



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

June 8, 2026

Boardroom

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

12:00pm

AGENDA

- I. Call to Order** **Jose A. Pagán**
- II. Adoption of December 8, 2025
Strategic Planning Committee Meeting Minutes .** **Jose A. Pagán**
- III. Information Items**
 - a. Update and System Dashboard** **Deborah Brown**
Senior Vice President
External and Regulatory Affairs
Theodore Long, Senior Vice President, Ambulatory Care Operations
Dr Sewit Teckie, Senior Vice President, Clinical Operations
- IV. Old Business** **Jose A. Pagán**
- V. New Business**
- VI. Adjournment**

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

DECEMBER 08, 2025

The meeting of the Strategic Planning Committee of the Board of Directors was held on December 08, 2025 with Dr. José Pagán, presiding as Chairperson.

Dr. Pagán noted for the record that Dr. Theodore Long will be representing Dr. Mitchell Katz in a voting capacity, and Dr. Toni Eyssallenne will be representing Dr. Michelle Morse in a voting capacity.

ATTENDEES

COMMITTEE MEMBERS

José Pagán, Ph.D., Presiding as Chairperson
Toni Eyssallenne, M.D. representing Michelle Morse, M.D.
Patricia Marthone, M.D.
Anita Kawatra
Theodore Long, M.D. representing 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

Strategic Planning Committee Meeting – December 08, 2025

As Reported by: Dr. José Pagán

Committee members present: Dr. José Pagán, Dr. Theodore Long representing Dr. Mitchell Katz, Freda Wang, Tricia Taitt, Dr. Patricia Marthone, Anita Kawatra, Dr. Toni Eyssallenne representing Dr. Michelle Morse

Dr. José Pagán, called the December 8th, 2025 meeting of the Strategic Planning Committee (SPC) to order at 11:07 am.

Dr. Pagán noted for the record that Dr. Theodore Long will be representing Dr. Mitchell Katz in a voting capacity, and Dr. Toni Eyssallenne will be representing Dr. Michelle Morse in a voting capacity.

Dr. Pagán called for a motion to approve the June 16, 2025 minutes of the Strategic Planning Committee meeting.

Upon motion made and duly seconded the minutes of the June 16, 2025 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

Deborah Brown, Senior Vice President, External and Regulatory Affairs, presented on the External Affairs Overview updates that are affecting our System's performance.

Federal Update

Ms. Brown reported that we are actively engaged in significant advocacy efforts related to components of H.R.1, particularly around delaying certain provisions involving the MCO tax and the potential impact on the Essential Plan. She also noted that we remain focused on administrative actions emerging from the current administration that are occurring outside the legislative process.

State Update

Ms. Brown reported that the previous legislative session is winding down, with several health-system-related bills still awaiting delivery to the Governor before year-end. At the same time, preparations for the upcoming legislative and budget session have already begun, with advocacy efforts and partnership-building well underway. This year is expected to be unique due to strong interdependence between Federal and State decisions, particularly as the State considers how to address potential budget gaps created by Federal H.R.1. Overall, the State has been a strong and collaborative partner throughout this process.

City Update

Ms. Brown reported that we are once again in a transition period, and we are very excited about the incoming administration. We have high hopes and expectations, as his values closely align with ours. We are also pleased to see familiar colleagues returning from prior administrations. While there are always some ups and downs as we adjust to new systems, our outlook remains extremely positive, and we are ready to move forward.

Ms. Brown reported on FY-26 Q1 (Period Comparison: Apr-Jun 2025 compared to Jul-Sept 2025) Performance:



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
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	62.8%	-2.2%	67.1%
3	HgbA1c control <8	SVP AMB + VP CPHO	Quarterly	69%	69.8%	.8%	67.8%
4	% Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.5%	-.5%	3.4%
CARE EXPERIENCE							
5	Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	65.8%	-.5%	65.9%
6	Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	88.1%	-.1%	88%
7	MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	87.6%	3.6%	87.1%
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%
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
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
15	Number of e-consults completed /quarter	SVP AMB	Quarterly	95,100	78,740	-16,360	95,203
16	NYC Care	SVP AMB	Quarterly	150,000	130,854	-19,146	134,981
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
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.

Positive Trends:

Quality and Outcomes

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

Access to Care

14. Unique Primary Care Patients: **462,239** from 459,441 (target: 450,000)

Care Experience

7. MyChart Activations: **87.6%** from 87.1% (target: 84%)

6. Ambulatory care experience – Recommended provider office: **88.1%** from 88% (target: 88.39%)

Financial Sustainability

9. % of Uninsured patients enrolled in health insurance coverage or financial assistance: remained the same both periods at **86%** (target: 90%)

11. Total A/R days per month: **27.9 days** from 31.6 days (revised target: 30 days)

12. PAC Total AR Days (12 months): **48.68 days** from 52.85 days (target: 50 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 25% completion** (achieved target)

Culture of Safety

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

Negative Trends: (better than or close to target)

Quality and Outcomes

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

Care Experience

5. Inpatient care - overall rating: **65.8%** from 65.9% (target: 66.3%)

Financial Sustainability

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

Negative Trends:

Quality and Outcomes

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

Financial Sustainability

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

Access to Care

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

Equity Measures:

Racial & Social Equity Measures

22. # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data (target: 100)
- FY25 Q4 (April-June 2025): **111**
 - FY26 Q1 (July-September 2025): **34** (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 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%

Access to Care

17. 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%

FOLLOW-UP ITEMS:

- Investigate benchmarks from other public health systems regarding care experience metrics if available.
- Review options for separate MetroPlus discussion on issues including spend at H+H facilities, appointment scheduling, and consider future Board educational session.
- Monitor and evaluate the changes in e-consult models to ensure efficiency and quality responses from specialists.
- Provide current status of available metrics of demographics of existing work force and residency pipeline data.
- How are racial and equity measures evaluated and used to impact care experience.
- What are the current pipelines for new hires of physicians?
- Explore ways to measure access to specialists differently as e-consult continues to evolve and we continue to partner with AAMC.
- Further discuss any impact on nurses of Federal government changes to professional definitions.

Dr. Pagán thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 11:49 a.m.

Strategic Planning Committee to the Board Update

-  Deborah Brown
Senior Vice President, Chief External Affairs Officer, NYC Health + Hospitals
-  Ted Long, MD, MHS, LHD (Hon)
Senior Vice President
Chief Medical Officer, Clinical Services and Population Health
-  Sewit Teckie, MD, MBA
Senior Vice President
Chief Medical Officer, Clinical Affairs and Business Strategy

June 8, 2025

Agenda

- External Affairs Overview
- Scope of Trends in System Dashboard
 - FY2026 Q2 (October to December 2025) compared to FY2026 Q3 (January to March 2026)

External Affairs Overview

- **FEDERAL**
 - H.R. 1
 - Administrative Actions

- **STATE**
 - NYS Budget Update

- **CITY**
 - Exec Budget

System Dashboard, Trends: FY2026 Q3

FY26 Q3 (Period comparison: October-December 2025 compared to January-March 2026) Performance: Positive Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **67.2%** from 65.6% ¹ (target: 65%)
- % Left without being seen in emergency departments (ED): Remained the same both periods at **3%** ² (target: 4.0%)

NOTES:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**. 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 increased to 67.2% in Q3 of FY 2026, exceeding the target of 65% and sustaining positive performance trends. 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 *% Left without being seen in ED: (lower is better for this metric)* The ED LWBS metric continues to show consistent, sustained and significant improvement over recent quarters and years. The current % LWBS for Q3 FY 26 is 3.0%, representing a 12 % decrease relative to the same quarter of FY 25. Ongoing improvement and sustainment efforts around this metric at our facilities continue to be multi-pronged and include: enhancements to arrival processes including EMS handoff, triage and registration, EMR modifications to reduce erroneous disposition documentation, deployment of biometric registration, review of LWBS cases to identify opportunities for improvement, improvement of nursing and physician staffing, deployment of staffing to demand models, direct triage to bed flow, fine tuning of split flow models based on patient acuity, and PI initiatives around radiology protocols and turn-around times. Improvement of this metric is also closely tied to improvements in downstream hospital flow leading to reduced boarding of admitted patients in the ED allowing ED resources to be focused on new ED arrivals rather than admitted patients.

FY26 Q3 (Period comparison: October-December 2025 compared to January-March 2026) Performance: Positive Trends, continued*

ACCESS TO CARE

- Unique Primary Care Patients: **461,930** from 462,823 ¹ (target: 450,000)

CARE EXPERIENCE

- MyChart Activations: **89.1%** from 87.6% ¹ (target: 84%)
- Ambulatory care – Recommended provider office: **89.1%** from 88.2% ² (target: 88.39%)

NOTES:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**. Notes include the following:

¹ *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. 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.

² *MyChart Activations*: Our Primary Care activation rate was already strong, well exceeding the 56% average activation seen at comparable FQHCs using Epic. This high baseline naturally limits the rate of quarterly growth. This quarter's increase is likely related to the continued 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 continues to roll out regular well attended monthly staff trainings. We are continuing to increase the options available on MyChart to incentivize engagement, such as increased access MyChart tools in the ED, our current lowest area of utilization and more tools for parents of adolescents.

³ *Ambulatory care experience – recommended provider office*: The outpatient satisfaction scores improved from FY26 Q2 to FY26 Q3, yielding a 1.23% increase and keeping the overall experience in the outpatient setting relatively steady. This upward trajectory successfully moved the health system to meet its targeted goal of 88.39%. These gains directly align with broader improvements across other patient experience [PX] metrics, propelled by the systematic rollout of the ICARE with Kindness initiative. By translating core values into actionable behaviors, such as active listening, empathetic communication, and proactive service recovery, the training effectively put service excellence into daily practice. Backed by specialized communication tools, the ICARE with Kindness Service Excellence Standards empowered front-line outpatient staff to live these values daily and build stronger patient trust, establishing a robust benchmark for the health system.

FY26 Q3 (Period comparison: October-December 2025 compared to January-March 2026) Performance: Positive Trends, continued*

FINANCIAL SUSTAINABILITY

- Total A/R days per month: **26.7 days** from 27.6 days ¹ (target: 30 days)
- PAC Total AR Days (12 months): **42.3 days** from 44.46 days ² (target: 50 days)
- % MetroPlus medical spend at NYC Health + Hospitals: **49.38%** from 49.85% ³ (target: 45%)
- 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 35% completion** (achieved target, see note below) ⁴

NOTES:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**. Notes include the following:

¹ *Total AR Days: (lower is better for this measure)* AR Days improved due to two key factors: streamlined claim submission following service completion and faster payer payments resulting from reduced impactful denials. Additionally, a targeted concentration on aged open receivables contributed to these gains. Self-pay volume remains consistent and has not impacted these metrics.

² *PAC Total AR Days measure: (lower is better for this measure)* The improvement from Q2 FY26 to Q3 FY26 is due to better collection. We have a very strong revenue cycle department. Team is meeting every morning to handle any billing/ collection and eligibility challenges that they may be experiencing.

³ *% MetroPlus medical spend at NYC Health + Hospitals:* FY26 Q3 (49.38%) remained elevated, likely due in part to claims lag associated with the recency of the reporting period, meaning additional claims may still be incurred but not yet reflected in the data. H+H claims also tend to process faster than non-H+H entities because MetroPlusHealth products under H+H risk do not require authorizations, which can temporarily skew the reported performance higher relative to historical norms.

⁴ *UnPrint, A 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing:* The UnPrint 5 year phased campaign to increase printing alternative awareness and reduce system printing remains on target at 35% completion. The focused campaign has expanded beyond Central Office to include facility administration offices and finance departments with a priority on high-impact workflow transformation.

FY26 Q3 (Period comparison: October-December 2025 compared to January-March 2026) Performance: Positive Trends, continued*

CULTURE OF SAFETY

- % of Total Staff across NYC H+H Completing ICARE with Kindness **Pledge**: **63.32%** from 60.32% ¹ (Target: 80%)
- % of Total Staff across NYC H+H Completing ICARE with Kindness **Training**: **54.95%** from 51.79% ² (Target: 80%)

QUALITY & OUTCOMES

- Hgb A1c control <8: **69.8%** from 70.8% ³ (target: 69%)

NOTES:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**. 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 November 2025, which included a system-wide commemoration of World Kindness Day.

² % of Total Staff across NYC H+H Completing ICARE with Kindness **Training**: 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 training with efforts to train these new staff through new orientation sessions at every level across the system. To further accelerate training efforts, monthly leadership kindness 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.

³ **Hgb A1c control**: There was an increase in the A1c control rate from FY25 Q3 to FY26 Q3 of 1.7% which includes an increase in the denominator by nearly 1600 patients. 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 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. The drop of 1% from the winter reflects this.

FY26 Q3 (Period comparison: October-December 2025 compared to January-March 2026) Performance: Shifting Trends*

ACCESS TO CARE

- # of e-consults: **53,444** from 57,599 ¹ (target: 95,100)
- NYC Care: **122,955** from 126,731 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 **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**. 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. NYC Care is only for uninsured New Yorkers, and when more people become eligible for health insurance fewer are eligible for NYC Care. Additionally, a decrease in enrollment may be attributed to increased fear of sharing personal information with government systems, particularly related to immigration status. NYC Care continues to encourage enrollment and re-enrollment in NYC Care through a year-round public awareness campaign that includes community engagement and advertising.

**FY26 Q3 (Period comparison: October-December 2025 compared to January-March 2026)
Performance: Negative Trends (better than or close to target)* (continued)**

QUALITY AND OUTCOMES

- Post Acute Care (PAC) All Cause Hospitalization rate: **1.9 per 1,000 care days** from 2.1 per 1,000 care days ¹ (target: 1.6 per 1,000 care days)

CARE EXPERIENCE

- Inpatient care – Overall rating: **63.74%** from 64.41% ² (target: 66.3%)

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: Remained the same both periods at **86%** ³ (target: 90%)

NOTES:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**. Notes include the following:

¹ PAC: All Cause Hospitalization Rate: (lower is better for this metric) The decrease in the all-cause hospitalization rate from previous quarter was due to a decreased 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 due to the need for specialty services not provided on site and could not be avoided by earlier recognition and further attempts to treat in place. A significant number of hospitalizations were due to sepsis hence the facility implemented a Nursing led initiative to manage on the facility's most vulnerable unit which successfully reduced sepsis-related hospitalizations by 62.5%, maintaining zero hospitalizations through March 2026. These results were driven by vital sign monitoring and enhanced SBAR communication, resulting in effective in-house sepsis management without compromising antibiotic stewardship.

² Inpatient care experience – overall rating: Top box scores for the overall Inpatient Care Experience declined from FY26 Q2 to FY26 Q3, experiencing a 1.04% rate of change decrease. This minor dip in performance coincided with a noticeable decrease in overall survey returns, making the data more susceptible to minor fluctuations. To address this and improve survey return volume, targeted corrective actions include adjustments to the survey administration modes and promotional tactics to ensure patient contact information accuracy in the health record. One additional action is to further bridge the partnership with nursing at all levels through localized Patient Experience (PX) education. Looking ahead, scores are expected to trend upward, driven by data-informed employee engagement strategies and targeted patient experience programming efforts, which will ultimately align employee experience efforts with improved patient outcomes.

³ % of Uninsured patients enrolled in health insurance coverage or financial assistance: The percentage of uninsured patients screened and enrolled in insurance or financial assistance is holding steady after increasing as a result of efforts to realign staffing levels with patient volumes and enhance financial counseling workflows. NYC H+H continues to explore improvement opportunities in this area despite facing headwinds due to federal policy changes.

Equity Measures

RACIAL & SOCIAL EQUITY MEASURES

- # of Equity Lenses Applied to Performance Improvement (PI) Projects, with Data ¹ (target: 100)
 - FY26 Q2 (October-December 2025): **72**
 - FY26 Q3 (January-March 2026): **50**

NOTE:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**.

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	October- December 2025	January- March 2026
Women	47.22%	41.51%
Non-Binary	0%	0%
Asian	25.79%	12.26%
Black or African American	6.75%	4.40%
Hispanic or Latino	3.17%	3.46%
American Indian or Alaska Native	0.40%	0%
Native Hawaiian or Other Pacific Islander	0%	0.31%
Unknown Ethnicity	34.52%	57.86%

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 Q3, there was an increase in the “Unknown” category to 57.86% 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 Q3 (Period comparison: October-December 2025 compared to January-March 2026)*

- **Total % Occupancy: Remained about the same at 75.1% from 75.3% [†]**
 - **% Occupancy specifically for Med Surg and ICU Units across NYC H+H: Went up to 89% from 86.6%**

NOTE:

*Change reflected from **Q2 FY26 (October-December 2025) to Q3 FY26 (January-March 2026)**.

[†] *Total % Occupancy: Remains consistent across the acute care facilities.*

System Dashboard

REPORTING PERIOD – Q3 FY26 (January 1 through March 31 | 2026)

		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	1.9
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CO + VP CQO	Quarterly	65%	67.2%	2.2%	65.6%	67.2%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	69%	69.8%	.8%	70.8%	68.1%
4	% Left without being seen in the ED	SVP CO + VP CQO	Quarterly	4.0%	3.0%	1%	3.0%	3.4%
CARE EXPERIENCE								
5	Inpatient care - overall rating (top box)	VP CQO + SVP CNE	Quarterly	66.3%	63.74%	-2.56%	64.41%	66.2%
6	Ambulatory care (medical practice) recommended provider office (top box)	VP CQO + SVP AMB	Quarterly	88.39%	89.1%	.81	88.2%	88.3%
7	MyChart Activations	VP CQO + SVP AMB	Quarterly	84%	89.1%	5.1%	87.6%	86%
FINANCIAL SUSTAINABILITY								
8	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	65%	TBD	TBD	75.8%	73.1%
9	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	90%	86%	-4%	86%	71%
10	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	49.38%	4.38%	49.85%	46.6%
11	Total AR days per month (Outpatient, Inpatient)	SVP CFO	Quarterly	45	26.7	18.3	27.6	48
12	Post Acute Care Total AR days(12 months)	SVP CFO	Quarterly	50	42.3	7.7	44.46	-
13	UnPrint: 5 Year Initiative to Increase Printing Alternative Awareness and Reduce System Printing, % Completion	SVP CIO	Quarterly	100%	35% complete, which is 100% of deliverable	-.65%	30%	-
ACCESS TO CARE								
14	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	450,000	461,930	11,930	462,823	459,305
15	Number of e-consults completed /quarter	SVP AMB	Quarterly	95,100	53,444	-41,656	57,599	96,468
16	NYC Care	SVP AMB	Quarterly	150,000	122,955	-27,045	126,731	140,593
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	80%	63.32%	-16.68%	60.32%	-
18	% of total staff across NYC H+H completing ICARE with kindness training	VP CQO + SVP HR + SVP MC + SVP GA	Quarterly	80%	54.95%	-25.05%	51.79%	-
RACIAL AND SOCIAL EQUITY								
19	# of Equity Lenses Applied to PI Projects	VP CQO	Quarterly (data will lag)	100	50	50	72	62
20	% 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 – Q3 FY26 (January 1 through March 31 | 2026)

		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		
18	% 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
19	% 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		
20	% 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
21	# 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