda Wang

OTHER ATTENDEES

HHC STAFF

D. Brown, Senior Vice President, External & Regulatory Affairs
C. Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, Board Affairs
O. Lebart, Assistant Vice President, External and Regulatory Affairs
M. Siegler, Senior Vice President, Managed Care and Chief Executive Officer of the ACO

Strategic Planning Committee Meeting – June 16, 2025

As Reported by: Dr. José Pagán

Committee members present: Dr. José Pagán, Dr. Mitchell Katz, Freda Wang, Sally Hernandez-Piñero, Dr. Shadi Chamany representing Dr. Michelle Morse; other member – Tricia Taft

Dr. José Pagán, called the June 16th, 2025 meeting of the Strategic Planning Committee (SPC) to order at 11:25 am.

Dr. Pagán noted for the record that Dr. Shadi Chamany will be representing Dr. Michelle Morse in a voting capacity.

Dr. Pagán called for a motion to approve the December 02, 2024 minutes of the Strategic Planning Committee meeting.

Upon motion made and duly seconded the minutes of the December 02, 2024 Strategic Planning Committee meeting was unanimously approved.

ACTION ITEM

Resolution to adopt 2025 Community Health Needs Assessment

Deborah Brown, Senior Vice President, External and Regulatory Affairs, presented the following resolution:

Adopting in the name of the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors the twelve 2025 Community Health Needs Assessments (“**CHNA**”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Carter Specialty Hospital and Nursing Facility (“**Carter**”).

Ms. Brown reported that it is an IRS requirement for non-profit provider systems to perform a Community Health Needs Assessment every three years. This was a component of the Affordable Care Act, and this is something we take very seriously.

Okenfe Lebarty, Assistant Vice President, External and Regulatory Affairs, reported that it is a two-part process, first is the development of the Community Health Needs Assessment, which defines the community itself, and second is the implementation strategy, which will be presented to the Board and made publicly available by November, 2025.

Mr. Lebarty reported that following the 2022 Community Health Needs Assessment, the Implementation Strategy Plan to address the identified needs was adopted by the Board of Directors in November 2022, and all adoptive actions were achieved. There were two priority health needs. The first was Advancing Health Equity and Combatting Chronic Disease, and the second was Enhancing Access to Resources.

Ms. Brown reported we did a qualitative analysis. There were thirty-five expert interviews with leaders, nineteen Community forums, and over 6,589 quantitative surveys from community stakeholders who identified the top priority health needs in their respective

communities. These included advancing inclusive care services and strategies to address chronic disease, maternal health, mental health, substance use disorder and patient experience, and bridging health gaps to ensure patients have the resources they need to thrive.

Ms. Brown reported that the 2025 Community Health Needs Assessments' two priorities are, Advancing Inclusive Care Services and Strategies, and Bridging Health Gaps.

Mr. Lebarty reported that the next steps are to disseminate the findings, identify and engage stakeholders for implementation planning, from August to October develop strategies and identify effective solutions, present the implementation plan to the NYC Health + Hospitals Board in November, and finally continue to evaluate and monitor the progress from 2025 to 2028.

The Committee commended the dedication and hard work of staff to reflect on the needs of our communities and have an opportunity to access those needs.

After discussion and upon motion made and duly seconded the Resolution to adopt the 2025 Community Health Needs Assessment was unanimously approved for presentation to the Board.

INFORMATION ITEMS

Matthew Siegler, Senior Vice President, Managed Care and Chief Executive Officer of the ACO, reported on FY-25 Q3 (Period Comparison: Oct-Dec 2024 compared to Jan-Mar 2025) Performance:

	EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD*	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES							
1 Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	VP CQO+SVP PAC	Quarterly	1.6	1.9	~.3	2.1	2.2
2 Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	67%	~2%	68.8%	66.3%
3 HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	68.1%	-0.9%	69.7%	-
4 % Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.5%	0.5%	3.6%	5.1%
CARE EXPERIENCE							
5 Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	66.2%	-0.1%	64.4%	64.4%
6 Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	88.4%	.0.99%	87.8%	86.8%
7 MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	86.4%	2.4%	83.9%	79.1%
FINANCIAL SUSTAINABILITY							
8 Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	76.9%	11.9%	78.4%	79.5%
9 % of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	88.0%	-2%	78.0%	71.0%
10 % of M+ medical spend at H+H	SVP MC	Quarterly	45%	37.6%	7.4%	39.4%	46.6%
11 Total AR days per month (Outpatient, Inpatient) [lower better for this measure]	SVP CFO	Quarterly	45	39	5.9	44.5	48.0
12 Post Acute Care Total AR days(12 months) [lower better for this measure]	SVP CFO	Quarterly	50	59	-9.0	54.0	72.0
13 UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	15% complete, which is 100% of deliverable	-85%	10%	-
ACCESS TO CARE							
14 Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	450,000	459,305	9,205	457,501	439,564
15 Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	94,772	10,712	97,201	113,503
16 NYC Care	SVP AMB	Quarterly	150,000	141,129	-8,871	146,988	139,819
CULTURE OF SAFETY							
17 Addition of measure: % of total staff across NYC H+H completing ICARE with kindness pledge	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	31.73%	-48.27%	21.7%	-
18 Addition of measure: % of total staff across NYC H+H completing ICARE with kindness training	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	25.10%	-54.9%	15.01%	-
19 Total Wellness Encounters (WILL RETIRE)	VP CQO + SVP CNE	Quarterly	1,500	2,550	1,050	2,267	1,904
RACIAL AND SOCIAL EQUITY							
20 # of Equity Lenses Applied to PI Projects	VP CQO	Quarterly (data will lag so Apr-Jun 24 reported)	100 (revised target)	124	84	101	214
21 % of New Physician Hires being underrepresented minority (WILL RETIRE)	SVP CMO + SVP HR	Quarterly		See slide 13			-

Positive Trends:

Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.9 per 1,000 care days** from 2.1 per 1,000 care days (target: 1.6 per 1,000 care days)
4. % Left without being seen in emergency departments (ED): Improved slightly to **3.5%** from 3.6% (target 4.0%)

Access to Care

14. Unique Primary Care Patients: **459,305** from 457,501 (target: 450,000)
16. NYC Care: **141,129** from 146,988 (target: 150,000)-Although a decrease, this is a positive trend due to conversion of patients from NYC Care to Medicaid in 65+ population

Care Experience

5. Inpatient care - overall rating: **66.2%** from 64.4% (target: 66.3%)
6. Ambulatory care experience – Recommended provider office: **88.4%** from 87.8% (target: 88.39%)
7. MyChart Activations: **86.4%** from 83.9% (revised target: 84%)

Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **88%** from 78% (target: 90%)
11. Total A/R days per month: **39 days** from 44.5 days (target: 45 days)
13. UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: Has achieved **100% of deliverables identified at this preliminary phase, representing overall 15% completion** (achieved target)

Culture of Safety

18. Total Wellness Encounters: **2,550** from 2,267 (target: 1,500)
This measure will be retired, new metrics included as follows:
19. % of Total Staff across NYC H+H Completing ICARE with Kindness Pledge: **31.73%** from 21.74% (Target: 80%)
20. % of Total Staff across NYC H+H Completing ICARE with Kindness Training: **25.10%** from 15.01% (Target: 80%)

Negative Trends: (better than or close to target)

Quality and Outcomes

3. Hgb A1c control <8: Reduced slightly to **68.1%** from 69.7% (remains close to target of 69%)
2. Follow-up appointment kept within 30 days after behavioral health discharge: Reduced slightly to **67%** from 68.8% (remains better than target of 65%)

Access to Care

15. # of e-consults: **94,772** from 97,201 (remains close to target of 95,100)

Financial Sustainability

8. Patient Care Revenue/Expenses: **76.9%** from 78.4% (remains better than target of 75%)

Negative Trends:

Financial Sustainability

10. % MetroPlus medical spend at NYC Health + Hospitals: **37.6%** from 39.4% (target: 45%)
12. PAC Total AR Days (12 months): **59 days** from 54 days (target: 50 days)

Equity Measures:

Racial & Social Equity Measures

22. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data:
 - FY25 Q2 (October-December 2024): **101** (revised target: 100)
 - FY25 Q3 (January-March 2025): **124** (*Note: this contains **partial data** and will be updated in the next reporting quarter*)
21. % of New Physician Hires being underrepresented minority (URM), as follows:

Category	April-June 2024	July-September 2024	October-December 2024	January-March 2025
Women	40.8%	46.5%	48.03%	43.35%
Non-Binary	0%	0%	0%	0%
Asian	19%	21.1%	25.33%	19.21%
Black or African American	7.1%	5.2%	6.99%	7.39%
Hispanic or Latino	4.7%	2.9%	3.93%	5.91%
American Indian or Alaska Native	0%	0.2%	0%	0%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%
Unknown Ethnicity	41.7%	47.50%	31%	37.44%

Access to Care

17. % Occupancy: Remained about the same at **75.1%** from 74%
% Occupancy specifically for Med Surg and ICU Units across NYC H+H:
Increased substantially to **88.4%** from 81.4%

Mr. Siegler provided an update on the Systems five-year goals. In 2023, Dr. Katz and the Senior Leadership team set ten goals for the System to achieve over the next five years. These ambitious goals are largely on track.

Ms. Brown presented on the Government Affairs Overview updates that are affecting our System's performance.

Federal Update

Ms. Brown reported that we are waiting for the Senate bill. The House bill has passed, which is very challenging for us for healthcare, for public health, and a number of other components.

State Update

Ms. Brown reported that the State legislative session, the Senate, went out of session on Friday. The assembly is supposed to have one or two more days and then those bills will need to go to the Governor for signature.

City Update

Ms. Brown reported that Primary Day is coming.

FOLLOW-UP ITEMS:

- The Committee had no follow-up items.

Dr. Pagán thanked the presenters.


There being no old business, nor new business, the meeting was adjourned at 12:29 pm.

System Dashboard Glossary

REPORTING PERIOD – Q1 FY26 (July 1 through September 30 | 2025)

		DESCRIPTION
QUALITY AND OUTCOMES		
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
CARE EXPERIENCE		
5	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
6	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	MyChart Activations	Number of patients who have activated a MyChart account in primary care
FINANCIAL SUSTAINABILITY		
8	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance or financial assistance
10	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
11	Total AR days per month (Outpatient ,Inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
12	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
13	UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing	Measures milestones achieved in major information technology project to increase printing alternative awareness to reduce printing across the System
ACCESS TO CARE		
14	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
15	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
16	NYC Care	Total enrollees in NYC Care program
17	% Occupancy	Total % occupancy for all services and % occupancy specifically in med surg and ICU units
CULTURE OF SAFETY		
19	% of total staff across NYC H+H completing ICARE with kindness pledge	Total % of staff across NYC H+H completing ICARE with kindness pledge, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
20	% of total staff across NYC H+H completing ICARE with kindness training	Total % of staff across NYC H+H completing ICARE with kindness training, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
RACIAL AND SOCIAL EQUITY		
21	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
22	# of Equity Lenses Applied to PI Projects	Total # of performance improvement projects that have data to support an equity focus to the project (e.g., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender). This metric will lag by 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues

Strategic Planning Committee Update



Deborah Brown
Senior Vice President, Chief External Affairs Officer, NYC Health + Hospitals

Matt Siegler
Senior Vice President, Chief Growth and Strategy Officer, NYC Health + Hospitals

December 8, 2025

Agenda

- External Affairs Overview
- Scope of Trends in System Dashboard
 - FY2025 Q4 (April to June 2025) compared to FY2026 Q1 (July to September 2025)

External Affairs Overview

■ FEDERAL

- H.R. 1
- Administrative Actions

■ STATE

- Outstanding bills
- Budget and Session preview

■ CITY

- Transition
- Policy priorities

System Dashboard, Trends: FY2026 Q1

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025)

Performance: Positive Trends*

QUALITY AND OUTCOMES

- Hgb A1c control <8: Increased to **69.8%** from 67.8% ¹ (target: 69%)

ACCESS TO CARE

- Unique Primary Care Patients: Increased to **462,239** from 459,441 ² (target: 450,000)

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ *Hgb A1c control:* There was an increase in the A1c control rate from FY25 Q4 to FY26 Q1. This is due to a number of factors, including having access to a whole toolkit of programming and topline medications. The majority of this increase, which was in conjunction with an increase in our denominator of 1200, was likely due to timely diagnosis for patients with new diagnoses. We have noted in the past that patients with new diagnoses based on lab data are often delayed in chart diagnosis; those with an A1c <7% are more likely to have delayed diagnoses in their medical charts, which also leads to delays in recommended screenings such as retinal and kidney screens. We identified patients who had diabetes based on lab data (regardless of A1c) but did not carry a diagnosis in their chart in the hopes that they would subsequently be diagnosed and therefore get their appropriate counseling and screenings. Facilities acted on these lists by documenting their diagnoses, which was skewed to lower A1cs. We also routinely see a seasonal variation in A1c, with lower rates in the warmer months.

² *Unique Primary Care Patients:* We are incredibly proud of the work we have done to continue to improve access for patients in our primary care clinics. This has been a top priority over the past few years with particular attention in this past year. We have a team of scheduling and template specialists who work closely with every facility to continue to ensure that we are using all available clinician time as efficiently as possible, thus allowing more patients to access care with us every day. Moreover, in addition to scheduling more patients this year than ever before, we are continuing to use data-driven methods to improve our patient outreach so that patients who are scheduled are more likely to make it to their appointments as well.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025) Performance: Positive Trends, continued*

CARE EXPERIENCE

- MyChart Activations: **87.6%** from 87.1% ¹ (target: 84%)
- Ambulatory care – Recommended provider office: **88.1%** from 88% ² (target: 88.39%)

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ *MyChart Activations*: Our Primary Care activation rate was already strong, well exceeding the 53% average activation seen at comparable FQHCs using Epic. This high baseline naturally limits the rate of quarterly growth. This incremental increase is likely related to the full-year effect of automated text message nudges to activate MyChart for patients, reinforced by sustained staff engagement and engagement by our MyChart Pros (dedicated staff to help answer patient and staff questions and promote MyChart at acute facilities). The texting technology (Epic's Hello World) rolled out in May 2025 and this metric looks at the last 12 months of patients who had a visit. The MyChart team has implemented digital and physical promotional material to display at sites, leveraging MyChart experts, and increased adoption by enhancing the MyChart patient experience. MyChart is leveraging EPIC Hello World to send text messages to patient to promote same day activations. Patients have access to MyChart educational videos (available in 13 languages) for topics covering how to sign up and how to do video visits. We are continuing to increase the options available on MyChart to incentivize engagement, such as increased access to direct scheduling of appointments in primary care, pediatrics, and gynecology (more than 59,000 appointments scheduled this last quarter in these three departments alone).

² *Ambulatory care experience – recommended provider office*: The outpatient satisfaction score improved from FY25 Q4 to FY26 keeping the overall experience in the outpatient setting relatively steady, and trending upwards as expected and desired, moving the health system closer to the 88.39% target. The smaller score increase for this reporting timeframe [change of 0.07 percent points] compared to larger improvements in some prior reporting timeframes [change of >0.07 percent points], can be attributed to two additional survey measures seeing slight declines, i.e. overall satisfaction with MyChart, as well as communication with the care team through MyChart. The decreases in these two metrics' performance is further attributed to an increase in message volume in MyChart. Care team communication and teamwork are both key driver for "Recommend this Provider Office" performance. In future quarters, the scores are expected to trend upwards due to an increased focus on employee experience improvement efforts, stemming from the 2025 Employee Feedback Survey results released in November 2025.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025) Performance: Positive Trends, continued*

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: remained the same both periods at **86%** ¹ (target: 90%)
- Total A/R days per month: **27.9 days** from 31.6 days ² (revised target: 30 days)
- PAC Total AR Days (12 months): **48.68 days** from 52.85 days ³ (target: 50 days)
- UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: Has achieved **100% of deliverables identified at this preliminary phase, representing overall 25% completion** (achieved target, see note below) ⁴

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ % of Uninsured patients enrolled in health insurance coverage or financial assistance: NYC H+H continues to see progressive improvement in the percentage of uninsured patients screened and enrolled in insurance or financial assistance as a result of efforts to realign staffing levels with patient volumes and enhance financial counseling workflows.

² Total AR Days: (lower is better for this measure) The improvement in Days in AR is attributed to the elimination of a backlog in self-pay accounts, as well as ongoing improvements in working outstanding claims. There was also an uptick in insurance credit balances (artificially reducing the AR) which is attributed to pool payments being reconciled with the insurance carriers. We have also revised the target to 30 days to be more closely aligned to industry best practice making this a more meaningful metric.

³ PAC Total AR Days measure: (lower is better for this measure): The improvement from Q4 FY25 to Q1 FY26 is due to better collection. We were also able to post all cash for prior period that were not posted in a timely manner due to Change Health System.

⁴ UnPrint, A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing: Launched in July 2024 starting with the development of an overall plan inclusive of service line walk- throughs, educational tools , website development, identification of champions, service line utilization assessment and meetings with leadership to establish individual goals. Central Office is the first business to be addressed.

FY26Q1 (CY25Q3), the UnPrint initiative remained on target with campaign deliverables and was at 25% overall completion

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025)

Performance: Positive Trends, continued*

CULTURE OF SAFETY

- % of Total Staff across NYC H+H Completing ICARE with Kindness **Pledge: 57.04%** from 45.70% ¹ (Target: 90%)
- % of Total Staff across NYC H+H Completing ICARE with Kindness **Training: 48.52%** from 37.25% ² (Target: 90%)

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ % of Total Staff across NYC H+H Completing ICARE with Kindness **Pledge**: With a fully-staffed and onboarded business plan supporting the ICARE with Kindness initiative, the health system continued to intently focus on raising awareness around the kindness pledge. An exponential boost in kindness pledges was observed during the month of April 2025, which included a system-wide commemoration of Care Experience Week, providing an opportunity to engage with more staff through celebratory festivities.

² % of Total Staff across NYC H+H Completing ICARE with Kindness **Training**: With a new incoming cohort of medical residents joining the health system at the beginning of FY26 Q1, additional efforts to train these new staff were successfully implemented through new resident orientation sessions. To further accelerate training efforts, monthly leadership scorecards were electronically distributed to leadership across the system for added visibility and endorsement, and which enabled further facilitation of training scheduling and participation efforts, ultimately moving the health system closer to the established 80% goal.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025)
Performance: Negative Trends (better than or close to target)*

QUALITY & OUTCOMES

- Post Acute Care (PAC) All Cause Hospitalization rate: **2.1 per 1,000 care days** from 1.9 per 1,000 care days ¹ (target: 1.6 per 1,000 care days)
- % Left without being seen in emergency departments (ED): Slightly increased to **3.5%** from 3.4% ² (target: 4.0%)

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ PAC: All Cause Hospitalization Rate: (lower is better for this metric) The increase is mainly attributed to an increased rate at one of the post-acute sites. Case reviews of all hospitalizations are conducted by the site clinical teams to identify patterns, trends and opportunities for improvement. All hospitalizations were deemed unavoidable and due to the need for acute emergency consultative or specialty services not provided at the post-acute sites. Treat in place remains a key strategy to mitigate potential unplanned hospitalizations with continued awareness and education along with ensuring the plan of care of patients/residents at risk for hospitalizations. An opportunity has been identified to establish a nurse led initiative to manage sepsis/septic shock. The program will focus on utilizing simulation training/case scenarios for frontline staff on the signs and symptoms of infection and safe practices. In addition, new efforts have been initiated to focus on chronic care management of our post-acute populations based on data analytics including developing a clinical cohort program to manage residents with Diabetes Mellitus.

² % Left without being seen in ED: (lower is better for this metric) This metric has improved significantly over the years. The metric in Q1 FY24 was 5.3%. Compared to Q1 FY26, this demonstrates a consistent downward trend, and a relative decrease of 34%. Seasonality matters for this metric, with increases in winter months, which is why yearly data is variable. Ongoing improvement efforts include: enhancing patient tracking and flow, improved arrival processes for faster registration and triage, enhancements to provider and nurse staffing and utilization of staffing to demand models, streamlined radiology protocols, providers in triage to facilitate early evaluation and treatment, and ongoing work to identify and eliminate any unnecessary lab and radiology testing.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025)
Performance: Negative Trends (better than or close to target)* (continued)

CARE EXPERIENCE

- Inpatient care – Overall rating: **65.8%** from 65.9% ¹ (target: 66.3%)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: **76.9%** from 78.4% ² (remains better than target of 75%)

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ *Inpatient care experience – overall rating:* Top box scores declined from FY25 Q4 to FY26 Q1 by 0.67% rate of change, keeping the overall experience in the inpatient setting relatively steady. The minor decline in performance is expected to be impacted by seasonal increases in staff time off requests [summer vacations], as well as the influx of new medical residents in training, who are beginning to be onboarded and orienting themselves appropriately to inpatient care. In future quarters, the scores are expected to trend upwards due to increased focus on employee experience improvement efforts, stemming from the 2025 Employee Feedback Survey results released in November 2025.

² *Patient care revenue/expenses:* The percentage in Q4 FY25 was higher than Q1 FY26 because of the decrease in anticipated supplemental Medicaid revenue associated with this period, specifically DSH. The percentage in Q1 FY26 is more on target with our recent averages. Although there was a decrease, we remain on target.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025) Performance: Negative Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: Reduced to **62.8%** from 67.1% ¹ (target: 65%)

FINANCIAL SUSTAINABILITY

- % MetroPlus medical spend at NYC Health + Hospitals: **38.21%** from 38.44% ² (target: 45%)

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ *Follow-up appointment kept within 30 days after behavioral health discharge* The percentage of follow-up appointments kept within 30 days after behavioral health discharge demonstrated a slight trend down to 62.8% in Q1 of FY 2026. This change appears to be driven by staffing transitions at a couple of facilities. Efforts will be ongoing to monitor performance closely and to engage those facilities to get them back on track. Systemwide support strategies remain dedicated to staff training focused on workflow practices, documentation, and available aftercare resources that help patients keep their follow-up appointments soon after discharge.

² *% MetroPlus medical spend at NYC Health + Hospitals*: The % of MetroPlus medical spend is down slightly since the prior quarter. Overall utilization/spending is down across the entire MetroPlus network in FY26 Q1 as compared to our FY25 Q4; as a result, H+H ended up earning an additional 2% in surplus, which is a direct benefit of being financially at risk for the MetroPlus population.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025)

Performance: Negative Trends*

ACCESS TO CARE

- # of e-consults: **78,740** from 95,203 ¹ (target: 95,100)
- NYC Care: **130,854** from 134,981 ² (target: 150,000)—*Although a decrease, this is a positive trend due to conversion of patients from NYC Care to Medicaid in 65+ population*

NOTES:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**. Notes include the following:

¹ # of e-consults: We are in the midst of transitioning to a new eConsult system that aims to better utilize our specialists expertise while getting our patients answers and treatment programs more quickly. With the new system, we will be using eConsults more as they were originally intended – for a PCP to get a plan approved by a specialist without the need for the patient to be seen in the specialist clinic. This allows for better use of specialty clinic time while increasing the spectrum of care that a primary care provider can provide quickly and comprehensively to their patients. This is a multi-year transition, with the bulk of the work being done in calendar year 2026. In the meantime, we expect this measure of the “old” eConsult system to decrease as more specialties move to a different operational pathway with a different measure.

² NYC Care: NYC Care membership, which is reserved for uninsured New York City residents, has continued to decrease since New York State expanded health insurance eligibility in January 2024. To a lesser degree, we are seeing fewer people complete reenrollment into NYC Care compared to prior years. Of note, people are continuing to seek care at NYC Health + Hospitals, even if they do not re-enroll. To encourage re-enrollment in NYC Care, we launched a new multi-lingual marketing campaign with new creatives and digital, print, bus, subway, radio, & television ads. The campaign included the Light the Way truck initiative, a NYC Care branded truck with outreach workers making dozens of stops across all five boroughs. We also continue our perennial outreach efforts with 20 community-based organizations across the city.

Equity Measures

RACIAL & SOCIAL EQUITY MEASURES

- # of Equity Lenses Applied to Performance Improvement (PI) Projects, with Data ¹ (target: 100)
 - FY25 Q4 (October-December 2024): **111**
 - FY26 Q1 (January-March 2025): **34** (*Note: this contains **partial data** and will be updated in the next reporting quarter*)

NOTE:

*Change reflected from **Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025)**

¹ # of Equity Lenses Applied to PI Projects, with Data: The definition includes the number of PI projects that have data to support a health equity focus to the project (i.e., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender, or age). This metric typically lags by 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues (e.g., System-wide QAPI meetings, Data & Analytics PI database, Quality Academy program completed projects, etc.).

Equity Measures

RACIAL & SOCIAL EQUITY

- % of New Physician Hires being underrepresented minority (URM) ¹, as follows:

Category	April- June 2025	July- September 2025
Women	48.37%	46.05%
Non-Binary	0%	0%
Asian	23.98%	18.88%
Black or African American	6.50%	5.22%
Hispanic or Latino	4.07%	4.42%
American Indian or Alaska Native	0%	0%
Native Hawaiian or Other Pacific Islander	0%	.13%
Unknown Ethnicity	38.21%	48.46%

NOTES:

¹ % of new physician hires being underrepresented minority: It is important to note that most of this data is reported by the affiliate organizations, and during FY26 Q1, there was an increase in the “Unknown” category to 48.46% in new hire physicians’ ethnic groups due to missing information that is reported. Prior reporting periods of “Unknown” race/ethnicity were well over 65% in 2021, and although there has been a recent increase, there has been some improvement to date. NYC Health + Hospitals continues to work with affiliate organizations to improve demographic information capture of the contingent physician workforce.

- These data include Acute Care, Gotham, & PAC.
- Exclusions are Correctional Health Services, MetroPlus, Residents (measured separately in EDI Committee), and duplicate roles.
- This measure has been developed under the leadership of the Equity & Access Council and is reported in full through the Equity, Diversity, and Inclusion Committee to the Board. The Strategic Planning Committee to the Board is the second venue for reporting these data.

FY26 Q1 (Period comparison: April-June 2025 compared to July-September 2025)*

- **Total % Occupancy: Remained about the same at 74.3% from 74.9% [†]**
- **% Occupancy specifically for Med Surg and ICU Units across NYC H+H: Dropped to 81.2% from 83.2%**

NOTE:

***Change reflected from Q4 FY25 (April-June 2025) to Q1 FY26 (June-September 2025).**

[†] Total % Occupancy: Remains consistent across the acute care facilities. However, there was a decrease over the quarter, with the current occupancy at 81.2%. Some of NYC H+H healthcare sites have occupancy of more than 90% given increased volume and a recent hospital closure in New York City.

System Dashboard

REPORTING PERIOD – Q1 FY26 (July 1 through September 30 | 2025)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD*	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	VP CQO+SVP PAC	Quarterly	1.6	2.1	.5	1.9	1.9
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	62.8%	-2.2%	67.1%	64.8%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	69.8%	.8%	67.8%	68.8%
4	% Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.5%	-.5%	3.4%	4.4%
CARE EXPERIENCE								
5	Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	65.8%	-.5%	65.9%	65.7%
6	Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	88.1%	-.1%	88%	87.4%
7	MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	87.6%	3.6%	87.1%	82.4%
FINANCIAL SUSTAINABILITY								
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	75%	76.6%	1.6%	83.6%	
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	86%	-4%	86%	77%
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	38.21%	-6.79%	38.44%	
11	Total AR days per month (Outpatient, Inpatient)	SVP CFO	Quarterly	45	27.9	17.1	31.6	54.40
12	Post Acute Care Total AR days(12 months)	SVP CFO	Quarterly	50	48.68	1.32	52.85	
13	UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	25% complete, which is 100% of deliverable	-75%	15%	-
ACCESS TO CARE								
14	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	450,000	462,239	12,239	459,441	447,583
15	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	78,740	-16,360	95,203	107,498
16	NYC Care	SVP AMB	Quarterly	150,000	130,854	-19,146	134,981	149,685
CULTURE OF SAFETY								
17	% of total staff across NYC H+H completing ICARE with kindness pledge	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	90%	57.04%	-32.96%	45.70%	-
18	% of total staff across NYC H+H completing ICARE with kindness training	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	90%	48.52%	-41.48%	37.25%	-
RACIAL AND SOCIAL EQUITY								
20	# of Equity Lenses Applied to PI Projects	VP CQO	Quarterly (data will lag so Apr-Jun 24 reported)	100	34	-66	111	20
21	% of New Physician Hires being underrepresented minority	SVP CMO + SVP HR	Quarterly		See slide 13			-

*“Actual for Period” compared to “Prior Period” to designate positive (green), steady (yellow), or negative (red) trends.

System Dashboard Glossary

REPORTING PERIOD – Q1 FY26 (July 1 through September 30 | 2025)

		DESCRIPTION
QUALITY AND OUTCOMES		
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
CARE EXPERIENCE		
5	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
6	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	MyChart Activations	Number of patients who have activated a MyChart account in primary care
FINANCIAL SUSTAINABILITY		
8	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance or financial assistance
10	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
11	Total AR days per month (Outpatient ,Inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
12	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
13	UnPrint: A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing	Measures milestones achieved in major information technology project to increase printing alternative awareness to reduce printing across the System
ACCESS TO CARE		
14	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
15	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
16	NYC Care	Total enrollees in NYC Care program
17	% Occupancy	Total % occupancy for all services and % occupancy specifically in med surg and ICU units
CULTURE OF SAFETY		
19	% of total staff across NYC H+H completing ICARE with kindness pledge	Total % of staff across NYC H+H completing ICARE with kindness pledge, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
20	% of total staff across NYC H+H completing ICARE with kindness training	Total % of staff across NYC H+H completing ICARE with kindness training, which includes all sites, service lines, and MetroPlus to achieve the System goal of ensuring a kindness culture across the entire System
RACIAL AND SOCIAL EQUITY		
21	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
22	# of Equity Lenses Applied to PI Projects	Total # of performance improvement projects that have data to support an equity focus to the project (e.g., quantified to focus on aim statement measure by an equity component such as primary language spoken in the home, race, ethnicity, gender). This metric will lag by 1 quarter as more PI projects are shared with the Office of Quality & Safety from across the System through various venues