

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

January 23, 2017  
12 Noon  
Boardroom  
125 Worth Street, Room 532

**AGENDA**

- I. Call to Order** **Gordon J. Campbell**
- II. Adoption of November 3, 2016  
Strategic Planning Committee Meeting Minutes** **Gordon J. Campbell**
- III. Information Item**
- a. Update on Transformation  
Andrea Cohen, Vice President, Office of Transformation
- b. NYC Health + Hospitals' System Scorecard CY'16 Fourth Quarter Report  
Andrea Cohen, Vice President, Office of Transformation
- IV. Old Business**
- V. New Business**
- VI. Adjournment** **Gordon J. Campbell**

## **MINUTES**

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

**NOVEMBER 3, 2016**

The meeting of the Strategic Planning Committee of the Board of Directors was held on November 3, 2016 in NYC Health + Hospitals' Boardroom, which is located at 125 Worth Street with Mr. Gordon Campbell, presiding as Chairperson.

#### **ATTENDEES**

##### **COMMITTEE MEMBERS**

Gordon Campbell, Chairperson of the Committee  
Ram Raju, M.D.  
Josephine Bolus  
Robert F. Nolan  
Bernard Rosen

##### **OTHER ATTENDEES**

M. Chambers, COO, PAGNY  
J. De George, Analyst, OSDC  
J. Watson, Analyst, OSDC

##### **NYC HEALTH + HOSPITALS' STAFF**

M. Allen, Interim Chief Medical Officer  
P. V. Anantharam, SVP, Finance  
D. Ashkanase, AVP, Office of Transformation  
M. Beverly, Assistant Vice President, Finance  
S. Bussey, SVP, Ambulatory Care  
T. Carlisle, Associate Executive Director, Corporate Planning Services  
N. Francois, AED, Coney Island  
S. Fass, AVP, Planning  
R. Gannotta, AVP, Hospitals  
C. Hercules, Chief of Staff, Office of the Chairman of the Board of Directors  
B. Ingraham-Roberts, AVP, Intergovernmental Affairs

L. Johnston, Vice President, Chief Nursing Officer  
C. Keeley, Office of Transformation  
P. Lockhart, Secretary to the Corporation, Office of the Chairman of the Board of Directors  
L. Lombardi, Chief Strategy Officer, NYC Health + Hospitals/Bellevue  
S. Loville, Sr. Management Consultant, Central Office Finance  
R. Mark, Chief of Staff, Office of the President  
A. Martin, COO, Executive Vice President  
M. McClusky, Senior Vice President, Post Acute Care  
S. Newmark, Senior Corporate Health Project Advisor, Office of the President  
S. Ritzel, Associate Director, NYC Health + Hospitals/Kings County  
S. Russo, Senior Vice President, Office of Legal Affairs  
A. Saperstein, MD, CEO, MetroPlus  
A. Shkolnik, Asst. Director, Medical & Professional Affairs  
U. Tambar, Assistant Vice President, Office of Transformation  
D. Thompson, AED, Strategic Planning  
S. White, Chief of Staff, NYC Health + Hospitals/Harlem  
R. Wilson M.D., Senior Vice President, Chief Transformation Officer  
V. Yogeshwar, Senior Director, Office of Transformation

## CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of the November 3, 2016 Strategic Planning Committee to order. The minutes of the September 8, 2016 meeting were adopted.

## INFORMATIONAL ITEMS

### **Update on Transformation**

Ross Wilson, MD, Senior Vice President, Chief Transformation Officer

Mr. Campbell addressed the members: Dr. Jo Ivey Boufford joined the meeting by phone therefore, Dr. Boufford will not be able to vote, however a quorum was present.

Mr. Campbell thanked Dr. Ross Wilson for taking the role of Chief Transformation Officer. He also explained that it is not only the role of the Transformation Office but it is the role of the staff, community, and labor; it is an opportunity to come together on this journey to change Health + Hospitals.

Dr. Wilson said that it was important to understand that Transformation is a journey. This journey started before One New York Report came out last year. The work towards this transformation started a few years before that and it was incorporated in Primary Care strategies, in DSRIP strategies, and in Vision 2020. The One New York Report was generated in response to a financial problem. There is a \$1.8 billion gap in the financial plan by 2020. City Hall along with NYC Health + Hospitals worked on this report to identify how to close this financial gap. This report identifies the opportunity to rebuild and restructure the healthcare system. There is work to be done on improving efficiency; there is work to be done around increasing revenue and improving opportunities; and there is work to be done work around restructuring of the system. All this work has to be based on very solid data analytics. He said that the executive teams were heavily involved in this work and were responsible for the development of implementation plans to address multiple parts of it. As they come to fruition, these plans will be shared. There are 12 strategies in the Mayoral Report as follows:

- Efficiency & Organizational Effectiveness
- Structure to Meet Community Needs
- Services to Meet Community Needs
- Maximize Eligible Revenue
- Effective Partnership Across Continuum of Care
- Enhance Capacities for Population Healthcare Management & Value-Based Purchasing (VBP)

Dr. Wilson informed the members that the VBP is the future of the payment model.

Mr. Richard Gannotta, Senior Vice President, Inpatient Care, addressed the members and

said that with respect to transformation areas, they were getting ready for a value-based payment population health; that it was a great opportunity to take advantage of the synthesis between Inpatient and Ambulatory Care and the organization of patient-centered care.

Mr. Steven Bussey, Chief, Ambulatory Care, addressed the members and said that it was critical to redesign the system and look for opportunities to create a most efficient and sustainable Ambulatory Care Delivery Model to meet the needs of the population we serve.

Mr. Antonio Martin, Executive Vice President and COO of NYC Health + Hospitals addressed the members saying that for this very reason three highly skilled “Service lines” were recruited for the transformation work. With their expertise and the expertise of Dr. Ross Wilson, Chief Transformation Officer, the transformation of our system will accelerate.

Dr. Wilson continued his presentation saying:

- Based on the Mayoral Report, we currently have very busy Emergency Departments with low admission rates. It indicates that patient needs could be better addressed in lower-cost, lower-acuity settings. Secondly, we have a low inpatient bed occupancy as more care is provided in the ambulatory setting. Furthermore, community and population health needs indicated opportunities for outpatient and post-acute investment and integrated social services, such as provision of housing support, legal advice support, access to other programs and other activities. And lastly, significant investments were needed in physical plants to maintain accreditation over the next 15-20 years. In summary, larger-scale structural change is needed to set the NYC Health + Hospitals up for sustainability and success. Investment is needed to repurposing existing facilities and creating of new ambulatory and post-acute services.
- Community needs assessments indicated that our patients have chronic illness and preventive care needs. These needs are often best addressed outside of the hospital. Our community needs greater access to primary care, preventative, and urgent care services; greater capacity for mental health and substance abuse services; improved care coordination and care management to connect individuals to community supports, link care across settings, and manage chronic conditions. The community needs “One stop shopping” for health care services to reduce burden and inconvenience; timely access to emergency and trauma care; linkage and access to high quality tertiary care, other high acuity care and post-acute care. They need increased attention to addressing the social determinants of health, particularly focusing on housing and education. These are community needs for the healthcare delivery system.
- The tasks that have to be performed to make restructuring and transforming Health + hospitals is as follows:
  - Design the healthcare delivery system that is appropriate for 2020: consistent with our mission, meets the health care needs of those we serve, build strong partnership to ensure covering the continuum of care, is financially sustainable, and succeeds (with MetroPlus) in a managed care, population health, and value-based purchasing environment.

- Maximize revenue from external sources: delay DSH reductions and change NYS distribution; NYS Safety Net Legislation; and develop a new waiver for additional funding for uninsured care.
- Maximize internal operating efficiency: transition from network structure to “Service lines” for Inpatient, Ambulatory and Post-acute care; transition to a centralized share services model for Finance, HR, Emergency Management, etc.; maximize organizational effectiveness with specific attention to Revenue Cycle, Supply Chain and Real Estate opportunities.
- Maximize patient engagement and clinical quality: this was the most vital piece of work which needed to get done not just from the patient experience perspective but also about creating a robust care model which will keep our patients returning to us for care.

Dr. Wilson informed the members that Leapfrog Group issued its annual Hospital Safety Grades. In New York City, only five hospitals achieved grades of A and B. All five hospitals are a part of NYC Health + Hospitals: Queens and Woodhull – Grade A; Harlem, Metropolitan, and North Central Bronx – Grade B.

Dr. Wilson continued that Health + Hospitals was working closely with NYC Health + Hospitals Board, Office of Transformation, Senior Leadership team and employees. City Hall, City agencies and Blue Ribbon Commission were actively involved in this process as well. Regular meetings with Labor and the City’s Office of Labor Relations (OLR) were being held as well as meetings with the Community Advisory Boards and an Outreach program with information sessions and focus groups.

Mr. John Jurenko, Vice President, Intergovernmental Relations, presented a brief overview of the outreach program: He said that within the next six weeks, meetings and forums with Community Stakeholders across the city are being planned. Also small-group discussions with the community-based organizations about the issues addressed by Dr. Wilson are being planned. He said that Health + Hospitals were using the Community Resource Exchange (CRE) firm and NY Immigration Coalition to participate in these meetings and outreach work.

Dr. Wilson said that the Blue Ribbon Commission meetings had concluded and they will provide their views and advice within next six weeks.

Dr. Boufford, member of the Blue Ribbon Commission, addressed the members saying that they were contracted to provide advice. Commission is working closely with the leadership of NYC Health + Hospitals. The progress that NYC Health + Hospitals has been making is well recognized and seen as a strong platform for the transformation going forward.

Dr. Wilson said that Health + Hospitals was looking at different delivery models, based on examples from across the nation:

- Regional Community Acute Care Campuses: full service emergency and acute care, broader diversity of specialty services, and referral centers.

- Community Access Campuses: emergency services with modest inpatient footprint (plus strong referral relationships) and sophisticated outpatient services including clinics, procedures and outpatient specialty programs. Beth Israel would be an example of Community Access Campus.
- Health & Wellness Ambulatory Campuses: multi-disciplinary outpatient medical centers with significant ambulatory care services and extended-hour access (Possibly 24-7). Some examples of Health & Wellness Campus Models were shared with the members.
- Community Clinics and Access Points: integrated behavioral/physical health care, enhanced primary care, and sometimes urgent care.

In conclusion, Dr. Wilson stated that public systems across the U.S. are investing in ambulatory, urgent care and behavioral health. The NYC Health + Hospitals needs a range of services. It was imperative to expand our outpatient services and reduce the inpatient footprint.

Dr. Ramanathan Raju, President and CEO addressed the members saying that this was something Health + Hospitals needed to do as the model of care is changing very fast. Couple of things we need to be aware of is that the transformation will not occur in the Boardroom; it needs to occur at the frontline. Frontline workers need to understand the reason for transformation, what their role in it is, and how they can work towards a particular goal. They need to be inspired by it, be assimilated and comfortable. This is the job for our leadership. Secondly, we need to let the frontline people know how the reform structure will look like and be very clear on how they will fit into this structure. The third point is that this is a five-year plan and things will change within and outside of the organization. There are uncertainties as we depend on governmental support and changes may occur within the government. We have to be flexible to be able to make changes as needed. Success of this mission depends on our frontline workers.

NYC Health + Hospitals' System Scorecard FY'16 Third Quarter Report  
 Antonio Martin, Executive Vice President and Chief Operating Officer

SYSTEM SCORECARD 2016 Q3

	LEAD	TARGET Q3	ACTUAL Q3	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020	
<b>Anticipate &amp; meet patient needs</b>									
1	Out-patient satisfaction (overall mean)	COO	85%	79%	-7%	Y	78%	78%	93%
2	In-patient satisfaction (rate-the-hospital top box score)	COO	65%	61%	-6%	R	62%	62%	80%
<b>Engage our workforce where each of us is supported &amp; personally accountable</b>									
3	Staff completing leadership programs	COO	504	627	+24%	G	521	462	1,200
4	Employee engagement (5 point scale)	COO	4.1	3.6	-13%	Y	3.6	4	4.1
<b>Provide high quality safe care in a culturally sensitive, coordinated way</b>									
5	Hospital-acquired infections (CLABSI SIR)	CMO	0.90	0.79	-12%	G	0.79	0.85	0.50
6	DSRIP on track	OneCity CEO	90%	98%	+9%	G	98%	100%	90%
<b>Expand access to serve more patients (market share)</b>									
7	Access to appts (new adult patient TNAA days)	CMO	14	22	+54%	Y	23	21	14
8	Unique patients (thousand)	COO	1,218	1,153	-5%	R	1,171	1,168	2,000
9	MetroPlus members (thousand)	M+ CEO	510	505	-1%	Y	501	472	675
10	Patient revenue (proportion of expense)	COO	63%	56%	-11%	Y	56%	56%	70%
<b>Increase efficiency by investing in technology &amp; capital (organizational reform)</b>									
11	EMR budget variance	CIO	0%	0%	0%	G	0%	0%	0%
12	EMR implementation on track (milestones)	CIO	100%	90%	-10%	Y	90%	90%	100%
13	Contractors performance at service level	COO	100%	94%	-6%	Y	92%	91%	100%
14	FEMA projects on track	COO	100%	96%	-4%	Y	91%	100%	100%

Note: Calendar year.

CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period)

Indicators 4,5 & 10 reflect Q2. Q3 not yet available

G on target  
 Y trending toward target  
 R off target

GLOSSARY

<b>Anticipate &amp; meet patient needs</b>		
1	Out-patient satisfaction (overall mean)	Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date
2	In-patient satisfaction (rate-the-hospital top box score)	% in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date
<b>Engage our workforce where each of us is supported &amp; personally accountable</b>		
3	Staff completing leadership programs	Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible
4	Employee engagement (5 point scale)	Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average
<b>Provide high quality safe care in a culturally sensitive, coordinated way</b>		
5	Hospital-acquired infections (CLABSI SIR)	Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data not finalized for 5 months after the reporting period; considered to be most accurate after CMS reporting deadline for the quarter
6	DSRIP on track	Total PPS \$ awarded / total potential (up to \$1.2 B over five years); cumulative since April 2015; reported Jan & Jul
<b>Expand access to serve more patients (market share)</b>		
7	Access to appts (new adult patient TNAA days)	Average days to third next available appointment for new adult patients (primary care only)
8	Unique patients (thousand)	12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulative
9	MetroPlus members (thousand)	Active MetroPlus members across all categories at the end of the quarter
10	Patient revenue (proportion of expense)	Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD)
<b>Increase efficiency by investing in technology &amp; capital (organizational reform)</b>		
11	EMR budget variance	EMR implementation over or under budget
12	EMR implementation on track (milestones)	Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live
13	Contractors performance at service level	% of contracts with satisfactory reviews (total number of reviews scored satisfactory or outstanding / total number of reviews at each facility).
14	FEMA projects on track	% milestones from monthly FEMA Program Dashboard on track (green or yellow)

G on target  
 Y trending toward target  
 R off target



Mr. Martin addressed the members and explained that the “Inpatient satisfaction” scores show some improvements. Kings County and Harlem hospitals were recognized for their accomplishments. At Kings County, the results are visible on every floor. The Nursing and Physician staff review their scores and discuss plans for further improvements. At the last Leadership meeting, two of our more successful hospitals, Harlem and Jacobi, presented their accomplishments on overall patient satisfaction and staff engagement. They shared their ways of connecting with the staff and improving patient experience. The sharing of best practices is very important. Another area in Red is “Unique Patients”: this is consistent with the decline that we have seen in our visits and discharges occurring across our facilities. It also relates to staff engagement and patient experience. This is a challenge for us.

He also mentioned the “FEMA projects”: We have always been in 100% but we came up with a new solution. It relates to Bellevue Hospital: Instead of the installment of outside elevators (if there is a flood, these elevators can run outside), we came up with another solution. The inside elevators can be revamped so that they do not go down all the way to the basement. This solution is significantly cheaper. The decision to adopt this solution was made late and this is why it is in Yellow. He further concluded that the largest challenges are the improvement of staff engagement, patient experience and the change of culture. It is definitely work in progress.

Mr. Martin provided an explanation on “Access to Appointments”: This is to make sure that our patients have access to clinics on a timely basis. The “Third Next Available Appointment” for adult patients target is 14 days. Currently, it is at 16 days for adults and 5-6 days for pediatric patients.

Mr. Bussey addressed the members saying that the ability to meet deliverables will depend on our ability to increase the number of providers and repositioning of providers across the system.

Mr. Campbell made a recommendation, he said that the Hospitals that show better performance should present to the Board at future meetings to share their stories.

Dr. Wilson noted that patient experience greatly depended on staff engagement. The Scorecard Targets for 2020 are a national median; and just to get to national median, we have a lot of work to do. This is a very heavy lift but it is absolutely essential.

## ADJOURNMENT

There being no further business, the meeting was adjourned.

# Strategic Planning Committee

## Transformation Update

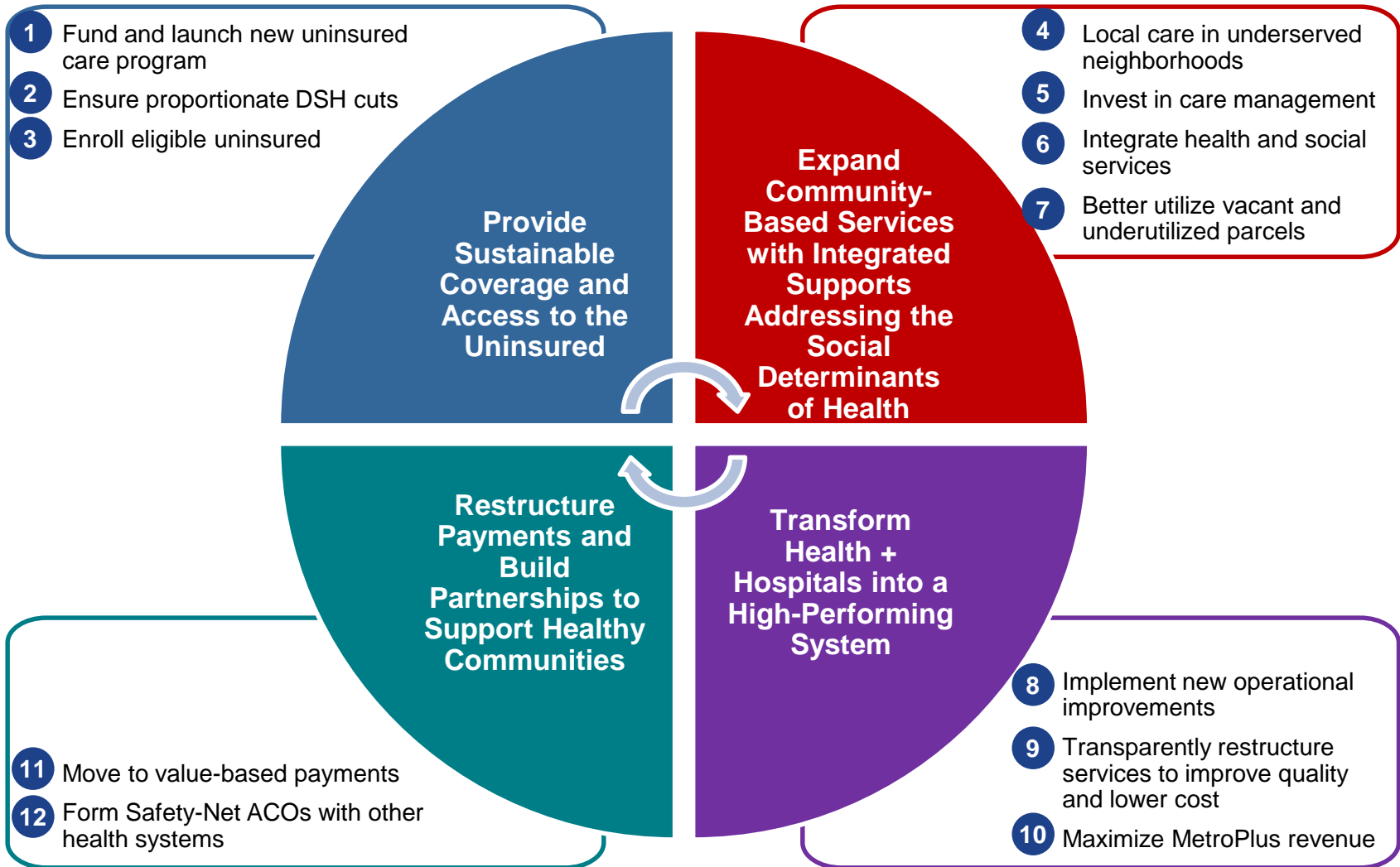
Andrea Cohen  
Vice President, Office of Transformation

January 23, 2017

## Overview

- **Transformation Update**
  - Accomplishments in Amb Care
  - Engaging Communities in Transformation
  - Enrollment Initiatives
  - Other Updates
  
- **Possible Implications of Congressional and Executive Actions on Health + Hospitals**

# OneNY report laid out twelve strategies to achieve transformation goals



# Ambulatory Care Accomplishments

January 23, 2017



# Amb Care: Recent Accomplishments & Priorities (1 of 2)

## Recent Accomplishments

## Upcoming priorities

### Workforce

- Developing standardized model of clinical and administrative staffing, including staff ratios, responsibilities, and skillsets

- Launch professional development and recognition programs

### Access

- Developing standardized design of provider schedules and templates, with rollout beginning in Gotham sites
- 24-hour multi-site scheduling call center launched in two boroughs (Brooklyn, Bronx), with Manhattan and Queens completing in the next 1-2 months.

- Create 24-hour access to nurse triage
- Establish urgent care centers where indicated, based on needs assessment
- Launch text-based reminders and online requests

### Quality

- Developed standard processes to improve in-clinic flow and patient experience; with rollout beginning in Gotham sites.
- Gotham sites (esp. Morrisania & Gouv.) now lead the System in primary care visit cycle time, patient experience scores, and hypertension control

- Launch tele-psychiatry services at sites that lack BH services today
- Engineer seamless handoffs from the ED, or to specialists, SNF, and homecare
- Launch a phone outreach team to patients based on quality indicators

## Amb Care: Recent Accomplishments & Priorities (2 of 2)

	Recent Accomplishments	Upcoming priorities
<b>Patient growth</b>	<ul style="list-style-type: none"> <li>➤ Launching Gold Care program with MetroPlus for 3,000 day workers</li> <li>➤ Launched correctional health linkage to outpatient appointments</li> </ul>	<ul style="list-style-type: none"> <li>➤ Support MetroPlus' implementation of "smart auto-assign" of primary care providers</li> </ul>
<b>Meeting community needs</b>	<ul style="list-style-type: none"> <li>➤ Developed a clinical services strategy, including analysis of physical footprint required to meet patient needs</li> <li>➤ Unified school-based health services under the service line</li> </ul>	<ul style="list-style-type: none"> <li>➤ Develop roadmap to create ambulatory care "medical villages" and Centers of Excellence that respond to the most prevalent chronic conditions</li> </ul>
<b>Funding sources</b>	<ul style="list-style-type: none"> <li>➤ Gouverneur, Belvis, Morrissania and Cumberland first sites to renew PCMH L3</li> <li>➤ Secured grants for Cumberland FQHC and Suboxone treatment</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complete PCMH level 3 recognition for rest of outpatient sites</li> <li>➤ Take advantage of 340B and wrap rate payments</li> <li>➤ Secure funding for capital improvements</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>➤ Data-driven performance: Launched Ambulatory Care scorecard and Gotham real-time productivity dashboard</li> <li>➤ Engaging staff: Completed transformation town halls for all staff across Gotham</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reinforce culture through staff recognition and performance appraisal</li> </ul>

# Engaging Communities in Transformation





## Community Meetings, November – December, 2016

- **9 Health + Hospitals community forums were held across 5 boroughs**
  - Facilitated by Community Resource Exchange
  - Brooklyn (Coney Island, Crown Heights) Queens (Elmhurst, Jamaica) Manhattan (Lower East Side, Harlem) Bronx (North and South) Staten Island
- **3 discussion groups with Community-Based Organizations**
  - Facilitated by New York Immigration Coalition
- **Approximately 300 participants in total**
- **Format for the Forums:**
  - Presentation from NYC Health + Hospitals on trends in healthcare and the imperatives of Transformation
  - Small group discussion and report back
  - Surveys distributed and returned

# Community Consultations: Summary of Findings

- **Communities want**
  - Increased outreach, health education, and marketing in the community
  - Improved access to services
  - Better customer service and coordination within Health + Hospitals
  - More emphasis on language access and cultural competency
- **Many Issues Raised Align with Transformation Goals and Initiatives**
  - Reduced reliance on emergency rooms for care
  - Better ambulatory – and preventive – care
  - A more holistic approach to care that addresses social determinants of health
- **Analysis of Survey Results Underway**

# Community Engagement Next Steps

- **Disseminate findings from Community Engagement Consultations throughout Health + Hospitals**
- **Follow Up Sessions with CRE and Health + Hospitals**
  - Public Affairs Staff
  - Community Advisory Boards
- **Begin Phase 2 of Engagement in response to what we learned**

**Section 1: Please tell us about yourself.**

1. **Zip Code** \_\_\_\_\_
2. **Age** Check  one
  - 25 or younger       26-35
  - 36-45                 46-55
  - 56-65                 65 or older
3. **Gender identity** Check  all that apply
  - Female                 Male                 Gender queer/Gender Nonconforming
  - Prefer not to say     Other \_\_\_\_\_

Do you identify as transgender?

  - Yes     No
4. **Race** Check  all that apply
  - Hispanic/Latino       Black/African American
  - White                  American Indian or Alaska Native
  - Asian                  Native Hawaiian or Other Pacific Islander
5. **Insurance** Check  one
  - No insurance       MetroPlus             Medicaid             Other \_\_\_\_\_
  - Private insurance    Essential Plan       Do not know

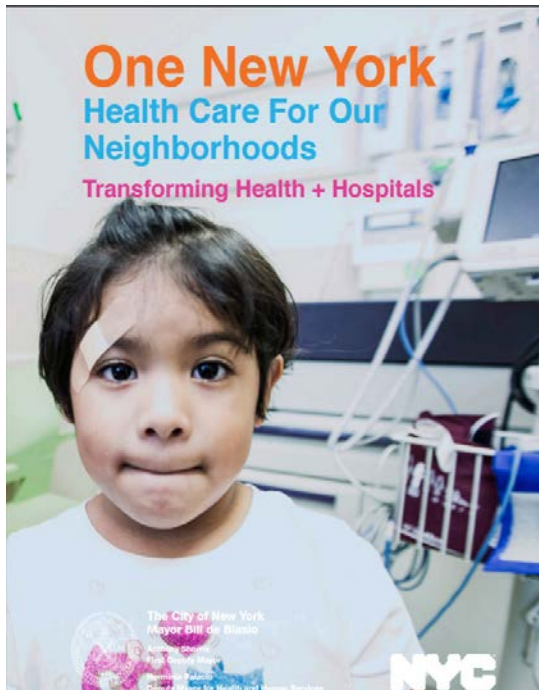
**Section 2: Please share your point of view.**

1. What do you think of when you think about NYC Health + Hospitals?  
 Check  all that apply
  - Primary Care       Hospitals             Emergency Rooms
  - Preventive Care     Nursing Homes       Home Health Care
2. Have you or a family member received any kind of service from NYC Health + Hospitals in the past year? For example, from a clinic, a doctor, a hospital, a social worker, an emergency room or a nursing home or care manager who is part of Health + Hospitals?
  - Yes                     No

# Update on Enrollment Initiatives

*“Health + Hospitals will enhance current outreach and enrollment activities at their facilities to educate patients about their options and enroll them... Enrolling 40 percent of Health + Hospitals’ uninsured patients will result in an additional \$40 million in revenue per year by FY20 ”*

**- One New York Health Care For Our Neighborhoods: Transforming Health + Hospitals**  
April 2016



# Enrollment Initiatives

- **Enhanced enrollment assistance expected to contribute to Transformation financial targets while helping patients**
- **Within Health + Hospitals, work has focused on**
  - Initiatives to improve enrollment processes across 17 facilities
  - Pilots at 3 facilities to coordinate enrollment assistance more closely with MetroPlus, with more facilities to follow
  - FY17 target to enroll 53,000 patients, an increase of 20,000 over FY16. On track as of 12/31/16, with 26,000 patients enrolled.
- **Health + Hospitals coordinating with City Hall's major health insurance outreach effort**

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# System Scorecard

Andrea Cohen  
Vice President, Office of Transformation

Strategic Planning Committee  
January 23, 2017



# SYSTEM SCORECARD CY 2016, Q4

	LEAD	TARGET Q4	ACTUAL Q4	VARIANCE TO TARGET		PRIOR QUARTER	PRIOR YEAR	TARGET 2020	
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5	Hospital-acquired infections (CLABSI SIR)	CMO	0.90	0.77	-15%	G	0.82	0.86	0.50
6	DSRIP on track	OneCity CEO	90%	TBD	0%		98%	100%	90%
<b>Expand access to serve more patients (market share)</b>									
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14	FEMA projects on track	COO	100%	77%	-23%	R	96%	92%	100%
		LEAD	TARGET	ACTUAL	VARIANCE		PRIOR QUARTER	PRIOR YEAR	TARGET 2020

**Note: Calendar year.**

CLABSI data continually subject to change but considered to be most accurate after the CMS reporting deadline for the quarter (5 months after the close of the reporting period)

Indicator 4 reflects Q2 (No new survey results). Indicators 1,2 10 and 13 reflect Q3, Q4 not yet available.

Indicator 6, Q4 data not yet available

**G** on target  
**Y** trending toward target  
**R** off target

# GLOSSARY

## Anticipate & meet patient needs

- |   |   |  |
|---|---|--|
| 1 | Out-patient satisfaction (overall mean)                   | Roll-up average of all outpatient scores from each outpatient survey (random sample); by visit date. Based on data received as of 10.19.2016. QTD totals and subject to update |
| 2 | In-patient satisfaction (rate-the-hospital top box score) | % in-patients surveyed who rank hospital 9 or 10 out of 10 (random sample); by discharge date. Based on data received as of 10.19.2016. QTD totals and subject to update       |

## Engage our workforce where each of us is supported & personally accountable

- |   |                                      |   |
|---|--------------------------------------|---|
| 3 | Staff completing leadership programs | Cumulative YTD employees completing supervisor, manager, leadership, and fellowship training; ~5,000 employees are eligible           |
| 4 | Employee engagement (5 point scale)  | Survey of employees "I would recommend this organization as a good place to work"; actual Q2 2016; target national safety net average |

## Provide high quality safe care in a culturally sensitive, coordinated way

- |   |   |   |
|---|---|---|
| 5 | Hospital-acquired infections (CLABSI SIR) | Observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data finalized 5 months after the reporting; most accurate after CMS reporting deadline for the |
| 6 | DSRIP on track                            | Total PPS \$ awarded / total potential (up to \$1.2 B over five years); cumulative since April 2015; reported Jan & Jul. Projected percentage and subject to update                               |

## Expand access to serve more patients (market share)

- |    |   |  |
|----|---|--|
| 7  | Access to appts (new adult patient TNAA days) | Average days to third next available appointment for new adult patients (primary care only).   |
| 8  | Unique patients (thousand)                    | 12-month cumulative of unique patients across entire system (not double counting patients who visit multiple sites); high estimate; actuals = 3 month cumulate |
| 9  | MetroPlus members (thousand)                  | Active MetroPlus members across all categories at the end of the quarter   |
| 10 | Patient revenue (proportion of expense)       | Patient-generated revenue / operating expense excluding City payments (cash receipts & disbursements YTD)  |

## Increase efficiency by investing in technology & capital (organizational reform)

- |    |  |  |
|----|--|--|
| 11 | EMR budget variance                      | EMR implementation over or under budget  |
| 12 | EMR implementation on track (milestones) | Estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live                          |
| 13 | Contractors performance at service level | % of contracts with satisfactory reviews (total number of reviews scored satisfactory or outstanding / total number of reviews at each facility) for top 10 contracts by spend |
| 14 | FEMA projects on track                   | % milestones from monthly FEMA Program Dashboard on track (green or yellow)  |

- G on target
- Y trending toward target
- R off target