

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Date: April 4th, 2017
Time: 4:00 PM
Location: 125 Worth Street, Rm. 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

January 23, 2017

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

MS. MENDEZ

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

1) Lab Transformation Update

MS. FORD

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Meeting Date: January 23, 2017

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Gordon Campbell, Acting Chair of the Board
Stanley Brezenoff, Interim President
Josephine Bolus, RN
Barbara Lowe, RN

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Paul Albertson, Senior Vice President, Operation
Machelle Allen, MD, Interim Chief Medical Officer, Office of Health Care Improvement
Monefa Anderson, Senior Director, Office of Patient Centered Care
Charles Barron, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Eytan, Behiri, MD, Chief Medical Information Officer
Angelo Belfiore, Assistant Director, Office of Emergency Management
Jennifer Bender, Assistant Director, Communication and Marketing
Alice Berkowitz, Assistant Director, Finance
Suzanne Blundi, Deputy Counsel, Legal Affairs
Steven Bussey, Chief for Ambulatory Care
Victor Cohen, Assistant Vice President, Pharmacy
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Richard Gannotta, Senior Vice President
Lora Giacomoni, Assistant Vice President, Quality
Terry Hamilton, Assistant Vice President, HIV Services
Colicia Hercules, Chief of Staff to the Board Chair
Bridgette Ingraham-Roberts, Assistant Vice President, Intergovernmental Relations
Barbara Keller, Deputy Counsel, Legal Affairs
David Larish, Director, Supply Chain Services
Ana Marengo, Senior Vice President, Communication and Marketing
John Maese, Office of Healthcare Improvement
Ivellesse Mendez-Justiniano, Assistant Vice President, Workforce Development
Kim Mendez, Deputy Executive Director, Nursing Administration
Patricia Lockhart, Secretary to the Corporation
Maureen McClusky, Senior Vice President, Post Acute/Ling Term Care
Ann Ormsby, Senior Director, Communication and Marketing
Margaret Ramirez, Communication and marketing
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Maritza Salamone-Gleason, Assistant Vice President, Enterprise Information Technology System
Jesse Singer, Senior Director, Medical and Professional Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Yvette Villanueva, Senior Assistant Vice President, Human Resources
Kathleen Whyte, Senior Director, Intergovernmental Relations
Ross Wilson, MD, Senior Vice President/Chief Transformation Officer, Office of Transformation

FACILITY STAFF:

Terence Brady, Interim Chief Medical Officer, Coney Island Hospital
Anthony Rajkumar, Chief Executive Officer, Coney Island Hospital
Joan Gabrielle, Queens Hospital Center
Noreen Brennon, Deputy Director, Metropolitan Hospital
Khoi Luong, Chief Medical Officer, Coler Memorial Hospital
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Justine DeGeorge, Office of State Comptroller
Raymond R. Santander, DC37

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE
Monday, January 23, 2017**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the October 11 and Jun 9, 2016 Medical & Professional Affairs Committee meeting were adopted

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, Interim Chief Medical Officer, reported on the following initiatives.

Delivery System Reform Incentive Payment (DSRIP) Program

To enhance clinical project implementation in the fourth quarter of DSRIP Year 2, OneCity Health has launched a variety of new educational seminars and trainings to ensure that NYC Health + Hospitals and community partner staff are able to further implement primary care, care management and behavioral health initiatives.

Performance to Date

January kicked off the final quarter of DSRIP Year 2 (April 1, 2016 – March 31, 2017). To date, OneCity Health has earned 99 percent of potential performance payments totaling \$185M.

Clinical Project Implementation

In December, OneCity Health launched trainings for Care Management staff, beginning with NYC Health + Hospitals/Home Care and community partners, including Village Care, Arch Care and Community Healthcare Network, focused on documenting care plans and motivational interviewing, which will improve team communication and help patients with prevention and self-management of chronic diseases. These trainings are essential for programs that seek to extend care management services equivalent to the New York State Health Home program. OneCity Health expects to have trained over 30 care coordinators by the end of January.

OneCity Health has trained over 160 NYC Health + Hospital and community partner staff to utilize care coordination and care management software solutions, to help with coordination and integration of patient care. These initial training efforts in this software have focused on community health workers and primary care staff implementing clinical asthma efforts, Health Home At-Risk care coordinators and Transition Management Teams, who are providing 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County.

To help reduce the effects of asthma on children and their families, OneCity Health began Physician Asthma Care Education (PACE) trainings for physicians at NYC Health + Hospitals/Woodhull, East New York and Cumberland, as well as SUNY Downstate Medical Center, in December. This educational seminar improves physician awareness, ability, and the use of communication and therapeutic techniques for patients with asthma. To date, approximately 200 pediatric clinical staff have been trained. One City Health partner I199SEIU Training and Employment Funds has helped facilitate trainings.

For community partners whom OneCity Health is helping to achieve Patient Centered Medical Home (PCMH) recognition as well as additional primary care partners, OneCity Health will soon host a second learning collaborative which will introduce key concepts in population health management. Nearly 40 community partners attend the first learning collaborative in late 2016.

NYC Health + Hospitals/Cumberland, Elmhurst, Kings County, Bellevue, and Lincoln, as well as five community partner pilot sites continue their work implementing co-located services for primary care and behavioral health. OneCity Health recently presented regulatory and licensure options available to further their efforts. In addition, for community partners interested in integrating primary care and behavioral health through the IMPACT model, OneCity Health introduced the Mental Health Service Corps program to them, in coordination with the New York City Department of Health.

Behavioral Health

The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health and Population Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.

Maternal Depression Screening: Currently as part of NYC Thrive, 4 sites have formal screening protocols for maternal depression. Screening rates for the 4 sites for December are: prenatal and postpartum 100%; rate of positive screen for prenatal is 10.6% and postpartum is 5.6%; Referral rate for more extended evaluation and possible treatment for both prenatal and postpartum is 100%. The Office of Behavioral Health is currently meeting with 4 additional sites (Bellevue, Metropolitan, Harlem, and Lincoln) to formally establish the same standard maternal depression screening by the end of January 2017.

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services. At the monthly Director's Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury. There continues to be a gradual downward trend in the number of assaults on staff in Behavioral Health.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – opened to clinical services in December. The Manhattan site is scheduled to open in January.

Office of Behavioral Health continues to move forward on substance use disorder services. We are collaborating with DOHMH on four areas: Judicious prescribing practices in emergency departments, increasing access to buprenorphine in primary care and emergency departments, increased distribution of naloxone kits to reduce fatal overdose, and establishment of addiction consultation team. The focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

Pharmacy

The Office of Pharmacy Services, in collaboration with the Office of Behavioral Health, is developing and implementing a process for a hospital pharmacy initiated screening, distribution and counseling of Naloxone kits to eligible by patients. This collaboration is targeted to reduce the morbidity and mortality associated with the current national opioid epidemic.

The system's Pharmacy and Therapeutics Formulary Committee formulary standardization project continues to progress toward a one system formulary. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC equating to 1700 of 4000 medications line items, a determination of common purchasing and dispensing practices has resulted in 1200 of 3900 medication line item standardized across the 11 acute care facilities. Of note, the average large medical center has a no less than 3500 medication line items. Other standardization implementations:

- adult code tray content for Queens, Elmhurst and Coney Island Hospital
- completed review of the following drug classes for standardization: Radio-contrast; HIV medications; Amphotericin B, lipid formulation; Fosfomycin, Ophthalmological medications.
- Epic adult admixture build standardization for Coney Island Hospital
- Standardization of titration parameters to meet TJC compliance and improve patient care and safety for Queens, Elmhurst and Coney Island Hospital
- Standardization of IV push policies to assist with the Epic workflow and nursing pharmacy operational coordination.

Supply chain data cost savings, within the first six months of FY17, associated with the formulary standardization project has been reported to be 4,083,080 million dollars on changes made to the less expensive product. To assure actual cost savings, periodic tracking of purchases will be conducted to insure avoidance of adding more expensive medications to the formulary.

In collaboration with the Epic Go Team, the Office of Pharmacy Services is in the process of staffing support for the Coney Island Hospital Cutover date that will take place on February 24 - 25. Fifteen pharmacists from across the system will be deployed to CIH to assist the CIH Pharmacy department in conducting primary verification of all the orders transcribed during the 24 hour period of cut over. In addition, CIH preparation for Go Live includes:

- Epic order set review
- Alignment of automation with CareFusion (Pyxis)
- Coordination of resources and relationships between CIH and the Epic Willow team to ensure build validation is performed by the end users
- Site and enterprise review of inpatient and Beacon order sets for CIH
- Critical Care and ASAP (emergence department) medication standardization for the Epic build

Achieving compliance with the new USP 797 and 800 standards for clean rooms is a longitudinal effort. To achieve these standards, to Office of Pharmacy Services, in collaboration with supply chain, has employed the enterprise solution "Simplify 797" for a central monitor quality compliance capability - which is now functioning at all facilities. This software application actively establishes updated policies and procedures, continuing education and quality management reports which are monitored centrally and implemented locally. The "Simplify 797" software system has supported the Joint Commission Survey at Elmhurst Hospital as quality reports were easily obtained and generated. The December 2016 overall quality compliance scores for the system facilities which have an IV admixture unit are as follows:

Environmental Score - 99%

Processing Score - 89%

Competency Summary - no competencies were scheduled for this month.

OHS

The Office of Occupational Health Services is collaborating with Human Resources on improving the overall employee experience. All OHS departments have been in-serviced by Raven Carter and they have just begun to collect Press Ganey data from new hires. Goals include reduction of on boarding time for the new employee and tracking of performance via dashboard indicators. Current focus is on-boarding both Epic and OneCity Health staff.

MSO

Credentialing and Privileging

The following work is being standardized system wide:

- Delineation of Privileges
- Managed Care and Medical Staff Office Credentialing standards
- Process and procedure of Temporary, Emergency and Disaster privileging
- Correctional Health Services credentialing and privileging process
- Categories of Physicians

In collaboration with the IT department, the Intellicred electronic Credentialing and Privileging systems was updated in the development environment to the latest version of Intellicred 15.2. It will be migrated to the production environment in the 1st Quarter 2017. The "Intellicred Classroom" is being utilized to identify and train the facility

medical staff office (MSO) personnel who need more or different training in order to fully operationalize the new system. The Cactus Credentialing data base was retired in 2016.

DOJ Ends Oversight of Kings County Hospital Psychiatric Ward

A judge for the Eastern District of New York decided this week that conditions have improved sufficiently in the behavioral health program at NYC Health + Hospitals/Kings County for the U.S. Department of Justice to end its court-ordered oversight of the facility. "In many respects, the behavioral health service has surpassed the requirements of the consent judgment and become a model acute care psychiatric facility," U.S. Attorney Robert Capers wrote in a letter to the court, prior to the judge's ruling.

CHIEF NURSE EXECUTIVE REPORT

Kim Mendez, Interim Chief Nurse Officer, reported on the following initiatives.

Nursing Leadership Transition

The close of 2016 was bitter sweet as NYC Health + Hospitals said a fond farewell to Lauren Johnston, System CNO. Lauren took the helm in 2010 and has maintained a visible presence and strong voice for our patients and the nursing profession. She has been a key leader and architect in establishing a firm foundation and outlining next steps in transforming NYC H + H into a fully integrated healthcare system. Key strategies for the future will include standardization, cross-continuum alignment, and organizational flexibility and shared governance. Lauren leaves a legacy of caring, advocacy and excellence.

NYC H + H has kicked off a national search for a new System CNO. On January 1, 2017, Kim Mendez, Bellevue CNO, will take the Interim System CNO role to ensure a smooth transition and forward momentum of system transformation strategies.

Nursing Vision

Thank you for the opportunity to share the work being done by Nursing at NYC Health + Hospitals. This first report will include some recent achievements and a brief overview of the vision for the future for our largest and arguably most vital workforce. Like Health + Hospitals, nursing is undergoing a comprehensive transformation. As part of this process, reporting structures have been redesigned to establish more seamless workflows, better allocate resources and increase accountability. Under this new structure, nursing has become a freestanding division. As a result, the System Chief Nurse Executive (SCNE) now reports directly to the President and Chief Executive Officer (CEO) of the System. Additionally, facility based Chief Nursing Officers (CNO) have matrixed reporting responsibilities to the System CNE as well as the site CEO.

As NYC Health + Hospitals continues to evolve in response to changes in the healthcare industry, defining a clear vision for the future of nursing throughout the organization is critical. As such, the SCNE, in collaboration with the facility CNO's, has developed a set of goals intended to improve staffing, strengthen leadership, and provide higher quality patient care. These goals can be achieved through strategically coordinated efforts to standardize nursing practices and processes across the system. It is our goal that we achieve high reliability with all staff prepared to work at the top of their license within their specialty at any of our facilities and that patients receive the same consistent, high quality care no matter which site they touch.

One key staffing objective is the provision of clinically competent and engaged nursing workforce at every point of care. Initiatives in process include the creation of standardized job descriptions for leadership and the development of performance review metrics that better align with role responsibilities and efficient deployment of staff. NASH Analytics has been successfully implemented at all of our acute and post-acute care facilities. This analytical tool is now being used

to provide our organization with detailed data regarding current and predicted staffing needs to more effectively position clinical personnel within the system.

The development of strong nursing leadership with deep bench strength is also a focal point of this plan. Resources have been dedicated to improving the efficacy of nurse leaders through leadership development, the establishment of a CNO Council Nursing Charter, a system wide philosophy of nursing taken from Relationship-Based Care and the creation of Nursing Sensitive Indicators dashboard.

Recent Achievements

NYC Health + Hospitals is transforming itself in preparation for the future. However, during this time of transition, it is also important to highlight how the system is currently making a positive impact on the lives of patients and contributing to the overall advancement of the nursing profession.

General Accomplishments

- In July of 2016, NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Jacobi became the 5th and 6th facilities in the organization to receive the “Baby Friendly” designation by Baby-Friendly USA. This accolade denotes that both sites have achieved the highest level of care for infant feeding, in particular for breast feeding and mother/baby bonding. These two facilities join NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Queens, NYC Health + Hospitals/Lincoln, and NYC Health + Hospitals/North Central Bronx whom have all previously received this designation.
- All hospitals have officially achieved NICHE (Nurses Improving Care for Health system Elders) designation. This designation exemplifies our dedication to providing high quality care to elderly patients throughout our health system. We are now developing nursing expertise throughout the system in the care of elders in the Ambulatory setting through a grant from the Hartford Foundation called NIPCOA (Nurses Improving Primary Care for Older Adults).
- On October 6th, all acute care facilities participated in the system’s first annual Organ Donor Enrollment Day. The event provided staff and patients with educational information regarding organ donation in an attempt to motivate them to become organ and/or tissue donors. The event was successful and preliminary data indicates that over 200 individuals registered as organ and/or tissue donors.
- All facilities are participating in the Institute for Patient & Family Centered Care “Better Together” initiative. This program moves family members from the paradigm of visitors to active and engaged care partners, through culture change and policy revisions.
- NYC Health + Hospitals/Kings County has developed a Skin Care Champions program designed to reduce healthcare associated infections within the hospital. The course has already provided specialized training to approximately 100 nurses. The facility has also implemented a nurse driven shared governance structure in nearly every inpatient medical unit and ambulatory care department throughout the hospital.
- In October 2016, Home Care launched a collaborative Maternal Child Health Initiative with Kings County Hospital called “The Synagis Program.” Children who are considered high risk to develop the Respiratory Syncytial Virus, (RSV), are young children and high risk babies. According to multiple sources, RSV is the number one reason for babies with prematurity to be readmitted to the hospital. This program will evolve into a fully integrated Maternal Health Home Care Program by January of 2017. This effort builds on the strong clinical relationships between the Home Care Agency and Hospital to work together to continually improve outcomes for the community we serve.
- Finally, the Fifth annual Nursing Excellence Awards event was held in October. Six nurses from across the system were honored in the following categories:

- o Clinical Nursing-Inpatient – Norma Moreira – Health + Hospitals/Seaview
- o Management – Deepa Vinoo - Health + Hospitals/Coler
- o Education and Mentorship – Rosetta Apisiga - Health + Hospitals/Woodhull
- o Advancing and Leading the Profession – Dana Deravin - Health + Hospitals/Jacobi
- o Home, Community or Ambulatory Care – Stephanie Donohue - Health + Hospitals/Metropolitan
- o Volunteerism and Service – Heidi Batomalaque - Health + Hospitals/Carter

In addition, the Jonas Center for Nursing and Veterans Healthcare was honored as the 2016 Nursing Champion. We anticipate working closely with this benefactor in the future on projects that will support the education development of our nursing staff.

Publications/Presentations

BELLEVUE

- November 2016 – Bellevue Nursing Team (Ambulatory Care) was accepted for poster presentation on “Mobile Insulin Titration Intervention (MITI) – Diabetes Nurse Educator Lead Program” at Maimonides Medical Center Fourth Annual Nursing Research Conference.
- June 2016 – Bellevue Nursing Team (Nursing Quality) was accepted for and presented “Bellevue Nursing Purposeful Rounding” at poster presentation at America’s Essential Hospitals VITAL 2016 Conference.
- May 2016 – Bellevue Nursing Team (Medicine) was accepted for and presented “Journey to NICHE –Using Lean Methodology” at poster presentation session at Teachers College, Columbia University annual Nursing Research Day.

JACOBI

- Neonatal Fall Prevention Program Poster presentation at Patient Safety Expo
- In-Situ Simulation Committee: 2 presentations submitted to Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
- Safe sleep Collaborative Power Point presentation to NYSDOH
- Safety Huddle abstract was presented at the Maimonides Medical Center Fourth Annual Nursing Research Conference on Nov. 7, 2016

KINGS

- “Transforming Lives through Education in the Diabetes Resource Center” by Suzette Williams, MSN, FNP-BC, CDE; published in Urban Medicine: Journal of Quality Improvement in Healthcare & Patient Safety, Vol 2 No.1. Suzette Williams is the Director of the Diabetes Resource Center at Kings County.
- The nurses in Behavioral Health won second place for their poster presentation at the NYS Office of Mental Health Chief Nursing Officers 39th Educational Conference. The topic of their poster was Primary Care Nursing in the Behavioral Health Care Setting.

CARTER

- April 2016: A poster “The 6 Mile Journey.....Protecting the Skin of 228 Patients and Residents during Relocation to a New Facility” was presented under Best Practices during the New York Organization of Nurse Executives and Leadership (NYONEL) Conference in Tarry Town, New York. It had previously been presented to the WOCN (Wound, Ostomy and Continence Nursing) Society’s 47th Annual Conference in San Antonio, Texas.

COLER

- Memory care work abstract has been chosen for a poster presentation at Maimonides Medical Center’s Fourth Annual Nursing Research Conference on November 7th, 2016 at Brooklyn Academy of Music.
- Memory care program work was presented at the Downstate Recreation Conference held in November 15 in White Plains, NY.
- Memory care work has also been accepted to present at AMDA – The Society for Post-Acute and Long-Term Care Medicine Annual Conference 2017 at the Phoenix Convention Center in Phoenix, AZ

Again, thank you for this opportunity to share some of our successes to date – we look forward to continuing on this journey to excellence.

**MetroPlus Health Plan, Inc.
Report to the
H+H Medical and Professional Affairs Committee
January 23, 2017**

Total plan enrollment as of December 1, 2016 was 502,399. Breakdown of plan enrollment by line of business is as follows:

Medicaid	376,579
Child Health Plus	14,676
MetroPlus Gold	6,093
Partnership in Care (HIV/SNP)	4,355
Medicare	8,484
MLTC	1,391
QHP	17,211
SHOP	1,023
FIDA	167
HARP	8,449
Essential Plan	62,265
GoldCare I	841
GoldCare II	865

The New York State Department of Health (SDOH) recently released all of the plans quality metrics. As you can see on the attached Quality Incentive summary, MetroPlus was the plan with the most quality measures surpassing the 90th percentile. These are great results as compared to other plans in our region. The actual plan incentive dollars however, will also include measures that have challenged us including member satisfaction results, especially the access indicators, and the PQI measures of ambulatory care sensitive admission. The incentive results should be released in early 2017.

SDOH also measures additional quality metrics on HIV SNP members. We were recently informed that the MetroPlus HIV SNP earned its maximum potential award of \$5.7 million for achieving all of the quality metrics.

As part of open enrollment, MetroPlus worked with NYC Health + Hospitals facilities to put together a mailing list of their uninsured patients. Approximately 140,000 letters were mailed out inviting the uninsured to seminars that MetroPlus is conducting. At those events we will provide an overview of health insurance plans and eligibility, and enroll those eligible into MetroPlus or an appropriate plan. The Plan is also participating in another multi agency enrollment effort being led by City Hall’s Participant Engagement Unit (PEU). MetroPlus provided training to this unit on insurance enrollment, the state marketplace and MetroPlus products and services. The PEU will also be contacting uninsured

individuals and conducting an insurance screening. If the individual is interested and potentially eligible, they will refer them to an enrollment site. MetroPlus will host three referral sites, at Harlem, Queens and Kings County Hospitals. Mayor de Blasio highlighted the Plan's connection to the PEU at a recent event at Gouverneur Hospital. At the event the Mayor observed as two MetroPlus staff members enrolled individuals referred by the PEU. The Mayor publicly remarked on the professionalism and dedication of the MetroPlus enrollers and urged all eligible New Yorkers to sign up for health insurance.

MetroPlus also has had an enhanced presence during open enrollment of our marketing staff. MetroPlus marketing will have staff working 7 days a week throughout open enrollment and that staff will be attending a greater number of community events. In response to the analysis done by the Boston Consulting Group, we also have begun exploring areas of the City where we have not had a strong presence. We are working to identify temporary, pop up offices that can establish a presence for MetroPlus in those communities. These would not be full-fledged offices but close to the kind of temporary, less developed offices used in political campaigns. We also have allocated funds in our budget for advertising in these new areas and for the sponsorship of community events and programs.

On November 16th, New York State Marketplace enrollment opened for those who were already insured, allowing them to begin to make plan selections for 2017. From November 1 to December 15, MetroPlus representatives have submitted 12% more applications when compared with the same period last year. The top producing sites in terms of the number of applications are those centered at Coney Island, Elmhurst and Woodhull.

As part of open enrollment MetroPlus provided 2,000 individuals with turkeys for the Thanksgiving holiday. The turkeys were given as part of local events hosted by our partners and have helped increase MetroPlus visibility in the community and improved our relationships with community based organizations.

MetroPlus received its first Gold Care enrollment files. Approximately 1825 individuals have enrolled to date with about half selecting Gold Care I, the H+H hospital only plan, and about half selecting Gold Care II, the plan that provides access to a wider range of hospitals. Additional enrollments from day care agencies are expected over the next several weeks. Because only about a third of those signed up have done so with their dependents, the full number enrolled may be somewhat below initial projections of 5,000. Coverage for those who have submitted applications began December 1.

MetroPlus is also completing its January enrollment for MetroPlus Gold. While some disenrollments may still be submitted, membership in Gold now stands at approximately 7,200. This represents an 85% increase when compared with membership in December 2015, the last month before Gold eligibility was expanded to all city agencies, and a 56% increase when compared with last January. NYC Health + Hospitals employees represent the biggest share of Gold numbers with the Police Department, Department of Education and the Human Resources Administration employees being the most represented among city agencies.

We have discussed in the past the need to reduce disenrollments from MetroPlus. To better understand the reason for these disenrollments, SPH Analytics is conducting a survey of disenrolled members. We hope to learn the specific reasons for the disenrollments and then to be able to develop solutions. I hope to have some preliminary information from the survey for our next meeting.

MetroPlus is aggressively trying to reduce the number of non-utilizers, those who have not seen a doctor. Getting non-utilizers connected to their doctor can improve their health and also helps MetroPlus with its quality scores. We are using three different sets of staff to contact the non-utilizers. MetroPlus' integrated case management team is contacting our Medicaid membership. MetroPlus Quality Management team is contacting our Medicare membership and H+H facilities staff is using lists provided by MetroPlus to contact additional individuals. We are prioritizing those with chronic conditions who have had no visits this year.

A new first-in-the-nation regulation has been proposed to protect New York State from the ever-growing threat of cyber-attacks. The proposed regulation requires banks, insurance companies and other financial services institutions that

are regulated by the Department of Financial Services (DFS) to establish and maintain a cybersecurity program designed to protect consumers and ensure safety within New York's financial services industry. MetroPlus has just hired a Chief Information Security Officer to strengthen its

Financial services industry. MetroPlus has just hired a Chief Information Security Officer to strengthen its security program and meet the new regulation.

New York State is adding Behavioral Health (BH) for children in July 2017. The state will have a qualification process for plans to serve children including strict rules on minimum plan staffing to manage the population.

MetroPlus has entered into an agreement with the Continuum System to support its members at their hospitals through our transition of care program. The collaboration is set to commence in January 2017 at Mount Sinai Hospital. On December 6th, MetroPlus and Mount Sinai held its first joint meeting at Mount Sinai, in which the logistics of the collaboration was outlined, a walkthrough of the facility was conducted and MetroPlus attended the hospital's case management meeting.

ACTION ITEM:

Barbara Keller, Deputy Counsel, Legal Affairs presented Vice President of Operation present to the committee a resolution:

Authorizing the New York City Health and Hospitals (the "System") to execute an agreement with ten law firms to provide legal defense services for medical malpractice, regulatory and health law matters as requested by the System. The ten firms are Aaronson Rappaport Feinstein & Deutsch, LLP; Heidell, Pittoni, Murphy & Bach, LLP; Schiavetti, Corgan, DiEdwards, Weinberg & Nicholson, LLP; DeCorato, Cohen, Sheehan & Federico, LLP; McAloon & Friedman, P.C.; Ekblom & Partners, LLP; Furman Kornfeld & Brennan, LLP; Gordon & Silber, P.C.; DOPF, PC; and Vigorito, Barker, Porter & Patterson, LLP. Each agreement shall be for an initial term of four years with an option for one additional two-year renewal term exercisable solely by the System. For the initial term, fees to these firms shall be \$235 per hour for senior trial partners, \$205 per hour for partners, \$175 per hour for senior associates, \$165 per hour for junior associates, \$100 per hour for nurse-investigators, and \$75 per hour for paralegals.

Approved for consideration by the full board.

Machelle Allen, MD Interim Chief Medical Officer presented to the committee a resolution:

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a five year dialysis services agreement with River Renal Dialysis (RD) Services ("RRD") renewing and modifying the arrangement by which RRD currently provides dialysis services to inpatients at Bellevue Hospital Center ("Bellevue") at rates listed in Exhibit A to this Resolution subject to an annual increase of 2.6% subject to earlier termination if the companion license agreement is terminated for an amount not to exceed \$7,950,000.

Guest- Mr. Leon Bell, Union Representative, NYS Nurse Association requested an opportunity to provide testimony. As a result of his testimony the following comments were provided by Dr. Machelle Allen - We appreciate the comments and highly value the patient experience. We see an opportunity to improve their satisfaction. Bill Hicks - We are working on a letter to the principles of River Renal that clarify our expectations for meeting our corporate targets for outpatient services even though they are a separate Article 28 facility.

River Renal has shared that they are now doing weekly focus groups of 4 patients to better understand their opportunities for service improvements.

We will look to add this to their contract KPI's.

Approved for consideration by the full board.

There being no further business, the meeting was adjourned 10:00 AM.

CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee

April 4th, 2017

Behavioral Health

The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.

Maternal Depression Screening: Currently as part of NYC Thrive, 8 facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal and postpartum screening rate is 100%; rate of positive screen for prenatal is 10% and postpartum is 6%; Referral rate for more extended evaluation and possible treatment for both prenatal and postpartum is 100%. We are developing systems and metrics to measure outcome of those referred for treatment. The Office of Behavioral Health is preparing to add Jacobi, NCB, Elmhurst and Queens in April 2017 to this protocol.

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services. At the monthly Director's Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury. There continues to be a gradual downward trend in the number of assaults on staff in Behavioral Health.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – are open to clinical services. The Manhattan site is scheduled to open in April and the Bronx site in June.

Office of Behavioral Health continues to move forward on substance use disorder services. We are collaborating with DOHMH on four areas: Judicious prescribing practices in emergency departments, increasing access to buprenorphine in primary care and emergency departments, increased distribution of naloxone kits to reduce fatal overdose, and establishment of addiction consultation team. The focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

The Office of Behavioral Health in collaboration with the Office of the Chief People Officer is working with facilities to offer training in Mental Health First Aid. This is a program of NYC Thrive that seeks to provide New Yorkers with the knowledge and skills to identify people with trauma and psychological distress, provide basic support, and refer to appropriate resources for more help and treatment. Health + Hospitals is sending staff from each facility to become trainers in Mental Health First Aid.

Pharmacy

Pharmacy and EPIC GO Stabilization for all EPIC Sites: The office of Pharmacy services facilitated the critical fixes needed to assure a stable post Go Live for all three EPIC sites including:

- Facilitated standardization of recording Antimicrobial Indications within EPIC for all three sites. This initiative will be implemented enterprise wide. This initiative is supported by the January 1st, 2017 Joint Commission standard; medication management standards 09.01.01 for core elements of an antimicrobial stewardship. (presented at the CMO Council meeting and during a enterprise WebEx)
- Facilitated standardization for recording weights in kilograms (metrics system) within EPIC for all three sites. This initiative will be implemented enterprise wide. This initiative is supported by Institute of Safe Medication Practices, and The Joint Commission.
- Facilitated standardization for medication adult and pediatric labels for unit doses within EPIC for all three sites. This initiative will be implemented enterprise wide. A tip sheet has been developed to facilitate implementation. This initiative is supported by Institute of Safe Medication Practices and The Joint Commission
- Facilitated standardization for rounding to the 100th place within EPIC to simplify dose preparation for all three sites. This initiative will be implemented enterprise wide.
- Facilitated standardization of OBGYN use of oxytocin for three EPIC sites. A webinar has been produced to facilitate implementation. Go Live on March 30th, 2017

Pharmacy and EPIC GO Live at Coney Island: Pharmacists from across the system convened at Coney Island to support the safe conversion to a new electronic medical record, EPIC. In collaboration with The GO team; the office of Pharmacy services designed, coordinated, and facilitated a back loading process where pharmacist would verify correct and perfect provider medication orders that were transcribed from Quadramed into the EPIC electronic medical record

- Fifteen pharmacists - one from each acute facility, and several from Gouvenuer and Cumberland reported to Coney Island Hospital to support the back-loading verification of medications orders entered by providers. Over 300 patient medication orders were verified from 9:30 am on 2.24.2017 until the next morning. Pharmacist worked side by side with providers to assure medication orders were perfected as initially clinically intended when written.

Post implementation day two, and despite minor issues being reported the pharmacy EPIC transformation is stable and going incredibly well.

Patient Assistance Program: Many pharmaceutical and medical device manufacturers offer patient assistance programs which provide select medications, such as chemotherapy drugs and medical devices, such as stents used in cardiac catheterization at no charge. One in six patients at New York City Health + Hospitals do not have the ability to pay and Health + Hospitals covers the cost of these medications and devices. Five of our hospitals have currently offer some level of in-house patient assistance. It is the intention of New York City Health + Hospitals to have a robust patient assistance program at all 11 acute care hospitals as we believe we can conservatively save \$5M annually.

- In collaboration with Supply Chain Services, a Request For Proposal was written, approved by the Contract Review Committee, and published. Three vendors responded, negotiations are underway and it is anticipated the program will begin in July 2017 and be fully implemented by December.

Hospital Pharmacy initiated Naloxone Distribution: the office of Clinical Pharmacy Services in collaboration with Central Office's division of Behavioral Health is developing and implementing a process for a hospital pharmacy initiated screening, distribution, and counseling of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

Formulary Standardization: The System's Pharmacy and Therapeutics Formulary committee formulary standardization project continues progress towards a one systems formulary. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC equating to 1720 of 4000 medications line items; a determination of common purchase and dispensing practices has resulted in 1200 of 3900 medication line item standardized across the 11 facilities. Of note the average large medical center has no less than 3500 medication line items.

A SharePoint site has been developed "The Pharmacy and Therapeutic Council" as seen in the hyperlink below, periodically updated, lists the enterprise formulary, provides the minutes, agenda, and supporting documents used for formulary decision making.

<https://share.nychhc.org/central/CMPA/PTC/Pages/index.aspx>

Progress is being made along with the ongoing drug class reviews work being done by subject matter experts from various councils. Thus formulary standardization project is moving forward at a favorable pace as seen below.

Standardization of adult code tray content for Queens, Elmhurst, and Coney Island Hospitals in order to advance Epic's code narrator build. This will deliver a standardized code narrator build in Epic for adult patients. The benefit is to improve ordering and documenting during the emergency setting and will result in a reduction in the use of verbal orders. The reduced reliance on code carts for non-emergent events will reduce the frequency of cycling through the code carts which would otherwise need replenishment – providing significant labor efficiencies within biomed and pharmacy support group (central supply), reducing wastage associated with carrying superfluous inventory and expiring medications.

Completed review of following drug classes for formulary standardization with the subject matter experts and reviewed evidence based content:

- Radiocontrast
- HIV medications
- Amphotericin B, lipid formulation: Abelcet vs Ambisome
- Fosfomycin
- Ophthalmological drugs
- Intravenous Ofirmev

Simplifi 797: Achieving compliance with new USP 797 and 800 standards is a longitudinal effort. NYC H+H system is moving toward achieving these standards. The office of Pharmacy services in collaboration with supply chain efforts employed an enterprise solution Simplifi 797 for a central monitor quality compliance capability, which is now live at all facilities. This software application actively establishes updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented.

<i>In aggregate overall quality compliance scores for the system facilities In December, 2016 that have an IV admixture unit are as follows:</i>	
Environmental Score (Includes compliance with cleaning, temperature and humidity monitoring, medication expiration checks, pressure logs.	99%
Processing Score – (includes IV admixtures that have been batched and approved or rejected)	89%
Competency Summary (includes the daily competency assessment of the staff abilities and training) This score is schedule dependent -	0% (No competencies were schedule for this month)

The Simplify 797 software system has supported the Joint Commission surveys at Elmhurst – as quality reports were easily obtained and generated. The software has been a “win-win” towards meeting the standards for IV admixtures.

Med to beds program: Lincoln Hospital is exploring implementation of a meds to beds program. The meds to beds program provides patients with their medication along with a Pharmacist counseling session upon discharge from the acute facility. Various logistical, operational, financial, regulatory barriers are being resolved to implement this type of program, and to make it reproducible and sustainable.

Quality & Patient Safety

Institute for Healthcare Improvement

On February 16th and 17th Derek Feeley, President and CEO of the Institute for Healthcare Improvement and several members of his team visited NYC Health + Hospitals. The purpose of this visit was to understand the current system wide governance and infrastructure for quality and patient safety. Representative facilities from each of the three service lines were visited. During these site visits, clinical and administrative leadership had the opportunity to share their existing framework for quality. This included how performance improvement plans are developed, how improvement initiatives are selected and prioritized, and how data is collected, analyzed, and used to drive such improvement. Discussion centered on what is working well and what opportunities still exist. At the conclusion of the visit, initial observations were shared. Most striking was that of an engaged workforce, incongruent with the most recent employee engagement survey. All staff demonstrated a desire for real time actionable data. The formal report from IHI has not yet been received.

National Patient Safety Awareness Week

This year's National Patient Safety Awareness Week was celebrated at NYC Health + Hospital's Patient Safety Forum hosted at Bellevue Hospital in order to provide an enriched learning environment for the enterprise's workforce. There were several engaging presentations provided focusing on de-escalation and debriefing techniques to improve the quality and safety of the care provided to our patients and their support system. NYC Health + Hospitals continues to emphasize safety as a mission critical initiative that is to be integrated into daily operation and system-wide functioning. We take pride in a proactive, humane, person-centered, and team building approach in order to keep our patients, their caretakers, and our employees safe and out of harm's way. Patient Safety will always remain NYC Health + Hospitals top priority as it supports improved patient satisfaction, employee engagement, financial viability and market share. We congratulate our staff in keeping our patients safe so that all can live their healthiest life while seeking services or working for NYC Health + Hospitals. We thank all who were able to attend and support the Patient Safety Forum and welcome feedback. We end with a message received from one of our participants: "Not only was the entire program well executed but it was most obvious that much careful thought and preparation went into it. I must also say that the caliber of the presentations were excellent. Many thanks, I was informed and challenged." ~ HMR

Medical Staff Affairs / Centralized Credentialing

Centralized Credentialing has several key components. The major components are operational and technical. The operation component includes the standardization of policies, the development of system-wide terminology, development of new workflows, new credentialing and privileging forms. The technical component includes enhancement of IntelliCred and the development of WebView. Policies in development are the Red Flag Policy, the Board Waiver Policy, and the Temporary Privileges Policy. We are developing standardized course work in the areas of moderate and deep sedation and fluoroscopy for the physicians. The new mandated pain management course will be offered to NYC H+H clinicians through our partnerships with New York State American College of Physicians chapter and the Medical Society of the State of New York. We have modified Intellicred to include this information. We are in the process of obtaining hospital approval of 32 distinct delineation of privileges forms which have been vetted by either the Clinical Councils and/or key stakeholders. The hospital approval process is scheduled to be completed by April 30. At the same time, we are working with the vendor on creating electronic versions of the forms and will begin a pilot program at three facilities in early May 2017, and plan to implement usage of the standard DOPs throughout the organization by July 1, 2017.

Central Office MSO continues to collaborate with key departments to ensure that the credentialing process is evolving with the needs of the organization. We have been working with Legal Affairs to identify practitioners who need to complete the 2017 ELM course. We

have been working with colleagues to develop the best medical staff structure for Correctional Health Service and Gotham. With the assistance of the Managed Care office a system-wide Credentials Policy and Procedure has been drafted. The use of a system-wide Credentials P&P will ensure compliance with ever-evolving regulatory (NCQA/JC) changes and increase revenue. The department participates in regularly scheduled conference calls with the IntelliSoft Group to discuss key issues. We also have two standing calls with our IT support team to identify and troubleshoot database and technological limitations. Currently, we are working to expand the use of the IntelliCred web crawler feature, an advanced application to help automate the process of obtaining primary source verifications directly from approved websites.

Occupational Health Services

We are narrowing the metrics that need to be reported from OHS. The department is working with our colleagues in Human Resources to improve the employee experience. Press Ganey data is being monitored. We have been working as a system to find the first available appointment so that staff can be serviced more quickly.

Delivery System Reform Incentive Payment (DSRIP) Program

DSRIP Year 3 Contracts

The OneCity Health Executive Committee approved \$85 million in total payments that partners are eligible to receive in their next contracts, which is an increase over the 55M allocation in the previous contracts. The new contracts, which began April 1, 2017 – the start of DSRIP Year 3 - are more targeted to partners' services to help OneCity Health achieve New York State-defined outcomes, such as a reduction in preventable Emergency Room visits.

Clinical Project Implementation

To help meet these outcomes, OneCity Health continues to initiate and expand a number of transformation efforts and other programs.

- To support partners implementing care management programs, including Health Home At-Risk (primary care setting), Care Transitions (inpatient setting) and ED Care Triage (Emergency Department), OneCity Health continues to train care management staff on critical skills needed to properly care for high-needs patients, including documenting care plans and motivational interviewing. To date, over 77 individuals from NYC Health + Hospitals/Home Care, BoomHealth!, Harlem United, Village Care, Arch Care, Bridging Access to Care, Federation of Organizations, Selfhelp and Community Healthcare Network have been trained. Subsequently, OneCity Health continues to expand these care management initiatives.

- Six NYC Health + Hospital/ Gotham sites and four community partner primary care practices (Community Healthcare Network, SUNY Downstate Medical Center, Center for Comprehensive Health Practice and Brightpoint Health) have begun piloting the Health Home At-Risk initiative. Through this intervention, primary care practitioners can make referrals to care coordinators provided by OneCity Health’s Health Home lead agencies, which are NYC Health + Hospitals, Community Healthcare Network and Community Care Management Partners. Six additional NYC Health + Hospital facilities (Belvis, Bellevue, Cumberland, East New York, Gouverneur and Morrisania) will soon begin to generate referrals as well.
- Transition Management Teams (TMTs) are continuing to provide 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. To date, 850 patients have been referred to the program and 463 patients have completed all 30 days. Three OneCity Health community partners – VillageCare, ArchCare, and New York City Department for the Aging– are expected to provide an additional eight TMTs across medicine and behavioral health inpatient units in NYC Health + Hospital facilities in May.
- As part of OneCity Health’s clinical asthma program, community health workers (CHWs) from seven community partners have completed over 100 home assessments. Seven NYC Health + Hospital facilities (Elmhurst, East New York, Gouverneur, Harlem, Kings, Lincoln + Queens) and two of community partners (Urban Health Plan and Gentle Touch Medical) are generating referrals to the partners with CHWs. The CHWs - from VillageCare, CABS Home Attendants Service, St. Mary’s Healthcare System for Children, Asian Community Care Management, Make the Road New York, a.i.r NYC and NYC Health + Hospitals - complete an asthma assessment, reinforce recommendations from the clinical team, and conduct home visits to evaluate the environment for asthma “triggers.”
- OneCity Health community partners continue to conduct outreach to, and engage with, uninsured New Yorkers through Project 11. To date, 38 community partners have connected approximately 2,500 people to primary care and approximately 3,200 individuals to insurance.

Chief Nurse Executive Report
Medical & Professional Affairs Committee
April 4th, 2017

As NYC Health + Hospitals continues to evolve in response to changes in the healthcare industry a clear vision for the future of nursing throughout the system is critical. Nursing strategic directions will align with a system-wide integrated healthcare delivery system model, focused on quality outcomes, excellent patient experience, fiscally responsible operations, and a healthy work environment. Goals and aligned actions have been outlined in the Chief Nurse Executive Council and include:

- Develop and implement a system-wide Nursing Philosophy and Culture of Care,
- Foster nursing alignment and collaboration on the integration of care and system strategic imperatives,
- Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountability, safe, efficient and effective use of human resources inclusive of standardizing and centralizing where appropriate,
- Monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and;
- Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

The Office of Patient Centered Care, in partnership with the Chief Nursing Officer (CNO) Council and other key system stakeholders, is actively working on establishing and implementing strategies to meet outlined goals and objectives. A draft CNO Council charter has been completed as well as a draft NYC H+H System Nursing Philosophy, Mission and Vision. The latter is being further developed in partnership with NYSNA at the System Nurse Practice Council. Nash Analytics continues to provide valuable data to strengthen fiscal accountability, human resource efficiency, and identify areas of opportunity within a framework that supports patient and staff safety, quality outcomes and service excellence. Work has begun on standardizing collection and use of key nurse sensitive data metrics (NDNQI) as well as seeking opportunities to share expert education resources across the system more efficiently. There is forward movement with the integration of information services e.g. EPIC successful Go Live at Coney Island Hospital in IQ17 in addition to peripheral supportive work on patient portal, etc. Achieving excellence is our driver and the end of this report will highlight nursing achievements at various NYC H+H facilities.

Office of Patient Centered Care- Key IQ17 Updates

System Nurse Practice Council -Monthly meetings in 2017 have begun with NYSNA. Focus is on establishing collaborative goals to foster nursing practice. Key areas of discussion include staff engagement, shared governance, patient satisfaction and system Nursing Philosophy. Partnership with NYSNA in the selection of one or two actionable initiatives are in the next steps planning phase.

NICHE (Nurses Improving Care for Healthsystem Elders)

Discussing terms of the NICHE (Nurses Improving Care of Health system Elders) contract with NYU NICHE program. Focus is on working with NICHE and all eleven (11) acute care facilities with NICHE designation to better embed the role of the GRN (Geriatric Resource Nurse) on the inpatient unit. Developing a one day learning collaborative with NICHE and NYU's Hartford Institute of Geriatric Nursing to provide NYC H+H NICHE/Site Coordinators with tools and resources to further support the program at each site.

Infection Prevention

In January 2017, Interim System Infection Preventionist, Mary Fornek- Consultant, began a system-wide high level gap analysis with a focus on areas of vulnerability. Topics under review include:

- Facility level IP program structure, surveillance & data analysis, staffing, competency model, etc
- Antimicrobial Stewardship regulatory compliance in partnership with Pharmacy
- HAI –CAUTI, CLABSI, (point prevalence study to begin at acute and post-acute areas in April/May 2017)
- Support for facilities undergoing Joint Commission Survey
- Opportunities for system-wide standard work e.g. N-95 masks, flu vaccination compliance, safety syringes, urinary catheter and central line P & P, handwashing, HLD

Live On NY Projects

1. Extension of Community HealthCare Outcomes also known as ECHO was launched in February 2017 by NYC Health & Hospital in collaboration with LiveOnNY.

Description: Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. (See <http://echo.unm.edu/>)

Goal: Improvement of deceased donation process at NYC H+H hospitals, closing gap in potential and resulting in increased donation rates. Select departments within four of our hospitals will participate in this model.

2. Joint improvement goals and strategies set for system-wide adherence through signed Strategic Action Plan.

Goal A : System wide policy standardization for the organ and tissue donation process

Goal B : Increase and foster a culture of donation at each individual campus

Goal C : Improve Tissue Timeliness System wide

Safe Patient Handling (SPH)

Major goal under this directive is the implementation of Safe Patient Handling for 23 NYC H+H facilities in accordance with NYS SPH legislation. To date there has been the establishment of an interdisciplinary System SPH Steering Committee which meets monthly as well as facility SPH Champion meetings.

Accomplishments to date include:

- Successfully conducted the patient handling hazard assessment on 23 NYC H+H facilities
- Analyzed the current patient handling practice of NYC H+H
- Developed draft SPH policy and procedures based on the input provided by stakeholders
- Created and developed positive relationships with SPH Champions, facility-based SPH committees, executive leadership, Union and SPH vendors
- Active participation in conferences to network and shared legislative update with SPH Champions and committees
- Established facility SPH Champions and Committees
- Collaborated and shared best practices on SPH with facility leadership

Next Steps:

- Follow-up on PSH hazard assessment regarding short term and long term needs, budget development, equipment selection and procurement. EMR support

- Partner with key caregiver stakeholders and EPIC and QMed team regarding the development and implementation of patient mobility assessment tool

Education Programs

- Continuing Education Providership
 - Nursing CE program recertified in 10/2016 . Valid until 2019.
 - Physician re-certification required in June 2017. Preparation and required submission underway for onsite March/April 2017 survey visit.
- NYSNA Healthcare Workforce Retraining Grant- a partnership program with NYC H+H to provide 200 nurses preparatory training for psychiatric /mental health nurse certification. System-wide plan and timeline development in progress for 2017 & 2018 classes.

Project Partnerships within NYC H+H

- Partnering with VBP QIP Governance Committee to gather data, review and select metrics to be included in the Facility Transformation Plan to be submitted to DOH by OneCity Health.
- Collaborating with ACO and Office of Population Health to develop a Geriatric Provider Workgroup/Council to bring together geriatric providers to discuss opportunities for clinical collaboration; strengthen transitions of care from in-patient to out-patient geriatric practices; embed the care management concept of ACO into the fabric of the geriatric practice with focus on clinical outcomes (HTN Treat-to-Target, Depression Collaborative) and training opportunities.
- Partnering with HR/Workforce Development and the Office of Transformation to develop and strengthen the nursing/clinical education arm of Office of Patient Centered Care and looking at opportunities to centralize trainings and education endeavors.
- HAI dashboard phase II development that will include pertinent structural changes, updated exclusion criteria, and expansion to include hospital onset C. Difficile infection.

Announcements/ Publications/Presentations

Office of Patient Centered Care

- Monefa Anderson was [enter/panelist with Dr. Nicholas Stine, ACO and Dr. Anna Flattau, OneCity Health at the NYC H+H sponsored conference: Palliative Care Throughout the Community: A Continuum held on November 2, 2016. Presented the results of NIPCOA – Nurses Improving Primary Care of Older Adults – the geriatric focused training for ambulatory care nurses.
- Monefa Anderson will be emcee and panelist at the upcoming Estelle Osbourne Legacy Celebration and the USPHS nursing coalition at NYU Rory Meyers College of Nursing on February 22nd, 2017. The purpose of discussion – to promote health equity and diversity in nursing practice and education.

Bellevue

- Daisy Award- a national nurse recognition program has been launched. First awards will be announced during Nurse's Week, May 2017.
- *Team Work and Collaboration towards Quality and Safety – Pressure Ulcer Prevention Program at Bellevue Hospital Center* was submitted and published in the 2016 HANYS Pinnacle Award for Quality and Patient Safety.

- Completed Joint Commission Survey

Carter

- Balistoy Hever Ayn Vincent , MA, RN is in the IMSAL Fellowship program at Jacobi Medical Center.

Coney Island

- Successful EPIC Go Live, NOVA Go Live,
- Completed Baby Friendly survey - awaiting for results.

Elmhurst

- Safe Sleep abstract has been accepted for poster presentation at the Eastern Society for Pediatric Research Annual Meeting.

Gouverneur

- Mobilization of the RN staff to improve patient outcomes by establishing subject matter experts who will guide the nursing and provider staff in 2 key quality areas Hypertension control and Depression Collaborative.
- Reviewed and revised the medication refill process for all patients to ensure patient understanding of the new e-prescribe system and to give the nursing staff a tool to use to educate patients.
- Enhanced charge nurse duties for the primary care practice to ensure more front line responsibilities and accountability for access and flow.

Home Care

- Successful launch of the Maternal Child Program Kings County. The Program is providing at home skilled care for recently discharged infants and post -partum mothers in need of close monitoring under the close supervision of their physicians.
- Hope Iliceto, Chief Nursing Officer of AT HOME, is serving as the division's representative of the System's Max Series Workshops, which is intent upon reducing high utilizer patient readmissions to our hospitals.
- AT HOME is in the process of developing a "Behavioral Health Home Program" to address the gap identified in serving patients who require ongoing home health behavioral health services when discharged from one of our acute care facilities, ie, Bellevue Hospital. The home visiting program will be staffed by experienced behavioral health nursing staff and directed by a Masters prepared NP or CNS. It will be launched last 2Q17.

KCHC

- "Transforming Lives through Education in the Diabetes Resource Center" by Suzette Williams, MSN, FNP-BC, CDE; published in *Urban Medicine: Journal of Quality Improvement in Healthcare & Patient Safety*, Vol 2 No.1; NYC Health + Hospitals/Metropolitan. Suzette Williams is the Director of the Diabetes Resource Center at Kings County.
- The nurses in Behavioral Health won second place for their poster presentation at the NYS Office of Mental Health Chief Nursing Officers 39th Educational Conference. The topic of their poster was Primary Care Nursing in the Behavioral Health Care Setting.
- Kings County is now a NICHE (Nurses Improving Care for Health-system Elders) certified hospital. Thirty-eight nurses at Kings County successfully completed the certification in this specialty and we held a celebration for them on October 12.

- Nurse-led shared governance is now active in nearly every inpatient medical unit and ambulatory care department in the hospital.
- The Skin Care Champions, a program run by Beverley Arthur RN, Associate Director of Wound Care, Ostomy, and Continence, has provided specialized training to approximately 100 nurses thus far. The next full-day workshop is scheduled for October 27. As a result of the nurses' knowledge and attention to skin care, skin ulcer rate has gone from 8.9 in 2014 to 3.1 in 2016
- Kings County Nursing created a Healing Room, a quiet space for reflection and meditation, where nursing staff can take a break from their hectic workday. It has comfortable furniture, a CD player with relaxing music, soft lighting with electric candles, and scented flower petals.
- Beginning 2014 Q3, falls per 1000 patient days have been above benchmark for 8 qtrs
- For the fifth year, was awarded the Stroke Gold Plus Quality Award by the American Heart Association and the American Stroke Association.

North Central Bronx

- New CNO, Dr. Mary Anne Marra, appointed to North Central Bronx on January 9, 2017.
- Preparing for Joint Commission Survey.
- Celebration of our Baby Friendly Designation on February 8, 2017 at North Central Bronx.

Queens

- Completed Joint Commission Survey.

MetroPlus Health Plan, Inc.
Report to the
Medical and Professional Affairs Committee
April 4, 2017

Total plan enrollment as of March 1, 2017 was 501,851. Breakdown of plan enrollment by line of business is as follows:

Medicaid	374,982
Child Health Plus	15,637
MetroPlus Gold	7,686
Partnership in Care (HIV/SNP)	4,355
Medicare	8,433
MLTC	1,471
QHP	8,428
SHOP	965
FIDA	176
HARP	8,918
Essential Plan	68,883
GOLDCARE	1,917

As you can see in the membership numbers, our Qualified Health Plan (QHP) individual members dropped by almost 7,000 members from December to March. The majority of our losses were in the QHP membership most likely as a result of our ACA rate increase for 2017. Due to high utilization costs, MetroPlus requested a rate increase of approximately 20% for 2017. However, the New York State Department of Financial Services (DFS) assigned the Plan a 29% rate increase. This was done in a year that had seen other plans go bankrupt, and DFS wanted all plans to be financially viable. Many of our members left us due to this rate increase. Consequently, we went from the lowest cost plan to the third lowest with these changes. The EP member decline was due to State review of eligibility documentation submitted by EP members from when they enrolled. The enrollment may have occurred many years ago when the EP members were enrolled in Medicaid and before they had been transferred to EP. While we have assisted many individuals who needed to provide additional documentation in locating appropriate documents, it has been difficult for others and the State has moved forward with termination where documents were not submitted.

MetroPlus representatives submitted a total of 186,000 applications in 2016 a substantial improvement over the 142,000 applications submitted in 2015. The number submitted each month was higher than the corresponding month the year before. The highest number of applications were submitted in December when over 18,300 were submitted. Membership for the last year grew from 483,000 in January to 507,000 in December, an increase of about 5% over the course of the year, roughly double the 2.4% growth rate from January to December of 2015. For the open enrollment period that ended January 31, MetroPlus marketing representatives submitted 57,158 applications, an increase of over 12% when compared with last year's totals. The highest submitting locations were the offices based at Elmhurst Hospital and the one based at Woodhull Hospital. Individuals who applied in the first half of January have already become eligible for coverage and those that applied in the second half will have their coverage start March 1.

While applications increased during open enrollment our representatives received many questions about whether insurance would continue to be available and whether their costs could increase significantly after

they enrolled. Many individuals also expressed concern about providing information regarding citizenship status.

As part of our overall marketing effort I wanted to highlight a few initiatives we have undertaken in recent months. MetroPlus remains an active participant in the City Hall Get Covered plan. Under this program, outreach staff contact those who have received services from H+H but are uninsured and then refer those interested in enrolling in insurance to MetroPlus or one of the other enrollment organizations involved. MetroPlus is receiving referrals at its Queens, Harlem, Kings County and Woodhull locations. To date we have been able to enroll 16 households from the referrals we have received. Next with tax season upon us MetroPlus is partnering with tax preparation organizations to enroll individuals filing returns. We will be on site at 8 different tax preparation offices from now until April. Finally, the Mayor's Office of Immigrant Affairs and MetroPlus are partnering to target Uninsured students and parents within the city's schools system. There are 25 schools involved in the effort which will feature health insurance enrollment by MetroPlus and citizenship services to undocumented immigrants from the Office of Immigrant Affairs. The initiative begins in February.

In cooperation with Metropolitan Hospital, we have worked closely to develop a relationship with the mosque located in Manhattan on 96th Street. We are present at the mosque on Fridays when there is a large attendance and speak to interested individuals before and after prayer service. We also were recently invited to be present during parent teacher conferences at the school on the site to talk with parents before and after they spoke to their children's teachers.

We have also begun an initiative with the Transit Workers Union to target bike messengers. An enrollment event was held in a tent at Union Square where we provided enrollment services. Metropolitan Hospital was present to complete blood pressure screenings and other service providers were also there. MetroPlus was able to enroll 50 messengers at the event.

We continue to enroll individuals in our day care initiative, Gold Care. Enrollment now stands at 1,917. While greater enrollment was expected, many individuals have provided evidence of having other credible coverage. In addition fewer people than expected are enrolling in family coverage. In the coming weeks we expect additional enrollments when the day care programs will enroll anyone remaining who has not provided evidence of credible coverage in Gold Care I.

As part of the transformation efforts, we are moving ahead with the zip codes in the Bronx, Brooklyn and Queens that were targeted for expansion efforts. The communities identified tend not to be in close proximity to existing NYC Health + Hospitals facilities so MetroPlus does not have a strong presence. To assist in efforts to establish MetroPlus, we are seeking to identify smaller community locations where we can begin work. Starting March 1, we have identified space in Sunset Park operated by one of our partners, the Asian Americans for Equality (AAFE). The city's ID NYC program also works out of that space. We have also identified space at the Sky View Center Mall in Flushing where we will begin operating shortly. We have also worked closely with the city in identifying existing city agency buildings in the target zip codes where there may be space available for us. To further support the effort we are also hiring three additional supervisors and transferring staff from existing areas to the target areas.

Another transformation initiative was to improve point of care enrollment at NYC Health + Hospitals facilities. To accomplish this task we have been working with H+H finance to build a closer relationship between MetroPlus representatives and hospital based finance staff. Three facilities, NCB, Woodhull and Bellevue, have been piloting an initiative to allow MetroPlus staff to conduct virtually all of the enrollments for uninsured individuals seeking outpatient services. A meeting was recently held for the site with leadership of MetroPlus and the finance leadership from each facility to discuss how we can build on the

piloted model and have a closer collaboration. Facility staff and MetroPlus staff at each location will develop a process and submit it by March 1. The goal is to help ensure all uninsured individuals are screened for insurance while they are in the facility. Those that are ineligible for insurance will continue to be enrolled in Options. Those eligible for insurance will be enrolled in the plan that is best for them and their family.

The Finity member rewards program has started. Those visiting the MetroPlus website can see details about the Finity program including how they can earn points and what the points can be used for. Members will earn points to redeem when keeping necessary preventative health appointments. Finity has also begun a large scale mailing to all members to follow up and ensure members understand the program and how they can participate. Finity has a customer services staff prepared to answer questions about the program. They will continue to do outreach to member using mailings, e mails, texts and phone calls to ensure members are aware of the program and how it can help them earn points while improving their health.

I would like to share some good news from our Quality Management (QM) Department. The Medicare Stars team were relentless to make sure that our pharmacy benefit manager, CVS, was able to meet and exceed the goal of 65% for the medication therapy management (MTM) measure. This means that 65.8% of our MAPD members had contact with a Pharmacist who helped them understand and manage their medications (comprehensive medication review). This should put us in the 4 star range and help boost our Part D Quality Improvement measure performance. It also helps reduce our admission and readmission rates and maybe even satisfaction. For context, last year our MTM rate was 36% and 2 Stars.

Historically, our Hepatitis C costs have been escalating dramatically. Working with our pharmacy vendor, we changed our formulary to Zepatier instead of Sovaldi which will save approximately \$1.6 million per year. One of our current strategies is to reduce our non-users. Our QM Department attempted outreach to 20,500 members in the 4th quarter of 2016. Reaching members was a significant challenge, however, 1029 members were reached and appointments were made for those members willing to be assisted.

Over the past few months, we have also redesigned our care management/care coordination program from telephonic outreach to in-person home visits. We started with approximately 1,000 home visits per month conducted by our nurse case managers. They visited our most vulnerable members, including post-discharge patients, to ensure appropriate medication review, coordination of care, and direction of services within the Health and Hospitals network whenever possible.

Finally, I wanted to provide an update on the disenrollment survey we conducted recently. The surveying company was able to interview over 1,200 individuals who had recently left MetroPlus and tried to ascertain the main reason that they left. Approximately 50% of the people who no longer were with MetroPlus had a change in circumstance that made them no longer eligible for insurance. The major reasons for change in eligibility were a change in their employment status, a move, or a change in family composition. Another 25% were a collection of other non-specific reasons. The items that require follow up include the nearly 8% who stated that they disenrolled due to not having access to providers or specialists of their choice and the 7% who said costs or billing issues were the reason for disenrollment. We are continuing to work with the surveying company to gain additional insights into the disenrolled population.



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2017

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Total Members	Prior Month	505,308	505,587	508,114	507,793	509,170	504,606	503,781
	New Member	24,070	23,705	23,146	24,484	30,452	24,624	23,530
	Voluntary Disenroll	1,765	1,684	1,877	1,539	2,050	1,973	1,535
	Involuntary Disenroll	22,026	19,494	21,590	21,568	32,966	23,476	23,925
	Adjusted	-49	-44	-35	-199	305	4,304	0
	Net Change	279	2,527	-321	1,377	-4,564	-825	-1,930
	Current Month	505,587	508,114	507,793	509,170	504,606	503,781	501,851
Medicaid	Prior Month	381,962	380,236	381,019	380,479	379,206	378,771	375,706
	New Member	15,471	15,111	14,495	13,874	15,558	13,995	15,895
	Voluntary Disenroll	832	818	1,076	718	808	801	719
	Involuntary Disenroll	16,365	13,510	13,959	14,429	15,185	16,259	15,900
	Adjusted	45	52	55	-75	247	1,791	0
	Net Change	-1,726	783	-540	-1,273	-435	-3,065	-724
	Current Month	380,236	381,019	380,479	379,206	378,771	375,706	374,982
Essential Plan	Prior Month	61,223	63,650	65,373	65,557	67,179	69,355	70,526
	New Member	6,220	5,713	5,735	6,401	9,473	7,054	5,263
	Voluntary Disenroll	0	0	5	1	3	7	1
	Involuntary Disenroll	3,793	3,990	5,546	4,778	7,294	5,876	6,905
	Adjusted	-37	-40	-32	-27	96	2,553	0
	Net Change	2,427	1,723	184	1,622	2,176	1,171	-1,643
	Current Month	63,650	65,373	65,557	67,179	69,355	70,526	68,883
Child Health Plus	Prior Month	14,323	14,260	14,509	14,587	14,855	15,108	15,388
	New Member	905	1,121	997	1,127	1,455	1,250	1,200
	Voluntary Disenroll	703	628	597	617	931	741	717
	Involuntary Disenroll	265	244	322	242	271	229	234
	Adjusted	-3	-2	-2	5	28	93	0
	Net Change	-63	249	78	268	253	280	249
	Current Month	14,260	14,509	14,587	14,855	15,108	15,388	15,637



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2017

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
HHC	Prior Month	5,337	5,615	5,946	6,140	6,328	7,958	7,702
	New Member	324	381	251	237	1,672	111	22
	Voluntary Disenroll	9	2	1	3	9	216	0
	Involuntary Disenroll	37	48	56	46	33	151	38
	Adjusted	-43	-43	-48	-59	-57	-83	0
	Net Change	278	331	194	188	1,630	-256	-16
	Current Month	5,615	5,946	6,140	6,328	7,958	7,702	7,686
SNP	Prior Month	4,508	4,447	4,412	4,388	4,394	4,378	4,400
	New Member	110	115	89	112	101	125	124
	Voluntary Disenroll	33	31	27	24	19	29	16
	Involuntary Disenroll	138	119	86	82	98	74	153
	Adjusted	-11	-10	-8	-8	-2	14	0
	Net Change	-61	-35	-24	6	-16	22	-45
	Current Month	4,447	4,412	4,388	4,394	4,378	4,400	4,355
Medicare	Prior Month	8,491	8,472	8,416	8,451	8,477	8,431	8,451
	New Member	256	221	264	284	300	251	220
	Voluntary Disenroll	171	186	157	152	251	155	68
	Involuntary Disenroll	104	91	72	106	95	76	170
	Adjusted	0	0	0	-1	-1	-5	0
	Net Change	-19	-56	35	26	-46	20	-18
	Current Month	8,472	8,416	8,451	8,477	8,431	8,451	8,433
Managed Long Term Care	Prior Month	1,224	1,259	1,299	1,351	1,365	1,403	1,436
	New Member	74	75	95	71	93	77	79
	Voluntary Disenroll	15	17	14	10	13	14	12
	Involuntary Disenroll	24	18	29	47	42	30	32
	Adjusted	0	0	1	1	0	-8	0
	Net Change	35	40	52	14	38	33	35
	Current Month	1,259	1,299	1,351	1,365	1,403	1,436	1,471



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2017

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
QHP	Prior Month	18,790	18,370	17,766	17,106	15,834	7,614	8,015
	New Member	662	658	593	301	1,425	866	649
	Voluntary Disenroll	0	1	0	4	0	0	2
	Involuntary Disenroll	1,082	1,261	1,253	1,569	9,645	465	234
	Adjusted	0	-1	-1	-31	12	-5	0
	Net Change	-420	-604	-660	-1,272	-8,220	401	413
	Current Month	18,370	17,766	17,106	15,834	7,614	8,015	8,428
SHOP	Prior Month	1,017	1,008	1,015	994	1,012	996	969
	New Member	25	34	26	104	76	24	27
	Voluntary Disenroll	0	0	0	10	10	0	0
	Involuntary Disenroll	34	27	47	76	82	51	31
	Adjusted	0	0	0	0	0	0	0
	Net Change	-9	7	-21	18	-16	-27	-4
	Current Month	1,008	1,015	994	1,012	996	969	965
FIDA	Prior Month	175	169	168	169	167	170	171
	New Member	1	3	3	1	9	7	9
	Voluntary Disenroll	2	1	0	0	1	0	0
	Involuntary Disenroll	5	3	2	3	5	6	4
	Adjusted	0	0	0	0	0	0	0
	Net Change	-6	-1	1	-2	3	1	5
	Current Month	169	168	169	167	170	171	176
HARP	Prior Month	8,258	8,101	8,191	8,571	8,404	8,491	9,108
	New Member	22	273	598	23	267	845	28
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	179	183	218	190	180	228	218
	Adjusted	0	0	0	0	0	0	0
	Net Change	-157	90	380	-167	87	617	-190
	Current Month	8,101	8,191	8,571	8,404	8,491	9,108	8,918



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
March-2017

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
GOLDCARE I	Prior Month	0	0	0	0	1,033	1,027	1,021
	New Member	0	0	0	1,033	16	15	8
	Voluntary Disenroll	0	0	0	0	1	3	0
	Involuntary Disenroll	0	0	0	0	21	18	1
	Adjusted	0	0	0	-7	-14	-24	0
	Net Change	0	0	0	1,033	-6	-6	7
	Current Month	0	0	0	1,033	1,027	1,021	1,028
GOLDCARE II	Prior Month	0	0	0	0	916	904	888
	New Member	0	0	0	916	7	4	6
	Voluntary Disenroll	0	0	0	0	4	7	0
	Involuntary Disenroll	0	0	0	0	15	13	5
	Adjusted	0	0	0	3	-4	-22	0
	Net Change	0	0	0	916	-12	-16	1
	Current Month	0	0	0	916	904	888	889



Laboratory Transformation Update

April 4, 2017



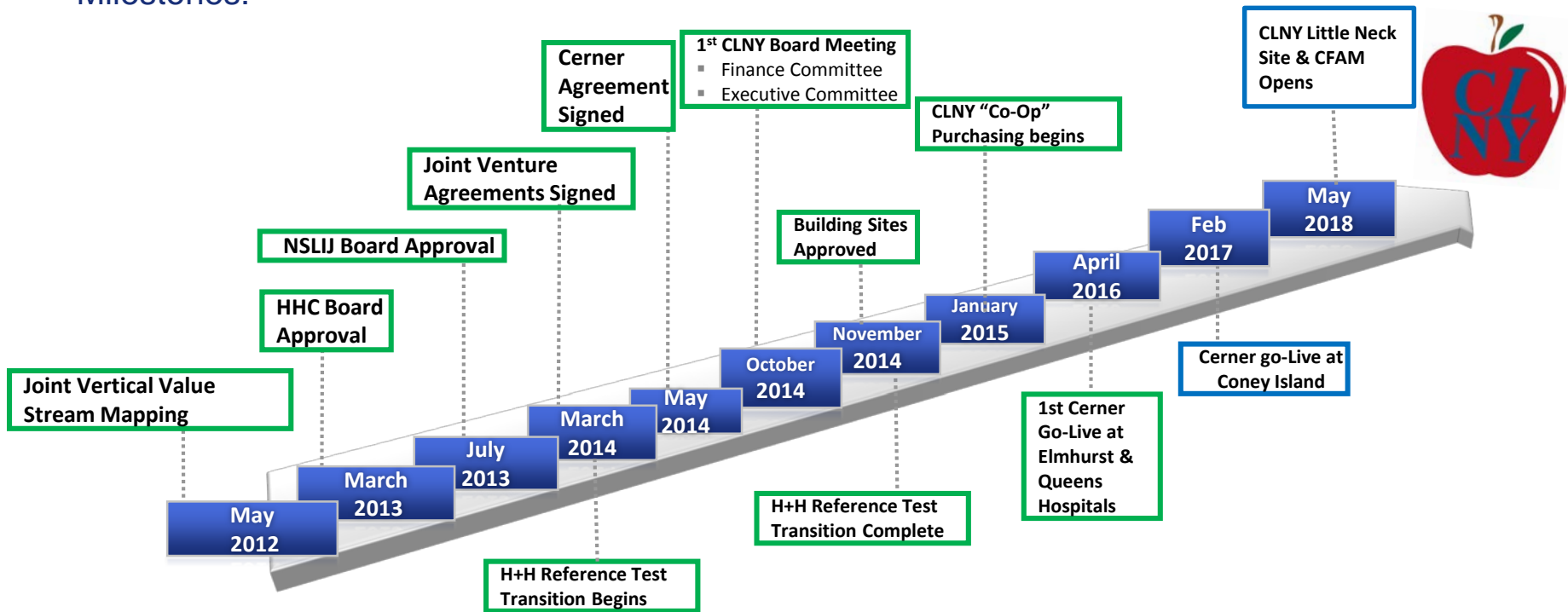
Joint Venture Laboratory Vision

- Shared Consolidated Laboratory
 - Standardized Equipment across all Laboratories where appropriate
 - Standardized Information System
 - Standardized Policies & Procedures where appropriate
 - Seamless Integration
- Increased Quality & Depth of Service
- Reduced Cost
 - NYC Health+Hospitals – \$23 million annual savings at full implementation
 - Northwell Health - \$15 million annual savings at full implementation

CLNY, an open not-for-profit Cooperative, was formed to achieve this vision.

Project History

Milestones:



Highlights of 2016

- Shifted test volume from Bellevue and Coney Island to CLNY prior to EPIC and Cerner go lives – 1M + tests
- Installation of Roche Chemistry instrumentation
 - Live: NCB, Woodhull, Kings County, Queens, Coney
 - Jacobi – Q1 2017
- Initiated enterprise-wide replacement of glucometers
- EPIC and Cerner Live at Queens and Elmhurst

H+H Financial Savings Update

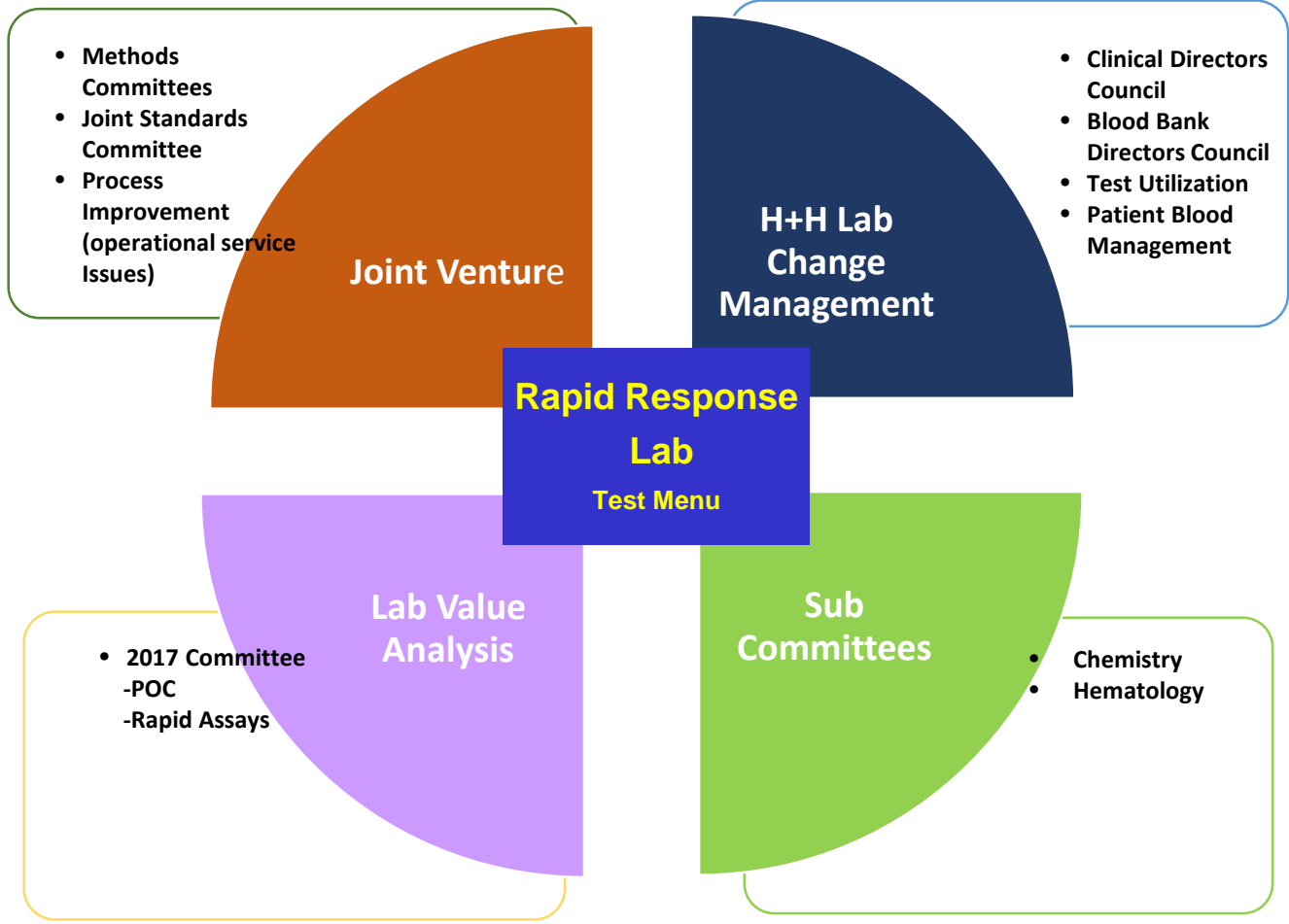
- The Lab Restructuring initiative began in Fiscal Year 2011 as part of the Road Ahead. Initial savings were realized of approximately \$10 million a year.
- H+H achieved additional savings of over \$10 million in FY16, since the inception of the Joint Venture.
 - These savings include, blood product pricing, and reference test cost reductions.
- Full savings associated with the CLNY Joint Venture are anticipated once:
 - the Cerner lab system is in place
 - procurement yields additional price reductions
 - revenue from commercial payors further offsets costs
 - both buildings become fully operational, and test volumes shift – RRL conversion

Goals for 2017

- Continue Roche chemistry rollout phase 2 according to schedule
- Implement Cerner/EPIC on time at Coney – complete
- Complete enterprise-wide glucometer replacement- May, 2017
- Drive informatics and utilization agenda (Queens/Elmhurst/Coney)- in progress
- Finalize and begin new hematology rollout- in progress
- **Prior to new Joint Venture bldgs – redirect outpatient testing (excluding Micro)**
 - Bellevue
 - Metropolitan
 - Harlem
 - Lincoln
 - Woodhull
 - Coney
 - D/TCs
 - Kings
 - Elmhurst- as capacity exists**
- Identify additional procurement opportunities
- Continue to drive construction on both sites
- Develop transition plan to new Joint Venture labs

What's Next/When?

- Finalize plan to transition outpatient tests maximizing current opportunity with existing NW Core Lab (5 m+) – 3 April. 2017
 - Target by:
 - location and test grouping
 - redirect tests sent internally to another H + H facility
 - Complete AMS (lab consulting group) site visits- enterprise wide (in progress)
- Align HR- Union coordination
- According to plan secure required partners (H+H IT EPIC/Cerner, Quadramed, Northwell IT), Finance
- Develop project performance metrics
- Update Lab Cerner Contract – due to change in clinical rollout schedule (in progress)



Questions?

