

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

**NOVEMBER 12, 2013  
10:00 A.M.  
HHC BOARD ROOM  
125 WORTH STREET**

**AGENDA**

**I. CALL TO ORDER** **JOSEPHINE BOLUS, RN**

**II. ADOPTION OF OCTOBER 15, 2013  
STRATEGIC PLANNING COMMITTEE MEETING MINUTES** **JOSEPHINE BOLUS, RN**

**III. SENIOR VICE PRESIDENT'S REPORT** **LARAY BROWN**

**IV. INFORMATION ITEM:**

**i. 2013 ELECTION REVIEW**

**WENDY SAUNDERS  
ASSISTANT VICE PRESIDENT, OFFICE OF INTERGOVERNMENTAL RELATIONS**

**V. OLD BUSINESS**

**VI. NEW BUSINESS**

**VII. ADJOURNMENT** **JOSEPHINE BOLUS, RN**



# **MINUTES**

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

**OCTOBER 15, 2013**

The meeting of the Strategic Planning Committee of the Board of Directors was held on October 15, 2013, in HHC's Board Room located at 125 Worth Street with Josephine Bolus presiding as Chairperson.

### **ATTENDEES**

#### **COMMITTEE MEMBERS**

Josephine Bolus, NP-BC, Chairperson of the Committee

Alan Aviles

Anna Kril

Rev. Diane Lacey

Robert F. Nolan

Bernard Rosen

Michael A. Stocker, M.D., Chairman of the Board

#### **OTHER ATTENDEES**

M. Dolan, Senior Assistant Director, DC 37

C. Fiorentini, Analyst, New York City Independent Budget Office

M. Meagher, Budget Analyst, Office of Management and Budget

K. Raffaele, Analyst, Office of Management and Budget

J. Wessler, Guest

M. Williams, Account Leader, Simpler North America, L.P.

Tim Whitmore, Vice President, Simpler North America, L.P.

#### **HHC STAFF**

S. Abbott, Assistant Director, Corporate Planning and HIV Services

M. Belizaire, Assistant Director of Community Affairs, Intergovernmental Relations

L. Brown, Senior Vice President, Corporate Planning, Community Health and  
Intergovernmental Relations

T. Carlisle, Associate Executive Director, Corporate Planning Services

E. Casey, Assistant Director, Corporate Planning and HIV Services

D. Cates, Chief of Staff, Office of the Chairman

- M. Dunn, EEO/AA, Jacobi Medical Center
- T. Hamilton, Assistant Vice President, HIV Services, Corporate Planning Services
- L. Haynes, Assistant Systems Analyst, President's Office
- C. Jacobs, Senior Vice President, Patient Safety, Accreditation and Regulatory Services
- J. Jurenko, Senior Assistant Vice President, Intergovernmental Relations
- S. Kleinbart, Director of Planning, Coney Island Hospital
- P. Lockhart, Secretary to the Corporation, Office of the Chairman
- A. Marengo, Senior Vice President, Communications and Marketing
- A. Martin, Executive Vice President and Chief Operating Officer, President's Office
- K. McGrath, Senior Director, Communications and Marketing
- J. Omi, Senior Vice President, Organizational Innovation and Effectiveness
- E. Russo, Assistant Director, Corporate Planning Services
- S. Russo, Senior Vice President and General Counsel, Office of Legal Affairs
- W. Saunders, Assistant Vice President, Intergovernmental Relations
- J. Wale, Senior Assistant Vice President, Behavioral Health
- R. Wilson, M.D., Senior Vice President, Corporate Chief Medical Officer, Office of Medical and Professional Affairs
- M. Winiarski, Assistant Director, Corporate Planning Services
- K. Whyte, Senior Director, Corporate Planning, Community Health and Intergovernmental Relations
- C. Wong, Assistant Director, Corporate Planning Services

**CALL TO ORDER**

The meeting of the Strategic Planning Committee was called to order at 11:00 a.m. by the Strategic Planning Committee Chairperson, Josephine Bolus, NP-BC. The minutes of the July 9, 2013, meeting of the Strategic Planning Committee were adopted.

**SENIOR VICE PRESIDENT REMARKS**

Ms. Brown did not present her Senior Vice President Report due to the delay in the start of the Strategic Planning Committee Meeting. She asked to submit her written report to be included in the minutes. The Committee agreed. Her written report is provided below:

**Federal Update**

As you are all aware, the federal government has been shut down since October 1, 2013. It is unclear when the impasse will be resolved. House Republicans, led by the Tea Party faction, are trying to use the need to pass funding for the new federal fiscal year, which started October 1, 2013, as a means to de-fund the Affordable Care Act. Democrats led by President Barack Obama and Senate Majority Leader Harry Reid have asked House Speaker John Boehner to put a clean Continuing Resolution (CR) to fund the government to a vote as many Republicans would likely vote with Democrats to end the shutdown. To date, no such vote has been scheduled.

Treasury Secretary Jack Lew has announced that the fiscal situation would worsen on October 17, 2013, the day the United States is projected to reach the legal debt ceiling. Congress must raise the ceiling or the U.S. will default on its financial obligations for the first time in American history. It is unknown how or when these issues will be resolved.

On December 31, 2013, Congress must face a drastic cut to physician Medicare fees due to a formula for physician reimbursement that was established in 1997. Twelve times Congress has avoided these annual rate cuts with year-long delays in implementation. The cost of a permanent "Doc Fix" also known as the SGR or Sustainable Growth Rate for physician's Medicare reimbursement has been estimated by the Congressional Budget Office at \$130 billion. A SGR fix would need offsets to cover its negative impact on federal budget projections.

On September 30 through October 2, 2013, HHC participated in the biannual legislative event of America's Essential Hospitals (AEH) - formerly the National Association of Public Hospitals and Health Systems (NAPH). The event, including visits to key legislative offices on Capitol Hill, took place in spite of the federal government shut down that started October 1, 2013. Our message to Congressional staff was that many of the proposed hospital-based reductions that have been discussed by Congress in the last few years as a source of revenue would have a very negative impact on HHC and other hospitals that have already seen their federal funds reduced. Furthermore,

HHC and safety-net facilities have been cut often in recent years and that already enacted cuts, such as the reductions in Medicaid DSH that reach 51% in 2019 - are already difficult enough and need to be reconsidered.

Cuts under discussion include: Indirect Medical Education (IME), Graduate Medical Education (GME), reductions in hospital outpatient Medicare reimbursement payments, Provider Tax limitations, as well as another extension of the Medicaid DSH cuts. If implemented, these proposed cuts would generate losses to HHC, over a ten-year period, as follows: GME - \$215 million, IME - \$626 million, HOPD - \$187 million, and an additional Medicaid DSH cut in 2023 of \$495 million. A provider tax cap of 3.5% (New York's rate currently is 5.25%) would result in a loss of \$11.4 billion to the state over ten years. HHC's estimated loss is \$688 million over that same period.

#### CMS' Two-Midnight Rule

A new concern that we brought to the attention of our Senators and Congress members was the Centers for Medicare and Medicaid Services' (CMS) promulgation of the "two-midnight rule" that essentially says that a patient that does not stay in an inpatient setting for at least two midnights, would not be considered an inpatient admittance for Medicare purposes. The two-midnight policy, which went into effect on October 1, 2013, deems stays of less than two midnights, with some rare exceptions, inappropriate for inpatient admission. The entire hospital industry is united in opposition to this change. For HHC, the preliminary estimates are losses of between \$23 million and \$38 million a year if implemented. Indeed, revenue from about 16% of HHC's inpatient admissions is jeopardized as a result of this new policy.

#### **State Update**

##### New York State Budget Process Begins

On September 24, 2013, the Division of Budget asked state agency heads to submit their budget requests by October 15, 2013. This marks the beginning of the budget process for the 2014-15 State Fiscal Year (SFY). Agency heads were told that requests should reflect zero percent growth in order to keep overall State spending at two percent or less, with the exception of education and Medicaid.

As you may recall, the 2013-14 State Budget included a two-year agreement between the Governor and the Legislature on Medicaid. This included a two-year extension of the Global Cap on Medicaid Spending and the State Health Commissioner's authority to make cuts to keep spending within the Cap. It also included an appropriation for Medicaid funding for 2014-15 with an increase in spending over this year reflecting the 10-year rolling average of the medical component of the U.S. Consumer Price Index (CPI), which is currently 3.9 percent.

You may also remember that along with this increase in overall Medicaid spending, the budget included a two-year extension of several cuts, notably the elimination of any

trend factor (inflation adjustment) and the two percent across-the-board rate cut for all providers through March 31, 2015. However, it allowed the State Health Commissioner to abolish the 2 % cut earlier if Medicaid spending stays on target.

The latest figures show that total Medicaid spending through July is \$17 million or 0.3% below projections. Spending was below projections in virtually every category, except Medicaid Managed Care (less than 1% above projections) and clinic services, particularly for mental health services (11% above projections).

Enrollment in the Medicaid program continues to rise, with enrollment increasing by 1.6% since March (86,200 enrollees). Total enrollment in Medicaid now stands at 5.3 million enrollees as of July. Based on this information, the State signaled uncertainty about the planned elimination of the two percent rate cut, stating "It was initially the State's goal to restore the 2% Across the Board (ATB) reductions in the Enacted Budget; however, this was not possible given the budgetary constraints on resources under the Medicaid Global Spending Cap. The Department will continue to look for opportunities to mitigate the 2% ATB reduction to the extent resources become available."

#### State Launches Health Insurance Exchange

New York State opened its Health Insurance Exchange, the "NY State of Health," on October 1, 2013. It began processing insurance applications through a variety of plans, including MetroPlus, for coverage starting on January 1, 2014. Despite problems with the Web site that prevented people from completing the application process, by October 8, 2013, more than 40,000 New Yorkers had signed up for coverage.

#### New Demonstration Program for Dually Eligibles

Last month, the Centers for Medicare and Medicaid Services (CMS) and New York State announced a new capitated health care program for Dually Eligible Medicare-Medicaid enrollees needing long term care services. The Fully Integrated Duals Advantage program (FIDA) will contract with Medicare-Medicaid Plans to coordinate delivery of covered services for 170,000 Medicare-Medicaid enrollees. It is anticipated that existing Medicaid Managed Long-Term Care plans, including MetroPlus, will participate by adding Medicare benefits to their existing plans.

#### PHHPC Approves New Flood Zone Recommendations

On October 3, 2013, the State Public Health and Health Planning Council (PHHPC) approved the recommendations of the Ad Hoc Advisory Committee on Environmental and Construction Standards. This group, which included HHC's Dr. Ann Sullivan, was charged with developing recommendations related to "building, construction and physical plant codes for health care facilities in the wake of extreme weather experienced recently with Hurricanes Irene and Lee and Superstorm Sandy." The Committee relied heavily on the work of Mayor Bloomberg's Special Initiative for Rebuilding and Resiliency (SIRR) Committee. All of PHHPC's recommendations are

consistent with those recommended by SIRR. Bellevue, Metropolitan, Harlem, Lincoln, Woodhull, and Coney Island Hospitals including Coler-Goldwater Skilled Nursing Facility are affected.

The Committee approved the following nine recommendations:

- 1) Update State regulations for health care facility design and construction from the current 100 year flood level to the 500 year flood crest level;
- 2) Amend Hospital Code for new health care facilities located in flood zones to require additional mitigation and resiliency measures, such as flood-resistant emergency generators and fuel supplies and pre-connections in power systems, temporary boilers and chillers (where necessary);
- 3) Continue to apply standards to all health care facilities in flood zones, regardless of whether they are considered critical;
- 4) Require that patient information is accessible during a crisis by encouraging the use of the eFind Patient Tracking System. This includes adopting uniform regulations, policies and procedures governing the consent, collection, sharing and access to patient medical information in the event of an evacuation or temporary closure of a health provider;
- 5) Require all existing health care facilities located in flood zones to meet new design and construction requirements by 2030 (in the absence of earlier compliance for new construction or major renovation);
- 6) Lift the current construction moratorium on health care facilities located in flood zones;
- 7) Require regional coordination to ensure adequate access to providers and continuation of services during a crisis; and
- 8) Use the Certificate of Need (CON) and Surveillance systems to proactively monitor and identify at-risk health care facilities and projects.

### **World Trade Center Environmental Health Center Update**

The summer was a busy time for the WTC Environmental Health Center (WTC EHC) with numerous activities leading up to the 12th Anniversary of 9/11. As mentioned in previous meetings, the National Institute of Occupational Safety and Health (NIOSH), which funds HHC's WTC Health Program, contracted with various organizations to conduct ongoing outreach and marketing. Those efforts, coupled with the outreach partnership between HHC's WTC EHC and the Public Affairs departments of facilities throughout the HHC system, have increased new applications from an average of 42 per month to over 150 each month for July, August, and September. Part of the increase was due to the October 3rd registration deadline of the Victims Compensation Fund (VCF), which provides monetary compensation for individuals (or personal representatives of a deceased individual) who suffered physical harm, became physically ill or was killed as a result of the World Trade Center attacks or in the recovery and clean-up efforts that took place in the aftermath.



In addition to the VCF being a marketing tool for potential new patients, there was a special effort to make sure our existing patients were made aware of the VCF registration deadline since most are likely to be eligible for this additional 9/11-related federal benefit. Outreach strategies with the help of City Hall included a mailing from the New York City Housing Authority to over 650,000 public housing addresses with information about both the VCF and the health program; and a similar letter was sent to the principals of middle and high schools by the Department of Education to share with students and their families. Efforts will continue in October with WTC services being featured as part of HHC's annual Take Care New York campaign. It is too soon to know how many new enrollments that all of these activities may generate, but it is possible that there could be a significant increase in HHC's current patient population, which is now just over 6,500 patients.

## **INFORMATION ITEM**

### **Coler-Goldwater: Placement of Skilled Nursing Facility Residents**

Dona Green, Senior Assistant Vice President, Office of Corporate Planning Services

Ms. Brown invited Ms. Dona Green, Senior Assistant Vice President of the Office of Corporate Planning Services to present on the status of the placement of Coler-Goldwater skilled nursing facility residents. Ms. Green began her presentation by providing an overview of the modernization plan to right-size the Coler-Goldwater facility. The plan components include the following:

- Replace 70+ year old Goldwater facility
- On the former North General Hospital campus in Harlem:
  - Relocate the Long Term Acute Care Hospital (LTACH)
  - Construct a New Skilled Nursing Facility (SNF)
- Right-size LTACH and SNF consistent with federal and state health care delivery policy and budget changes
  - Reduce by 426 LTACH beds
  - Reduce by 410 SNF beds
- By December 2013, the two campuses' (Roosevelt Island and Harlem) combined capacity will be:
  - 979 SNF beds
  - 201 LTACH beds
- On track for completion Fall 2013
- Goldwater operations will be relocated before December 2013
- Coler will have 815 SNF beds
- Goldwater (renamed Henry J. Carter Specialty Hospital and Nursing Facility)
  - 164 SNF beds
  - 201 LTACH beds

Ms. Green reported on the challenges in identifying residents/patients appropriate for an alternate care level or community placement. She summarized the challenges as the following:

- In August 2011, a new data assessment was conducted which identified 413 prospective candidates.
- SNF residents with short term needs or homes to which to return were relatively easily discharged
- Residents who had long stays, tenuous ties to the community, who were homeless, lacked documentation, had behavioral health diagnoses or experience with the criminal justice system were more difficult to discharge
- On average, only three long term/hard to place SNF residents were discharged per month because of actual and perceived obstacles
- If this pattern of discharge had continued, only 80 of the hard to place residents would have been discharged
- The hard to place residents generally need less skilled care than shorter stay, higher acuity residents, and concomitant reimbursement is low
- Minimal reduction of hard-to-place residents results in:
  - A significant hard-to-place resident census
  - A total reimbursement significantly weighted towards hard-to-place residents who could be well served in community settings
  - Lower reimbursement which affects overall fiscal viability

Ms. Green reported on the activities of the Discharge Planning Committee and the Committee's efforts to meet the discharge goals and targets as summarized below:

- Discharge Planning Management Committee meetings started in November 2011
  - Corporate Planning Services (CPS) designated 1 full-time and 3 part-time staff to implement and chair weekly meetings
  - Committee was comprised of Coler-Goldwater executives, department heads and management designees from social work and psychiatry, as well as specialists from Coler-Goldwater and intra-HHC departments
- Designed to effectively steer this strategic initiative
- CPS provided additional management and technical support with complex cases and challenges
- Meetings resulted in more effective decision-making, metrics-based reporting, assessment reviews, problem-solving and corrective action plans

Ms. Green described the Work Plan process as the following:

- **Problem Identification**
  - Based on the SNF census of 1,331 in August 2011, 352 beds had to be reduced to achieve a target of 979 beds to right-size the facility
  - The facility experienced difficulty discharging hard-to-place residents
- **Data collection, analysis, and interpretation**
  - Identified prospective SNF residents for home and community-based placement through data assessment
  - Conducted focus group interviews with executive administration, social work leadership, and social workers
  - Assessed information technology infrastructure and usage
  - Performed gap analysis to move from actual to target state

- **Identify intervention target group**
  - Focus on discharging medically cleared hard-to-place residents
  
- **Design intervention strategies to address gaps in process**
  - Enhanced Discharge Process: Utilized industry best practices, benchmarks, right to self-determination and person-centered planning
  - Trained staff on housing, Medicaid waiver programs, Social Security benefits, etc.
  - Created inter-disciplinary case conferences to screen 413 hard to place residents
  - Established self-care training to prepare residents for transition to community
  - Provided legal services to SNF residents to support removing discharge barriers
  - Facilitated external partnerships with government agencies, community-based organizations, and consulting firm with expertise in long-term care and persons with disabilities
  - Coordinated with IT department and administrators to provide computers, infrastructure and customized software enabling social workers to connect to the intranet and internet and complete supportive housing applications
  
- **Implementation, measurement, and sustainability**
  - Initiated weekly discharge planning committee meetings to support implementation efforts and troubleshoot challenges
  - Determined progress based on discharge metrics productivity reports and revised approach as needed
  - Facilitated training and began implementation of enhanced discharge process
  - Identified steps to ensure that facility can sustain process: enhanced discharge process
  - Conducted regular focused meetings with external agencies regarding specific residents

Ms. Green described the key intervention strategies that were employed to address gaps in the discharge process:

1. Staff Training
  - a. HRA 2010e training facilitated by Human Resources Administration was conducted on 09/08/11, 09/13/11 and 04/02/12. The training included an overview of how to complete applications for supportive housing for individuals with SPMI.
  - b. NHTD/TBI Waiver Programs facilitated by VNA of Staten Island/ NYC Regional Resource Development Center on 10/28/11. The training included an overview of Waiver Programs and the referral process.
  - c. Supportive Housing training facilitated by the Center for Urban Community Services on 11/14/11 and 07/16/12. The training included an overview of supportive housing programs for individuals with SPMI.
  - d. Social Security Benefits facilitated by Social Security Administration on 01/23/12 and 01/30/12. This training included an overview of how to complete disability applications.
  - e. Veteran's benefits and Services facilitated by Veteran Affairs on 09/24/12. The training was an Overview of Veterans benefits and services and how to access them.
  - f. Discharge Planning training facilitated by the Center for Independence of the Disabled, New York on 06/11/12, 06/22/12, 07/30/12, 08/20/12, 09/17/12, and 10/15/12. The training included six distinct training sessions, including: discharge planning overview, housing search process, special populations (ex-offenders, development disability, etc.), housing interview

preparation, community resources (trusts, long term managed care, meals), and community health benefits.

## 2. Interdisciplinary Case Conferences

The purpose of the conferences is to integrate assessments of residents by multiple disciplines in order to develop a unified plan of action.

- CG and CPS established a weekly interdisciplinary case conference launched in November 2011.
  - Attended by Medicine, Nursing, Psychiatry, Social Work, Administration, and CPS staff
  - Assessed the medical, nursing, activities of daily living, psychiatric, behavioral health, psychosocial needs of 10 to 16 residents on a weekly basis
  - Resulted in the development of work plans and placement options, including independent housing with appropriate supports, supportive housing, assisted living, adult homes, etc.
  - Involved resident participation through preparation for and follow-up activities from the case conferences
- Special areas of focus: remedy members, undocumented residents, and patients on alternate level of care.

## 3. Self-Care Program

A customized self-care program was developed to provide SNF residents with living skills training that would prepare them to successfully transition into community settings.

Overview:

- CPS arranged "field trips" with social work leadership to the City's only shelter for disabled individuals and supportive housing developer, both of which have successful transitional living programs.
- The Social Work Assistant Director and the Occupational Therapy Director jointly designed a sustainable program model
- The 20-day program is tailored to each individual's needs, based on a functional assessment and anticipated community placement, e.g. apartment living
- Workshops are provided by Social Work, Nursing, Nursing Rehab, Occupational Therapy, Dietary, Therapeutic Recreation, Dental and Psychiatry
- Modules include Medication Management, Oral Health, Food and Nutrition, Meal Budget and Prep, Social and Interpersonal Skills
- Program received funding from UHF in 2012

Ms. Green informed the Committee that the program began in July 2012 as pilot and was launched in October 2012. As of August 30, 2013, a total of 92 SNF residents had successfully completed the program.

## 4. Engaging Consultant to Support Further Acceleration of Discharge Planning

- The prior discharge planning process produced variable results and did not result in an optimal number of hard-to-place discharges
- CPS engaged a consulting firm to assess and design an enhanced discharge process working with all relevant staff
- CG used a pilot model on one interdisciplinary SNF unit team to test the new discharge process and make modifications
  - Outcomes included standard work for determining appropriate placements, navigating complex discharges and contacting residents post-discharge
  - The resulting model relies on interdisciplinary team meetings rather than individual multi-discipline points of contact
- Standard work integrated into existing Breakthrough processes

#### 5. External Partnerships

Ms. Green reported on external partnerships that had been negotiated by HHC to support the successful discharge of Coler-Goldwater (CG) residents.

#### ***New York City Housing Authority (NYCHA)***

NYCHA provides CG residents with highest need-based priority for housing. Corporate Planning Services (CPS) instituted conference calls with NYCHA every two weeks to review status and facilitate the application process for CG residents. CPS, CG managers and NYCHA work together to resolve barriers to discharge and respond to NYCHA requests for information. From January 2012 to present, a total of 57 SNF residents have been placed in NYCHA housing. Currently, an additional 32 CG residents are in the process of finalizing lease agreements for NYCHA apartments.

#### ***Nursing Home Transition and Diversion (NHTD) Waiver Program***

The NHTD Waiver Program is a program for individuals who need SNF level of care but want to live in the community. It promotes community placement and provides supports that include service coordination, assistive technology, community transition services, and environmental modifications. HHC's Central Office initiated monthly conference calls between CG, NYS Department of Health, and the NHTD Regional Resource Development Center for New York City to review and resolve the status of each SNF resident applying for NHTD assistance.

#### ***Center for Independence of the Disabled (CIDNY)***

CIDNY's mission is to ensure full integration, independence, and equal opportunity for all people with disabilities by removing barriers to the social, economic, cultural, and civic life of the community. Recognizing that many of HHC's Skilled Nursing Facility (SNF) residents are persons with disabilities, CPS contracted with CIDNY to provide six training sessions for the Social Work staff and 24 informational sessions for SNF residents. CIDNY provided in-service training that emphasized self-determination and person-centered planning by focusing on transition to the community, independent living, government and community resources and benefits, legal rights, managed healthcare plan options, and advocacy.

#### ***99<sup>th</sup> Street Housing Development***

The 99<sup>th</sup> Street Housing Development is a partnership between SKA Marin, the developer, HHC, the New York City Department of Housing Preservation and Development, the Housing Development Corporation, New York City Housing Authority, New York State Homes and Community Renewal and Citibank, and Raymond James Financial Inc. It is the first development in the state to receive Medicaid Redesign Team funding for projects focused on high-cost Medicaid populations. The estimated savings in state and federal Medicaid expenditures is \$10 million annually. SKA Marin began construction of 175 accessible apartments (studios and one bedroom) for low-income, disabled, and/or elderly individuals currently at CG SNF and other HHC facilities. This facility is expected to be occupied in summer/fall 2014. The location is at East 99<sup>th</sup> Street between First and Second Avenues, on HHC's Metropolitan Hospital campus.

#### Preparing for the 99<sup>th</sup> Street Housing Development

CPS and CG developed a pre-screening process to identify prospective candidates suited for the 99<sup>th</sup> Street Housing Development. CG is preparing medically cleared SNF residents for the development by:

- Assessing the medical readiness, finances, and supports necessary for independent living;
- Referring residents to the self-care program to prepare individuals for community placement; and
- Assisting residents to obtain documentation necessary for the rental process such as: birth certificates, social security cards, proof of income award letters, state issued identification, proof of citizenship, etc.

#### **New York Legal Assistance Group (NYLAG)**

NYLAG unites the legal and medical professions by providing legal services to patients in the medical setting and by educating healthcare professionals on the legal issues affecting patients. NYLAG assists CG residents and patients with non-criminal matters that serve as barriers to discharge. Legal services are provided free of charge to residents/patients. Since July 2012, NYLAG has worked with residents on issues including:

- Immigration/Naturalization
- Missing birth certificates
- Guardianship
- Government benefits

NYLAG has renewed the Medicaid-eligible immigration status of eight residents and has identified nine new residents for this status, which has helped to secure an average daily reimbursement to the facility of \$300 per day.

Ms. Green reported on four case studies of CG residents with different types of limitations and described their resource needs and the efforts made towards their discharge to an alternate setting.

#### **Case Study #1**

This case study is of a married couple who wished to live and raise a child in the community. Resident A was a victim of a major crime, a quadriplegic, an undocumented immigrant, and the mother of minors. Resident B is a paraplegic with left hemiparesis. He has a criminal background and is a U.S. citizen. Outlined below

are the various activities undertaken to address the resource needs and the efforts to support their discharge:

Resource Issues	Efforts Toward Discharge
<ul style="list-style-type: none"> <li>Verification of Medicaid Eligibility</li> </ul>	For Resident A: <ul style="list-style-type: none"> <li>Verified Medicaid coverage with New York State Victim Services</li> <li>Mitigated concerns about minor child</li> </ul>
<ul style="list-style-type: none"> <li>Identification of community-based care needs</li> </ul>	For both residents, HHC Health & Home Care & NHTD Office: <ul style="list-style-type: none"> <li>Determined needs were a minimum 12 hour day / 7 days /week: assistance with ADLs</li> <li>NHTD contractor prepared individual service plan</li> <li>HHC Health &amp; Home Care assessed care needs /hours</li> </ul>
<ul style="list-style-type: none"> <li>Eligibility for public housing</li> </ul>	For Resident B: <ul style="list-style-type: none"> <li>Determined that post-incarceration time was less than the required NYCHA wait time (5 years) for housing</li> <li>Submitted successful appeal to address mitigating circumstances</li> <li>Assisted with securing additional rooms for home health aide and for minor child</li> </ul>
<ul style="list-style-type: none"> <li>Ensuring eligibility for public housing</li> </ul>	For both residents: <ul style="list-style-type: none"> <li>Coordinated submission of documents to the NY State Department of Corrections for a "good conduct" certificate.</li> </ul>
<ul style="list-style-type: none"> <li>Managing community transition expectations</li> </ul>	For both residents: <ul style="list-style-type: none"> <li>Facilitated their enrollment in 20-day Self Care Program</li> <li>Requested Psychiatry Department to design and provide a 12-topic parent training program</li> </ul>

Ms. Brown acknowledged Mr. Mark Winiarski and Mr. Christopher Wong, Assistant Directors, Corporate Planning Services, for spending a lot of time at Coler-Goldwater to facilitate the discharge of residents.

### Case Study #2

This case study is of Resident C who is interested in living in the community in a less restrictive setting. He is an amputee, wheelchair dependent and independent of ADLs. This resident has a diagnosis of serious mental illness. He has a history of homelessness and was admitted in 2009. Outlined below are the various activities that have been undertaken to address Resident C's resource needs and the efforts that have been made to support his discharge:

<b>Resource Issues</b>	<b>Efforts toward Discharge</b>
<ul style="list-style-type: none"> <li>Identify Housing</li> </ul>	<ul style="list-style-type: none"> <li>Provided psycho/social assessment</li> <li>Completed and submitted HRA 2010e application</li> <li>Followed-up SPOA OMH housing options</li> <li>Conducted HRA/CUCS training on 2010e application submission and supportive housing options</li> </ul>
<ul style="list-style-type: none"> <li>Housing Interview Preparedness</li> </ul>	<ul style="list-style-type: none"> <li>Provided social work staff with a Center for Urban Community Service Interview Guide to counsel residents</li> <li>Facilitated intervention by specialty services (i.e. occupational therapy, nursing, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Facilitate Housing NYS DOH Connections</li> </ul>	<ul style="list-style-type: none"> <li>Verified SMI diagnosis and Remedy Member status</li> <li>Engaged NYS DOH contractor Transitional Services for NY Inc. (TSINY) and supportive housing provider Communilife</li> <li>TSI monitored/facilitated OMH housing connection</li> <li>Connected with existing HHC housing partners with available OMH Housing</li> </ul>

Ms. Green reported on Coler-Goldwater's SNF census reduction activities. She informed the Committee that, as of September 3, 2013, there were 212 hard-to-place priority residents for discharge. She summarized the disposition of the 212 hard-to-place priority residents as the following:

- Independent (NYCHA): 59
- Independent (Home, Senior Housing, etc.): 42
- Nursing Home – Non HHC: 53
- Supportive (Assisted Living, Adult Home, TBI/NHTD Waiver, etc.): 23
- Other Discharges (AMA, AWOL, Arrests, Expired): 35

Ms. Green reported that, at the start of the project, the total census of all SNF residents at Coler-Goldwater Skilled Nursing Facility was 1,331 residents. With a census reduction of 470, there are currently 861 residents. Ms. Green noted that the target census for October 2013 is 979. Ms. Brown added that a similar report was generated every Thursday to monitor the discharge process.

Ms. Brown thanked Coler-Goldwater's leadership, which included Mr. Robert Hughes, Executive Director; Ms. Margaret Rivers, Associate Executive Director; Mr. Floyd Long, Chief Operating Officer; Vasudeva, Raju, M.D., Medical Director, as well as other clinical staff. She stated that, because of this project, some processes have been put in place that can be sustained.

Reverend Diane Lacey, Board Member, congratulated Ms. Brown, and her staff for an impressive report. She inquired about some complaints that had been raised by several of Coler Goldwater's patients at a public hearing. Ms. Brown responded that several of those complaints had been concerns of residents who were fearful of major change. She added that residents and staff have expressed concern about the change of environment. Ms. Brown emphasized that to allay some of their fear field trips had been organized to the new facility so that staff and residents could gain a better sense of the Central Harlem neighborhood. Ms. Brown stated that there were two specific residents on the NYCHA list who had complained that no one had



done anything for them. She informed the Committee that she had personally followed up with their issues. Ms. Brown reported that one of these residents who had made a complaint had already moved. The other resident's discharge was very challenging because the resident had a record of past eviction by NYCHA for not paying her rent and for her involvement in the criminal justice system. Ms. Brown reported that after overcoming all those challenges, the resident had been successfully discharged.

Rev. Diane Lacey also asked about the status of Coler-Goldwater's staff. Ms. Brown responded that the Network's Human Resources Department and Ms. Caroline Jacobs' team had been working very closely to redeploy the staff. She noted that a redeployment plan has been put in place for those employees who are no longer needed due to the move from Roosevelt Island to a smaller facility in East Harlem. Ms. Brown reassured the Committee that everyone would be accommodated and that no one would lose their job. She noted that there would be some choice but those would be limited, as a certain level of staff is needed to run the facility. Ms. Brown informed the Committee that orientation and on-site training of staff had been conducted in the new facility last week to ensure that the staff can navigate through the new building. Ms. Brown added that there had been a collaborative effort with the unions to ensure that all staff issues have been addressed. Ms. Brown reported that Mr. Hughes and his senior team have met with the unions' representatives. As of Friday of last week, there were no major concerns.

Mr. Aviles acknowledged Ms. Brown, Ms. Green and her staff for their ability to galvanize community-based partners in addition to partners at every level of government to collaborate in a way that presented solutions that were not readily apparent at the beginning.

Mr. Rosen, Board Member, asked if the Corporation was responsible for following-up on the 212 residents that had been discharged. Ms. Brown responded that the objective of placing them did not overtake HHC's caring about their well-being. Ms. Green responded that, while New York State required HHC to reach out to an individual within 30 days following discharge, HHC had extended that period to 60 days and in some cases up to 90 days to ensure that residents were making their way in the community and to provide assistance and new interventions, if needed.

Ms. Brown stated that MetroPlus Health Plan had worked with some of the long-term care patients to become their Managed Long Term Care Plan of choice. In addition, HHC was able to secure a contract with another health plan that is specifically focused on serving individuals with physical disabilities. Ms. Brown added that, while that health plan is not MetroPlus that plan offered some unique programs and supports that would be best suited for some of HHC's disabled residents in the community.

Ms. Green concluded her presentation by stating that NYCHA had a great relationship with the Corporation and that NYCHA would not hesitate to call upon HHC to assist our former residents.

Mrs. Bolus thanked Ms. Green for her presentation.

## **ACTION ITEM**

### **Simpler Contract Renewal**

Joanna Omi, Senior Vice President, Organizational Innovation and Effectiveness

Ms. Omi introduced Mr. Tim Whitmore, Vice President and Mr. Mark Williams, Account Leader, Simpler North America, L.P. She clarified that HHC's current sixth year contract with Simpler, NA would conclude on October 31, 2013, and that the action item is not a contract renewal as indicated on the agenda, but a one-year, sole-source contract with Simpler, NA. Ms. Omi read the resolution:

"Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a contract with Simpler North America, LP ("Simpler") on a sole source basis in order to continue and expand the implementation of *Breakthrough* throughout the Corporation. Funding for this contract shall not exceed \$4,416,500 for the period from November 1, 2013 through October 31, 2014. "

Ms. Omi informed the Committee that her presentation would include an overview of the contract history, the scope of the proposed contract and future plans.

Ms. Omi described HHC's contract history with Simpler, North America's as the following:

- Breakthrough was initiated at HHC in November 2007
- Simpler was procured via competitive RFP
  - Scope: Lean consultation and support services
  - Term: 3 years (2007 - 2010 with 2 one-year optional renewals)
  - Original budget: \$5 million
  - First amendment: Increase total to \$7 million; no change in term (January 2010)
  - First option renewal and amendment (October 2010):
    - Exercise first one-year renewal option (Year 4)
    - Add \$3.1m for Year 4
    - Add a third optional renewal year to the contract (for a total potential of 6 years)
  - Second option renewal and amendment (October 2011):
    - Exercise second one-year renewal option (Year 5)
    - Added \$4.9 m for year 5
  - Third option renewal and amendment (October 2012):
    - Exercise third and final one-year renewal option (Year 6)
    - Added \$5.5m for year 6
    - Contract Total: \$20.5m for 6 years

Ms. Omi reported on the Corporation's active Breakthrough sites. They include:

- South Manhattan: Bellevue Hospital, Metropolitan Hospital, Gouverneur Healthcare Services, Coler-Goldwater Skilled Nursing Facility
- Queens: Elmhurst and Queens Hospitals
- Generations+: Lincoln Hospital, Harlem Hospital, Segundo-Ruiz Belvis, Morrisania and Renaissance Diagnostic and Treatment Centers
- North Bronx: Jacobi and North Central Bronx Hospitals
- North Central Brooklyn: Woodhull Hospital, Cumberland Diagnostic and Treatment Center and Kings County Hospital
- South Manhattan: Coney Island Hospital
- Enterprise: HHC Health and Home Care and Central Office

Ms. Omi noted that there were a total of 19 active sites and 71 active improvement areas throughout the Corporation.

Ms. Omi reported on the financial benefits that have been generated through Breakthrough. To date, Breakthrough has generated new revenues totaling \$348.93 million and cost savings totaling \$28.47M, for an overall financial benefit of \$377.4M. Ms. Omi noted that inpatient documentation and coding accounts represented 57.7% of total overall revenue. Ms. Omi informed the Committee that 90% of cost savings and new revenues had been generated in the five major value streams including:

- Inpatient Services: \$63.5M
- Emergency Department: \$19.21M
- Ambulatory Care: \$4.01M
- Behavioral Health: \$6.27M
- Peri-operative Services: \$10.69M

Ms. Omi described the strong return on investment (i.e. the financial benefit per \$ consultant cost) for the period of November 1, 2007 through August 31, 2013 as the following:

<b>Contract Year</b>	<b>Contract Expense</b>	<b>Cost Savings/ New Revenue</b>	<b>\$Benefit/ \$1 Invested</b>
2007/2008	\$1,718,600	\$5.5 M	\$3.20
2008/2009	\$1,800,100	\$27.1 M	\$15.01
2009/2010	\$3,482,300	\$98.1 M	\$28.19
2010/2011	\$3,112,700	\$87.0 M	\$27.97
2011/2012	\$4,827,770	\$61.1 M*	\$12.65
2012/2013	\$5,500,000	\$98.6 M*	\$17.93
<b>Total</b>	<b>\$20,441,470</b>	<b>\$377.4 M*</b>	<b>\$18.46</b>

\*Includes cost savings and revenues reported through August, 2013

Ms. Omi reported that 1,398 RIEs had been completed from November 1, 2007 through August 31, 2013. The number of RIEs completed each year from FY 2008 through FY 2014 is the following: FY08: 17; FY09: 165; FY10: 276; FY11: 25; FY12: 316; FY13: 286 and FY14: 43. Ms. Omi noted that, considering the pace of monthly events that had been performed immediately before Hurricane Sandy, an additional 55 events would have been conducted for the period starting in November through April in FY13.

Ms. Omi reported on the different types of work Simpler, North America had been engaged in throughout the Corporation:

- Elmhurst Hospital Center: Decrease in average length of stay (ALOS) for Inpatient Behavioral Health Unit. The average number of days from admission to discharge was decreased from 33 days to 21 days.
- Queens Hospital Center: Increase in Diabetic Care Plans. The percent of outpatient diabetic patients with care plans increased from 0% in 2012 to 93% in 2013.

- Jacobi Medical Center: Increase in on-time starts in Operating Rooms. Ms. Omi reported that between April and August 2013, there was approximately a 30% increase in the average percentage of Operating Room cases starting on time.
- North Central Bronx Hospital: Decrease in ALOS for cardiac patients: The average length of stay for cardiac patients per month decreased from 4.8 to 2.8.
- Harlem Hospital Center: Decrease average turnaround time in Operating Room. Ms. Omi reported that there was a 14% reduction in the average monthly number of minutes per case.
- Woodhull Medical and Mental Health Center: Percentage increase of patients seeing their Primary Care Provider. Ms. Omi reported that there was a 50% increase in the percent of patients seeing their primary care physicians.

Ms. Omi reported on HHC's staff engagement in Breakthrough. She noted that staff participation was expected to significantly increase this year. To date, 3,511 employees have participated in training for the following certification courses:

- Green: 2,698
- Bronze: 376
- Silver: 98
- Gold: 37
- Platinum: 3

Ms. Omi added that 656 staff participated in Process Owners training. A total of 216 staff participated in the Problem Solving training course.

Ms. Omi stated that Breakthrough training had significantly increased in FY 13 and continued to increase in FY14. Ms. Omi stated that greater access to training had significantly expanded participation. Ms. Omi noted that the on-line Breakthrough awareness (BAW) training course had been introduced in November 2012. She explained that the peak in BAW completion in June, as indicated on the slide, was created by a 'rush' of employees trying to meet the June 30<sup>th</sup> target date for completion. Ms. Omi reported on the Green Certification training completion between July 1, 2012 and August 31, 2013. She noted that the work to increase the number of trainers to include facility staff began in March 2013.

Ms. Omi summarized the Simpler, NA contract provisions as the following:

- Period: November 2013 through October 2014
- Value: \$4.4m (20% reduction from the current contract amount of \$5.5m)
- Scope: Continue to build HHC's capacity for Lean transformation and self-sufficiency
  - Increased site/network sensei focus on advanced tools, executive and steering team leadership and management, process owner and sponsor coaching, alignment with business goals
  - Increased enterprise sensei focus on Hoshin Kanri deployment and management, executive coaching, TPOC review
  - Expanded support for launch and sustainment of Daily Management System
  - Continued support of model value streams and cells
  - Complete transfer of all certification training to HHC

- Create and enable the infrastructure for spread of improvements and innovation between sites
- Approach: A larger network of internal and external experts with more narrow development focus
  - Allocate sensei on a network basis where possible
  - Greater alignment between sensei team and Breakthrough Deployment Officers
  - Network sensei where possible
  - Identify sensei/HHC Breakthrough staff dyads to ensure transfer of knowledge
  - Ensure standardized stable core infrastructure (strategies, techniques, comprehension) is in place at all sites

Ms. Omi reported on the steps that the Corporation had undertaken in creating self-sufficiency, i.e. developing internal competencies and capacity:

- HHC has gained expertise and independence in major areas:
  - Dedicated and embedded experts:
  - Training in 5 levels of certification and additional topical courses
  - Breakthrough Development Initiative
  - Personal Development Plans
  - Creation of Platinum Cadre – internal team of experts, cross fertilization between sites, expanded training team
  - Expansion of site-based training offerings
- Spreading Breakthrough Improvements:
  - Monthly internal Gemba walks
  - Semi-monthly external Gemba walks
  - Select external speakers and trainings
  - Monthly BDO meetings, active BDO and sponsor network
  - Standing agenda item at select clinical council meetings
  - Annual Breakthrough conference
  - Membership in Healthcare Value Network
  - Extensive repository of documentation from past events (E-Files)
  - Intranet site with resources, success stories, news, calendar (moving to SharePoint)
  - SharePoint site with shared templates, tools, documents for BDO/trainer use
- Sustaining Breakthrough Change
  - Standard work for executive, value stream and enterprise steering committees
  - Visual management (process control boards) for 30-60-90 day event follow-up
  - Daily Management System for visual management and tiered leader briefs
  - Hoshin Kanri Level 0 and Level 1 metrics, monthly Leadership Meeting review
  - “Yokoten Repository” and standard work in development for 2014
- Site Breakthrough support:
  - Launching new sites
  - Providing monthly and ad hoc event coaching to sites (RIEs, VSA, VVSM, 2P, tools, scoping and problem solving)

- Ongoing Transitional Support from Simpler:
  - Hoshin Kanri: Alignment of Lean competencies and business goals, coaching in X matrix and tracker development, monthly management meetings
  - Daily Management System: Continued expansion with new site launching and sustainment activities
  - Model Value Streams and Cells: Continued support while dedicated HHC staff assume greater support roles
  - Leadership Development: Continued development of enterprise, executive (site) and value stream steering committees, leadership training and coaching
  - Human Development: Ensuring the sustainability of the human infrastructure needed to support Breakthrough
  - TPOC Reviews: Anticipated transfer of select aspects

Mrs. Bolus asked Ms. Omi if one more year would be enough for the Corporation to become self-sufficient. Ms. Omi responded that one year from now HHC would be able to decrease the contract amount again, by another 20%. She added that the reason for decreasing the contract amount is that, as HHC is getting smarter and smarter, HHC is able to apply the lessons learned and perform much better. However, there is still much more improvements that could be made. Therefore, for a few more years, the Corporation would need ongoing support to be able to continue to learn and develop and to go deeper with the lessons learned. It is anticipated that an external expert would always be needed to ensure that HHC is not falling back to old ways. Ms. Omi explained that six years ago it was projected that 10 years of Breakthrough would be needed to just get HHC's feet wet and this has been proven to be right. Ms. Omi added that, while the external services would continue to decrease, HHC would want to be kept honest.

Mr. Nolan asked Ms. Omi to clarify the 20% reduction in cost. Ms. Omi explained how the 20% reduction in the contract amount had been derived. She stated that a significant and deep assessment of the facilities against fundamental elements of Breakthrough had been conducted in January and February. After looking at the same indicators every month, it determined that some facilities have been doing Breakthrough work long enough that they would be able to survive with less help and still thrive while others would be endangered by pulling out external help. Ms. Omi added that, after level setting where each facility is expected to be and looking at what that resource would be, a 20% reduction was agreed upon.

Mr. Nolan asked if there were a certain number of managers at the facilities that were targeted for the different levels of training. Ms. Omi responded that different levels of training were required for different levels of management. She added that healthcare systems and business sectors across the country have proven that every single person in an organization should have enough understanding of Lean or Breakthrough (i.e. Green and Bronze in HHC's training program) to be able to conduct problem solving. Ms. Omi added that others would say that only the managers would be required to be trained and the rest of the staff would become engaged automatically. Ms. Omi noted that at HHC, it was expected that leadership would receive a minimum level of training. Ms. Omi reported that all leaders have now participated in rapid improvement events (RIEs). In addition, a leadership training program was developed this year to manage and sustain Breakthrough work. Ms. Omi stated that at some point in the future, all new employees would receive at least an introduction to Breakthrough and all employees would participate in a Breakthrough awareness course.

Ms. Omi concluded her presentation by outlining the Corporation's future plans, which are described below:

- Continue to embed Breakthrough more deeply and more widely
- Conduct competitive bid process for future years
- Further reduce amount of annual spend in Breakthrough by Year 8
- Continue to reduce external assistance for all but strategic and select needs

Mrs. Bolus thanked Ms. Omi for her presentation.

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 12:15 p.m.





# **2013 ELECTION REVIEW**

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**Wendy Saunders,  
Assistant Vice President**

**Strategic Planning Committee  
November 12, 2013**

# Citywide Offices

**Mayor: Bill DeBlasio**

**Public Advocate: Letitia James**

**Comptroller: Scott Stringer**



**Council Speaker: TBD, Focus on: Dan Garodnick,  
Mark Weprin, Inez Dickens, Melissa Mark Viverito  
Annabel Palma, James Vacca**



# Borough Presidents

**Brooklyn:** State Senator Eric Adams replaces Marty Markowitz

**Bronx:** Ruben Diaz Jr., was re-elected

**Manhattan:** Council Member Gale Brewer replaces Scott Stringer

**Queens:** Melinda Katz replaces Helen Marshall

**Staten Island:** Council Member James Oddo replaces James Molinaro



# Council Members: Bronx

**District 11** (Oliver Koppell) Andrew Cohen

**District 15** (Joel Rivera) Ritchie Torres

**District 16** (Helen Foster) Vanessa Gibson



# Council Members: Brooklyn

**District 34** (Diana Reyna) Antonio Reynoso

**District 35** (Letitia James) Laurie Cumbo

**District 36** (Al Vann) Robert Cornegy, Jr

**District 37** (Erik Dilan) Rafael Espinal

**District 38** (Sara Gonzalez) Carlos Menchaca



# Council Members: Brooklyn

**District 42** (Charles Barron) Inez Barron

**District 46** (Lew Fidler) Alan Maisel

**District 47** (Domenic Recchia) Mark Treyger

**District 48** (Michael Nelson) Chaim Deutsch



# Council Member: Manhattan

**District 3** (Christine Quinn) Corey Johnson

**District 5** (Jessica Lappin) Ben Kallos

**District 6** (Gale Brewer) Helen Rosenthal

**District 7** (Robert Jackson) Mark Levine



# Council Members: Queens

**District 19** (Dan Halloran) Paul Vallone

**District 22** (Peter Vallone Jr.) Costa Constantinides

**District 24** (James Gennaro) Rory Lancman

**District 27** (Leroy Comrie) I. Daneek Miller





## Council Members: Staten Island

- **District 50** (James Oddo) Steven Matteo (R)



# New Assembly Members

## 53rd Assembly District – Brooklyn

- Democrat Maritza Davila replaces Vito Lopez
- Worked for Ridgewood-Bushwick Senior Citizen's Council
- Lopez' Co-District Leader



## 86th Assembly District – Bronx

- Democrat Victor Pichardo replaces Nelson Castro
- Worked for U.S. Sen. Schumer & State Sen. Rivera



# State Legislator Vacancies

- **Four Assembly Members and one Senator elected to City Offices**
  - ✓ **Inez Barron** (60<sup>th</sup> Assembly District – Brooklyn)
  - ✓ **Alan Maisel** (59<sup>th</sup> Assembly District – Brooklyn)
  - ✓ **Rafael Espinal** (54<sup>th</sup> Assembly District – Brooklyn)
  - ✓ **Vanessa Gibson** (77<sup>th</sup> Assembly District – Bronx)
  - ✓ **Eric Adams** (20<sup>th</sup> Senate District – Brooklyn)
- **Governor Cuomo will call Special State Elections to fill the vacancies**