



redefining:

2006 Report to the Community

HHC NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION

nyc.gov/hhc

Redefining: HHC

The New York City Health and Hospitals Corporation: |health| |and| |hos•pi•tals| |cor•po•ra•tion| **1** The largest municipal hospital system in the country, serving 1.3 million patients annually, with 11 acute care hospitals, six diagnostic and treatment centers, four nursing homes, a home health agency and more than 80 community-based health clinics. **2** The provider of comprehensive quality health services to all, equally and in an atmosphere of humane care, dignity, and respect, without regard for the ability to pay. **3** A workforce of 39,000 physicians, nurses, and healthcare professionals who advocate and promote a modern, innovative, and customer-focused vision of public health.



Alan D. Aviles

President, New York City Health and Hospitals Corporation

From the 22,000 babies born in our facilities every year to the roughly 110 languages that are spoken in our hospitals and health centers – the New York City Health and Hospitals Corporation (HHC) is at the epicenter of a city that is constantly redefining itself. HHC is the largest municipal healthcare system in the United States, and for the 39,000 employees who are helping to modernize and propel our city's vast network of healthcare facilities, these are interesting times. They are interesting, in part, because our public hospitals and health centers are very different from what they were a decade ago.

HHC is transforming, changing to meet the complexity and breadth of our patients' needs and incorporating new technologies and treatment modalities that are dynamically altering the way healthcare is delivered. In many ways, HHC's hospitals and clinics are advancing at such a rapid pace that they are literally *Redefining* public healthcare in New York City. Now, that is interesting.

With strong, smart administrative and clinical leadership at all of our facilities, HHC is redefining *Quality* in healthcare. We rank among the top hospitals in New York City by many objective measures and are implementing evidence-based clinical practices that save lives. We operate dozens of medical Centers of Excellence that afford city residents some of the best specialty care available in the greater metropolitan region.

HHC is redefining *Modern Health Care* with the largest hospital capital construction program in the city's history and with priority investments in health information technology and leading edge medical equipment that link a modern therapeutic environment with modern medicine. Our new spaces incorporate attractive open layouts, comfortable waiting areas, technology-enabled exam rooms and efficient designs that support our patient-centered approach to care.

HHC's activist agenda is redefining how healthcare systems respond to *Community Health Priorities*, with an assertive focus on primary care and prevention; the culturally sensitive engagement of patients in the better management of their chronic disease; and an emphasis on community education and accessible health screenings to diagnose disease early when treatment is most effective.

New York City Health and Hospitals Corporation's vast network of healthcare facilities are not the same public hospitals and health centers of a decade ago.

We recognize that too many patients are harmed across our nation's healthcare system and our own system through preventable medical errors or omissions. HHC is redefining *Patient Safety* around an organizational vision of transparency, candor, collaboration and evidence-based medicine. Our vision makes patient safety a priority for all staff – from housekeepers to trauma surgeons. By making patient safety our highest priority, we acknowledge a fundamental individual and institutional responsibility to our patients. We are determined to make our system among the safest in our country by the end of this decade.

HHC was created to deliver high quality healthcare services to New Yorkers without regard to their ability to pay or their immigration status. HHC's core mission and values remain intact; in fact, they are stronger than ever. But, even as we continue to honor our noble mission, we are redefining how a *Safety Net* hospital system evolves to serve future generations of diverse New Yorkers. Our activist health interventions, practiced with cultural and linguistic competence, are delivered respectfully and with confidentiality.

Our indelible pledge of access and quality, in a healthcare environment that is increasingly challenging and frequently financially uncertain, defines HHC as much as the ground-breaking medical and institutional accomplishments described in this annual report.

As you read this report, compare today's HHC with the HHC you may have known a decade ago, when the then-struggling public healthcare system seemed to teeter at the brink of dissolution. I hope that as you learn more about our advances, our innovations and our continuous improvements that your perception of our city's public healthcare system will, itself, be redefined.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan D. Aviles'.



Michael R. Bloomberg

Mayor, City of New York

When I took office on January 1, 2002, I made it clear that public health was a top priority. Today, I am pleased to report that we are well on our way to making New York the healthiest city in the nation, and a big reason for our success has been our commitment to building the nation's most effective public hospital system.

Despite the uncertain environment facing the hospital industry, New York City Health and Hospitals Corporation (HHC) is dedicated to providing all New Yorkers with exemplary healthcare, regardless of their immigration status or ability to pay. We are constantly upgrading our public hospital system to fulfill this important mission. We established the new HHC Options program to connect qualified individuals and families with government health insurance plans and increase their access to vital preventative care. In addition, we have invested in technology so HHC physicians can obtain specific information on their patients' condition and better target their treatment and care. I am particularly proud of our ambitious \$1.3 billion building and modernization program – the most extensive public hospital capital improvement program in the City's history. Today, HHC's state-of-the-art facilities, medical equipment, and information technology enable our public hospitals to deliver the highest quality of patient care.

Thanks in part to our exemplary public hospital system, New Yorkers are living longer than the average American for the first time since World War II. In the coming years, New York City Health and Hospitals Corporation will continue to set standards in healthcare and deliver the high-quality services that all New Yorkers need and deserve.



Charlynn Goins

*Chairperson, Board of Directors,
NYC Health and Hospitals Corporation*

Working with the NYC Health and Hospitals Corporation Board, with Mr. Aviles, and with the staff of the nation's largest public healthcare system is very rewarding. The Corporation continues to move forward with transformational initiatives, such as its multi-billion-dollar rebuilding campaign, its implementation of cutting-edge technology in its pharmacies, labs, and patient records, and its targeted programs to help patients better manage their chronic diseases.

Although the transformation of our large public system is still unfolding, the positive results emerging are increasingly evident. This past year, patient visits increased in our ambulatory care centers for the fifth time in the past six years, and thousands more New Yorkers relied upon our acute care facilities for inpatient care than the year before.

It is no wonder that we are becoming the hospitals of choice for more patients when you look at our objective quality indicators. Not only have all HHC hospitals performed exceptionally well in the accreditation surveys conducted by the Joint Commission in recent years, our hospitals received top scores on the recent Centers for Medicare and Medicaid Services (CMS) quality indicators. Indeed, our hospitals earned five of the ten top rankings in all of New York City in treatment of pneumonia, heart attack, and heart failure, and five of the top six rankings in the prevention of surgical infection.

As an early champion of key patient safety interventions at the heart of the Institute for Healthcare Improvement's national 100,000 Lives Campaign, HHC facilities have led the way in significantly lowering the incidence of deadly hospital-acquired infections, increasing safety in the ordering, dispensing and administration of medication, and achieving wide-spread implementation of evidenced-based clinical practices that reduce patient mortality.

These are all measurable successes. But most importantly, the individual stories of families whose lives were dramatically changed for the better through HHC medical interventions are too numerous to count.

The entire HHC community deserves abundant thanks for a job that they are doing very well indeed.

New York City Health and Hospitals Corporation Facilities

Acute Care Hospital Centers

Bellevue Hospital Center

462 First Avenue
New York, New York 10016
212-562-4141

Coney Island Hospital

2601 Ocean Parkway
Brooklyn, New York 11235
718-616-3000

Elmhurst Hospital Center

79-01 Broadway
Elmhurst, New York 11373
718-334-4000

Harlem Hospital Center

506 Lenox Avenue
New York, New York 10037
212-939-1000

Jacobi Medical Center

1400 Pelham Parkway South
Bronx, New York 10461
718-918-5000

Kings County Hospital Center

451 Clarkson Avenue
Brooklyn, New York 11203
718-245-3131

Lincoln Medical and Mental Health Center

234 East 149th Street
Bronx, New York 10451
718-579-5000

Metropolitan Hospital Center

1901 First Avenue
New York, New York 10029
212-423-6262

North Central Bronx Hospital

3424 Kossuth Avenue
Bronx, New York 10467
718-519-5000

Queens Hospital Center

82-68 164th Street
Jamaica, New York 11432
718-883-3000

Woodhull Medical and Mental Health Center

760 Broadway
Brooklyn, New York 11206
718-963-8000

Diagnostic and Treatment Centers

Cumberland Diagnostic and Treatment Center

100 North Portland Avenue
Brooklyn, NY 11205
718-260-7500

East New York Diagnostic and Treatment Center

2094 Pitkin Avenue
Brooklyn, NY 11207
718-240-0400

Gouverneur Healthcare Services

227 Madison Street
New York, New York 10002
212-238-7000

Morrisania Diagnostic and Treatment Center

1228 Gerard Avenue
Bronx, NY 10452
718-960-2777

Renaissance Health Care Network Diagnostic and Treatment Center

215 West 125th Street
New York, NY 10027
212-932-6500

Segundo Ruiz Belvis Diagnostic and Treatment Center

545 East 142nd Street
Bronx, NY 10454
718-579-4000

Long Term Care Centers

Dr. Susan Smith McKinney Nursing and Rehabilitation Center

594 Albany Avenue
Brooklyn, NY 11203
718-245-7000

Coler Goldwater Specialty Hospital and Nursing Facility Roosevelt Island

New York, NY 10044
212-848-6000

Gouverneur Healthcare Services

227 Madison Street
New York, New York 10002
212-238-7000

Sea View Hospital Rehabilitation Center and Home

460 Brielle Avenue
Staten Island, NY 10314
877-5-SEAVIEW

Community Based Health Clinics

More than 80 locations
throughout the city.

Home Health Services

HHC Health and Home Care

160 Water Street
New York, NY 10038
866-NY-B-HOME

Affiliated Health Management Organization

MetroPlus Health Plan, Inc.

160 Water Street
New York, NY 10038
212-908-8600



Redefining: Quality

|qual•i•ty| 1 HHC hospitals rank among the top ten in New York City in the treatment of heart attack, congestive heart failure, pneumonia, and reduction of surgical infections. 2 HHC's designated Centers of Excellence treat patients requiring the most complex specialty care. 3 With superior ratings in specialized services from geriatrics to nuclear medicine, HHC doctors rate as "New York's best." 4 Public hospital nursing staff earn praise for excellence. 5 Stellar performance on accreditation surveys of HHC hospitals and long-term care facilities.

New York City's public hospitals are performing with excellence, measurably improving quality of care, efficiency and effectiveness while carrying out the fundamental mission to serve all New Yorkers. HHC's transformation is helping to reposition the municipal hospitals as a competitive healthcare system of choice for New Yorkers.

HHC Ranks Among Top Hospitals

New York City's public hospitals are performing with excellence, measurably improving quality of care, efficiency and effectiveness while carrying out our fundamental mission to serve all New Yorkers without regard to their ability to pay.

The latest report from the federal Centers for Medicare and Medicaid Services (CMS) shows that HHC hospitals are consistently following the best clinical practices demonstrated to improve patient outcomes in three major categories of care and to reduce the risk of surgical infection. As a result, the public hospital system as a whole outperforms the city and national averages on these important quality-of-care indicators.

In fact, according to the New York State Department of Health, our public hospitals earned five of the ten top CMS rankings in all of New York City in each of three key categories – treatment of pneumonia, heart attack, and heart failure – and garnered five of the top six rankings for the prevention of surgical infection. Individual HHC facilities scored in the top ten percent among all New York City hospitals in one or more of the four major CMS quality categories.

The Choice of More Patients

As we transform our system to be more efficient, effective, and patient-centered, more patients are choosing to obtain their care at HHC facilities. This past year, the total number of patients served by our outpatient clinics increased again for the fifth time in the past six years. And the number of inpatient discharges from all HHC acute care hospitals is up by more than four percent for the first ten months of the current fiscal year, which will translate to approximately 8,000 additional inpatients this year. Overall, HHC's total inpatient occupancy rate is above 90 percent.

Centers of Excellence

In addition to comprehensive adult and pediatric primary care services, HHC hospitals offer dozens of expert specialty services that have been designed to respond to the health needs of New York's diverse communities and neighborhoods.

The public hospital system offers comprehensive wide-ranging services in asthma, tuberculosis and other pulmonary services; diabetes and other endocrine services; stroke and other neurology services; neurosurgery; microsurgery; orthopedic surgery; cardiac surgery; oncology services and many more.

Our six busy Regional Trauma Centers are renowned for their clinical skill and serve as a trauma services training ground for the United States Army. All eleven of HHC's public hospitals provide comprehensive around-the-clock adult and pediatric emergency care and handle one-third of all the emergency services rendered in our city. Our comprehensive psychiatric emergency program (CPEP) services include mobile teams skilled at intervention with individuals in acute psychiatric crisis in the community.

HHC's designated AIDS Centers serve as hubs for a continuum of hospital and community-based care for persons with HIV infection and AIDS. These centers provide state-of-the-art, multidisciplinary inpatient and outpatient care with the aid of care managers who closely monitor patients. Services are closely coordinated with pediatric and obstetrical departments to extend specialized HIV care to infants, children, and pregnant women.

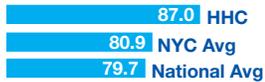
Successful Implementation of Best Practices



Heart Attack Care



Heart Failure Care



Pneumonia Care



Surgical Infection Prevention



Jacobi Medical Center and Harlem Hospital Center are Burn Centers that are equipped with expert staff and technology to care for burn victims throughout the greater New York Metropolitan Area. The centers are known for their excellence in surgical interventions to preserve skin and minimize infection and scarring.

With two Regional Perinatal Centers and half a dozen Level 3 Neonatal Intensive Care Units, HHC specializes in treating the most complex pregnancies and the frailest newborns.

Reinventing the Clinic Experience

By implementing clinical care collaboratives to engage physicians, nurses and other patient care staff at the frontlines, HHC is tapping its best minds to share best practices and find solutions to common challenges. Our collaborative teams have tackled improving both operational and clinical aspects of a primary care visit: What causes bottlenecks in patient flow and delays in patients being seen? Why do patients miss their appointments? What services can be brought together under one roof for patient convenience and staff efficiency? How can we guarantee the availability of an appointment when the patient wants it?

Together, we are successfully implementing a redesigned patient-centered approach across HHC's broad network of primary care services.

Waiting time at most HHC primary care clinics has been reduced dramatically so that patients can get in and out within 60 minutes or less. We also are working to ensure that patients can schedule routine primary care visits within three days of their request. At the Queens Hospital Center medicine clinic and the Kings County Hospital Center pediatric clinic, appointment templates have been re-worked and patients can now generally access appointments when they need them. Because of this redesigned process, which we call patient-centered scheduling, appointment no-show rates have dropped by as much as 50 percent. Over the next year, more of our primary care clinics will follow this lead.

Reduced wait time and improved scheduling means that more appointments are kept. Such continuity of care with a "family doctor" builds a stronger doctor-patient partnership, fosters earlier detection of health issues and helps involve patients and their families in active management of chronic diseases.

Best Doctors, Best Nurses

New York magazine's widely read report on the "Best Doctors in the Greater New York City Area" featured 28 top-ranking physicians from nine HHC hospitals in its 2006 issue. The list includes doctors from Bellevue, Elmhurst, Jacobi, Kings County, Harlem, Lincoln, Metropolitan, North Central Bronx and Queens Hospital Centers.

These recognized HHC top doctors have a range of specializations including geriatric medicine, dermatology, endocrinology, diabetes, pediatrics, child and adolescent psychiatry, infectious disease, neurology, nuclear medicine, pain management, pulmonary disease, urology and vascular surgery. Of course, these "best doctors" represent only a fraction of the more than 5,000 talented physicians dedicated to HHC's mission to make high-quality care available to all New Yorkers.

Centers of Excellence by the Numbers

- 6 Regional Trauma Centers
- 11 Designated AIDS Centers
- 2 Burn Centers
- 2 Regional Perinatal Centers
- 11 Sexual Assault Forensic Examiner (SAFE) Centers
- 8 Stroke Centers

HHC nurses are equally talented and deeply committed to our system's quality agenda and are helping to drive performance improvement at each facility. For example, the nursing staff at Elmhurst Hospital Center received MAGNET Recognition for Excellence, the highest honor bestowed by the American Nurses Credentialing Center. Fewer than three percent of hospitals across the country have received such designation.

Nurses at Bellevue's Psychiatry Inpatient Unit team received the 2006 award for "Best Nursing Unit in the NJ/NY Metropolitan Area" from the national nursing magazine, *Advance for Nurses*, marking the first time that the award has ever gone to a public hospital or to a psychiatry unit.

Bringing Quality Care Home

HHC Health and Home Care, a Certified Home Health division of the New York City Health and Hospitals Corporation, keeps thousands of New Yorkers healthy – at home – each year. The agency continually develops new specialty programs while consistently delivering quality services to thousands of elderly, frail and disabled New Yorkers who need care at home.

Comprehensive services, available to residents of Manhattan, Queens, and the Bronx, include nursing, infusion therapy, physical therapy, speech-language therapy, audiology, nutrition counseling, medical social services, housekeeping/personal care assistance and medical supplies and equipment. Specialized programs include HIV/AIDS, Behavioral Health, Hi-Tech Infusion Therapy, Maternal Child Health and Long Term Care. In 2006, our homecare division began deployment of telehealth technology to monitor remotely the status of an increasing number of homebound patients with serious chronic disease.

Affiliations Equal Excellence

HHC's academic affiliations continue to bring the brightest and best young physicians into public hospitals and community health centers. Our public system in turn offers a unique experience to work in a diverse, challenging urban health environment and practice HHC's mission-driven brand of healthcare delivery.

HHC has affiliations with renowned medical and academic institutions including Albert Einstein College of Medicine of Yeshiva University; Columbia University College of Physicians and Surgeons; Weill Medical College of Cornell University; Maimonides Medical Center; Mt. Sinai School of Medicine; New York Medical College; New York University School of Medicine; Staten Island University Hospital; and SUNY Downstate Medical Center.

Accreditation with Accolades

HHC hospitals and long term care facilities are fully accredited by The Joint Commission, the nation's premier healthcare accrediting agency. In 2006, The Joint Commission began its unannounced survey process designed to ensure that hospitals remain consistently ready to best serve the next patient rather than "ramping up" for the next survey. In a demonstration of our confidence in continuous survey readiness, four HHC facilities volunteered for an unannounced visit by the Joint Commission before the 2006 implementation date, with outstanding results.

Nine of HHC's eleven hospitals, two of its four long-term care facilities, and 18 behavioral health programs have now undergone unannounced surveys over the past two years and all received full accreditation with very positive feedback.

HHC facilities continue to comply with the Joint Commission's 15 National Patient Safety Goals. Our patient safety efforts to improve communication among caregivers, reduce falls, prevent medication errors and reduce hospital-acquired infections have received special recognition during the Joint Commission surveys.





Redefining: Modern Healthcare

|mod•ern| |health| |care| 1 HHC's 21st century medical centers are part of the largest hospital modernization program in New York's history. 2 System-wide use of electronic medical records enhances patient safety and facilitates optimal evidence-based patient care. 3 Technologically advanced ambulatory care suites marry innovation with efficiency and patient comfort. 4 Award-winning information technology infrastructure deploys state-of-the-art electronic systems to integrate data from exam rooms, inpatient units, pharmacies, laboratories, imaging and other diagnostic services in support of better patient outcomes.

New Buildings: A patient's view

The sun streams through the high windows. The hallways are wide. The waiting rooms are comfortable. Floor tile designs are inspired by traditional bright cloth from Ghana. Pediatric clinics are adorned with fish and stars. Flat-screen monitors hang from ceilings in almost every waiting room. And new structures are wired for the arrival of the latest generation of medical equipment and the increasingly paperless hospital.

Buildings for a Bright Tomorrow

Redefining the infrastructure of public hospitals and building 21st-century medical centers to serve another generation of New Yorkers has been a major priority for the City of New York.

The new Ambulatory Care Pavilions at Queens Hospital Center and Kings County Hospital Center mark the latest major step in HHC's \$1.2 billion capital program. Both facilities are critical resources for their communities – two of the fastest-growing and most diverse communities in New York City. Both new pavilions will provide access to primary and specialty care in a modern, therapeutic environment.

The Pavilion at Queens Hospital houses adult primary care and pediatrics, specialty services in psychiatry, ophthalmology, and dentistry and a comprehensive Diabetes Center of Excellence. The Pavilion at Kings County Hospital unites adult and pediatric primary care and specialty outpatient services including cardiology, pulmonology, orthopedics, women's health, gerontology, other specialty services, as well as an outpatient pharmacy – all under one roof.

Together, both pavilions encompass nearly 450,000 square feet of space that will host more than a half million patient visits every year. These two projects, along with other major capital improvement projects under way, including the new Harlem Hospital Center, the Kings County Behavioral Health Center, the Ambulatory Care Pavilion at Jacobi, and the expansion of the Emergency Department at Lincoln, have been designed for comfort, convenience and the delivery of effective, efficient patient-centered care.

HHC's capital investments go beyond our acute care hospitals. In 2006, we completed the construction of the impressive new home for the Bedford-Stuyvesant Alcohol Treatment Center and we have upgraded the physical plants of some community-based health centers, including the Junction Boulevard Family Health Center in Queens.

New Spaces for Newborns

Every year, nearly 22,000 New York City babies enter the world at HHC hospitals. With the completion of the latest round of ultra-modern Labor, Delivery and Recovery Suites, all our new mothers can now enjoy inviting, well-equipped rooms to give birth. Comfortable beds, rooms featuring many comforts of home, computers, space for family members to share the experience and even Jacuzzi tubs at some facilities help ease labor pains. The new designs maximize comfort and efficiency and are another example of HHC's patient-centric approach to new space design.

These attractive, state-of-the-art birthing centers are now open at all eleven HHC acute care hospitals.



Cutting-Edge Equipment

HHC's ongoing commitment to quality also is reflected in its investment in cutting-edge technology that has made the city's public hospitals a leader in technology-driven innovation.

Digital mammography systems are in place at five HHC hospitals – Bellevue, Elmhurst, Jacobi, Lincoln and North Central Bronx – to enhance physicians' ability to diagnose early breast cancer. And all of HHC's eleven acute care facilities have adopted digital imaging equipment for the vast majority of their diagnostic radiology procedures, which permits images to be accessed from any exam room through our electronic medical record system.

New 64-slice, computerized tomography (CT) scanners are now in use at HHC hospitals in the boroughs of Queens and Brooklyn and are helping to diagnose heart disease earlier. Among other things, this state-of-the-art equipment enables physicians to capture spectacular images of the beating heart and heart vessel blockages in seconds without resorting to more invasive cardiac catheterizations. The new scanners produce results at more than twice the speed of conventional multi-slice CT scanners without sacrificing image clarity.

Recently acquired positron emission tomography (PET) CT scanners at Queens and Kings County Hospitals help detect early stage cancers and guide more effective treatment. They also can help diagnose heart disease and certain brain disorders, including epilepsy, Parkinson's and Alzheimer's.

New cardiac catheterization centers, part of our commitment to earlier diagnosis and treatment of cardiovascular disease, opened last year at Bellevue and Jacobi; another at Kings County will be completed later this year. In all, HHC will have new or renovated catheterization labs at six hospitals.

Electronic Medical Records Guide Optimal Care

HHC began installing system-wide electronic medical records more than ten years ago. Today, HHC boasts a highly integrated, comprehensive electronic medical record system with capabilities that are available at fewer than ten percent of hospitals nationwide.

This technology now increasingly guides optimal evidence-based care, has greatly reduced medication errors and helps us take better care of patients with chronic illnesses such as diabetes.

HHC's electronic medical record system also incorporates digitized radiology images, sonograms and EKGs. This information is then immediately available, on demand, in any exam room or inpatient unit.

Patients at HHC hospitals in Queens reap an additional advanced technology benefit. Many now carry convenient Smart Cards with an embedded memory chip. The card chip is loaded with electronic information about the patient's diagnosed conditions, medications, drug allergies and test results.

With HHC's leadership, the ability to read Smart Cards and exchange patient information now extends beyond public hospital facilities. Elmhurst Hospital Center received a \$1.9 million HEAL New York Health Information Technology grant to pilot expansion of this system to a consortium of community providers who will distribute Smart Cards to their patients. Smart Card readers are now in place in most hospital emergency rooms in the borough of Queens, allowing speedy access to a summary of patients' select medical record information no matter where they are being treated. If a patient is rushed to a hospital outside the HHC system, the attending physician will have the ability to access critical clinical information using the Smart Card and will be able to input information about follow-up care recommendations for later review by the patient's regular physician.



Technology Honors

HHC's leading-edge work in medical and information technology have received national recognition.

This year, one of our regional networks – comprising Lincoln, Harlem and Metropolitan Hospitals and three diagnostic and treatment centers – won the coveted Nicholas E. Davies technology innovation award presented by the Healthcare Information and Management Systems Society. Only 22 other hospitals in the country have won this award throughout its eleven-year history. The award honored the network's successful development and innovative use of electronic health records to improve healthcare delivery, including the implementation of electronic medication administration documentation. This was the second Davies Award for HHC. Our Queens Health Network – comprising Elmhurst and Queens Hospitals and their associated community health centers – received the award in 2002 for our Computerized Physician Order Entry (CPOE) system.



EMERGENCY CENTER

EXIT

← MAIN LOBBY
← RECEPTION

Asma

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Redefining: Community Health Priorities

|co•mmu•ni•ty| |health| |pri•or•i•ties| **1** HHC's extensive primary and preventive care programs, assertive outreach and targeted screening strategies keep communities healthier and reduce the burden of healthcare disparities. **2** New outpatient clinic practices and high-tech tools successfully engage patients in more effective chronic disease management. **3** As New York City's principal healthcare safety net, HHC provides broad access to essential care in all communities, regardless of a patient's insurance or immigration status.

New York is a vibrant mosaic of communities that present an equally diverse number of specialized healthcare challenges. HHC has responded with affirmative patient-centered, culturally appropriate services that directly address the disproportionate disease burden among communities of color through a strong focus on prevention and early detection.

Prioritizing Prevention

Our public hospitals and health centers are:

- Helping diabetic patients control their sugar levels and blood pressure;
- Fighting asthma with the most appropriate medication and asthma action plans to keep children in school and out of the emergency room;
- Aggressively screening for colon, breast, cervical, prostate and other cancers to ensure early detection and treatment;
- Making the new HPV vaccine available to lessen the risk of cervical cancer;
- Expanding HIV testing dramatically and making it easy, fast and readily available to link those with undiagnosed HIV to care at the earliest possible time;
- Battling against tobacco dependency by offering nicotine replacement therapy and community-based smoking cessation programs;
- Treating obesity and encouraging healthier diets and lifestyles;
- Promoting and supporting breast feeding for new mothers;
- Providing thousands of free cholesterol and blood pressure screenings to identify those at risk of heart disease and link them to treatment.

Different Communities, Different Needs

A customized approach to prevention is a hallmark of the public hospitals and health centers that provide nearly six million patient care visits annually. Sensitive to the specific healthcare needs of New Yorkers and their communities, HHC responds with cultural and linguistic competence and the inviolable pledge of confidentiality.

HHC's focused interventions include Bellevue Hospital's Hepatitis B program targeting Chinese and Korean Americans who disproportionately contract this disease. Left untreated, Hepatitis B infection can damage the liver and can lead to liver cancer, which currently affects the Asian community at six to ten times the rate for New York City's population at large.

In neighborhoods near Coney Island and Elmhurst Hospitals, some South Asian males in their thirties appear in HHC clinics exhibiting symptoms of advanced cardiovascular disease. The cause is thought to be a combination of genetics and diet. HHC is responding with state-of-the-art treatment as well as with culturally-sensitive, language-appropriate patient education and screening.

Many of the communities of color served by our hospitals and health centers have HIV infection prevalence rates that are more than double the city average. AIDS continues to be the third leading cause of death for people under age 65 in New York City and early detection is crucial, both in terms of treatment and preventing transmission to others. HHC's position is that everyone — including women, seniors, and teens — should know his or her HIV status and we have begun incorporating a rapid HIV test into regular preventive care. Routine HIV testing has expanded beyond the prenatal and HIV clinics and is reaching patients who come in for emergency services, an elective surgical procedure, a flu shot and other outpatient or inpatient services.





In CY 2006, HHC tested more than 100,000 patients for HIV, an increase of 65 percent over the number screened in CY 2005. More than 1,500 patients tested positive for HIV infection, more than double the previous year's number. Almost all have been successfully linked to care, many at an HHC hospital, each of which is a Designated AIDS Center with deep expertise in HIV /AIDS treatment. By taking advantage of newer rapid testing technology and by offering testing in emergency rooms, inpatient units and outpatient clinics, Kings County doubled the number of patients who learned their HIV status this past year and Lincoln nearly tripled the number of patients tested compared to the year before.

Screenings Save Lives

For HHC, expanding life-saving screenings is a cornerstone of the strategy to intervene early and aggressively in the treatment of disease – including cancer, HIV/AIDS, asthma, diabetes, heart disease and depression.

Early detection of cancer continues to be a top priority. Last year, HHC facilities performed more than 90,000 mammograms and 150,000 cervical cancer screenings. More than 3,000 pre-cancerous polyps were removed by performing three times as many screening colonoscopies as had been done just four years ago. Since breast, cervical, and colon cancer are all highly treatable if detected early, this major cancer screening initiative has had a powerful impact on the lives of many New Yorkers.

As we use screenings to deal more effectively with disease, we are doing the same to help those who come to us as the victims of violence. Over the past year, we incorporated screening for domestic violence into our routine health assessments; we trained more than 1,200 staff members to screen for signs of child abuse; and we now field Sexual Assault Response Teams to ensure that victims of sexual assault will receive expeditious medical care and counseling support, as well as expert forensic preservation of evidence for prosecuting their attackers.

Managing Chronic Diseases

HHC is also focusing aggressively on two epidemics that disproportionately affect New York City residents – asthma and diabetes. In some of our communities, more than eight percent of adults and more than 18 percent of children suffer from asthma, and more than ten percent of adults have diabetes. Asthma is the single greatest health-related cause for missed school days among our children.

In 2006, we partnered with schools in our communities to bring education about asthma triggers and asthma management into the classroom. We also continued to use a variety of interventional approaches to improve the quality of care for asthmatic patients. Our electronic medical records (EMR) include best practice prompts and guidelines to ensure that patients are getting the most appropriate medication for the severity of their asthma condition. We also have embedded “asthma action plans” into our EMR that are printed and given to our patients (and, in the case of children, to parents) to help them take an active role in asthma management. Our approach is yielding promising results. Asthma-related pediatric emergency visits have declined by 24 percent and pediatric asthma hospital admissions dropped by 30 percent during the past two years.

Prevention by the Numbers

- 90,000 mammograms
- 100,000 HIV tests
- 50,000 diabetic patients monitored
- 150,000 cervical cancer screenings
- 135,000 free flu shots
- 22,000 colonoscopies
- 2,000 fewer pediatric asthma ER visits



We are using our advanced clinical information technology in a similar way to help our patients better manage their diabetes. Mining patient data from our EMR, we have created an electronic chronic disease registry that we are now using to more closely monitor our patients' blood sugar, blood pressure and cholesterol levels and to better treat their diabetes. Both HHC hospitals in Queens, where our electronic diabetes registry was piloted, demonstrated that over a 30-month period they were able to more than double their number of diabetic patients with well-controlled blood sugar levels. We are now using our recently deployed system-wide electronic registry to track and treat nearly 50,000 adult diabetics, and, by the end of 2008, will look to double the patients across our system whose diabetes is well-controlled.

Patient engagement is critical to effective chronic disease management – and depression often impedes patients' ability to engage in self-management. To address this barrier, HHC has incorporated an evidence-based screening tool into its EMR at every facility to help primary care providers identify undiagnosed depression. More than 20,000 patients were screened in 2006, and the unfolding prevalence of untreated depression among our outpatients with chronic disease presents significant mental health treatment capacity challenges.

During 2007, we will conduct a system-wide training effort to equip our primary care providers to treat mild and moderate depression. As a result, this coming year we will treat more patients for depression than ever before, and many of these patients will be treated in our primary care clinics as we continue to take a more holistic clinical approach to care.

Advocating for Primary Care

Greater access to primary care is vital to effective preventive health services. In 2006, a joint report by HHC and the Primary Care Development Corporation (PCDC) detailed that New York City still suffers from a shortage of primary care physicians in its low-income communities.

To close the gap of primary care access for the poor, HHC continues to advocate for reform of the current Medicaid reimbursement rates – which have not been increased in 15 years – to bring them in line with real costs. While such reform is essential to create and sustain the additional primary and preventive services needed to improve the health of the most vulnerable New Yorkers, HHC will continue to invest in evidence-based preventive care and to provide more than two million primary care visits annually.

Engaging Patients and the Community At Large

Just as the active engagement of individual patients is essential to effective patient care, a broader engagement of the community at large keeps our public hospitals and health centers focused on and responsive to community need. Many of HHC's most successful health promotion initiatives involve partnerships with community-based organizations with which we share common ground. Of course, each facility's Community Advisory Board (CAB) is the formal and direct link that helps us to enlist patients and local health advocates as partners in responding to community health needs. The CABs contribute to planning, program development, and service delivery, and they provide invaluable advocacy and advice from the local community perspective.



Redefining: Patient Safety

|pa•tient| |safe•ty| 1 Saving lives through an on-going campaign to reduce medical errors, prevent hospital-acquired infections and rescue patients from imminent cardiac arrest. 2 Creating an organizational culture of patient safety through training, empowerment of front-line staff, sharing of best practices, leveraging technology, partnering with patients and building trust. 3 Poised to become one of the safest healthcare systems in the country.

Patient safety is HHC's highest priority. Staff at every facility – from housekeepers to trauma surgeons – have embraced an on-going campaign to increase safety for patients; to promote a fair, just and open culture of learning, prevention, and accountability; and to become one of the safest healthcare systems in the nation by the year 2010.

First and Foremost

As an organization and as individuals, we are working aggressively to reduce preventable events that harm patients. System-wide collaborative initiatives are focused on eliminating all forms of hospital-acquired infection, responding rapidly to the hospital bedside of patients with telltale signs of imminent cardiac arrest and preventing medication errors. Patient Safety Officers increasingly ensure safety is part of the fabric of every function and clinical effort. Senior Executives conduct rounds to assess patient safety concerns shared by staff and tackle issues immediately. Legions of HHC staff regularly engage in raising awareness and training. All staff have access to an intranet site to share best practices, access related educational resources and highlight successes. And a patient safety awards program encourages innovation.

Saving 332 Lives

HHC was among the first hospital systems in the country to sign on to the Institute for Healthcare Improvement's nationwide 100k Lives campaign designed to avoid preventable patient deaths through the implementation of six evidence-based clinical interventions. We quickly moved to adopt all six recommended interventions — putting programs in place to reduce medication errors, central line infections, surgical site infections, ventilator-acquired pneumonia, and mortality risks for heart attack patients, as well as establishing “rapid response teams” to bring critical care resources to the bedside expeditiously. At the conclusion of IHI's 18-month campaign, HHC hospitals had reduced our system-wide inpatient mortality by nearly 10 percent, saving an estimated 332 lives.

As HHC's lifesaving work around patient safety continued beyond the IHI campaign, 2006 marked the fourth year in a row in which there was a decline in the system-wide mortality rate. As a result, the Corporation experienced an eight percent decrease in patient deaths during 2006 compared to 2003.

Safety-Driven Technology

As the IHI campaign highlighted, medication errors are among the most common medical mistakes. A report by the National Institute of Medicine estimated that as many as 1.5 million Americans are harmed annually by medication errors that occur at home and at healthcare institutions.

After investing more than \$100 million in building and refining a Computerized Provider Order Entry system, HHC is among very few – only about six percent based on the latest 2004 data – of U.S. hospitals that have adopted the computerized medication ordering technology recognized as the single most effective measure to protect patients from life-threatening drug errors.

HHC is among an even smaller group leading the way with advanced clinical technology that extends from electronic physician medication ordering to computerized pharmacy robotic dispensing to electronic medication administration documentation at the patient's bedside, all of which ensure that the right medication is administered to the right patient in the right dose and with the right frequency.

We continue to augment our clinical information technology to enhance patient safety in other ways. For example, clinicians can now calculate an inpatient's risk of deep vein thrombosis directly in our electronic medical records and embedded decision support will recommend the most appropriate preventive treatment.



Rapid Response Teams Prevent Cardiac Arrests

Every HHC acute care facility has now implemented rapid response teams (RRT), which bring critical care expertise to patients outside an intensive care unit (ICU) when there are signs that the risk of cardiac arrest is imminent. Patients who code outside the ICU have a very high mortality rate. When properly implemented, RRTs help reduce the cardiac arrests outside the ICU and save lives.

After implementing RRTs at both Coney Island and North Central Bronx, the number of cardiac arrests occurring outside the ICU in each facility dropped by 50 percent in four months. At Bellevue, the rate dropped by more than 75 percent.

For years, HHC hospitals have been delivering evidence-based care to patients who suffer heart attacks, such as timely administration of aspirin and beta-blockers to reduce the risk of mortality. HHC has been recognized by CMS and the New York State Department of Health for achieving some of the best results in the nation for the evidenced-based treatment of heart attack and heart failure.

Driving Down Hospital-Acquired Infections

Central line blood stream infections and ventilator-assisted pneumonia are infections that patients acquire after they have been admitted to the hospital. HHC's two-year-old Critical Care Collaborative is fighting back with expert teams focused on each of these hospital-acquired infections which are often deadly for fragile patients in ICUs.

HHC facilities are preventing central line infections in patients who are receiving medicines and fluids intravenously by consistently following five specified best practices. By implementing this "bundle" of specified clinical practices, HHC hospitals have produced a dramatic decrease in central line infections during the last year – ranging from 25 percent to 50 percent declines in the infection rates. Bellevue had gone nine months in a row without a central line infection in its medical ICU as 2006 came to an end.

HHC hospitals also are implementing a bundle of best practices that have been demonstrated to help prevent ventilator-acquired pneumonia. By consistently following four recommended clinical practices, including something as simple as keeping the head of the patient's bed elevated between 30 and 45 degrees, Woodhull Hospital's ICU went 18 months and Bellevue Hospital's medical ICU went 12 months without reporting a single case of pneumonia among ventilator patients. Not many hospitals in the nation with significant numbers of ICU patients can make either claim. The majority of HHC hospitals have now reported multiple sequential months without a single central line or ventilator-acquired infection.



Transparency on the Web

HHC is demonstrating its commitment to patient safety in yet another way. In a section titled Safety and Quality on our newly designed web site – www.nyc.gov/hhc – we have begun to post quality of care data that we think our patients and the public have a right to know. Some of this data is already in the public domain, but visitors to the HHC site will find it presented in a clear and direct way. Later in 2007, HHC will begin posting quality data that is not yet available to the public in this state, but that we think should be. We will post our rates of hospital-acquired infections, unadjusted and risk-adjusted mortality rates and the aggregate health indicators – like blood sugar, blood pressure and cholesterol levels – that reflect the health status of our diabetics, and more.

All of this data will allow our patients and the public to hold us accountable for the continuous improvements to which we are committed; improvements that will protect our patients from unnecessary harm or better their health status through more effective care.

Expanding Palliative Care

HHC defines patient safety to include doing everything possible to avert all forms of preventable harm to patients. These efforts have turned our attention to growing the role of palliative care in mitigating the suffering and anguish that too often accompanies the last weeks and days of life for terminally ill patients in our ICUs. The palliative care services include symptom management, coordination of care, psychiatric counseling, caregiver support, pastoral services, complementary medicine and bereavement services.

Two HHC hospitals have established palliative care teams to promote quality of life and afford patients the option, if they so choose, to spend the very end of their lives in an environment that emphasizes comfort and presents an opportunity for lucid closure with family and friends. This year, HHC made a commitment to expand palliative care services to all eleven hospitals. HHC's palliative care model builds on the strength of multi-disciplinary teams of doctors, nurses, social workers, faith-based counselors and chaplains, as well as a cadre of trained volunteers whose mission is to educate and support patients and their families through the complex decision-making around terminal illness.

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Redefining The Safety Net Mission

|safe•ty| |net| |mis•sion| 1 High quality, affordable healthcare accessible to all New Yorkers. 2 Model culturally sensitive, language-appropriate health services. 3 Open door, activist agenda to meet medical needs of diverse New Yorkers, keep communities healthy.

The HHC Safety Net by the Numbers

- 1.3 million New Yorkers served every year.
- Patients speak more than 100 different languages.
- 400,000 uninsured New Yorkers access quality healthcare.
- Nearly 5 million outpatient visits every year.
- One-third of New York City's emergency services.
- Nearly 40 percent of all inpatient and hospital-based outpatient behavioral health services in New York City.

An Open Door to Healthcare

While working to become the first choice healthcare system for all New Yorkers, HHC never deviates from its core mission: to provide accessible healthcare for the city's most vulnerable residents. New York City's public hospital system has traditionally provided a safety net for uninsured New Yorkers who could not afford to pay for medical care elsewhere.

Today, HHC serves nearly 1.3 million patients annually, including 400,000 patients without health insurance. Our patients include many new immigrants with limited English proficiency who are accessing healthcare in this country for the first time. Increasingly we are also serving a growing, diverse population of elderly poor who present with multiple and complex forms of chronic disease.

Welcome
Bienvenidos

🙏
ДОБРО ПОЖАЛОВАТЬ

Through dedicated on-site interpreters, innovative technology-enabled or telephonic interpretation resources, the help of bilingual volunteers and the language skills of a diverse workforce that mirrors the communities we serve, HHC patients can almost always find someone to talk to in their own language.

Patient-centered language services not only send a message of welcome, they also play a key role in HHC's commitment to quality and patient safety. HHC's substantial investment in these essential communication services helps reduce medical errors, improves the quality and detail of patient histories and increases every patient's ability to understand diagnosis, treatment and the decision-making surrounding care.

HHC's special language services include:

- TEMIS - a United Nations-style simultaneous interpretation service that facilitates a real-time doctor/patient interaction via wireless headsets and highly skilled interpreters operating from a central location. With supportive funding from the City Council, this award-winning technology-enabled service is available in eight languages at three of our facilities.
- Telephonic translation in more than 100 different languages is available around-the-clock at every HHC facility.
- Extensive multi-language signage at every facility is tailored to the local community needs.
- Important forms, educational materials and other patient information is available in the languages most commonly spoken by HHC patients, including Bengali, Chinese, English, French, Haitian-Creole, Hindi, Korean, Polish, Russian, Spanish and Urdu.



Redefining The Safety Net Mission



Options for Uninsured New Yorkers

Ensuring access to affordable healthcare is a safety-net priority. Through HHC Options, HHC's financial assistance program, financial counselors at every major facility assist patients and their families who need access to affordable health services. Financial counselors help eligible patients obtain health insurance coverage or can offer free or reduced-cost health services for patients who do not qualify for public insurance programs.

In one year alone, HHC helped more than 320,000 eligible patients enroll in public insurance programs – and nearly 18,000 children in Child Health Plus. Many low-income patients seeking assistance with insurance find that they qualify for HHC's own top-ranking health insurance plan, MetroPlus, which now provides coverage for a quarter-million New Yorkers.

HHC's financial services program offers low-cost healthcare services on a sliding fee scale for uninsured patients with family incomes as high as 400 percent of the federal poverty level – about \$82,000 for a family of four – allowing many more families to have access to affordable healthcare.

Take Care New York Screenings



Recognizing that too many New Yorkers have life-threatening diseases and don't know it, every October HHC conducts a major campaign to raise prevention and early detection awareness while offering a broad range of free and low-cost health screenings to thousands of New Yorkers across the city. The annual HHC Take Care New York campaign includes screenings for diabetes, high blood pressure, cholesterol, depression, cancer, HIV infection and more. Patients who screen positive for disease are linked to care at an HHC facility.

A Promise to Immigrant New Yorkers

In the spring of 2006, with news stories circulating about the possibility of more stringent immigration policies and proposals to send undocumented immigrants back to their home countries, some recent immigrants stopped showing up for their doctors' appointments and some began to avoid emergency rooms when they needed urgent care. They were, quite simply, afraid.

Recognizing that many of the 2.9 million foreign-born New Yorkers might be putting their health at risk, HHC took clear and decisive steps to remind all New Yorkers that our public hospitals welcomed them, would care for them, and would keep their personal information, including their immigration status, confidential.

In an open letter to immigrant New Yorkers, HHC President Alan D. Aviles sent a direct message in eleven languages: "We care about your health, not your immigration status." Some 48 news outlets reported the story, reaching nearly seven million area residents. And dozens of immigrant advocacy groups distributed the letters in communities across the city.

Increasing Access in Staten Island

In an important development, HHC provided financial and logistical support in 2006 to establish a new community health center on Staten Island's North Shore, a primary care-deprived area with a low-income population that includes many uninsured individuals and many new immigrants. The independently run Community Health Center of Richmond now provides a full range of primary care services for children and adults. HHC is committed to the expansion of the health center's physical space and service capacity; a search is now under way for a second site.

HHC also has continued to support and fund a temporary means of providing additional affordable primary care capacity for uninsured low-income residents on Staten Island through the Staten Island Health Access program (SIHA). More than 2,500 Staten Island residents have participated in SIHA and receive HHC-subsidized care from community-based physicians located on the North Shore.

MetroPlus #1 in Customer Satisfaction

A subsidiary of HHC, MetroPlus is a health plan that enrolls patients eligible for Medicaid, Child Health Plus or Family Health Plus who reside in Manhattan, Brooklyn, the Bronx, or Queens. MetroPlus also runs Partnership in Care, an HIV special needs plan for eligible patients with HIV/AIDS.

MetroPlus is one of the largest Medicaid managed care plans in New York City; by the end of 2006, total membership had reached nearly 250,000. As its provider network of participating doctors and hospitals continues to expand, MetroPlus is working all over the city to assist eligible residents with health insurance coverage. For the second year in a row, MetroPlus has been ranked the highest scoring New York City Medicaid managed care plan in overall quality and customer service.

Managing the Health Impact of 9/11

In September 2006, Mayor Bloomberg announced that the city would commit \$16 million in funding to expand the services at Bellevue Hospital to evaluate and treat any New Yorker who suffers symptoms associated with exposure to the WTC disaster or its aftermath. As a result, a new WTC Environmental Health Center has been created to dramatically expand the modest evaluation and treatment program that has evolved at the hospital following 9/11.

The WTC Environmental Health Center owes much to Bellevue's deeply rooted collaboration with community-based organizations focused on post-9/11 health effects. These community partners have identified hundreds of residents and clean-up workers, especially those without health insurance, who suffer health consequences from their exposure to the WTC site, but are ineligible to receive services from other WTC-related programs. In anticipation of additional city and federal support, HHC plans to expand the health center services with new clinics at Gouverneur and Elmhurst. An assertive outreach program to promote the expanded services that are now available can be expected to turn up many more WTC-impacted patients across the city. The new Center of Excellence at Bellevue is intended to ensure that no New Yorker suffering from post-9/11 illness lacks access to expert evaluation and care.



Financial Data

Statements of Revenues, Expenses and Changes in Net Assets (in thousands) Years ended June 30, 2006 and 2005

	2006	2005
<i>Operating revenues:</i>		
Net patient service revenue	\$ 4,991,466	\$ 3,573,794
Appropriations from (remittances to) City of New York	(112,385)	295,735
Premium revenue	541,895	484,599
Grants revenue	258,014	272,027
Other revenue	52,630	52,133
<i>Total operating revenues</i>	<i>\$ 5,731,620</i>	<i>\$ 4,678,288</i>
<i>Operating expenses:</i>		
Post-employment benefits, other than pension	2,398,591	61,441
Personal services	2,071,333	1,993,973
Other than personal services	1,408,056	1,272,972
Fringe benefits and employer payroll taxes	652,675	584,624
Affiliation contracted services	641,484	608,614
Depreciation	198,296	185,206
<i>Total operating expenses</i>	<i>\$ 7,370,435</i>	<i>\$ 4,706,830</i>
<i>Operating loss</i>	<i>\$ (1,638,815)</i>	<i>\$ (28,542)</i>
<i>Nonoperating revenues (expenses):</i>		
Investment income	20,640	12,181
Interest expense	(86,337)	(83,836)
Noncapital contributions	441	210
<i>Total Nonoperating expenses, net</i>	<i>\$ (65,256)</i>	<i>\$ (71,445)</i>
<i>Loss before other changes in net assets</i>	<i>\$ (1,704,071)</i>	<i>\$ (99,987)</i>
<i>Other changes in net assets:</i>		
Capital contributions funded by City of New York	211,502	227,160
Capital contributions funded by grantor and donors	11,672	9,580
<i>Total other changes in net assets</i>	<i>223,174</i>	<i>236,740</i>
<i>(Decrease) increase in net assets</i>	<i>(1,480,897)</i>	<i>136,753</i>
<i>Net assets at beginning of year</i>	<i>\$ 1,463,769</i>	<i>\$ 1,327,016</i>
<i>Net assets at end of year</i>	<i>\$ (17,128)</i>	<i>\$ 1,463,769</i>

Balance Sheets (in thousands)
June 30, 2006 and 2005

	2006	2005
Assets		
<i>Current assets:</i>		
Cash and cash equivalents	\$ 446,058	\$ 470,357
U.S. Government securities	53,562	21,164
Patient accounts receivable, net	492,808	502,463
Premiums receivable	64,568	60,139
Estimated third-party payor settlements, net	218,458	-
Estimated pools receivable, net	408,100	32,700
Grants receivable	42,305	30,005
Supplies	27,498	26,090
Assets restricted as to use and required for current liabilities	30,538	38,214
Other current assets	9,586	8,684
<i>Total current assets</i>	1,793,481	1,189,816
Assets restricted as to use, net	165,388	221,847
U.S. Government securities	-	21,045
Capital assets, net	2,301,546	2,123,591
Deferred financing costs, net	21,933	24,531
Loans receivable from affiliates, net	4,150	4,300
	\$ 4,286,498	\$ 3,585,130
Liabilities and Net Assets		
<i>Current liabilities:</i>		
Current installments of long-term debt	\$ 67,789	\$ 61,982
Accrued salaries, fringe benefits, and payroll taxes	493,557	541,178
Accounts payable and accrued expenses	290,970	266,506
Estimated third-party payor settlements, net	-	108,111
Due to City of New York	75,700	54,586
Current portion of post-employment benefits obligation, other than pension	73,468	-
<i>Total current liabilities</i>	1,001,484	1,032,363
Long-term debt, net of current installments	1,043,622	1,088,998
Postemployment benefits obligation, other than pension	2,257,937	-
Other liabilities	583	-
<i>Total liabilities</i>	4,303,626	2,121,361
<i>Commitments and contingencies</i>		
<i>Net assets:</i>		
Invested in capital assets, net of related debt	1,228,198	1,081,764
Restricted:		
For debt service	113,596	111,101
Expendable for specific operating activities	11,225	10,931
Nonexpendable permanent endowments	928	928
For statutory reserve requirements	31,531	27,948
Unrestricted	(1,402,606)	231,097
	\$ (17,128)	\$ 1,463,769
	\$ 4,286,498	\$ 3,585,130

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300 Millionth American Arrives at Elmhurst Hospital Center

His name is Emanuel Plata. He weighed 6 pounds, 15 ounces. His parents were born in Mexico and now live in Brooklyn. He has two older brothers. And before long, he will be able to understand why he appeared on millions of television screens on the day he was born.

Emanuel arrived at precisely 7:46 a.m. on October 17, 2006, the exact moment (more or less) that, according to U.S. Census Bureau calculations, the 300 millionth American was expected to be born.

Other HHC babies—among the more than 22,000 born in HHC facilities in a given year—soon followed. Little New Yorkers were born at Metropolitan Hospital Center at 7:55 a.m., at Woodhull Hospital at 7:57 a.m., and at Jacobi Medical Center at 8:01 a.m. on October 17.

All of the 300 millionth contenders arrived in comfortable, state-of-the-art settings, the result of a \$40 million investment to modernize and build new labor and delivery suites in HHC hospitals.



nyc.gov/hhc