

2014 HHC Report to the Community

BETTER...

Pursuing Excellence at the NYC Health and Hospitals Corporation

1 The largest municipal health system in the country

1.4 million patients treated annually

1,300,000 HIV tests since 2005

35,000 staff members

5 million patient visits per year

languages translated **1961**

36,000 new MetroPlus members enrolled through healthcare exchanges

500,000 uninsured patients

11 Acute care hospitals

8,000 Volunteers

21,000 babies born annually

70+ community based clinics



nyc.gov/hhc



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Dedication

As the longest-serving president of HHC until his retirement in early 2014, Alan D. Aviles led the organization for nine years with integrity, vision, and compassion. Mr. Aviles's administration was marked by a profound transformation in HHC's approach to healthcare delivery that focused on improving quality and safety for patients and building a workplace that sought and respected the dedication and contributions of staff. As an executive leader, Alan Aviles combined strategic and operational intelligence about the business of healthcare with a personal and respectful understanding of the complex healthcare challenges that New Yorkers face.

HHC thanks Alan Aviles for guiding HHC to its current place in the top rank of healthcare systems in this country. He directed our organization through challenge and crisis, solidified our place as an essential service in our city, encouraged innovation and improvement in our staff, and led us always with respect, grace, wisdom, and empathic concern for the patients we serve.



nyc.gov/hhc

It is HHC's mission to extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity, and respect.

This historic mission defines us as an organization. All that we do flows from our commitment to fulfilling it and to keeping New Yorkers healthy. HHC's people – our 35,000 employees, many of whom come from the very communities we serve – live that mission in their work every day. They are at the core of what makes us better.

Better means more effective and coordinated patient care, safer medical practices, modern physical environments, and advanced technologies and electronic tools.

Better means deepening organizational unity and “systemness;” ensuring that best practices from one department or facility are spread to all; and that resources are maximized to improve patient care and outcomes, improve health in our communities, and create economic efficiencies across the organization.

Better means that we are building on our current baseline of excellence toward improvement in every way.

Seen in the rear-view mirror of the past eight years, and the viewfinder of our future, Better is the story of HHC's consistent improvement and the alignment of vision and guiding principles by frontline staff, supervisors, administrators, and leadership.

Better . . .

Message from Alan D. Aviles



As you will read in this report, HHC is ahead of the curve because it has already been walking the walk. Our organization-wide process improvement work, our uncompromising commitment to patient safety, our transformative vision of ambulatory care, our facility modernization program, and our strategic focus on improving care delivery will serve the organization well as it moves forward.

One of the most important lessons we have learned is that we have more commonality than difference from one facility to the next – that the system is better and stronger when we work together.

HHC is resolute, resourceful, innovative, and ready for the future.

It has been an honor and a career highlight for me to serve as HHC's president for the past nine years. In helping to set a strategic agenda to keep our organization on a path to a healthy future, my service at HHC reminds me of how noble and essential government can be. I have seen this every day as I have watched dedicated staff work to fulfill HHC's mission to care for all.

HHC's strategic transformation since 2005 leaves it positioned to deliver healthcare at a level of excellence and responsiveness to community needs that is highly competitive with any and all New York City hospitals and healthcare systems. And even in the face of tumultuous change, system-wide achievements are positioning HHC to keep getting better and better.



Alan D. Aviles
President, 2005-2014

It has been nearly eight years since we did a report like this one. We knew in 2007 that challenges lay ahead, but no one could have foreseen the seismic shifts that have occurred in the world around us and in healthcare. Between the destabilizing economic upheaval that began in 2008 to the early turbulent days of the Affordable Care Act, the healthcare landscape has been profoundly and irrevocably changed. Thanks to insightful strategic planning, strong senior leadership, and the tireless efforts of staff, HHC moved quickly and surely to anticipate or adapt to these changes, while continuing to provide safe, high-quality care to all who come through our doors. Nonetheless, monumental challenges remain in the ongoing struggle to meet the healthcare needs of our city and all of its residents. But HHC is resolute, resourceful, innovative, and ready for the future.

This is the final report to bear my name as president. It comes at a time when revolutionary change is beginning to unfold, as healthcare systems are increasingly being rewarded for offering strong primary care and chronic disease management (to keep patients healthy and out of the hospital) rather than for the sheer volume and intensity of acute care provided through emergency visits and inpatient services. As the largest municipal healthcare system in the United States, a driving force in ensuring access to care to every New Yorker in every corner of our city, and an acknowledged national leader in population health management, HHC is very much in the forefront of this revolution in care.

Message from Ramanathan Raju, MD



The story of HHC's accomplishments and strategic advances over the past eight years, as recounted in this *Report to the Community*, is a remarkable statement of organizational change and progress inspired by a singular mission and carried out by a compassionate and committed team.

As I return to the HHC family after two and one-half years as CEO of Chicago's public hospital system, I do so knowing that HHC has united around an exciting and transformative vision of care delivery that, more than ever, is committed to the wellness of each patient and the prevention of illness. Wherever and however it can, HHC and its staff want to help our patients receive the treatment they need in clinics and primary care settings to help them stay out of emergency rooms and hospital beds.

HHC will continue its commitment to healthcare equity by ensuring that every patient gets the quality care they need and deserve.

The decision to adopt this admirable philosophy of care as HHC's cornerstone and to align the organization's resources behind it is one that I wholeheartedly support. The world of healthcare today, and the dramatic changes we have already seen as we adapt to the Affordable Care Act, is fundamentally different from generations past. HHC

has chosen the path that courageously leads to a future that will serve our patients, our communities, and our organization better than ever.

I am honored to lead the most progressive public healthcare organization in the United States, and especially grateful to Mayor Bill de Blasio for his confidence and support, and to the HHC Board of Directors, to whom I shall look to for their collective experience and insight. I am also thankful to Alan Aviles for his wisdom, inspiration, and unending faith in HHC, and for all that he has taught me about what constitutes great leadership. From Mr. Aviles and my colleagues across HHC, I have learned lessons that I shall not forget.

The responsibility to lead HHC at such a historic time in healthcare is not lost on me. HHC will continue its commitment to healthcare equity by ensuring that every patient gets the quality care they need and deserve. But we can't do it alone. I hope that all of HHC and those in the world beyond our walls will join me as we embark on the journey to the next generation of public healthcare in our city. We will need strong partners in government and in the private healthcare sector, and we will always need the gift of collaboration and engagement from HHC's exceptional staff.

We have much work to do together. Of course, it won't be easy. Overcoming real challenges and making real change never is, but as this report clearly demonstrates, HHC is already making healthcare in our city better. Now, together, we can make it great.



Ramanathan Raju, MD
President, 2014 –



The Triple Aim

As we follow HHC's Guiding Principles, we move closer to achieving the Triple Aim of:

- Better care for each patient
- Better health for the communities we serve
- Better value/lower cost

Guiding Principles



Our Guiding Principles are the key to HHC's future. They are important to all of us, no matter what job we do, and they remind us of how to best serve our patients and communities every day.

Keep Patients First

Patients are at the center of everything we do. We treat our patients with respect and empathy. We achieve high levels of patient satisfaction by meeting or exceeding expectations. In caring for all, we serve our communities and our city.

Keep Everyone Safe

We watch out for one another and work in ways that eliminate injuries. We always take the steps needed to ensure the safety of the patients in our care.

Work Together

We work together, respect each other, and communicate effectively in order to meet challenges, solve problems, and reach HHC's goals. We all share responsibility for patient care, for safety, for controlling costs, and, ultimately, for fulfilling HHC's mission.

Pursue Excellence

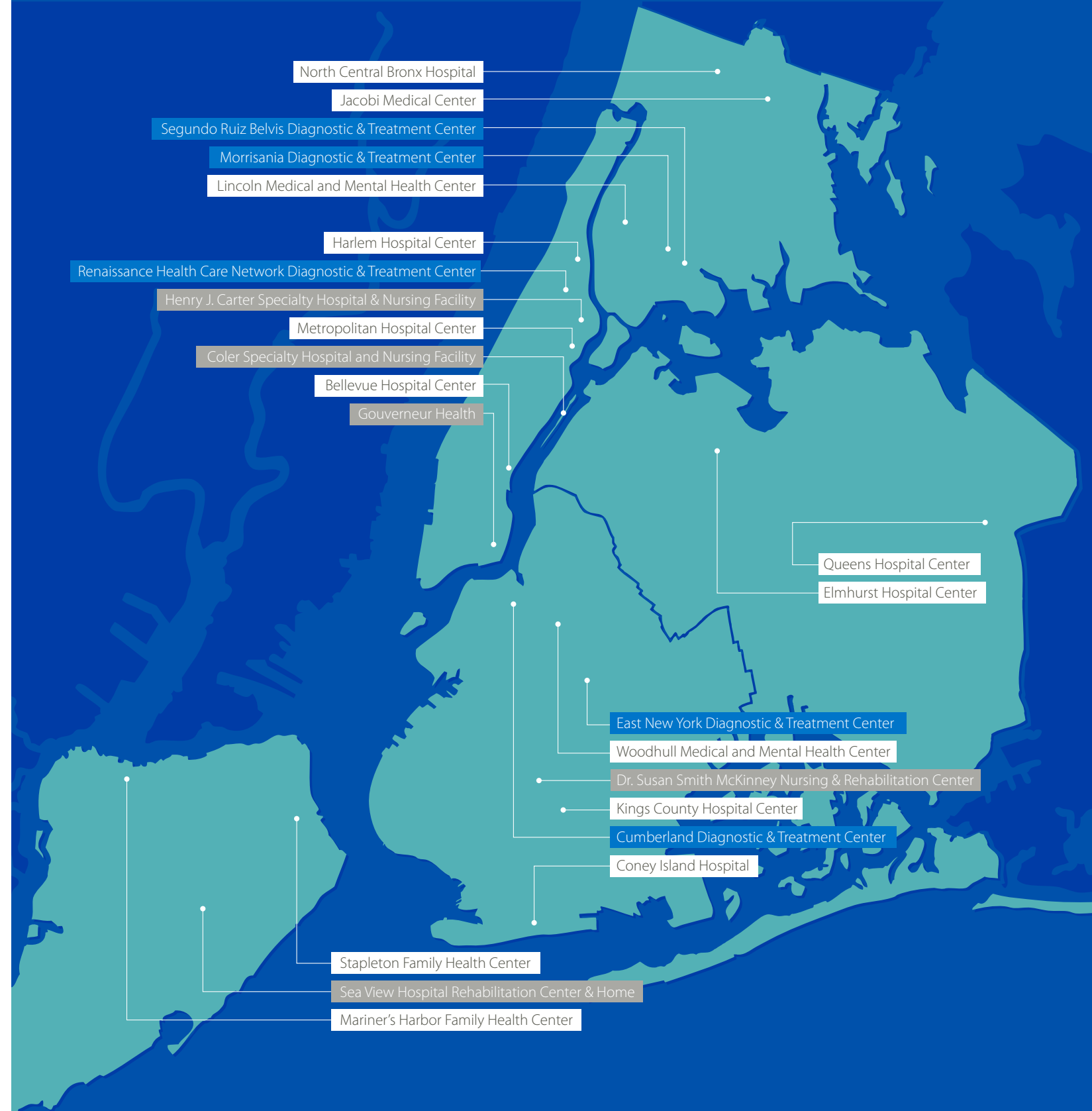
We adapt to changes, we innovate. We continuously review our work, revise work processes, and eliminate waste. We work to the highest standards of integrity, quality, and safety. Breakthrough, with its ability to engage staff at all levels, is our path to excellence.

Manage Your Resources

We are accountable for what we do and how we do it. We look for ways to save money; use time, effort, and materials wisely; and work efficiently. To sustain the mission of HHC, we make every dollar count; we think about the cost consequences of our decisions.

Keep Learning

We learn in order to grow as individuals; we incorporate the lessons we learn into our daily work to reach the highest levels of personal potential and team success. Our employees are our most valuable resource, and HHC supports professional training and development, expansion of skills, and opportunity for all staff.



11
acute care hospitals

70+
community-based clinics, a home care agency, and HHC's managed care health plan, MetroPlus

6
large diagnostic and treatment centers

5
skilled nursing facilities



“At HHC, the needs of our patients come first 100% of the time.”

Ross Wilson, MD, Senior Vice President and Corporate Chief Medical Officer

Keeping Patients First

Making HHC better means all staff working in concert every day to ensure that patients remain at the center of everything we do. It means changing the way we conduct business in order to elevate patient convenience above provider convenience, tailoring care to individual patients, continuing to be sensitive to cultural differences, and respecting our colleagues and our patients. It means helping patients become active partners in their own care, and encouraging and requiring teamwork and coordination among staff.

Changing Models of Care to Exceed Expectations

One of the first steps HHC took toward coordinating care throughout the system was a pioneering effort to improve chronic disease management. In 2003, HHC piloted electronic disease registries. In 2005, all facilities began using these databases that today track more than 100,000 patients with diabetes, congestive heart failure, high blood pressure, and asthma. Clinicians use the data, including information from HHC’s electronic medical records system, to improve care, offer targeted treatment, and guide care management. E-registries also help identify patients who need additional support to achieve their self-management goals. In addition to providing an effective tool at the individual patient level, the e-registries help HHC review and report on the health of the communities we serve, and the information helps us to make programs better and maximizes government support. HHC is currently developing a population health registry that will capture all pertinent patient information in a single database.

Patient-Centered Medical Home

HHC’s use of technology to improve the health of a large number of patients with chronic illness helped us move quickly as new federal and state programs such as the New York State *Patient-Centered Medical Home* (PCMH) were developed. This program offers enhanced reimbursement to clinical practices that meet rigorous, specific National Committee for Quality Assurance (NCQA) standards for primary care. PCMH is a model of care designed to strengthen the physician-patient relationship through improved access, coordinated team-based care, and increased patient/family engagement. A medical home also emphasizes enhanced care through open scheduling, expanded hours, and communication among patients, providers, and staff. Medical homes coordinate tools that draw on registries, information technology, and data available through health information exchanges and other sources to ensure that patients receive the best care, the best way, at the best time.

Electronic
Disease Registries

A Case In Point

58,000

patients in
diabetes e-registry

476

care teams use
data regularly

Before the registry, only 25% of patients had healthy hemoglobin A1c (sugar) levels. Since the e-registry was introduced twice as many – 50% – of patients have well-controlled disease with A1c levels below 7.

A Case In Point

2012

HHC's 39 primary care sites are certified as level-three PCMH facilities, the highest level of certification.

2014

13 sites – including Harlem Hospital, Metropolitan Hospital, and Gouverneur – have now met new higher standards and are recertified for another three years.

Each HHC PCMH care team includes a physician, nurse, and patient care associate who work with patients to help them meet their healthcare goals and stay healthy. For patients who need them, care managers and care coordinators are also part of the care team.

PCMH is one part of HHC's strategic transformation of ambulatory care. It helps us take advantage of changing reimbursement models that reward doctors for keeping patients healthy, managing their chronic conditions, and keeping them out of the emergency room and inpatient beds.

PCMH promotes stronger relationships between providers and patients to improve health outcomes, with a particular focus on patients with complex and/or chronic care needs. Because patients see the same providers every time, care teams and patients build ongoing relationships. Exchanges between providers and patients occur in ways that respect cultural and linguistic differences. Patients are involved in developing their own care plans. Care team members stay in contact with patients between appointments to see how they are doing and help them achieve agreed-upon goals.

Health Home

HHC also participates in the *Health Home* program, for patients who have severe mental or substance use conditions and complex chronic diseases. Like PCMH, *Health Home* uses the principles of coordinated care to help these patients.

After demonstrating our ability to use care managers to reduce unnecessary inpatient and emergency department (ED) visits as part of New York State's Chronic Illness Demonstration Project (CIDP) in 2012, HHC and its health plan, MetroPlus, sought and successfully achieved state designation as a *Health Home* in the four most populous boroughs of the city. We were the only organization designated in more than one borough.

Using the *Health Home* model helps us manage the most complex – and costly – patients in our system. In addition to providing care to address these patients' physical and mental health issues, care managers actively participate in linking patients with social services, including housing and community-based organizations, to help them manage their daily lives as well as their healthcare needs.

Accountable Care Organization

HHC has also received designation as an Accountable Care Organization (ACO). This is a federal Medicare shared-savings program that rewards health facilities for achieving the triple aim of keeping a specific group of patients healthy, improving the health of communities, and doing so at lower cost. ACO is part of a larger shift from rewarding the volume of care to rewarding the quality of care. Patients will benefit and HHC will receive financial benefits for specific accomplishments across 33 quality-reporting measures.

The resources HHC has invested in transforming care across the corporation, the growth of our health plan, MetroPlus, and increased care coordination position HHC to become a fully integrated healthcare delivery system, one that includes ambulatory care, inpatient care, home care, and an allied payer (MetroPlus). The federal government has assigned the first group of beneficiaries to HHC's ACO. If we are able to achieve the required quality measures and deliver care at a lower cost, we will retain 50% of that cost reduction.



Every PCMH team includes at least:

1 physician, nurse, clerk, and patient care associate.



25%

of HHC patients have limited English proficiency.

190

languages are available for interpretation either in person or over the phone.

Language Access Services Improve Communication with Patients

Improving patient relationships is about more than the care HHC clinicians deliver. It's about treating all patients with respect – recognizing their cultural sensitivities and needs and honoring them. HHC has one of the most diverse patient populations in the world. For years, we have worked continuously to improve language access services to meet the needs of that ever-changing group. Today interpretation services are available in more than 190 languages, either in person or over the phone.

Approximately 25% of patients have limited English proficiency (LEP). The top 13 languages spoken by the majority of our non-English-speaking patients are Albanian, Arabic, Bengali, Traditional Chinese, French, Haitian Creole, Hindi, Korean, Polish, Russian, Spanish, and Urdu. Patients who speak other languages can still take advantage of interpretation services to communicate with their doctors 24 hours a day, seven days a week.

HHC offers patient education materials, health instructions, and important notifications to patients in the 13 most common languages. Multilingual signage is posted in conspicuous locations appropriate to the patient population of each hospital and health facility. The availability of essential documents and signage in the written languages spoken by LEP patients helps facilitate effective communication to ensure patients understand information related to their care and well-being.

Today, our investments in language services are more important than ever. When language barriers are eliminated, we increase patient safety, and the healthcare provider and the patient can communicate with confidence.

Primary Care

Across the enterprise, HHC has initiated transformations that change the way we deliver primary care. For our patient population, particularly for patients with chronic conditions, these changes are increasingly empowering, and for our staff, they reflect a fundamental shift in the way we work and the way we view our responsibilities. The following examples illustrate how these efforts are making primary care at HHC better.

- HHC was one of the first healthcare systems to deploy **smoking cessation** programs across all facilities. The programs use patient screening, intensive counseling in person or over the phone to those who are interested, and medication. Ultimately, we will be able to distribute nicotine patches, gum, and lozenges in our clinics so every eligible patient can leave with a starter supply.

More than 126,000 patients have been through HHC's smoking cessation program since 2008, with nearly 25,000 enrolled in 2012.

- In order to help primary care doctors communicate better with patients, HHC is providing training in **motivational interviewing**, an evidence-based method of talking to patients that works for a wide range of behaviors in a wide range of populations. This training will help to ensure that patients and doctors understand each other and that instructions are clear. Weight loss, exercise, and smoking cessation are programs where we expect improved communication to have significant impact.

Language Access Services

A Case In Point

7.8 million million minutes of interpreter services at a cost of nearly \$6.7 million dollars in fiscal 2013, a 10% increase from 2012.

\$31 million being invested over next five years to continue and expand interpreter services.

134

HHC adolescent health providers participated in a training program in which teens were trained to act like patients.

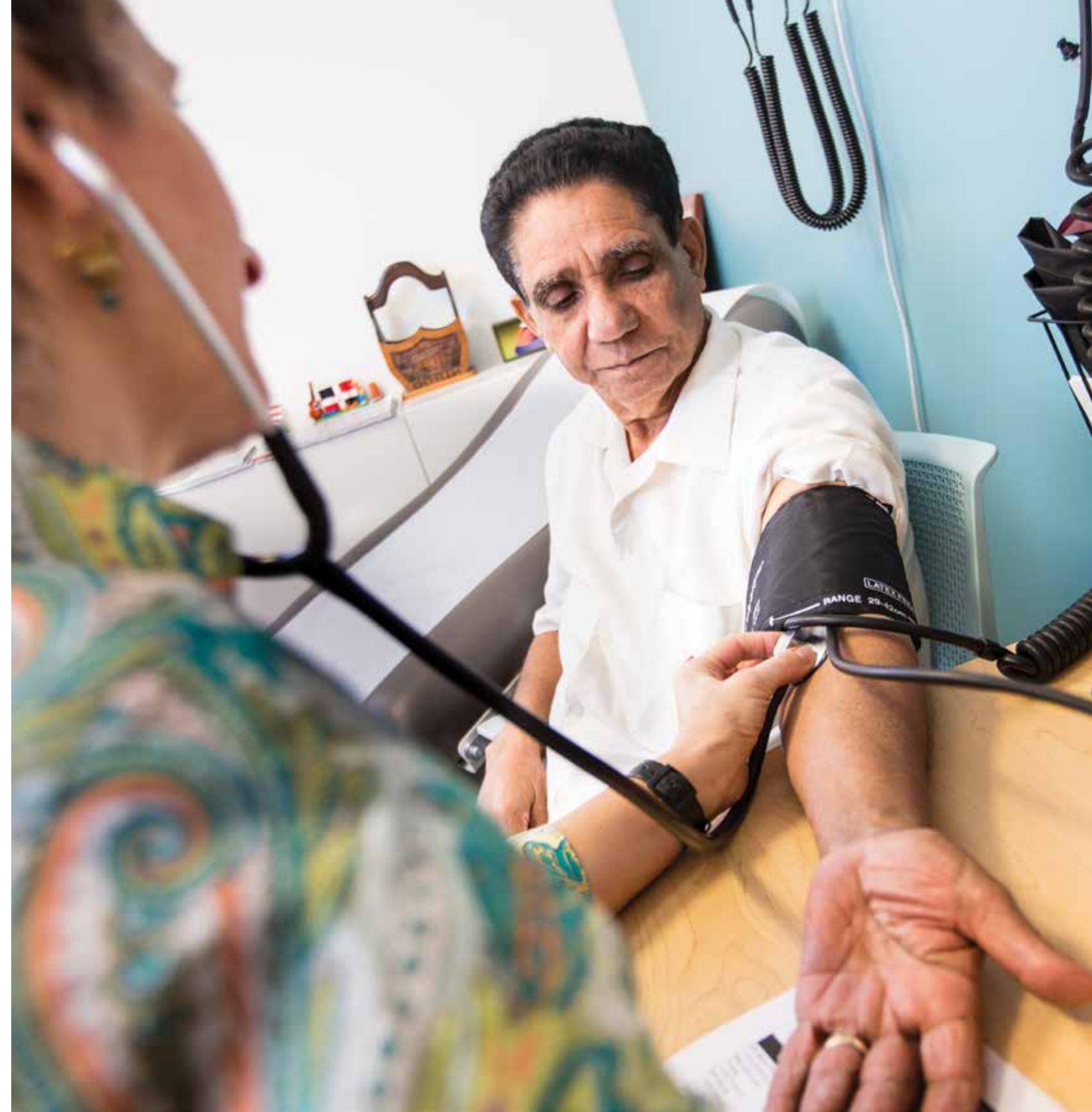
- The health status of our adult **diabetes** patients is, on average, well above the national benchmarks, notwithstanding the higher risks and socio-economic disadvantages that may further burden our largely low-income and minority patients.
- Doctor-nurse teams are working together to implement a **treat-to-target program** for patients with hypertension. After an initial visit with a doctor, the patient and doctor agree on a goal for desired blood pressure levels and a medication plan to achieve it. Then, patients work closely with a nurse, who helps them take control of their illness, monitors them, and assists with medication adjustments if any are necessary. The nurse also helps connect patients to other services that may be helpful in overcoming obstacles to good blood pressure management such as substance abuse or lack of access to healthy food.

Clinical studies indicate that controlling blood pressure will lead to fewer heart attacks and strokes among participating patients.

- HHC is using **pediatric obesity** data collected across the corporation to develop programs at the primary care level. Once we create universal messaging and goals, parents will receive an instruction card available in multiple languages. Pediatricians, pediatric nurses, and staff will be trained to use motivational interviewing techniques with patients and families, and they will help parents find community resources that support physical activity for kids.
- HHC uses multi-disciplinary teams to treat patients diagnosed with **depression**. In primary care settings, this treatment model is structured like a Patient-Centered Medical Home, with doctors, nurses, and care managers using collaborative care techniques.

East New York and Cumberland Diagnostic and Treatment Centers are piloting a “Text to Teens” program to electronically remind patients about their appointments for HPV vaccination.

- Adolescents have unique health needs that start with getting and keeping them in care. Important yet sensitive issues like sex and reproduction are often complicated by ineffective communication. Over the past several years, supported in part by grants from the City of New York, HHC has developed specific programs to address **adolescent health**. As part of this organized effort, HHC trained teens to act as patients. The participating teens made appointments with 134 HHC adolescent health providers and gave formal feedback afterwards. Eighty-five percent of providers rated the intervention as very useful. Plans are in place to expand the program. In addition, on-site training now helps HHC clinicians communicate with adolescent patients about contraception, sexually transmitted infections and infection management, and legal issues regarding confidentiality of care for teens.



7

HHC facilities have seen significant improvements in the number of patients who have brought their blood pressure under control through participation in the treat-to-target program.

11

HHC acute care hospitals and 6 diagnostic and treatment centers are now participating in the treat-to-target program.



2012

HHC staff completed *Nurses Improving Care for Healthsystem Elders* (NICHE) geriatric nursing training from 2010-2013. NICHE-designated HHC senior-friendly hospitals include Harlem, North Central Bronx, and Queens.

- An HHC information technology (IT) team is working on a **patient portal** so that patients will be able to view their hospital discharge summaries from home. This information portal will be an important step in the process of helping patients become partners in their own care. It is also the next phase of HHC's pioneering work on disease registries, and part of an overall goal to use IT to provide more robust patient care.
- With support from a grant from the Fan Fox and Leslie R. Samuels Foundation, HHC is partnering with the Hartford Institute for Geriatric Nursing and the New York University College of Nursing to adopt *Nurses Improving Care for Healthsystem Elders*, (NICHE) standards for **geriatric patient care**. NICHE is a nationally recognized training program that brings current evidence-based knowledge and skills in geriatrics to bedside nurses and hospital staff. HHC is using NICHE to help standardize processes, policies, and procedures for geriatric care across the system. Across the United States, 500 hospitals and healthcare facilities have attained NICHE "senior-friendly" hospital designation, including Harlem, North Central Bronx, and Queens hospitals. Elmhurst, Lincoln, Jacobi, and Coney Island are currently training staff.
- In 2009, HHC rolled out a **Mobile Medical Office** on Staten Island. In 2012, we opened a second one, outfitted to offer ophthalmology and podiatric services, especially needed by patients with diabetes, which is prevalent on Staten Island. Nearly 2,000 patients used the mobile units in 2012; the large majority of them were uninsured. To ensure that Staten Island residents have access to quality healthcare services, we also continue to offer primary care services at our two **Family Health Centers**, Mariners Harbor and Stapleton.
- HHC is successfully redesigning primary care and select specialty ambulatory care operations to improve access, with some pilot sites (six facilities, comprising 31 clinics/practices) already showing dramatic declines in **waiting times** for the next available appointment. The work developed by the pilot sites is being rolled out across the system, giving HHC critically needed new capacity as enrollment through the health exchanges begins to add patients to HHC services. Across the pilots in adult medicine, pediatrics, and adult mental health, there has been a 24% improvement in appointment scheduling; sub-specialty clinics have seen overall improvement of 20%.

In the Bronx, Morrisania is open five evenings per week, and Segundo Ruiz Belvis offers evening hours twice a week, with plans to expand.

- HHC facilities have begun to offer **expanded hours** to meet patients' needs, and the initial response has been very positive. Almost all facilities now have Saturday hours, and later hours during the week.

World Trade Center Environmental Health Center

The September 11, 2001 attack on the World Trade Center wreaked physical and psychological havoc on tens of thousands of people in New York City. Many suffered long-term effects from exposure to dust and fumes, experiencing symptoms that range from upper and lower respiratory illnesses to sinus and stomach problems, and cancer. In addition to physical symptoms, a large number have mental health conditions such as post-traumatic stress disorder (PTSD), anxiety, and depression.

Mobile Medical Offices

A Case In Point

In 2012

5,600

primary care visits to Mariners Harbor and Stapleton.

3,521

referrals to Coney Island Hospital for specialty care services.



HHC has produced a new, widely distributed booklet with a list of expanded hours.

A Case In Point



In 2011, HHC published *We Go On*, a booklet honoring 10 years of unique collaboration among patients, HHC providers, and a broad coalition of community-based organizations to treat the persistent health issues of patients suffering from the aftereffects of the terrorist attacks of 9/11.

In response, HHC created the World Trade Center Environmental Health Center (WTC EHC), which is dedicated to the assessment and treatment of patients with health conditions related to exposure on 9/11. The WTC EHC is funded as a Center of Excellence through a federal law called the James L. Zadroga 9/11 Health and Compensation Act, which took effect in July 2011. The Zadroga Act covers more than 50 conditions, including a number of types of cancer.

Nearly 7,000 patients have received treatment since the program launched. The Center has three locations – Bellevue, Elmhurst, and Gouverneur. Patients may receive treatment regardless of insurance or immigration status.

Inpatient Programs

HHC has also made great strides in improving inpatient care through the use of increased care coordination, the development of clinical Centers of Excellence, and by applying process improvement tools to make care more efficient and effective.

Care Teams in Emergency Departments and Project RED

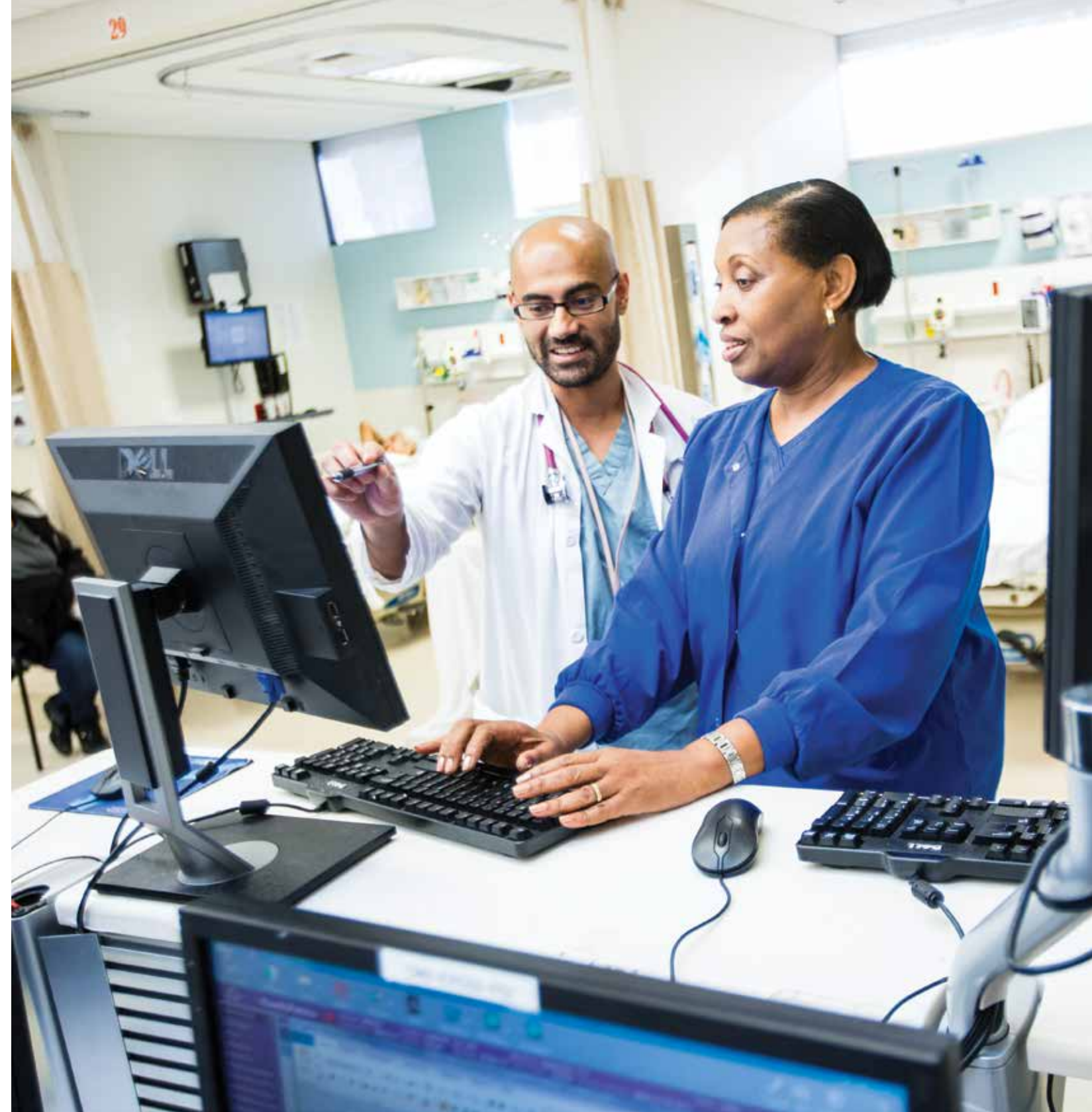
In a system-wide effort to improve care coordination and decrease excess use of the emergency department (ED) for non-life-threatening conditions, HHC now has a care manager in each hospital's ED. The care manager acts as a patient's guide, helping them to better understand their medical condition, recognize their role in maintaining their own health, assist them in navigating the healthcare system, and reinforce the availability of community supports. These ED-based care managers assume responsibility for patients until they are connected to the next level of care. For those patients who are discharged, the care manager remains in contact with them at home until they are linked to a primary care provider, frequently within HHC's own Patient-Centered Medical Home (PCMH).

Project RED provides care managers for patients who are admitted to the hospital. The care manager works with the patient's care team, and helps to link the patient with ongoing primary and specialty services once they leave the hospital.

Established in 2011 and modeled after Boston University Medical Center's federally funded Re-engineered Discharge (RED) program, Project RED provides culturally-sensitive patient education to remove potential barriers to care. HHC's Project RED focuses on patients with congestive heart failure who would benefit from ongoing preventive care. It has been expanded to address other conditions common to each HHC hospital's patient population. Through the implementation of Project RED, readmission rates to our EDs have dropped in the past year, and a lower percentage of patients are using the ED for non-life-threatening care. The program was funded by our health plan, MetroPlus.

Project RED has been expanded to address conditions common to each HHC hospital's patient population.

All 11 HHC hospitals are successfully using care management and Project RED to reduce their rates of readmission. The program has added value because our EDs are seeing an increase in patient volume due to area hospital closures, so the need to link non-critical patients with outpatient support programs and primary care physicians is more crucial than ever.



11

HHC emergency departments have successfully used Project RED to reduce their rates of readmission.



20,000+

patients have received comprehensive care in the Queens Cancer Center at Queens Hospital.

Staff members have embraced this program as a useful tool for determining the best place for patients to be treated. Often this means sending patients home and supporting them through ongoing relationships with care managers and linkages to community providers. As reimbursement changes on a national scale to reward healthcare systems for keeping patients out of the hospital, ED care management and Project Red helps HHC stay at the forefront.

In addition, as patient engagement and cultural sensitivity are primary concerns, care managers are specifically trained to bridge those gaps in what can otherwise be a chaotic, confusing environment.

Cancer Care

By the time patients come to HHC and receive a cancer diagnosis, they often already have advanced disease. Over the past decade, HHC has made concerted efforts on two fronts – expanding and improving cancer care throughout all our facilities, and increasing the number of patients who are screened for breast and colon cancer. Since 2008, we have screened nearly half-a-million women for breast cancer, 100,000 in 2012 alone. And we have performed colonoscopies on more than 100,000 patients. Our Cancer Centers of Excellence offer comprehensive care, using the latest equipment, and employ patient navigators through collaboration with the American Cancer Society to help those with this challenging diagnosis successfully negotiate the complexities of dealing with cancer treatment.

A Better Look: Queens Cancer Center at Queens Hospital, Opened in 2002

- The Cancer Center is directed by world-renowned surgical oncologist Dr. Margaret Kemeny, who is also a clinical researcher and pioneer in the development of delivery of chemotherapy for patients with liver cancer.
- More than 20,000 patients have received comprehensive care there.
- The Cancer Center is a key source of educational programs, cancer screening, and early detection throughout the borough of Queens.
- The patient-centered approach means that all services revolve around the patient's needs and are provided in an aesthetically pleasing and soothing environment.
- HHC and American Cancer Society (ACS) patient navigators provide assistance.
- The Cancer Center includes a PET-CT scanner, which accelerates the image-reading process and reduces the anxiety associated with waiting for results. The technology enables tests to be completed in-house and helps doctors pinpoint the exact location and size of tumors to more precisely guide treatment decisions.
- The Cancer Center engages in cutting edge clinical research funded by the National Institutes of Health (NIH). The Center participates in the *Queens Quits* smoking cessation program.
- In February 2013, the Cancer Center received a three-year accreditation from the American College of Surgeons' Commission on Cancer, with eight commendations, earning them "Gold Standard" status, the highest level that can be achieved.

Cancer Care
A Case In Point

180,000+
cervical cancer
screenings.

21,000
colonoscopies
performed in 2012.
More than 4,700
precancerous
polyps – abnormal
growths that can turn
to cancer – removed.

Cardiology

Some of the most sophisticated cardiology services in New York City are found at HHC hospitals. Preventive and comprehensive cardiac care, including diagnostic screenings, stress tests, cardiac catheterization, surgery, and other services are available at all HHC facilities.

We have also developed unique prevention programs to reach out to new immigrant communities, some of which are at greater risk to develop cardiovascular disease. For example, South Asians are four times as likely as Caucasian or other Asian populations to be diagnosed with early onset coronary artery disease. Coney Island Hospital, Elmhurst, and other HHC hospitals are reaching out to the Pakistani, Bangladeshi, and Indian communities to encourage cardiovascular screening and life-saving treatment.

A Better Look: Elmhurst Cardiology

The Department of Cardiology at Elmhurst Hospital Center has a tradition of serving the community through comprehensive and state-of-the-art care. In recent years, Elmhurst has significantly expanded its services to provide 24/7 emergency angioplasties, allowing the most severe heart attack victims to receive rapid and advanced care.

In addition:

- Elmhurst Hospital Center was the first cardiac center in the five boroughs to perform elective angioplasty without requiring on-site cardiothoracic surgery. Now almost all patients who require angioplasty can receive this treatment on-site.
- Elmhurst cardiology has also developed a full-time electrophysiology service offering implantable defibrillator and pacemaker insertions.
- Elmhurst has expanded inpatient services and outpatient testing, and added a telemetry service to complement its nine-bed Coronary Care Unit. The facility is also expanding outpatient diagnostic testing services, including additional stress test evaluations in the nuclear medicine and echocardiography laboratories.
- Clinic services are also expanding. In addition to general cardiology clinics, Elmhurst is accepting referrals to our specialty heart failure and pacemaker/defibrillator clinics.

Neonatal Intensive Care Units

HHC hospitals treat a disproportionate number of New York City's high-risk pregnancies. To care for high-risk babies, HHC has introduced Neonatal Intensive Care Units (NICUs) to ensure that premature infants have the gentle, nurturing, state-of-the-art environment they need to grow and thrive. All 11 facilities are designated by the New York State Department of Health as Perinatal Centers, with Bellevue designated as a Regional Perinatal Center to treat the most critically ill infants.

NICUs are staffed by highly qualified care teams made up of nurses, pediatricians, board-certified neonatologists, certified neonatal nurse practitioners, physician assistants, and residents. Additional team members may include developmental specialists, lactation consultants, registered dietitians, occupational/physical therapists, and social workers.



21,000

New Yorkers each year begin their lives in an HHC hospital. HHC hospitals provide comprehensive gynecology, women's health, and primary care outpatient services to support the health of new mothers and their babies, as well as expert prenatal care and labor and delivery services.



97%

of palliative care inpatients received medical, psychological, and spiritual assessments.

4,603

HHC patients received palliative care consultations within 24 hours of referral in 2013, up from 2,936 in 2010.

In 2008, Queens Hospital was the first HHC facility to fully incorporate upgrades that mimic the environment of the mother’s womb and reduce the stress of the NICU for premature babies. Today, every HHC NICU has been retrofitted with high-tech incubators and monitoring devices to control light, noise, and ambient temperature, improving a premature infant’s ability to wean from oxygen support, reach desirable weight, and be discharged from the hospital sooner.

In addition to improving the physical environment, infant care initiatives also encourage breastfeeding, and offer training and education for new parents.

A Better Look: Metropolitan’s Center for Physical Medicine and Rehabilitation is not only a Center of Excellence, but also an area selected for focused development and expansion of services. Patients receive individualized therapy in an environment that is inviting and conducive to healing. The center offers physical therapy, speech therapy, occupational therapy, psychological counseling, and social workers and vocational counselors. These counselors help patients deal with the personal, social, and vocational effects of disabilities.

The center also provides special dedicated services for children addressing developmental delays, speech delays, neurological disorders, trauma, and newborn abnormalities.

Rehabilitation Medicine

Rehabilitation services at HHC offer advanced care to patients recovering from cardiovascular conditions, spinal cord injuries, multiple trauma, neurological disorders, amputations, fractures, and other conditions. Patients receive individualized therapy based on comprehensive evaluation and re-evaluation with goals of improving function and achieving better quality of life.

Palliative Care

In 2005 HHC President Alan D. Aviles and senior leadership committed to developing a system-wide, interdisciplinary palliative care program that exists today. The program was launched through a combination of funding from HHC’s Central Office and the United Hospital Fund. The Fund for HHC has helped to secure ongoing support from the Fan Fox and Leslie R. Samuels Foundation and others.

At the time, a formal palliative care program was uncommon in most healthcare systems, and virtually unique in a public system. The focus on palliative care was designed to promote quality of life in patients with terminal disease, affording them the option of end-of-life care that provides pain management, comfort, and dignity rather than invasive and ultimately futile treatment.

Now, HHC’s palliative care services provide specialized medical care for patients with serious life-threatening illness, or chronic illnesses or injuries. Patients are primarily adults, many of them elderly. HHC’s palliative care program:

- offers patients relief from symptoms, pain, and stress.
- is provided by a team of physicians, nurses, psychologists, social workers, clergy, and other specialists, who work together with patients, their families, and their other clinicians to offer extra support.
- is appropriate at any age and any stage of a serious illness.

Palliative Care

A Case In Point

In collaboration with The Fund for HHC, HHC’s palliative care program has received sustaining support from the Fan Fox and Leslie R. Samuels Foundation.

Several facilities have received funding for expansion of outpatient clinics, improved communication between emergency department staff and palliative care teams, and the creation of a fellowship program to train new practitioners.

- can be provided with curative treatment.
- includes extensive family meetings and conversations to address subjects such as advance directives and goals of care. Such conversations are ongoing and may change for patients over time.

As palliative care has grown, some facilities have added outpatient clinics.

Working with The Fund for HHC and The Samuels Foundation, Metropolitan and Bellevue hospitals have also started fellowship programs to train new practitioners. As part of the fellowship, trainees rotate among multiple HHC sites.

The Joint Commission has accredited Metropolitan, Lincoln and Bellevue’s programs with advanced certification in palliative care. They are among the first programs in the country to receive this new certification. Coney Island, and Elmhurst will be seeking certification soon.

Automated Pharmacy

They may not walk and talk, but HHC’s pharmacy robots are modernizing the way prescriptions are filled and eliminating human errors along the way. The robots can fill up to 200 orders an hour with precision and accuracy, eliminate guessing games caused by illegible handwriting, and end confusion over look-alike and sound-alike drugs. The robots are only one part of HHC’s advanced clinical technology used across the chain of medication delivery – from electronic physician orders to automated systems used by nurses to administer drugs at the patient’s bedside.

Women’s Health

HHC facilities offer extensive women’s health programs including everything from maternity and newborn infant care to mammograms, genetic BRCA testing for breast cancer, family planning services, and Women, Infants, and Children (WIC) programs. Our programs include social work services and insurance counseling.

Jacobi Medical Center Breast Health Center

The central prevalence of breast cancer (it is estimated that 1 in 8 women will develop breast cancer in their lifetime) makes good breast care a priority for all women. The Jacobi Breast Health Center is dedicated to the prevention, care, and management of breast disease. The facility provides regular imaging through mammography and ultrasound, and full treatment services provided by a team of physicians from oncology, general surgery, and plastic surgery, each with expertise in the diagnosis and treatment of breast cancer.

A Better Look: Woodhull’s Emergency Department is a New York State Department of Health Center of Excellence for the care of sexual assault victims. Survivors of sexual assault are immediately triaged and brought to a separate forensic suite, accompanied by a specially trained sexual assault advocate who provides comfort and support. Within one hour of arrival, the victim is seen and assessed by a sexual assault forensic examiner, who conducts a comprehensive exam. The patient is offered medication to prevent pregnancy and sexually transmitted diseases. All patients receive personal follow-up services and referrals as needed.



200

prescription orders per hour are filled by robots in each HHC automated pharmacy.



269

mothers-to-be delivered their babies at Jacobi Medical Center through a pilot program that provides special assistance and preparation for adolescent mothers.

The Breast Health Center has received a three-year full accreditation from the National Accreditation Program for Breast Centers, a program administered by the American College of Surgeons. Accreditation is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance.

Treating Sexual Assault Victims with Dignity and Sensitivity

All HHC acute care hospitals have been designated by the New York State Department of Health as SAFE Centers of Excellence, where sexual assault victims receive sensitive care within one hour of their arrival. At each hospital, Sexual Assault Response Teams (SART) with specially trained forensic examiners and rape crisis counselors, offer immediate counseling and state-of-the-art forensic services. SART programs can help minimize trauma to the victim and reduce the risk that evidence critical to law enforcement will be lost, damaged, or overlooked. HHC's SART staff members receive intensive training that includes attention to the emotional needs of rape victims; proper identification, collection, and packaging of forensic evidence; and accurate documentation of injuries. The first HHC SART teams began working in 2004, and the program has grown and improved over time.

Jacobi Teen Pregnancy Pilot

HHC initiated a pilot program in July 2010 to address an uptick in teen pregnancy, especially in minority communities in the Bronx. The program, at Jacobi Medical Center, was created in collaboration with the Office of the NYC Deputy Mayor for Health and Human Services and introduced several novel elements in the care of adolescent mothers-to-be and their babies.

The program includes a weekly 45-60 minute *Simulated Labor and Delivery Experience class, Tuesday for Teens* education classes (free sessions on prenatal through post-partum care, parenting child care, information on sexually transmitted diseases, and birth control methods), pediatrician-led Babies Together sessions for young families, and assistance with linking new mothers to external social services as needed. Activities begin during early pregnancy and continue post-partum.

A Better Look: Being a teen parent has profound short- and long-term effects on mothers and babies – 40% of teen mothers, aged 18 years or younger, graduate from high school compared to 75% of teens from similar social and economic backgrounds that do not give birth until age 20 or older. Teen mothers are more likely to live in poverty than their older counterparts. Children born to teen mothers are 50% more likely to repeat a grade than children of older mothers.

Like other HHC programs, Jacobi's uses a care coordination model, with each patient assigned a single healthcare professional as her central point of contact. That contact person, usually a nurse or the senior health educator, coordinates care based on each patient's specific needs.

The program is now a formal part of Jacobi's services for adolescent mothers-to-be. Currently, 269 teens who have delivered at Jacobi are enrolled.

In 2008, HHC was the first public hospital system in the country to implement World Health Organization (WHO)-recommended surgical safety checklists in our operating rooms. Use of these checklists helps to reduce the risk of surgical complications.

Patient Safety

Within HHC's mission is our pledge to take care of patients by providing safe, high-quality healthcare. Over the past eight years, we have had a laser-like focus on patient safety. Through a variety of formal teamwork, training, and process improvement efforts, patient safety has become an organizational north star, a constant guide to better care.

Staff understands the commitment as a moral imperative, but also as a highly visible and viscerally powerful dimension of quality of care. Staff members have embraced the credo of patient safety, it resonates with patients, and it shows the public evidence of the quality of care we provide.

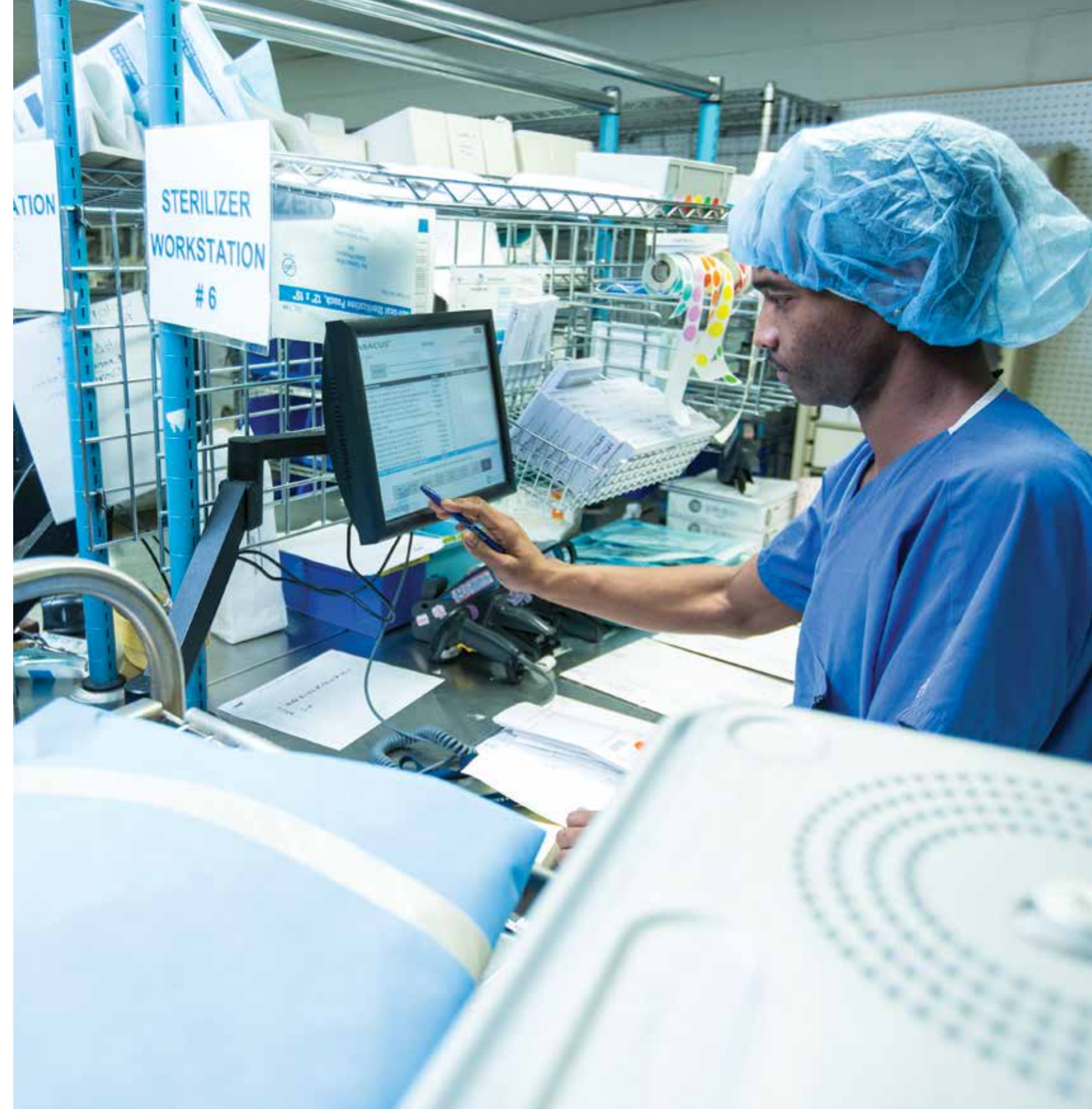
Before the implementation of this focused effort, there was a commonly held perception that the safety and quality of care delivered at public hospitals was inferior when compared with private facilities. While data often showed this was not always the case, closing the safety and quality gap between private and public hospitals in New York City was crucial to changing the public's perception of safety at safety-net hospitals.

Since 2006, HHC has made impressive gains across a wide range of targeted patient safety initiatives including medication safety, the avoidance of hospital-acquired infections, reduced patient falls, reduced pressure ulcers, prevention of pulmonary emboli, developmental care for fragile neonates, safer obstetrical care, deployment of rapid response teams, reduced use of psychiatric seclusion and restraint, and the use of surgical safety checklists, among other initiatives.

We also have successfully used our clinical information systems to drive safer and higher quality care by building decision-support capabilities into our electronic patient record system and by deploying robotics with safety redundancies into our labs and pharmacies.

HHC has aligned these improvements with a commitment to **transparency** and in 2007 became the first hospital system in New York State to make facility-specific quality and patient safety data, including mortality data, publicly available on the organization's web site *HHC In Focus*. The public release of data through *HHC In Focus* was a powerful and defining moment for patient safety, and earned HHC accolades from the healthcare industry, the public, and all three of the major newspapers in New York City.

In 2008 HHC received the prestigious Eisenberg Award from the National Quality Forum and The Joint Commission based on the groundbreaking and successful transparency initiative. In the following years, HHC garnered significant national and local recognition attesting to its continuing focus and achievements related to improved patient safety and quality.



“There is no better example of how HHC has improved than the work we do to keep patients safe.”

Abdul Mondul, MD, Patient Safety Officer, Lincoln Medical and Mental Health Center



99%

of HHC patients received appropriate and timely treatment for heart attacks.

A Better Look: HHC's work on reducing hospital-acquired infections continues to yield steadily lower infection rates, especially for central line bloodstream infections, ventilator-associated pneumonias (VAP), and urinary tract infections.

- Central Line Associated Blood Stream Infections (CLABSI) rate at HHC hospital ICUs for 2012 were 1.6 per 1,000 patient days, significantly lowered from 7.6 in 2005. Of 27 adult ICUs across HHC, 24 went five months without a single central line infection compared with 14 of 27 in 2008; 11 of the 27 had no central line infections for the entire year.
- Ventilator-acquired pneumonia (VAP) rates were "off the charts" when the patient safety effort began. Since then, rates have decreased 12-fold and now are well below state and national averages. Eight HHC ICU units have experienced at least three years with just a single case of VAP, while four units have achieved at least five years without a single case of VAP. Overall, rates have dropped to 0.6 in 2012 from 10.5 in 2005.
- HHC made reductions in Catheter-acquired Urinary Tract Infections (CAUTI) a systemwide priority in 2012, and saw CAUTI rates drop by more than 75% that year.

In 2007, faced with an unacceptable rate of hospital-acquired central venous catheter infections, a Queens Hospital Center multi-disciplinary working group combined the application of equipment, checklists, and bundles (structured sets of evidence-based best practices that improve outcomes) to address the issue. The team's recommendations included:

- empowering nurses in the ICU to stop doctors who deviate from standard operating procedure
- creating a checklist to monitor insertions
- devising a safe catheter insertion kit including all materials in one place
- creating a "how to safely put in a line" video
- making catheter maintenance bundle part of nurses daily workflow reporting
- setting up a zero-tolerance policy for catheter insertions in femoral area

All recommendations were implemented; infection rates dropped significantly, and have remained low over a multi-year period. The Queens approach is now in use systemwide, and the Health Care Association of New York State honored Queens, citing it as a model and using the video to help train staff at other hospitals.

In 2007, HHC was one of the first hospital systems in the nation to use surgical safety checklists, an evidence-based approach that dramatically reduces surgical errors. The checklists, developed using concepts from the airline industry, are based on recommendations from the World Health Organization to help reduce the risk of surgical complications. They improve communication among surgeons, nurses, and anesthesiologists and help the team use the best clinical practices every time.

Across HHC, before major surgical procedures begin, nurses or physician assistants get a verbal confirmation and document more than a dozen safety standard checks beyond the required check for the right patient, right site, and right procedure. The checklist includes re-checking blood type and drug allergies; ensuring administration of an appropriate antibiotic before making an incision; confirming appropriate measures to prevent deep-vein thrombosis post-surgery; and meticulous accounting to ensure that no instrument or other foreign body can be left behind.

Patient safety efforts have also led to a dramatic reduction in preventable hospital re-admissions across the system, reducing the financial penalties under new government programs such as value-based purchasing.

A Case In Point

- At the 2013 and 2014 National Patient Safety Foundation (NPSF) annual conferences, HHC staff members had more poster presentations accepted than any other hospital system in the country.
- HHC past President Alan D. Aviles was a plenary speaker at the conference, presenting on HHC's core focus on patient safety and the program's success. He was appointed to the NPSF Board of Directors in 2013.

A Case In Point

HHC's Health and Home Care agency sends nurses, physical therapists, social workers, home health aides, and personal care aides into patients' homes to help them maintain their health.

HHC's Home Care Services

HHC Health & Home Care (H&HC) specializes in the provision of affordable, reliable, and convenient home health services. These services are especially important when extra assistance at home helps patients avoid visits to the emergency department or inpatient admissions.

Health & Home Care has long been available to patients in Queens, Manhattan, and the Bronx. Following regulatory approvals, HHC began serving patients in Brooklyn in 2013. The Brooklyn program is expected to experience rapid growth, since the borough's low-income residents were significantly underserved by existing home care services.

Health & Home Care is a critical element in HHC's integrated healthcare delivery system. It provides an essential link to coordinated care for patients while creating economies of scale in the provision of care.

Health & Home Care staff members undergo extensive training with particular attention to the cultural and social needs and sensitivities of the HHC patient population. Many H&HC home health aides are hired from the communities they serve, which enables them to build trust with patients. Staff members also speak the most common languages of their communities (for example, staff who speak Korean work in Queens; those who know African dialects focus on Harlem; Spanish speaking staff are predominant in the Bronx; and Russian-speaking staff work in Brooklyn). In addition, H&HC visiting staff and telephone support staff have access to real-time translation services.

Nurses (or other professional staff members) visit patients at home to help them manage their chronic conditions or acute illnesses. Home health aides assist patients with daily activities such as shopping, meal preparation, bathing, and communicating with friends and family. These ongoing relationships help patients maintain their connection to the outside world.

By providing this care, HHC adds another dimension to aggressive chronic disease management and enhances its ability to keep people healthy and out of the hospital. Good home care also reduces unnecessary emergency department visits.

Telehealth

A successful aspect of HHC's Health & Home Care service is its Telehealth home-monitoring and care management program. Telehealth patients receive home-based modems so they can electronically send specific health information (such as glucose reading, weight, and blood pressure) to their care management team on a regular and secure basis. If the numbers show cause for concern, a nurse calls the patient to offer assistance and contacts the patient's primary care doctor. The communication goes both ways – patients are encouraged to contact their Telehealth nurse if they don't feel well.



“Sometimes patients do better at home. No problem. We're there.”

Ann Frisch, Executive Director, HHC Health and Home Care



The Telehealth team offers ongoing coaching, provides personal support, teaches behavior modification techniques, gives advice, and makes suggestions to patients. Because Telehealth requires self-management, it strengthens patients' involvement in their own care.

Since its pilot in 2007, thousands of patients have used Telehealth with great success. Currently there are 600 patients enrolled in the program. According to patient questionnaires, almost all patients are highly satisfied with the service.

New York City has a disproportionately large population of individuals with diabetes or pre-diabetes whose needs can stress the resources of the public hospital system. By using Telehealth to help patients manage their health as independently and conveniently as possible, HHC keeps even more patients healthier and out of the hospital.

Working to Improve Transitions in Care

Health & Home Care has been working in partnership with Metropolitan Hospital, supported by a grant from United Hospital Fund, to improve patients' transition from hospital to home through programs to train and expand caregiver involvement post-discharge. Evidence shows that improving the process of caregiver management of chronic disease will reduce hospital re-admissions, and increase the number of patients who return for their first clinic appointment after hospital discharge. Additionally, a good transition plan will enable both caregiver and patient to become more active partners in care.

To engage patients, families, and caregivers, and obtain data to develop meaningful interventions, H&HC and Metropolitan conducted surveys in English and Spanish, and held in-depth discussions that asked for recommendations. The next phase is addressing identified areas for improvement through training and support on specific tasks such as medication reconciliation and management, care coordination, mobility, diet, and other aspects of care. H&HC and Metropolitan will also support patients and caregivers in coordinating community healthcare services and other resources, and help them access these services to improve their ability to manage their illness and remain in the community.

HHC Health and Home Care

A Case In Point

160,000
visits to patients by HHC Health & Home Care staff in 2013.

15,650
maternal and child health visits helped mothers at home with babies in 2013.

6,500

physical therapy home sessions through HHC Health & Home Care in 2013.

9

Telehealth nurses call patients to help them manage their health on a day-to-day basis.

HHC peer counselors held more than 1,400 group sessions for patients focused on keeping healthy, knowing your blood pressure, diabetes, other health concerns, and having a wellness and behavioral health recovery plan that works. HHC now employs more than 50 peer counselors.

Behavioral Health Services

HHC facilities have provided nearly 40% of inpatient mental health services in New York City for a number of years, and continue to serve a large number of New Yorkers with serious and persistent mental illness.

In our city, mental illness remains a monumental healthcare challenge with vast and complex impediments to treatment. In 2008, after the death of a patient in a psychiatric emergency department waiting room, HHC President Alan D. Aviles pledged to accelerate the overhaul of HHC's behavioral health services. Since that time, HHC has undertaken compassionate, transformative, and systemic improvement in every facet of behavioral health services, using process improvement tools to identify areas where we can improve the quality of care. In the aggregate, our behavioral health services model of care delivery establishes a coordinated, patient-centered approach, much like our Patient-Centered Medical Home program.

Staff works with patients to develop personal goals, which will help them re-enter their communities and then feel supported as they continue accessing services on an outpatient basis. To sustain engagement, peer counselors hold inpatient and outpatient sessions, which have proven extremely effective.

Overall, patient satisfaction scores on HHC's psychiatric units are some of the highest in the organization; length of stay has decreased by 10 days over the past eight years; readmissions are 25% lower; use of seclusion and restraint has been dramatically reduced; and expanded use of peer counselors has improved rehabilitation and recovery efforts.

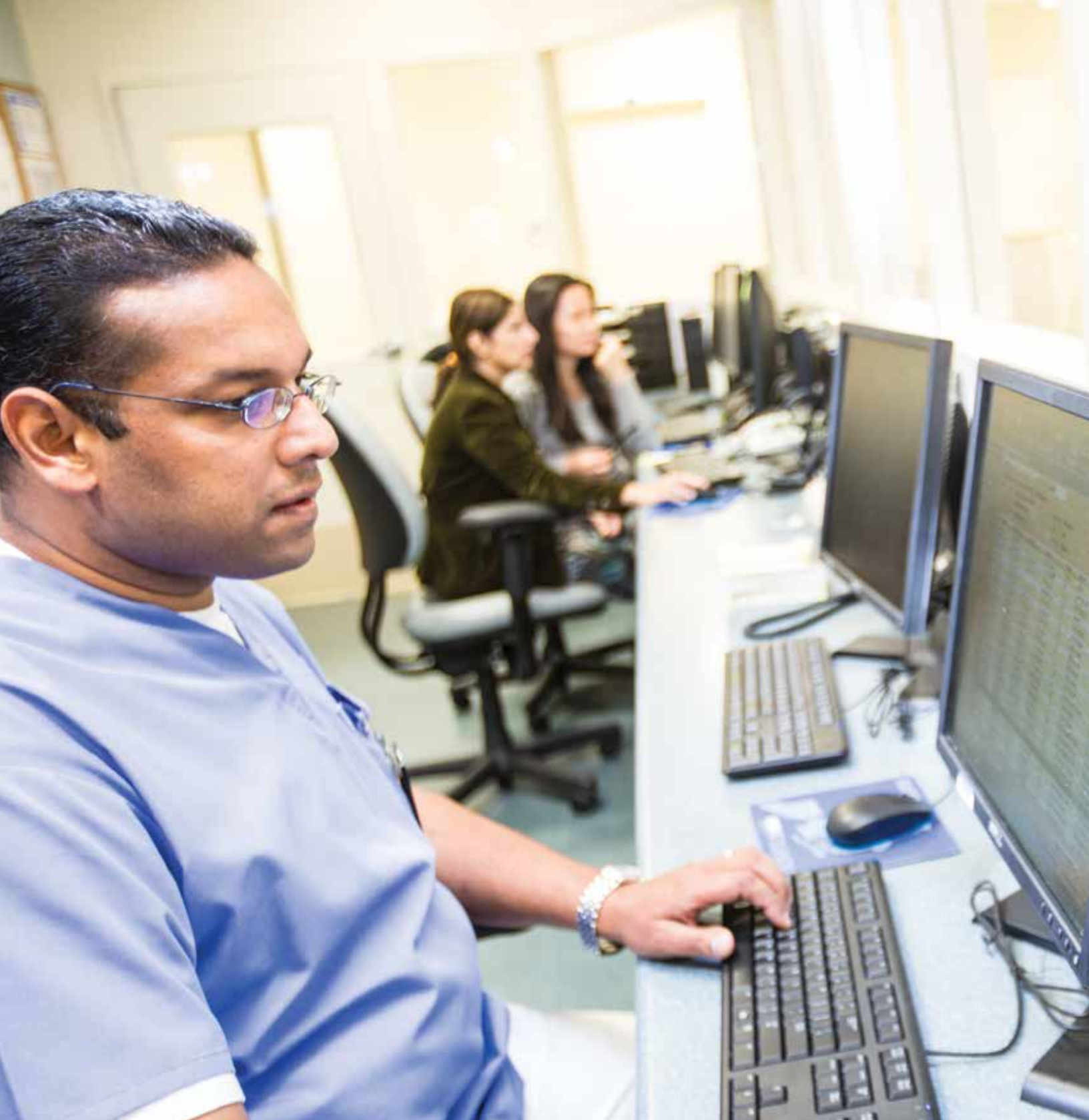
As part of its behavioral health work, HHC provides a large proportion of the city's detox services. For patients with substance abuse conditions, HHC offers approaches for medically assisted treatment other than methadone. Patients who choose these treatment options have shorter lengths of stay and are less likely to be readmitted.

A Better Look: Metropolitan Hospital Center's Buprenorphine Outpatient Service opened in 2005. In 2006, the New York State Department of Health permitted expansion to 100 patients, and the service continues to run at full capacity. Buprenorphine works for patients who are high-functioning but unable to come to a methadone clinic on a daily basis. It has allowed these individuals to maintain employment without the disruption of frequent clinic visits and to remain more alert than they feel when using methadone. Buprenorphine has become an important weapon to fight drug dependence and is viewed by patients as a lifeline to recovery. The services provided are patient-centered and modified according to each individual's needs.



"When I was approached about painting a mural in the space that connects adolescent and pediatric behavioral health at Kings County Hospital, I jumped at the chance to create a playful, colorful space that young patients would walk through every day. The kids say it's awesome, and then they tell me they'd like me to come paint their rooms."

Kenny Scharf, Artist



865,030

HHC behavioral health visits annually.

25%

reduction in psychiatric readmissions.

Peer Counseling Helps Patients Connect

Peer counseling is a complementary approach to traditional behavioral health services. Selected patients who have successfully transitioned out of inpatient care are hired and trained as counselors and use their “lived experience” to help motivate others in their recovery. Peer counselors help inpatients communicate effectively with their clinical care teams. Counselors also provide encouragement that helps patients develop trust in their caregivers. Ultimately, inpatients requested outpatient peer counseling sessions after their hospital stays ended and HHC introduced an outpatient peer counseling program.

Kings County Hospital’s peer counseling program has received international visits from Australia, Canada, the Netherlands, and other countries looking to model the development of their programs after Kings’.

A Better Look: Performance measures in our behavioral health programs now exceed those of many private hospitals in the state, and we have the proper infrastructure, tools, standardization, and communication channels in place to continue to adapt as healthcare delivery changes. Expert and compassionate behavioral health care teams engage patients in their own care as they work toward establishing a better quality of life. The results of these changes have made HHC behavioral health programs a model for other healthcare systems.

Integrated Care for Behavioral Health Patients

The integration of psychiatry and primary care has fundamentally changed the way we treat our behavioral health patients at HHC. Typically, patients with mental illness have a high rate of missing physician appointments, and they engage in behavior that results in or exacerbates chronic conditions such as hypertension and diabetes.

The problem is so pronounced that patients with mental illness who have concomitant chronic conditions die an average of 25 years earlier than their peers.

In response, HHC has integrated services by co-locating primary care and behavioral health departments and placing primary care doctors in our psychiatric clinics. “One-stop shopping” for the healthcare these patients may not otherwise seek makes it easier for clinicians to help patients improve their health, and it may prevent more serious hospitalizations.

In some facilities, a primary care clinic is located adjacent to the mental health service clinic where patients already feel like they are safe and treated respectfully by staff that understands their needs. Woodhull opened a Center for Integrated Health in 2011, allowing patients with both behavioral and medical conditions to see a team of doctors who can collaborate and coordinate their care and help them avoid drug interactions. This program has improved compliance with medical care, decreased the number of psychiatric admissions, lessened medical complications, demonstrated improved rates of chronic disease control, and achieved a significantly higher rate of patients attending their scheduled primary care appointments. Lincoln Medical Center opened its own Integrated Wellness Center with a similar model of care. Other HHC facilities, such as Kings County, Coney Island, and Bellevue, also co-locate primary care services with psychiatric care.

Reduced Use of Restraints

A Case In Point

In 2007, Coney Island staff began a training program to reduce or eliminate the use of restraints in the behavioral health setting. The staff developed psychiatric crisis prevention teams with expertise in verbal de-escalation. Teams connected with escalating patients, reducing the need for restraint/seclusion.

The incidence of restraints on the psychiatric inpatient unit has decreased from eight per quarter to nearly zero in 2013. Seclusion has been virtually eliminated, and the use of voluntary oral medication has become the respectful norm.

A Case In Point

Bellevue Hospital, a pioneer in children's mental health, started offering outpatient services for youth in 1923, and opened an inpatient unit for children in 1937.

Today Bellevue is one of the city's premier institutions focusing on behavioral health services for youth. The facility serves more than 400 child and adolescent inpatients and more than 10,000 outpatients annually. Bellevue also offers one of New York's only state-certified Child and Adolescent Comprehensive Psychiatric Emergency Programs (CPEP). The CPEP opened in 2013. Observation and treatment in the CPEP may help kids avoid hospital admissions.

Community Treatment Teams

HHC provides one-third of the Assertive Community Treatment (ACT) services in New York City. This clinic-without-walls program offers care coordination at the highest level for people with serious and persistent mental illness. ACT patients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in psychiatry, social work, nursing, substance abuse counseling, and vocational rehabilitation. The ACT teams provide these necessary services 24 hours a day, seven days a week, 365 days a year.

Child and Adolescent Services

HHC has specialized child and adolescent psychiatric outpatient clinics in 10 of our facilities to address the mental health needs of children from age three to 18. Using care coordination concepts, a multidisciplinary staff (attending psychiatrists, child psychiatry fellows, psychologists, social workers, and activity therapists) works collaboratively to address patients' needs. Children are referred from a variety of community sources including schools, foster care agencies, child protective services, community social agencies, other health care facilities, each hospital's pediatric department, Family Court, and self-referrals.

A Better Look: Kings County Hospital Center

Kings County Hospital has recently been awarded grants to support an outpatient *Kings on Track* and an inpatient young adult early-episode psychosis unit. Both programs focus on adolescents and young adults who are experiencing early-episode psychosis and both provide evidence-based interventions to achieve successful recovery. Effectively, the program will interrupt the kind of chronic or repetitive events that are often associated with the development of psychotic disorders.

In July 2013, artist Kenny Scharf visited the Kings County pediatric and adolescent inpatient psychiatric units and observed that the stairwell that connects those units was "institutional and cold." Mr. Scharf returned in September and painted a spectacular, vibrant mural that completely transforms the stairwell, creating a visual environment that inspires and delights the units' patients and staff. The project was executed for The Fund for HHC and RxArt, the Fund's non-profit partner, as part of a new arts and healing initiative called *The Arts @ Kings*.



4.7%

increase in psychiatric emergency visits in 2013 compared to 2012.

483,221

ambulatory behavioral health visits during 2013.



“HHC listens to the voices of its communities, and by listening, really learns how to improve.”

Agnes Abraham, Chairperson, Council of Community Advisory Boards (CABs), and Chairperson, Kings County Hospital Center CAB

Community Relationships

HHC is committed to serving as a positive influence in the communities where our facilities are located, and to contributing to the health and well-being of local residents and neighborhoods.

In part, this commitment is a byproduct of the numerous active programs we conduct in collaboration with community organizations and community members, but the principal driver of community engagement is the fact that HHC staff members often come from the communities each facility serves and personally understand the issues and challenges faced by our local populations.

Community Advisory Boards (CABs)

Each HHC hospital and diagnostic and treatment center has a Community Advisory Board (CAB) that acts as a conduit for information to and from the community. CAB members are community leaders and consumers of each facility’s services. Each CAB may include one HHC staff member (non-managerial). People from the communities we serve trust these unpaid volunteers to be an unbiased voice to healthcare leaders. Conversely, the CABs can educate the community about programs and services at the facilities. In addition to making sure that care is delivered with appropriate sensitivity, CABs play an active role in ensuring that the quality of care is reliable and that it meets community needs.

The CABs meet regularly with local and state representatives to discuss community needs and advocate for the funding of necessary HHC programs. For example, when budget cuts threatened to eliminate funding for asthma clinics, the CABs were able to provide their City Council representatives with specific data on how these closures would affect the members of their communities. As a result, the City Council, armed with information provided by the CABs, restored some of the funding.

The CABs also perform an oversight function. Members make anonymous visits to clinics, pharmacies, and hospital emergency rooms to observe wait times and other areas of concern and then report back directly to hospital management. Similarly, CAB members meet with hospital staff to voice their concerns (such as the need for additional security in the EDs) and relay that information back to management. In this way, the voice of the CABs has become an intrinsic part of day-to-day hospital operations, aiding HHC administrators in addressing and creating programs to meet the needs of the community.

Community Collaborative Programs

In order to reach beyond our hospital walls and expand the impact we have on the health of our communities, HHC collaborates with community-based organizations, city agencies, and others to develop programs to inform and educate New Yorkers. Programs range from screening and health fairs to extensive efforts to address particular community health needs. We build partnerships to help our patients address the many non-medical factors that can be determinants of health.

Community A Case In Point

Elmhurst Hospital has hosted medical professionals, transportation experts, and local advocates for three consecutive New York City Summits on Pedestrian Injury.

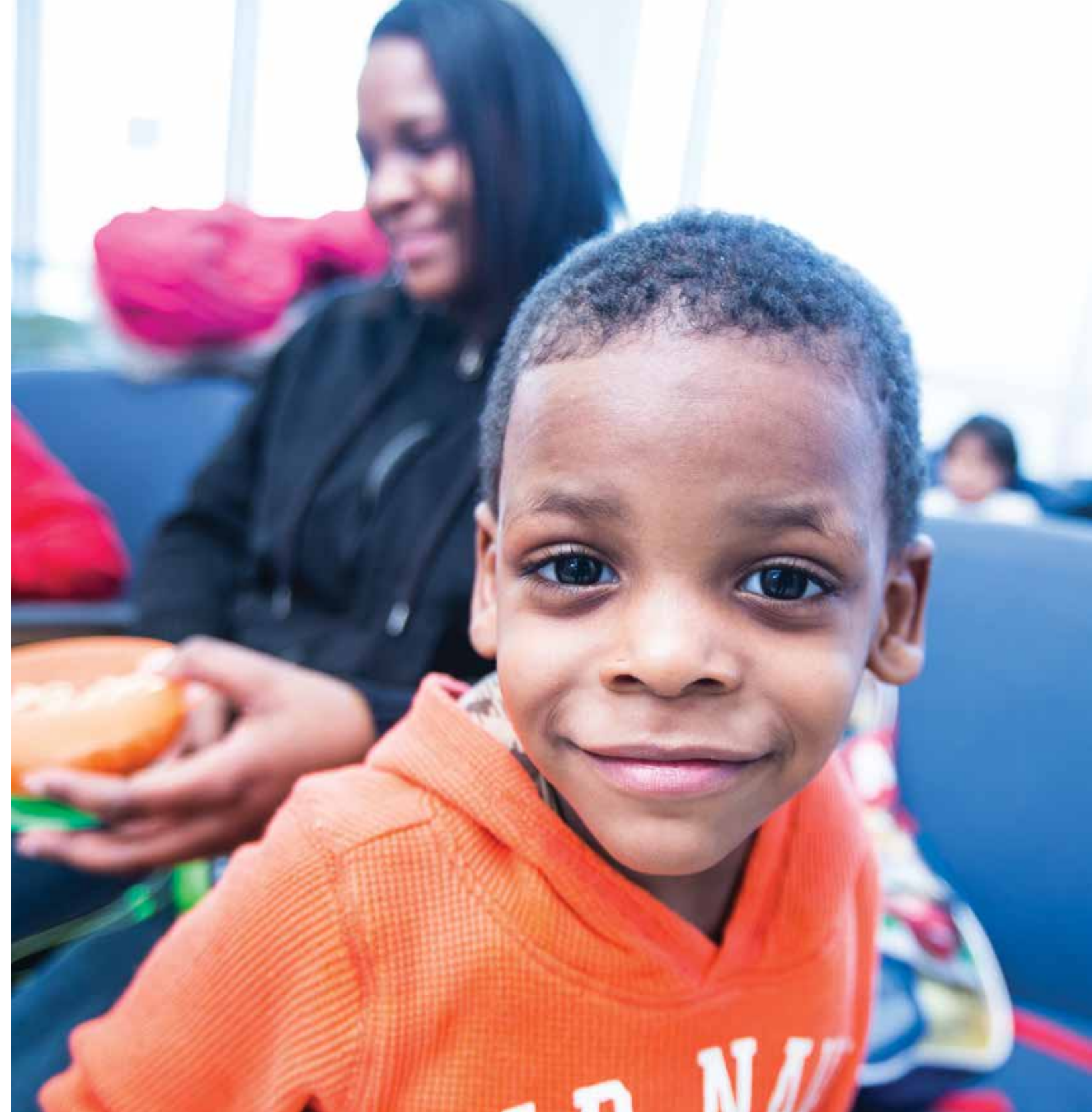
Elmhurst sees more pedestrian injuries, percentage-wise, than any other city hospital. At 296, the number of pedestrians and cyclists admitted in 2012 was the hospital’s highest ever. The goal of the summits is to consider new engineering and design measures to make streets safer, including pedestrian medians and longer crossing times.

A Case In Point

Renaissance Diagnostic and Treatment Center created a Babygram Program to provide education and support to teen mothers living in Harlem who are committed to completing high school.

Examples of HHC's community collaborative programs include:

- ***Guns Down, Life Up (GDLU)*** is a constellation of HHC programs to address the problem of gun violence in New York City, specifically in the communities we serve. Each facility-based GDLU program must include two components: violence interruption and youth development activities offering young people positive alternatives to violence. The Fund for HHC, which launched GDLU in 2011, works with HHC facilities to help them develop the positive alternatives for youth. The interruption component is coordinated by community-based organizations such as Cure Violence. GDLU also includes a community outreach campaign to spread violence reduction messages through presence at a variety of local events, short films, social media, and apparel. HHC's two active programs, Kings Against Violence Initiative (KAVI) and Six Winners are described below. Additional GDLU programs are under development.
- ***Kings County Hospital's Kings Against Violence Initiative (KAVI)*** is a hospital, school, and community-based anti-violence program led by a Kings County emergency room physician. KAVI is dedicated to providing Brooklyn youth with safe and productive alternatives to engaging in interpersonal violence. Youth who come to the emergency department at Kings County Hospital with injuries related to violence are referred to the program as part of their follow-up care. The program works with local schools, Kings County social workers, and a group of mentors and volunteers to offer positive activities (photography, music, Capoeira for at-risk youth so they are made aware of alternatives to violence and also taught valuable skills (dress for success, how to apply for a job) that they may apply as they finish school and begin to make life and career decisions. With the help of The Fund for HHC, KAVI receives support from City Hall's Young Men's Initiative and the Mayor's Fund for New York City.
- **Harlem Hospital** has created many specialized programs designed to meet the specific needs of its community, including programs for cancer prevention, pediatric injury prevention, and several local asthma programs and initiatives. Recently the hospital also implemented *Six Winners*, which uses trained mentors to work with at-risk young men. The program is designed to decrease violence by increasing the presence of positive male role models in the lives of local black and Latino youth. By extension, *Six Winners* aims to increase the percentage of young men who will be positively involved in the lives of their children and families, and more involved in making contributions to their communities. The Fund for HHC also helped *Six Winners* receive support from the Mayor's Fund.
- **Metropolitan Hospital's** new Comprehensive LGBT Health Center aims to remove barriers to care for New York City's lesbian, gay, bisexual, and transgender adults. The Center offers primary, preventive, and specialty care in an inclusive, supportive environment. Staff members are specially trained to manage the health care needs of the LGBT community.
- **Queens Hospital's** On-Site School Program is part of a highly successful effort that has been in place in New York City public schools for more than 20 years. Queens runs the program in several schools in the Jamaica area. Students who need help with behavioral issues, hyperactivity, depression, or anxiety can receive therapy during regular school hours. The program also provides medication management if needed. The on-site psychologist assesses the student; the psychologist, parents, and teacher work together to help each child. Because the team is in the school, the psychologist can observe the child and make rapid changes in the treatment plan. The New York City Department of Health and Mental Hygiene funds this program.



8,000

New Yorkers
volunteer at HHC.

1 million

hours of service
provided by
HHC volunteers.



Photo courtesy of harvesthomefm.org

1.6

servings is the daily vegetable intake among adult New Yorkers. Three servings a day can significantly reduce the risk of heart disease and stroke.

127

farmers' markets in New York City; many accept food stamps.

- The Woodhull Medical Center's Kids Bike Club offers children ages 10-18 an opportunity to participate in guided bike rides that are done primarily within the five boroughs. Bicycles are donated from Recycle a Bicycle of Long Island City, and purchased by the hospital. Created with support from the New York Cycle Club and MetroPlus, the goals of the program are to introduce youngsters to cycling as a safe and effective means of transportation and to encourage them to incorporate regular physical activity into their lives. The riders come from Bedford-Stuyvesant, Bushwick, Williamsburg, Greenpoint, and Long Island City. In addition to exercising and being fit, the program promotes physical and mental well-being, resulting in youth who tend not to smoke, focus better in school, and are less likely to get pregnant.

A Better Look: Harlem Hospital has reached out to its community to address the issue of HIV/AIDS by hosting a community conversation about HIV/AIDS and its impact in the black community. Several hundred local residents attended. Featured guests included Grammy Award-winning musician Alicia Keys, Representative Charles Rangel, former NBA player the Reverend Vin Baker, and hip-hop mogul Russell Simmons, along with the hospital's executives and the CEO of Care USA, Dr. Helene Gayle. In 2012, HHC received a special honor from the World Health Organization for testing more than 1 million people for AIDS.

- Each summer, The New York City Summer Youth Program at Morrisania offers approximately 30 teens the opportunity to do office work at the facility, giving them exposure to careers in healthcare.
- Cumberland Diagnostic and Treatment Center has responded to the needs of its Brooklyn neighborhood by implementing a Mobile Medical Van. The van travels throughout Greenpoint providing cholesterol screenings, hypertension evaluations, vision tests, dental screenings, nutritional counseling, HIV education, and drug and alcohol treatment referrals. In addition, Cumberland operates two school-based health programs and an annual back-to-school immunization campaign.
- Sea View is collaborating with Meals on Wheels on Staten Island to build a 22,400 square-foot meal preparation and distribution center on a 65,000 square-foot unused parcel of land at Sea View. The new facility will house a full capacity kitchen for food preparation, storage, and administrative offices. Meals on Wheels needs this facility to meet increased demand as a result of the growing elderly population on Staten Island.
- The HHC Art Xchange program is designed to address the growing number of independent and freelance artists who cannot afford to enroll in health insurance plans and have become an at-risk population that lacks access to quality health care. The program allows New York City artists to trade their artistic talents for healthcare credits. The program is currently active at Woodhull and at Lincoln.
- Safe, affordable, physically accessible housing stock is an essential element of improving community health, but is often difficult to find and secure. That is why HHC is reaching beyond our hospital walls to assist patients by working with a number of partners – commercial, community-based, and government – to provide affordable housing. In addition to these efforts and based on changes in healthcare delivery models, HHC is also able to make land and buildings at our facilities available for this purpose. CAMBA, one of our community partners, will soon be leasing more than 200 affordable apartments on the Kings County

Greenmarkets A Case In Point

HHC collaborates with Harvest Home and Greenmarket to host farmers markets at eight of our hospitals. Farmers markets support HHC's efforts to keep communities healthy by providing nutritious and affordable dietary options for patients and employees. Local shoppers can pay for their fresh fruits and leafy greens using EBT cards (food stamps), Health Bucks, Green Checks, Senior Farmers Market Nutrition Program (FMNP) coupons, and Women, Infants, and Children (WIC) coupons.

A Case In Point

Segundo Ruiz Belvis Diagnostic and Treatment Center has been providing affordable, personalized primary and preventive care to patients in the South Bronx for more than 25 years. Our community programs include partnerships with local schools to introduce wellness concepts to children and adolescents; circulation of important health information to community-based organizations, businesses, and schools; and the referral of federal Women, Infants, and Children (WIC) food and nutrition program clients to our medical, prenatal care, or pediatric services.

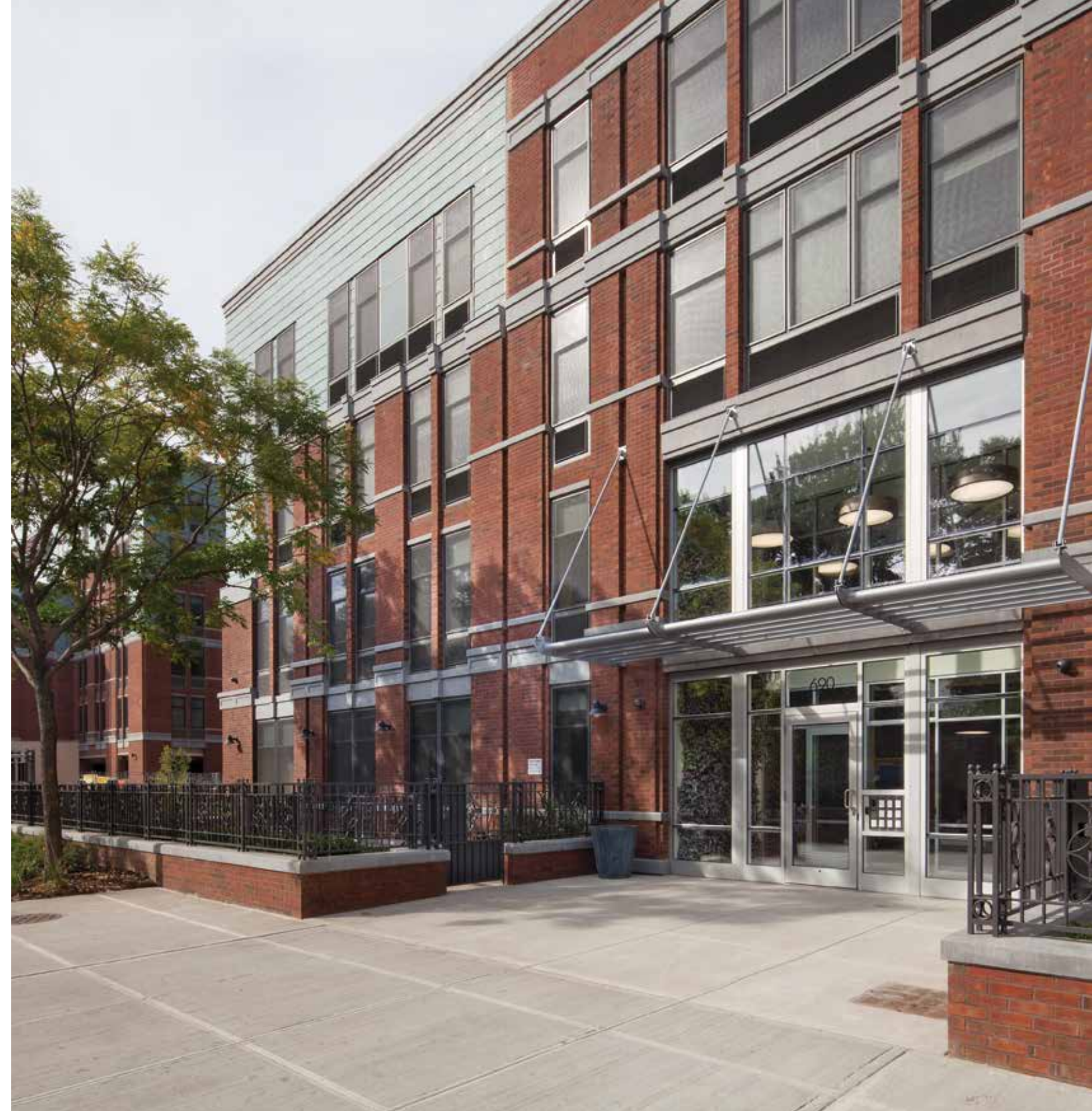
campus in Brooklyn. These will address specific needs for individuals coming out of shelters and for Kings' employees. Camba Gardens represents a new national model for partnerships among public hospitals, non-profits, developers, and community shareholders. Another partner will rent 175 apartments on East 99th Street near Metropolitan Hospital. This is the first project funded by the New York State Medicaid Redesign Team. On the Queens Hospital campus, one building is planned to be affordable housing for special-needs patients, and a second will be moderately priced housing for members of the community. We continue to explore development of more housing at Queens for middle-income and specific special-needs persons.

- As part of the Brooklyn Breast Health partnership, the East New York Diagnostic and Treatment Center offers an extensive outreach program to women 35 years of age and older. Services offered include screenings, biweekly education classes taught by registered nurses, and on-site mammography. The Center also operates medical units at local homeless shelters and provides primary care services to students in public schools during school hours and to community members after school hours.

Memberships

HHC also participates in a number of local and national organizations such as the Greater New York Hospital Association, America's Essential Hospitals (where we are the largest member system), the Healthcare Association of New York State, and the American Hospital Association. These memberships not only enable HHC to communicate and collaborate with other institutions in New York and around the country, they also help us with lobbying efforts to help maintain government support for the care we provide to so many New Yorkers in need.

A Better Look: After Hurricane Sandy, the Greater New York Hospital Association, the United Hospital Fund (UHF), and other local hospital councils and associations established a Hurricane Sandy Healthcare Employee Relief Fund, which UHF administered. More than 250 donors provided financial support, including the American Hospital Association. HHC received \$45,000 to assist almost 750 employees who were identified as suffering severe hardship from the aftereffects of the storm.



209
one-, two- and
three-bedroom units
in Camba Gardens.

\$810
rent for a one-bedroom
apartment in Camba Gardens.



“Every patient deserves the kind of loving attention and personal connection that happens in HHC’s long-term care programs.”

Yolanda Bruno, MD, Medical Director, Coler-Carter

Long-Term Care

Our skilled nursing and long-term care facilities – Gouverneur, Sea View, Dr. Susan Smith McKinney, Coler, and now Carter – have incorporated patient-centered approaches for nearly a decade.

Such practices, under the mantle of culture change, affect everything from allowing patients choice of wake-up times, clothing, bath times, and food to providing a home-like atmosphere and a personalized care program for every patient. HHC’s internal Long-Term Care Council created a forum to speed the spread of this approach across the system. The Council also collaborates to ensure facilities align with federal policy standards, moves quickly to address issues related to healthcare reform, and shares best practices across the system.

Where possible and in the best interest of the patient, HHC has shifted its approach to care at our long-term facilities, focusing on helping residents to return to their homes and communities whenever they are able. This process was crystallized by the need to close the aging Goldwater facility on Roosevelt Island and the subsequent opening of the new Henry J. Carter Center in Harlem. Over a two-year period before the transition, interdisciplinary teams of physicians, nurses, psychiatrists, social workers, and therapists met to evaluate each resident’s potential to return to the community, and identified nearly 250 who made the transition. This effort involved extensive collaboration with New York City agencies such as the New York City Housing Authority to assist with securing affordable housing for those who needed it, and setting up extensive social and medical outpatient services such as adult day care, health and home care services, and more.

The model has been applied to all HHC long-term care facilities to identify additional residents who could successfully and safely return to their communities with ongoing support. This approach helps residents lead productive, independent lives, and it is much more cost-effective for HHC and for New York State, which provides Medicaid funding for many of our long-term care residents and patients.

To assist with independent living outside of our facilities, HHC offers Adult Day Care services at Sea View, Gouverneur, and McKinney. These facilities play a key role for independently living seniors by offering daily activities and medical care, which is overseen by the hospital’s skilled nursing staff.

Skilled Nursing Care

Our five skilled nursing facilities admit residents whose medical needs require management and care that cannot be provided at home. Three are located in Manhattan – Coler (Roosevelt Island), Carter (Harlem), and Gouverneur (Lower East Side); Sea View is in Staten Island, and McKinney is in Central Brooklyn. These facilities feature comfortable, home-like amenities, private and semi-private residential settings, technologically advanced support equipment, and highly qualified on-site staff available 24/7.

Residents can participate in a variety of activities, programs, and services that promote a sense of family and home.

Fall Risk

A Case In Point

HHC long-term care staff has been successful at lowering the fall risk for patients. In 2012, HHC’s fall rate was one-third of the national average.

Long-term care

A Case In Point

“It feels more home-like here at Carter. The rooms are really nice and private. It’s like having your own apartment.”

Paul Hall, resident at Coler since 1988, who recently moved to the new Carter Facility

Facilities Gain Recognition

Coler-Goldwater Specialty Hospital and Nursing Facility (while still functioning jointly) and Sea View Hospital Rehabilitation Center Home in Staten Island – were named to the U.S. News & World Report best nursing homes list for 2013 based on their five-star ratings from the Centers for Medicare and Medicaid Services for superior performance on measures of quality.

In 2012 and 2013, Coler Hospital absorbed residents and staff members from Goldwater. Coler continues to receive high ratings for its overall patient care, now home to 815 residents.

A Better Look: The New Henry J. Carter Facility

In November 2013 as part of HHC’s ongoing effort to provide the highest level of long-term care, 228 patients were successfully relocated from the Goldwater campus to the new Henry J. Carter Specialty Hospital and Nursing Facility. Built on the former North General Hospital campus in Harlem, Carter features two separate buildings with a combined 365 beds. The new \$295 million facility will expand access to long-term acute care and skilled nursing services for physically disabled and medically fragile individuals who need specialized therapeutic support or rehabilitative services to improve their quality of life. Because of its state-of-the-art level of care, Carter was able to accept the highest-acuity patients from Goldwater and ensure their comfort and continuity of care.

Carter is the first facility at HHC to be named after a living benefactor. Hank Carter’s Wheelchair Charities, Inc., has provided more than \$30 million worth of equipment to HHC’s long-term care facilities, as Mr. Carter keeps a daily presence as a beacon of hope to HHC long-term care patients.

Music & Memory

In 2012, Sea View successfully piloted *Music & Memory*, a program that uses iPods to bring personalized, digitized music to patients or residents with Alzheimer’s disease, dementia, or other cognitive loss. Introduced to HHC and supported by The Fund for HHC, the simple but powerful concept has also been operating at Coler and will be brought to every resident at Carter. The next step for HHC is to pilot the program for behavioral health patients.

The *Music & Memory* programs are now well-established nationally, and a documentary film titled, *Alive Inside*, premiered at the Sundance Film Festival in early 2014, where it won an audience award. The film shows patients who were disengaged and unresponsive becoming animated, answering questions, and conversing. HHC patients have shown similar results through the program.



103

residents with memory deficits at HHC facilities participate in the Music & Memory program.

1,797

total HHC skilled nursing facility beds.



“MetroPlus gives patients opportunities to get the insurance they can afford, with the assurance that staff will help them along the way as they seek care.”

Arnold Saperstein, MD, *President, MetroPlus*

MetroPlus

HHC’s low-cost health insurance program, MetroPlus, provides access to affordable, high-quality healthcare for the city’s medically underserved population. In 2013, MetroPlus had more than 420,000 enrolled members.

MetroPlus offers a variety of health plans for children (Child Health Plus), families (Family Health Plus), the elderly (MetroPlus Managed Long Term Care), those with special needs (Medicaid HIV and Special Needs), and plans for those on Medicare (MetroPlus Medicare) and Medicaid (MetroPlus Medicaid Managed Care).

While affordability and scope of services are important factors, what sets MetroPlus apart from other insurance plans is its focus on putting patients first by helping them navigate the healthcare system to get the primary and specialty care they need. As a result, the plan receives the highest patient enrollee satisfaction grades in New York State for quality of service almost every year.

New York State measures insurance plans each year through the Quality Assurances Reporting Requirement and publishes a Medicaid Consumer Guide based directly on those results. Reflecting its enhanced customer service, MetroPlus has been named the number one Medicaid managed-care plan in New York State for seven of the past nine years.

A Better Look: When the New York State Health Exchange opened on October 1, 2013, MetroPlus offered 32 benefit plans to the public. As of April 2014, nearly 36,000 new members joined MetroPlus through the Exchange. Most of these individuals were formerly uninsured people who now have coverage and access to quality care.

The various MetroPlus health plans encourage primary and preventive care through direct mailings, newsletters, and phone calls to remind people about free available screenings such as mammograms, pap smears, and blood pressure checks. For MetroPlus enrollees, there is no out-of-pocket cost for primary care. By encouraging preventive care, MetroPlus makes clear its commitment to helping members become and remain healthier. However, if members do get sick or require a specialist, MetroPlus’ case management team helps to arrange appointments with HHC specialists. In addition, MetroPlus representatives are stationed in the lobbies of HHC facilities to answer questions, assist with enrolling members, and explain benefits.

Long-Term Managed Care

MetroPlus has also begun to enroll members in its newly licensed Long-Term Managed Care plan. The goal of this plan is to help the chronically ill or disabled, who would otherwise be eligible for nursing home admission, to stay in their homes and communities for as long as possible. Care at home, when feasible, is generally a cost-effective alternative to nursing home admission and is most often a patient’s preference.

A Case In Point

For the past 14 years, the contractual relationship between HHC and MetroPlus has provided HHC with a total of \$750 million in additional revenue, which has been used to expand primary and preventive care for patients.

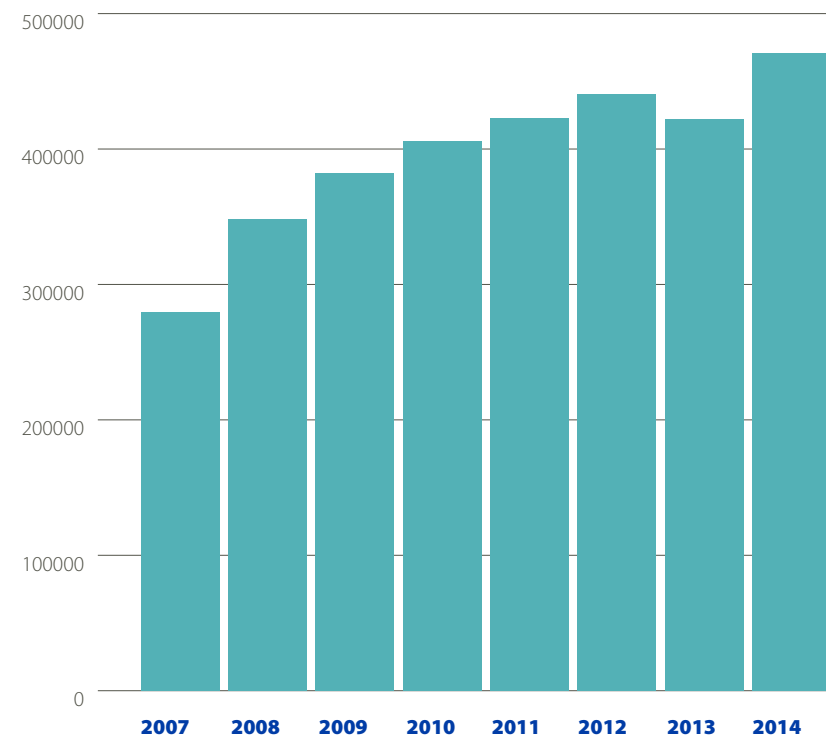
Community-Based Providers Added to MetroPlus Network

In order to improve access for all members, MetroPlus has partnered with more than 16,000 non-HHC community-based providers whose services are covered under the MetroPlus plan. These clinicians help meet the increasing demand coming from additional members who have been added to the MetroPlus rolls, and provide more convenient locations.

Data Portal Helps Determine Gaps in Care

MetroPlus' data portal produces 300 targeted reports, with data available to all HHC facilities. These reports let HHC physicians see if patients received their care at community partner facilities or pharmacies (whose information is not in HHC's electronic medical record system), and helps locate those patients who are not obtaining necessary care at any facility (e.g., diabetic patients who skip glucose monitoring tests or eye exams, or patients who do not fill prescriptions). MetroPlus also funds outreach staff at each facility who contact patients and help close the gaps in their care.

MetroPlus Membership 2007-2014



* as of June 1, 2014



25%

of all New York City residents who have purchased an insurance plan through the Affordable Care Act have chosen MetroPlus.



“It’s the people who do the work who know how to make it better.”

William Walsh, Network Senior Vice President, North Bronx Healthcare Network

Breakthrough: Process Improvement at HHC

For HHC, continuous improvement is an organizational and business imperative. Staff knows that improving the safety and quality of the care we deliver to so many New Yorkers is essential if we are to compete in an environment where healthcare consumers have so many choices.

One way HHC does better is by integrating a variety of tools and training techniques into the organization’s culture so we continue to improve and help each other deliver care at the highest level. Starting in 2007, Breakthrough, our name for a performance improvement tool known as Lean in the manufacturing sector, has become a key element in our organizational mindset. Breakthrough invites and empowers teams of front-line staff to find and solve problems by redesigning the work they do for greater efficiency. More than 1,600 of these teams have used Breakthrough to examine every step of specific clinical, financial, and operational processes using five-day “rapid improvement events” and “daily management huddles.” Breakthrough activities are now legion at HHC. They help staff to streamline processes, eliminate waste, expedite work, and generally make every aspect of care delivery more efficient and rational, with the net result that patients benefit and savings accrue. Examples include shortening of emergency department waiting times, improved billing and revenue management practices, and more on-time starts for scheduled surgeries.

A Better Look: With rapid changes occurring in healthcare, tools such as Breakthrough help HHC adapt quickly and benefit by achieving operational excellence. We have been using Breakthrough for seven years and, during that time, it has yielded \$405 million to HHC through a combination of savings and enhanced revenue, making us not only one of the largest healthcare systems in the nation to apply this type of standardized process improvement across all of our facilities, but also one of the most successful.

Breakthrough teams take a problem, such as slow turnaround of operating rooms, break it down into its component parts, and build a solution. One team works on how to improve the preparation of surgical tools needed for each operation. Another addresses changing schedules so that staff is available to start on time, and a different group works on speeding up the process of getting operating rooms cleaned and ready for the next surgery. Specific solutions come from the people closest to the work, and the solutions are integrated into a formal program, with checks and balances, and connective measures. The process creates a culture of shared responsibility and collaboration, as well as pride of ownership.

A Breakthrough in
Surgical Capacity

A Case In Point

Harlem Hospital increased surgical capacity by 14% by improving the pre-admissions testing process, standardizing operating room scheduling, and increasing the number of on-time starts.

A Case In Point

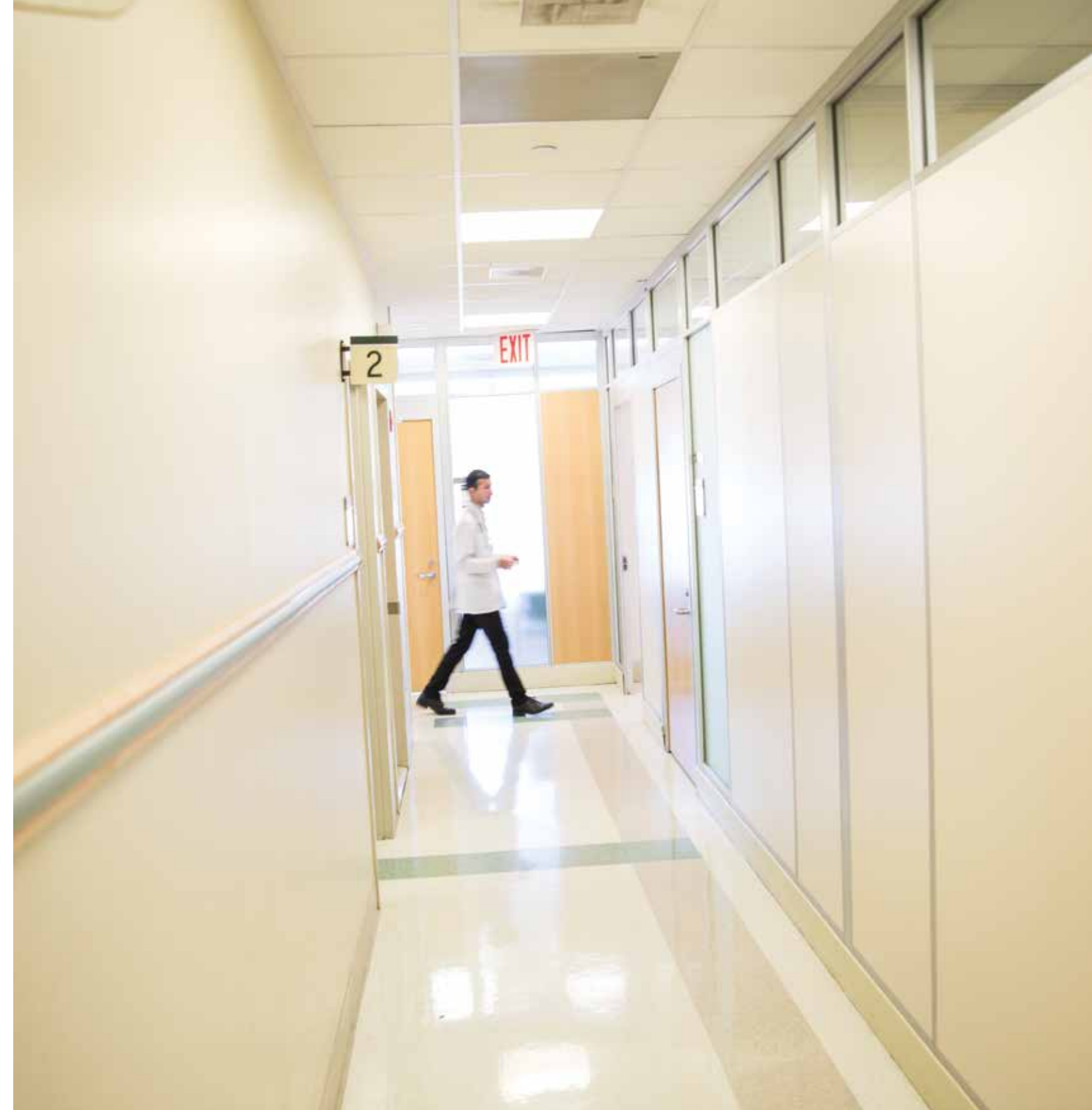
Using Breakthrough, Elmhurst has lowered the time from arrival to discharge in its adult emergency department by 16%, despite a 17% increase in emergency department visits.

A Better Look:

- At Bellevue, surgical services have been made much more efficient, reliable, and patient-friendly by standardizing the surgical scheduling process and improving communication with patients. As a result, Bellevue has gone from having an average of 15% of its scheduled surgeries cancelled because of incomplete pre-procedure testing to now having virtually none cancelled.
- Coney Island teams redesigned the emergency department admission process. Their changes decreased the time for patients admitted through the ED to reach an inpatient bed from more than two and a half hours to an average of one hour and twenty minutes.
- Over the past year, North Central Bronx decreased the average length of stay for cardiac patients so that they could be safely discharged in 2.8 days, rather than 4.8 days, without any increase in the readmission rate for these patients.
- The Central Office Finance Division has embedded Breakthrough principles into its core work. Revenue Management used Breakthrough to develop a new process for assisting patients in applying for Medicaid or Qualified Health Plans on the New York State Health Exchange, and the Central Office Finance Division led an organization-wide Breakthrough effort to improve revenue collection. Through this effort, Finance added \$130 million a year in new revenue largely due to better documentation and coding of inpatient services. Finance is currently working to improve the accuracy of patient registration, which will help with collections. We have a target of \$72 million in new revenue for improving the capture of insurance information.

The pace of productive transformation at HHC is quickening, as process improvements achieved through Breakthrough are spreading across the system. To advance positive change, we have also added a core Breakthrough process – the Daily Management System (DMS) – that reframes problem-solving in daily work so that small changes can be made on an ongoing basis. DMS also maximizes adherence to standardized work that has been put in place so that improvements are sustainable. It is one way that the principles of Breakthrough have become part of both our staff’s daily culture of work and their strategic thinking.

HHC began working with an outside firm to implement Breakthrough, but over the past several years, hundreds of staff members have been trained to assist with Breakthrough activities and implementation. Staff members now launch activities at HHC sites, provide five levels of training classes, and offer ongoing support at specific sites. This is part of a larger plan to steadily increase and sustain Breakthrough with no reliance on outside support.



\$130 million

in new revenue added from Breakthrough efforts in the Central Office Finance department from improved documentation and coding.

5,700

HHC staff have participated in Breakthrough training.



“There’s nothing more important in healthcare than communication. Meeting. Talking. Listening. These help make sure every care relationship is unique and better.”

Elizabeth Gerdts, RN, North Central Bronx

Teams Working Together

Teamwork is essential to providing safe, high-quality patient care, and it is central to the ideas and practices that have made HHC better over the past eight years.

HHC’s vision of teamwork encompasses everyone’s efforts, including those employees unseen by patients. We continuously build on the tools we have already put in place so that we can collaborate more effectively in every aspect of the enterprise.

The work we have been doing to expand coordinated care across all facilities and departments within HHC would not be possible without consistent teamwork. Coordination of daily work activities, such as morning team huddles to review upcoming cases, are increasingly an integral part of the care process.

HHC’s patient safety improvements are largely due to an unending focus on teamwork – along with training – throughout the organization. HHC has become an industry leader in the use of TeamSTEPPS, a proven approach to enhancing patient safety by improving teamwork across multi-disciplinary groups; and improving the communication and operational dynamics of clinical teams. In the past several years, more than 21,000 staff has been trained; 874 have become Master Trainers and use their skills and experience to train others.

A Better Look:

At Metropolitan Hospital, the adolescent psychiatry unit used TeamSTEPPS training to address situation monitoring, awareness, communication, and team connections. Since then, there has been a 90% reduction in physical altercations on the unit.

Lincoln Hospital implemented an interdisciplinary program on a medical-surgery unit to help decrease hospital infections. It focused on embedding TeamSTEPPS communication tools and techniques in combination with targeted quality improvement interventions. As a result the unit saw a 98% decrease in the rate of catheter-associated urinary tract infections, and a sustained rate of zero ventilator associated pneumonias (VAPS).

Councils and Collaboratives Share Best Practices

A decade ago, specialists at HHC hospitals did not meet regularly. Although patients received good care at individual facilities, they did not benefit from the advantages that come from colleagues in similar fields sharing best practices. To enhance clinical dialogue, HHC’s Medical and Professional Affairs division created a number of councils and collaboratives comprising clinicians from different facilities that have helped to change this approach. These groups, like the Palliative Care Council, meet on a regular basis, and demonstrate how HHC is capitalizing on the power and size of the system to help improve teamwork and patient care.

Councils

A Case In Point

HHC has numerous clinical councils and committees where leaders meet and collaborate, including:

- Chief Nurses Executive Council
- Council of Medical Directors
- Council of Medical Directors and Medical Staff
- Council of Chief Nurses and Medical Directors
- Anesthesiology Department Directors Council
- Bioethics Directors Council
- Blood Bank Directors Council
- Chiefs of Internal Medicine Directors Council
- Chronic Disease Directors Council
- Corporate Formulary Directors Council
- Critical Care Directors Council
- Dental Directors Council
- Emergency Department Directors Council
- Emergency Department Directors Research Council
- Palliative Care Directors Council
- Pathology Directors Council
- Pediatric Department Directors Council
- Pediatrics Emergency Department Directors Council
- Perioperative Directors Council
- Pharmacy Directors Council
- Radiology Department Directors Council
- Rehabilitative Medicine Directors Council
- Trauma Department Directors Council
- Urology Department Directors Council

“Enthusiastic participants, friendly instructors... Simulating a real-life scenario should be a **MUST** in all training programs.”

Chita Belasundaram, MD,
North Central Bronx Hospital

IMSAL: Simulation Learning

HHC's use of sophisticated, high-tech simulation training is innovative and technologically advanced, and it shows our commitment to improving staff skills that make patient care better.

Eighty percent of clinical errors occur due to lack of communication. HHC's use of cutting-edge simulation-based training addresses this issue and enables care teams to work together more effectively.

In October 2010, HHC opened the 10,000 square-foot state-of-the-art Institute for Medical Simulation and Advanced Learning (IMSAL) at Jacobi Medical Center. Simulation at IMSAL allows care teams to learn and practice specific skills on computerized life-like mannequins and virtual reality trainers. IMSAL courses include videotaped hands-on training and coaching, as well as review and discussion of performance. These evidence-based teaching methods help to improve medical, surgical, and teamwork skills, which in turn have the capacity to improve the safety and quality of care delivered to HHC patients.

IMSAL features realistic, fully functional staged clinical environments such as intensive care units, operating rooms, and emergency departments. In these environments, HHC medical, nursing, allied health professionals, and support staff practice procedures and engage in teamwork scenarios to hone their clinical, communication, and collaboration skills. Many training scenarios are based on events that occur every day – a primary care team working with a patient who comes in for an exam – and others are more unusual and highly stressful, such as when a patient's heart malfunctions during an ED visit.

Before IMSAL's opening, staff developed the first two courses – Central Line Placement Skills and Basic Airway Skills – and taught them through a mobile program. By the time construction of the center was complete, IMSAL staff had already taught the Central Line course to more than 1,000 physicians at HHC's 11 acute care hospitals.

Today, IMSAL offers 11 courses, has trained more than 6,000 HHC staff, and has hosted or supported courses conducted by other entities that have trained 400 additional participants. Courses are developed based on HHC performance data, claims data, and staff requests.

IMSAL mannequins and electronic simulators can be programmed to breathe, blink, talk, cry out, have babies, or suffer a host of life-threatening events such as respiratory distress, labor and delivery emergencies, and pediatric and adult cardiac codes. Virtual reality training systems, attached to surgical tools, and tactile feedback mechanisms enable surgeons to learn and practice a host of realistic laparoscopic procedures.

IMSAL includes:

- 6 simulation rooms replicating operating, intensive care, and emergency rooms
- 2 virtual reality surgical simulators
- 4 patient exam rooms
- 1 clinical skills room



“State-of-the-art simulated learning teaches HHC clinicians new skills, lets them practice in a safe environment, and improves the way we work together to take care of patients.”

Katie Walker, Director, HHC's Institute for Medical Simulation and Advanced Learning (IMSAL)



6,000

HHC staff members have taken courses at IMSAL.

- 18 high-fidelity patient mannequins including adult and pediatric males and females
- 69 part-task trainers – lifelike models of body parts for specific training activities
- 3 debriefing/conference rooms
- 3 control rooms

The demand for IMSAL courses is increasing. From July 2012 through June 2013, IMSAL offered more than 1,000 course hours, convened more than 250 training sessions, and hosted more than 2,500 training encounters.

A Better Look:

Sample IMSAL course descriptions:

- **Cardiac Code Team** – Although cardiac arrest is a relatively infrequent event, when it happens, individual clinicians and teams need to know how to respond. This team-based course prepares staff to work as high-performing teams by teaching basic skills, making sure all team members have a firm grasp of those skills, and practicing them as a group. The course uses high-fidelity mannequins in realistic cardiac code scenarios, and the practice may lead to better patient outcomes during cardiac code events.
- **Central Line Placement Skills** – Placing a central line is a key skill for many clinicians. This course teaches them how to use the central line bundle kit, reviews aseptic protocol, and identifies and re-enacts specific activities that increase patient safety and reduce infection risk. Active, cooperative-based instruction includes the use of central line part-task simulation trainers and ultrasound machines in central line placement.
- **Debriefing for Behavioral Health Teams** – This course focuses on teamwork in simulated situations that do not require the use of mannequins and ultrasound. It is designed to share best practices for team-based prevention, intervention, and debriefing strategies for patients exhibiting aggressive behaviors. Participants will learn and practice evidence-based verbal de-escalation techniques, and improve teamwork and communication skills.

In order to expand the reach of simulated learning throughout HHC, and to deliver courses for staff locally in their facilities, IMSAL has adopted a “hub-and-spoke” model. The aim is to embed training at each facility and in actual clinical settings. IMSAL is also developing other training suitable for hospital-based delivery, such as Debriefing for Behavioral Health Teams course and a new train-the-trainer program for the Central Line Placement Skills course. The goal is to develop qualified instructors across HHC who can deliver IMSAL courses at their respective facilities. A satellite simulation center will connect to the IMSAL hub at Jacobi through integrated, networked audiovisual and learner management systems. Elmhurst Hospital Center has begun construction on their simulation center, and planning for a similar center at Harlem Hospital is under way. HHC is moving forward to establish similar linked projects in 2014. Bellevue has its own simulation center, NYSIM, funded by the City University of New York and New York University. IMSAL and NYSIM often collaborate.

Mobile Program

A Case In Point

The mobile simulation program, which was in place before the Jacobi facility was completed, continues to be an important part of IMSAL course delivery.

Workforce Development

Through change and transformation, HHC's committed and engaged work force remains an organizational constant. In a recent survey, staff cited belief in HHC's mission as a prime reason for working in our system.

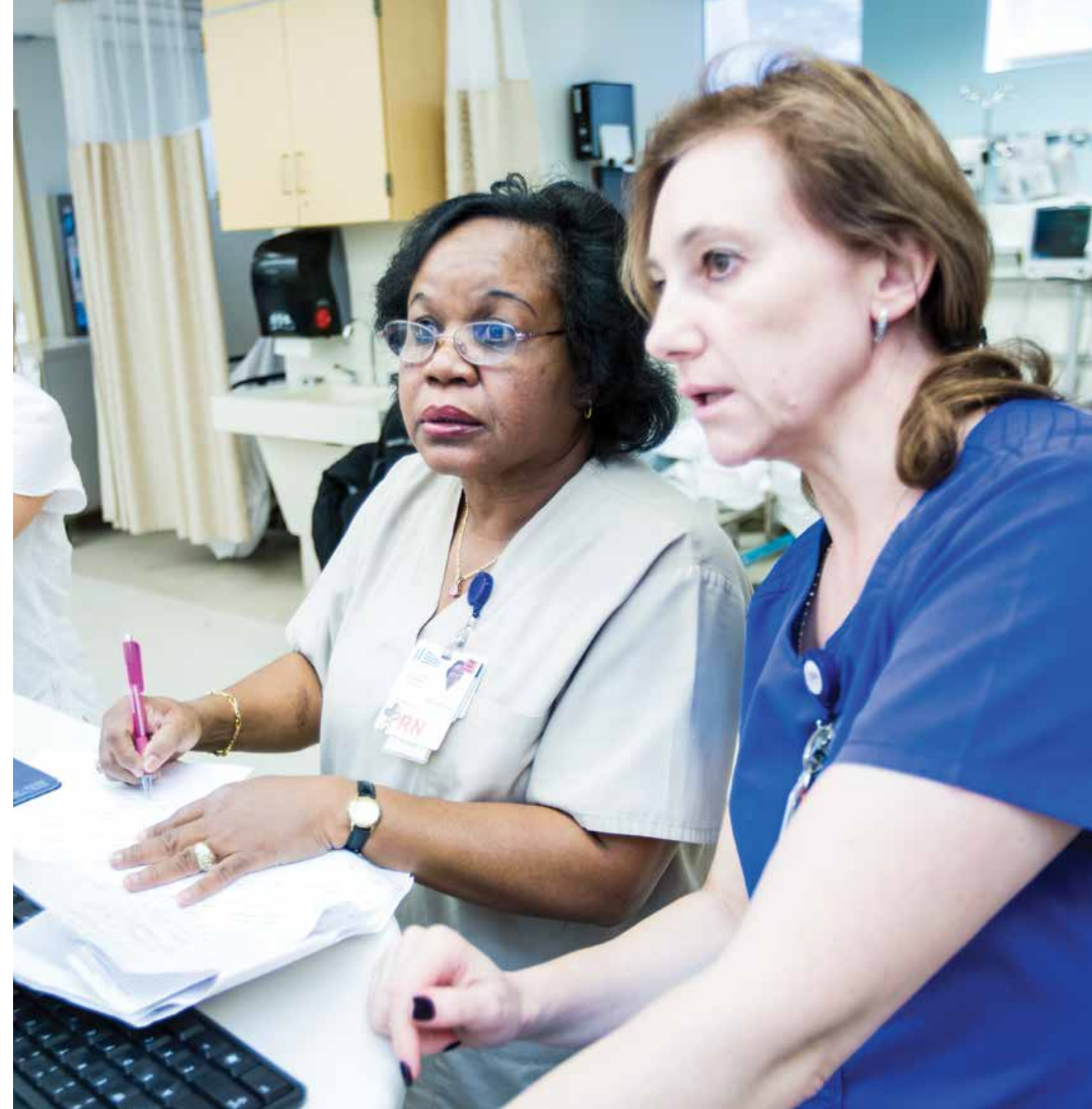
To honor the commitment from staff, HHC provides tools and training that align with employee needs and enhance the skills of individuals to help them reach their full potential. Being a learning organization benefits staff and patients, because a workforce that is learning and adapting is able to translate that new knowledge into better patient care and a better patient experience.

A Better Look:

HHC has partnered with an outside company to create a Leadership Development Program for middle and senior managers. Senior staff identifies talented employees who show leadership potential. An initial group of 144 participants began in 2012; the second cohort of 114 staffers completed training in January 2014. They had 36 coaches, also HHC staff members, who worked with them during – and after – training. HHC is funded for two more sessions, so by the end of 2015, 600 staff members will have been through the program, and will be ready to use their new skills, as they become leaders in the organization. A leadership academy is in the works.

A \$1.1 million grant from the New York State Department of Health for workforce development has helped HHC's Human Resources division move forward on several important fronts.

- A new supervisor-training program has been developed, which includes one-day sessions and follow-up assignments over the six-month curriculum.
- A training program for new managers is being beta-tested, as part of an enhanced standardized employee orientation which will soon be centralized and standardized.
- HHC convened an Employee Safety Forum at Harlem Hospital on Workplace Violence Prevention designed in support of HHC's priority to ensure a safe work environment.
- In 2013, HHC introduced a quarterly newsletter dedicated to sharing good health tips and wellness information with staff across the organization. An employee wellness program is also under way.
- Since 2009, HHC Human Resources staff has used a computer software tool that staff members can access across all our networks, facilities and subsidiaries to manage employee benefits selection, competencies, licenses, training, and employee development.



“When people come to work here, we want them to have the opportunity to learn and apply new skills to help the organization advance, to improve their own standing, and to stay.”

Caroline M. Jacobs, Senior Vice President, Safety and Human Development



Internal Communications Informing and Motivating

HHC continues to use a variety of communication tools and methods to ensure that our workforce is well informed and motivated. The multimedia series *Believing*, which focused on HHC’s patient safety accomplishments, was used for internal and external communication. *HHC Rising*, a short video about HHC’s history, was also prepared for internal and external audiences. Additional efforts include *The Road Ahead* newsletter describing organization-wide cost containment efforts, and a recent video introducing HHC’s Guiding Principles.

To further enhance this effort, HHC has created an Internal Communications Group (ICG). In addition to coordinating information and designing and distributing materials throughout the organization on important subjects such as New York State regulations regarding flu vaccines for staff, ICG identifies innovative programs and people doing interesting work around the organization and features them in an internal newsletter called *HHC Insider*. ICG and the President’s Office of Special Projects are also overseeing the complete redesign and modernization of HHC’s employee intranet. ICG uses multiple media and communication channels to get information out to HHC’s 35,000 staff members.

HHC Insider

A Case In Point

HHC’s corporate intranet homepage, *HHC Insider*, is updated daily. More than 14,000 employees visit the page every day for stories, human resource advisories, and other organizational information.

A Better Look:



The HHC Internal Communications Group developed and disseminated a corporate-wide communications toolkit, which kept flu messaging consistent across the system. The number of employees who were vaccinated more than doubled this flu season from 15,000 to more than 30,000.

600

HHC staff members will have completed leadership training by the end of 2015.

13

HHC staff members will have participated in the America’s Essential Hospitals (AEH) Fellows program between 2012 and 2015.

Information Technology

Since the early 1990s, HHC has been a leader in the use of technology to improve patient care. Our new electronic medical record system, which will fully integrate patient information, is a continuation of this longstanding effort. HHC's upgraded technology will also provide us with better ways to assess and care for our patients.

New Electronic Medical Record System Coming Soon

More than 20 years ago, HHC began using electronic medical records (EMR) to keep track of patient information. During the past decade, we have used information technology as a tool to improve the ways our staff – within and among facilities – work together and share patient care information. However, our current EMR system has increasingly lacked the state-of-the-art functionality to share data broadly across the organization and to meet today's patient and provider needs.

In 2012, the HHC Board of Directors approved the purchase of a powerful new electronic medical records system, called EPIC, the industry's leading provider of EMR systems. As it is implemented, EPIC will improve patient care by providing complete and timely access to patients' medical records and supporting clinicians so they can make better decisions with available information while protecting patient confidentiality. EPIC will also include clinical alerts and reminders, improve therapeutic choices, enhance research and monitoring for quality improvement, and provide built-in safeguards against treatments that might result in adverse events. Doctors and other clinical staff within any part of HHC will be able to access accurate patient records at any time, and patients themselves will be able to view their medical records online. The implementation of EPIC will be scalable and flexible enough to conform to evolving health information technology standards, and allow for interoperability with external systems, health information exchanges, and other providers.

When fully installed, by 2018, EPIC will help to make virtually every aspect of the patient experience better, keeping the patient at the center of care while increasing efficiency and effectiveness.

There are several milestones that must be met before EPIC begins to go live in 2015. They include implementation of a new scheduling, registration, and billing system and simultaneous introduction of a planned and approved laboratory consolidation program for rapid response testing and routine lab work.

Electronic Disease Registries Improve Care for Patients with Chronic Conditions

Electronic disease registries, which have been in place since 2005, were created to address the high percentage of HHC patients who suffer from chronic diseases. E-registries combine the use of data (high tech) with focused clinical care (high touch), to significantly improve disease management and outcomes for patients.



“We approach technology at all levels from a patient-centered perspective, always remembering that the tools we use must improve patient care and make it easier to navigate our system.”

Bert Robles, Senior Vice President, Corporate Chief Information Officer



1 million

visitors per year to the HHC website.

Today, HHC has more than 100,000 patients enrolled in e-registries for diabetes, hypertension, asthma, congestive heart failure, and palliative care. In addition to linking a wide variety of public health interventions with data reflecting outcomes and improvements, electronic registries are a core foundation of population health.

The next phase is to develop a registry that will track multiple chronic conditions in one database, expanding the ability of HHC clinicians to use technology to drive better patient care. This effort will impact the 450,000 primary care patients we serve through our medical home program. HHC's experience using data for care coordination puts us ahead of the curve in our ability to implement data-driven programs to improve patient care, safety, quality, and outcomes.

A Better Look:

To evaluate the effectiveness of diabetes care and the impact of helping patients keep their disease in good control, HHC tracks and measures the number of patients who have been tested for their blood sugar and the percentage of those with healthy blood sugar levels. Cholesterol and blood pressure are also closely monitored, since controlling blood sugar alone is not enough for people with diabetes. Controlling both cholesterol and blood pressure is critical to preventing cardiovascular complications, including heart attacks and heart disease, which are high-risk conditions for diabetics. The system also tracks dates of last eye and foot exams, another important element of disease management for diabetic patients. Since the inception of the diabetes e-registry, the percentage of patients with well-controlled A1c levels (seven or below) has doubled from 25% to 50%.

Care Plan Management System

Since summer 2013, HHC has been deploying a Care Plan Management System (CPMS). The electronic tool is in place for clinically complex Health Home patients and will soon be used for medical home patients as well. CPMS functions as the system of record for care coordinators, whose job is to ensure that patients can access the services they need and overcome social and personal obstacles that may interfere with patients' ability to become and remain healthy. Care coordinators have been trained to use the CPMS, an electronic portal site that now contains data on more than 1,000 Health Home patients. The system was designed for HHC in collaboration with Caradigm, a joint venture between Microsoft and General Electric.

Using CPMS, clinicians and patients work together to develop individual care plans. Care plans are printed out and given to patients, and they are reviewed with care teams during huddles. In the next phase of development, the CPMS will offer patients access to a portal so they can view their care plan and patient health record. The portal will also allow patients to access their care team and actively exchange information with care team members about their progress.

Other Projects

HHC is also laying the foundation for greater organizational efficiency and effectiveness through several major technology projects, including the installation of Sorian, a revenue cycle/billing/appointment scheduling system; PeopleSoft, a human resources-support system; the now-completed consolidation of HHC's multiple data centers from eight to two; the implementation of an electronic credentialing system; the roll-out of a new care management documentation system; and the previously described multi-year implementation of EPIC. Even

IT

A Case In Point

HHC's Integrated Clinical Information System (ICIS) program covers the training and implementation for EPIC, our new electronic medical record. Staff can check the status of the program via a weekly e-mail, as well as on the HHC intranet.

A Case In Point

Community providers now make more than 123,000 referrals each year to HHC facilities.

as we continue to use our legacy EMR, for the second year in a row, HHC's 11 hospitals received recognition for the achievement of federal criteria for "meaningful use" of electronic health records. This resulted in more than \$100 million in incentive payments, which is being reinvested to provide state-of-the-art tools for HHC's nurses and doctors to use for patient care.

HHC Advantage and HHC ConnectX

In order to coordinate care even when some of it occurs outside our facilities, HHC partners with community providers. An element of this partnership is offering providers a web-based online tool – HHC ConnectX – that includes educational resources and the necessary support for timely exchange of information between HHC and community-based providers.

HHC Advantage, a component of HHC ConnectX, is a computerized information exchange system so that community physicians can easily refer patients to HHC facilities for diagnostic and specialty services. With it, community providers can see test results and online reports.

The ease of this process has resulted in significant positive feedback from participating physicians, who have spread the word. The service gained nearly 250 new practices in the last year (reflecting close to 800 physicians). Upon joining the program, staffers at these practices receive on-site training on the system and ongoing support.

A Better Look:

More than 1,500 non-HHC community-based practices – 5,200 plus individual private physicians – use HHC ConnectX to replace cumbersome printed documents. HHC ConnectX accurately tracks every patient who is directed to HHC specialty services such as radiology; gastroenterology; orthopedics; dermatology; and ear, nose, and throat. HHC Advantage provides accurate tracking of patients, from initial referral request to treatment at our facilities, to results/consult reports sent to the physician over a web-based, HIPAA-compliant site, as well as by mail. Physicians and their staff can check the status at all stages in the process through an online referral management tool.

Automated Medication Dispensing

HHC has long used automated medication dispensing to improve medication-related safety, and manage inventory. HHC's system provides patient-specific alerts to avoid medication errors, interfaces with the EMR, integrates workflow between clinicians and pharmacists, and assists in identifying potential adverse drug effects. HHC is currently using the system – called Pyxis – successfully across our system, and we are now expanding the service with the purchase of 73 new dispensing units, saving more than \$5 million over the contract's five-year term. An enterprise-wide advisory board of clinicians, pharmacists, supply chain staff, and IT staff monitors and verifies HHC medication practices.



10 million

page views through SharePoint, HHC's consolidated intranet, project management, content management, and document management software. The implementation of EPIC, HHC's new electronic medical record, is being managed through SharePoint.



“We will be here, we will continue to provide better care at lower cost. But for safety net healthcare systems, an unrelenting challenge to financial stability persists.”

Ramanathan Raju, MD, *President, HHC, 2014-*

HHC's Response to Financial Challenges

Every year, one in six New Yorkers comes to an HHC facility. The very nature of HHC's mission – to provide care for all New Yorkers regardless of whether they can afford it or whether they have insurance – means the organization faces an ongoing financial struggle to offer that crucial care.

Among other unique challenges, our clinicians treat 500,000 uninsured patients each year in a city with a disproportionately large population of low income and uninsured residents.

Economic Downturn and Government Funding Cuts Change the Picture

While the financial burden of our mission has been an ongoing challenge since the creation of HHC, the economic collapse of 2008 and the passage of the Affordable Care Act (ACA) have had a downside impact on our financial health. Federal government reimbursements for non-paid care have been heavily cut, resulting in losses of \$500 million over the past few years alone. In total, HHC has now lost more than \$554 million in annualized Medicaid funding as a result of state budget actions over the past five years. New York State has also significantly cut funding for safety net care, and HHC bears a disproportionate share of these cuts. Although rates have been frozen for the next two years, we expect our current \$1.2 billion in federal safety net care funding to drop by nearly half over the next five years. We are vigorously advocating for a change in how these funds are distributed so they more accurately reflect the reality that HHC is significantly under-reimbursed for the share of indigent care it provides.

The huge cuts in state and federal funding, coupled with sharp increases in healthcare costs and rising numbers of unemployed and uninsured patients, have created a formidable financial burden for HHC. Other factors impacting our financial picture include pension costs that have risen sharply and are now more than \$435 million a year, as well as the closure of several area hospitals treating the same population as HHC, which creates an even higher demand for our services.

While the ACA has resulted in many uninsured patients obtaining health insurance by the March 31, 2014 deadline, the tens of thousands of undocumented immigrants we serve each year are not eligible for coverage under the law.

In other ways as well, the financial picture is uncertain. The 2013 federal budget sequestration resulted in a 2% Medicare cut, which has now been extended to 2024. In addition, the proposed Federal Fiscal Year 2015 budget included \$402 billion in healthcare cuts over 10 years. HHC's analysis shows that if this spending plan were adopted, the cuts in federal dollars to HHC would be \$391 million, including \$247.5 million in reductions to Medicaid Disproportionate Share (DSH) funding.

HHC Responds by Containing Costs

Between 2009 and 2013, HHC devised and implemented a four-year cost

A Case In Point

Additional restructuring initiatives and cost-containment projects are anticipated to help HHC realize \$92 million in savings in 2014, and expected savings of \$290 million in 2015, \$385 million in 2016, and \$433 million in 2017.

containment and restructuring plan called *The Road Ahead*, which closed \$600 million of HHC's \$1.2 billion budget gap through a variety of projects – 39 in total – developed with assistance from Deloitte Consulting.

We reached the \$600 million reduction target by July 2013, a year ahead of schedule. In part, the goal was achieved through a workforce reduction of 3,700 full-time employees, almost exclusively through attrition. Additional efforts are projected to realize \$92 million in savings in 2014, and anticipated savings of \$290 million in 2015.

New Revenue Sources

HHC forecasts new revenue from two sources. One is the \$7.8 billion Medicaid 1115 Waiver, the details of which were announced by Governor Cuomo in April 2014 after New York State's extensive negotiations with The Centers for Medicare and Medicaid Services. This funding will be distributed to healthcare facilities in New York over five years, beginning in April 2015, to support changes to improve quality, expand access, lower costs, and transform healthcare delivery.

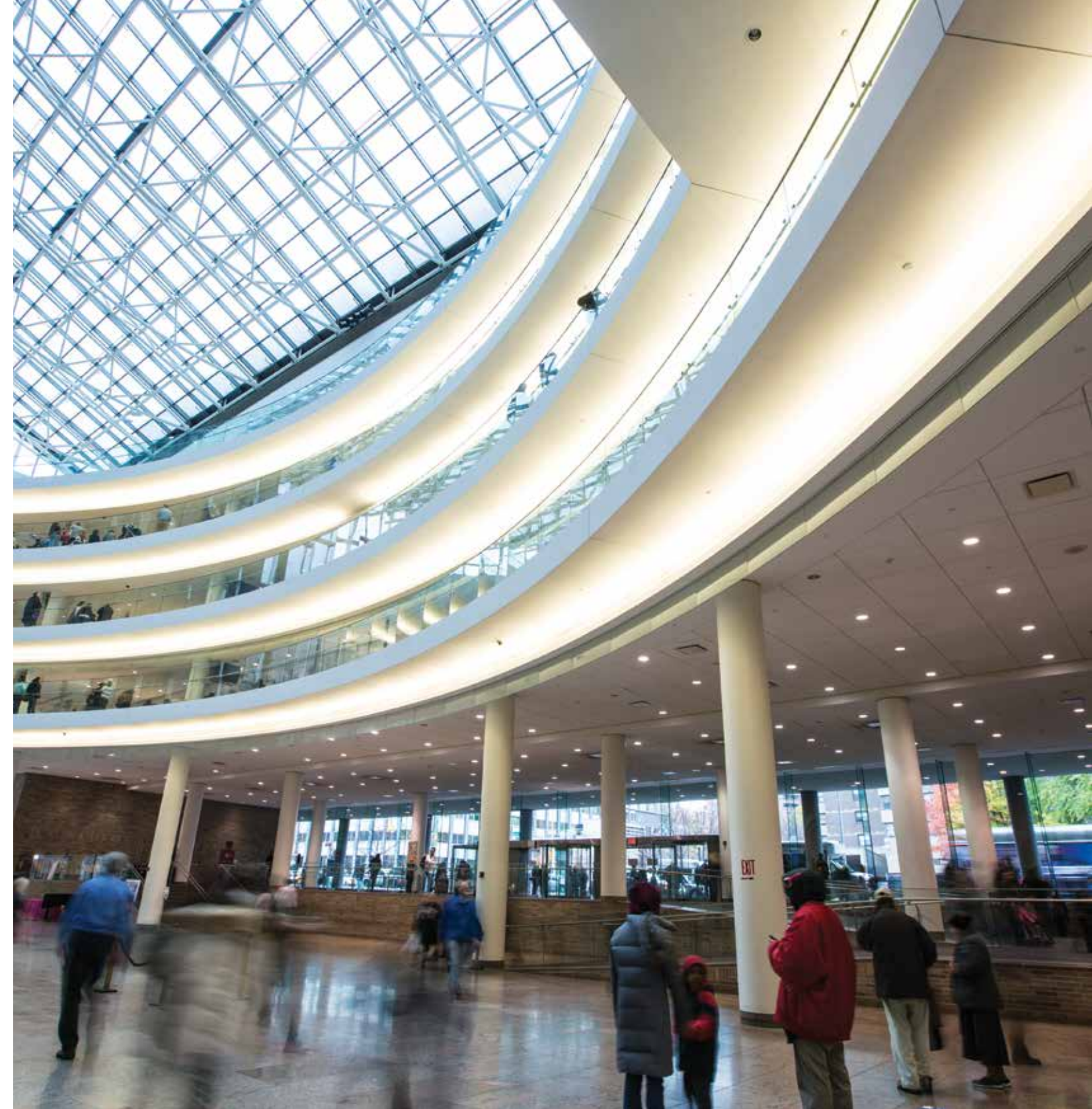
The Waiver includes \$1 billion for Health Homes, investments in long-term care, and enhanced behavioral health services; and more than \$6 billion for developing community-level collaborations, with a goal of reducing avoidable hospital admissions by 25% over the five-year term. These funds are available to safety net providers -- defined broadly so the majority of New York State hospitals will qualify. Participants will be required to collaborate with other providers on innovative projects focusing on system transformation and improvements in clinical and population health. Unlike previous Waivers, funds will be distributed after participating organizations achieve project milestones based on designated process and performance outcomes.

HHC will be assigned a specific population of Medicaid patients, for whom we will assume responsibility. The size of that group will help determine the amount of funding we will receive. We will apply for a \$500,000 planning grant in June, and complete a full application for Waiver funding in December. HHC will also seek short-term support through \$500 million available to safety net providers to help them participate in the larger program; \$250 million will be for public hospitals, particularly those at high financial risk who serve significant numbers of Medicaid patients.

The second source of new revenue is HHC's health plan, MetroPlus, which has enrolled nearly 36,000 individuals through New York's health insurance marketplace. It is anticipated that the premiums received for these individuals will generate increased net revenue for HHC. As previously uninsured patients gain coverage, we expect a decline in the number of uninsured patients we serve. However, because so many of our uninsured patients are undocumented individuals not covered by the Affordable Care Act, we anticipate that HHC will continue to serve vast numbers of uninsured patients even as our federal DSH funding declines precipitously.

Ongoing Advocacy at all Levels

HHC continues to need community support to help us educate and inform a variety of constituencies about the essential nature of our system in New York City. It is important for our communities to understand how serious HHC's fiscal situation is; how imperative it is to New Yorkers' healthcare and our financial sustainability that we deliver on providing better care, improving the health of our communities, and doing so as efficiently and effectively as possible while lowering costs, increasing efficiency, and offering safe, high-quality care for all.



\$600 million

reduction in spending achieved by July 1, 2013.

\$6.3 billion
HHC's total 2013 disbursements.



“One of the things we have done better is to leverage our size and scope as a system in order to create savings and new revenue.”

Antonio D. Martin, Executive Vice President and Chief Operating Officer

Business Innovation

When threats to HHC’s fiscal status emerged, the organization immediately undertook a top-to-bottom evaluation to identify areas where cost reduction, expense containment, and consolidation would be most effective and produce the least disruption to patient services.

As part of *The Road Ahead*, HHC has contracted for the provision of specific functions that make our system more modern, operationally sound, and efficient and effective, and allow us to focus on core competencies and delivery of care. Ranging from contracts for the provision of laundry services to lab consolidation, these have resulted in or will yield enormous financial benefit for HHC while maintaining safety and quality.

Comparing our costs and performance for biomedical engineering, environmental and plant maintenance services against similar healthcare systems, we also found opportunities for course correction and savings. Accordingly, HHC has entered into outside management contracts for many of these services and implemented labor-saving technology, adjusted staffing allocations, consolidated and standardized management and contracting processes, and significantly reduced expenses in each of these areas.

Environmental Services Management

Crothall Healthcare Inc. is providing environmental services under a nine-year contract that began in December 2011. Projected annual savings are \$21.3 million or a total of \$192 million in savings over the nine-year term. The contract will provide for system-wide standardization of products, services, labor, customer relations, and equipment. Crothall will also institute a program to improve the facilities’ Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) corporate-wide scores by 10 points within a 24-month period subsequent to contract execution. Failure to improve HCAHPS scores will result in penalties for the vendor.

Biomedical Equipment

In 2013, HHC entered into another contract with Crothall’s facilities management unit to attract the most experienced and largest providers of biomedical equipment management and services, improve patient care, improve patient safety, improve the quality of biomedical equipment services through management controls, reduce HHC’s costs, and increase production and quality throughout HHC’s biomedical equipment services to achieve maximum efficiencies. Crothall has provided a substantial savings guarantee of \$168 million over the nine-year term of the contract, a 36% savings from our current total costs.

A Case In Point

HHC was one of 12 healthcare organizations across the country to receive the Emergency Care Research Institute's (ECRI) 2014 Healthcare Supply Chain Achievement Award. The award honors organizations for excellence in procurement spend management and in adopting best practice solutions for the supply chain process. HHC was recognized for reducing costs, lowering utilization, and decreasing readmissions while achieving better healthcare outcomes for patients.

Plant Maintenance Management

Johnson Controls, Inc. (JCI) was selected as HHC's plant maintenance management vendor in February 2012. The contract includes average savings to HHC of \$14.2 million per year, or \$128 million over the contract's nine-year term. In addition to providing plant maintenance management services, JCI will also be responsible for construction projects under \$250,000.

Medication Discounts for Patients

HHC physicians write nearly 12 million outpatient prescriptions annually. HHC in-house pharmacies fill 2.4 million of those prescriptions, with the balance filled at outside retail pharmacies. As a public hospital system, HHC receives deep outpatient pharmaceutical price discounts under a federal drug discount program (340B) for providers who serve high-uninsured populations. Due to a recent change in regulations, HHC can realize benefits of lower costs for its Medicare and commercially insured patients even when they fill their prescriptions at retail pharmacies. HHC has contracted with a third party administrator, Capture Rx, to assist with this program so we can maximize our savings from these transactions. Relationships with 98 external pharmacies are in place and contracts with additional pharmacies are forthcoming. We have saved nearly \$1 million to date, and expect that to rise to \$3.5 million in the coming year.

Laboratory Consolidation

A laboratory consolidation project with North Shore/LIJ will create a jointly controlled central laboratory that will process routine tests for both hospital systems at considerable cost savings. HHC projects savings of \$80 million over the next five years and then \$23 million a year after that. The lab will be the largest of its type in the country. When completed, the joint venture will process approximately 20 million tests annually. It will be run by a shared management team, staffed by 700 employees, and consolidate 16 HHC labs, which currently perform 15 million tests a year at a cost of \$233 million annually. HHC will maintain 12 rapid response labs for tests that require turnaround times of four hours or less. No current staff will be laid off, and HHC will relocate 162 lab staff to the new jointly controlled facility. This collaboration will save money, increase efficiency, standardize best practices, and improve quality and depth of services.

Centralized Procurement

Centralization of procurement has helped HHC use our size to negotiate better prices for major purchases from beds and linear accelerators to small, frequently used items such as gauze pads and surgical gloves. In addition to improved pricing, these procurement practices mean that inventory and storage are controlled, and items are on hand to distribute quickly. HHC's Purchasing Department moved into one central office, and negotiated contracts on behalf of the corporation with big-box companies and local suppliers to obtain competitive volume pricing.

Teams of clinical and administrative staff from facilities were created to help make decisions regarding the best items to purchase in a variety of categories. This has led to increased uniformity of products across the organization, which is especially useful when staff members move among facilities.

Centralized procurement is on target to save HHC approximately \$50 million a year in costs moving forward. It also saves time for staff, ensures uniform standards, and consistent quality of resources.



12 million

outpatient prescriptions
written annually
by HHC physicians.

15 million

lab tests performed
annually by HHC facilities.

HHC and Sandy

“Looking back, it is still hard to comprehend the utter devastation that Hurricane Sandy wrought. In many ways, the experience brought out the best in HHC and our staff even as it forever changed our hospitals, our city, and our lives.”

Alan D. Aviles, *President, HHC 2005-2014*

HHC staffers are dedicated to the organization’s mission, and they show that through their work every day. However, after Hurricane Sandy, staff members demonstrated a remarkable level of unity and collaboration, and they did it under the most challenging circumstances. When Sandy hit in October 2012, HHC successfully and safely evacuated 750 Bellevue patients and 300 Coney Island patients, and safely transferred 104 medically fragile patients from Coler to Goldwater. In the days and weeks following the storm, HHC staff worked extra shifts and staffed special needs shelters that were set up across the city. They reorganized resources so that staff members who were unable to work at their own facilities spread out across the system to help open facilities handle increased patient loads.

For example, for three months Bellevue Hospital Center’s cancer patients were treated at Woodhull by the staff they knew and had become familiar with. Thanks to collaboration and cooperation, they didn’t have to miss potentially life-saving treatments. Metropolitan dealt with a large influx of patients from Bellevue, and extra staff worked there to help out. During the time that Coney Island Hospital was disabled, we deployed several mobile medical units to help address the medical

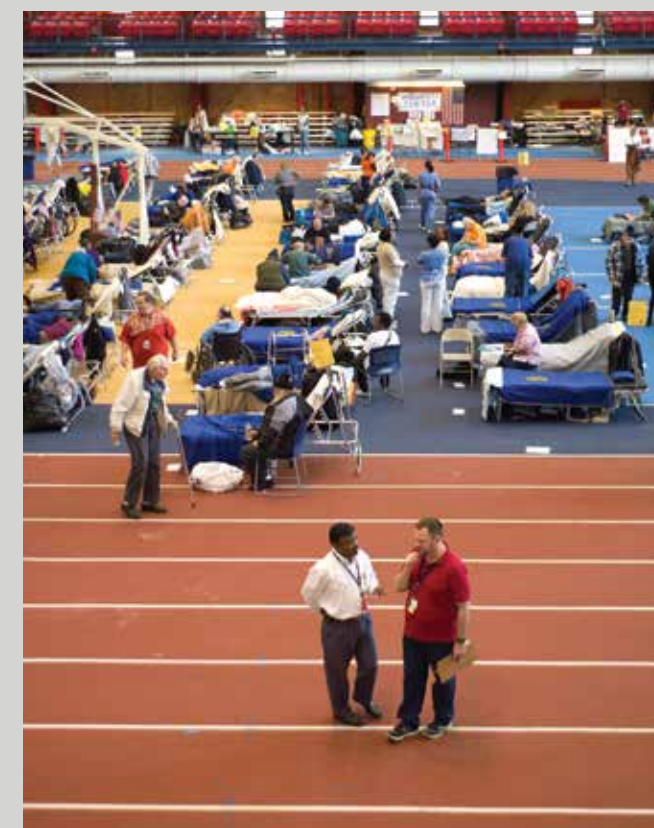


needs of the hardest-hit communities of Southern Brooklyn. And more than 1,000 administrative staff from IT, Finance, Health and Home Care, and MetroPlus usually located in HHC’s Water Street offices worked in other locations for several months while their space was remediated, but continued to ensure that all IT and Finance systems kept working and payroll went out on time.

Under complicated and unforeseen circumstances, HHC staff at all levels operated with the highest degree of effectiveness and professionalism, characterized by personal heroism, a quality that defines HHC every day. In one example, The Fund for HHC’s Hurricane Relief Fund was activated almost immediately and provided more than \$250,000 in assistance to more than 750 employees whose homes and families were affected by the storm. As The Fund discovered, many HHC employees continued to provide care throughout the storm, even as their own homes and belongings were damaged or destroyed. The Fund produced a booklet – *Rising to the Occasion* – that captured our employee efforts.

HHC estimates that the impact of Hurricane Sandy on the New York City public hospital system will exceed \$800 million to cover response, repairs, and the work required to mitigate future flood damage. Beyond that, the cost of the storm also includes nearly \$250 million in losses arising from shuttering facilities for extended periods and other extraordinary costs associated with the closings.

In the wake of the storm, we advocated for reimbursement of those losses, seeking Community Development Block Grants from the federal Department of Housing and Urban Development and monies from FEMA. In an on-going process, we have received in excess of \$240 million from these agencies and expect that HHC will ultimately be reimbursed for the vast majority of storm-related expenses. Meanwhile, we have put in place short-term measures at Bellevue, Coney Island, and Coler that make these facilities more storm resistant for the near future. We also continue to design long-term mitigation strategies and to engage FEMA around the cost of such complex and necessary measures.



Specialty Hospital and Training Facility

For the employees of Coler, it was not enough to see that the medical center was closed. They needed to understand the impact of the storm on the city's healthcare system. The booklet 'Rising to the Occasion' provides a detailed look at the challenges faced by HHC staff and patients during the storm. It highlights the dedication and resilience of the staff who continued to provide care throughout the crisis. The booklet also discusses the financial impact of the storm and the efforts to secure funding for recovery and mitigation. It is a testament to the strength and unity of the HHC community in the face of adversity.

Sandy A Case In Point

In addition to their outstanding effort to keep HHC patients safe, many of our clinicians helped to set up and staff eight special medical needs shelters throughout the five boroughs for those affected by the hurricane.

The Fund for HHC produced the booklet pictured here to document the extraordinary work done by HHC staff during and after the storm.





“Updating our aging facilities has been a tremendous undertaking. When patients walk into beautiful, modern, new, or renovated facilities, they feel better.”

George M. Proctor, *Network Senior Vice President, North and Central Brooklyn*

Facility Modernization

Over the past decade, HHC has engaged in the largest capital improvement plan ever undertaken by a New York City agency.

Through significant support from New York City, we have been able to make \$1.3 billion in improvements to implement important facility upgrades that have helped make care delivery better for patients and staff.

- Harlem Hospital opened its new \$325 million Mural Pavilion in September 2012. In addition to modernized ambulatory care service units and day-procedure ORs, the pavilion also features restored historic murals by WPA-era African-American artists. The murals are now on exhibit in a magnificent first-floor gallery and vivid images from one of the murals are reproduced across the block-long exterior glass façade of the new pavilion. The final phase of the modernization, which included a renovated and expanded emergency department, was completed in February 2014.
- The \$24 million renovation of Lincoln Medical Center’s emergency department has enabled the city’s busiest emergency room, which sees more than 177,000 visits every year, to expand its existing services. The hospital’s new 34,200 square-foot, \$24 million state-of-the-art ED increases space by almost 70%, improving patient flow, and comfort. Included in the new construction are larger pediatric and psychiatric emergency areas, and “Fast Track,” Lincoln’s urgent care treatment area for adults with non-emergencies.
- Queens Hospital Center expanded its Geriatrics Center to help meet the growing healthcare needs of elderly residents of the borough, particularly in light of other area hospital closures. The new 4,400 square-foot outpatient care center is nearly double its original size and is staffed by board-certified geriatrics specialists, nurses, and social workers who provide comprehensive, senior-friendly primary and specialty services in a comfortable modern space. In addition, Queens Hospital added 40 new medical/surgical beds to address the growing need for services in the borough.
- Queens Hospital Center also opened a new 8,500 square-foot psychiatric emergency department and CPEP that doubled the space previously available.
- Metropolitan Hospital Center opened a new, \$3.2 million pediatric inpatient unit, which integrates the highest quality medical care for children with a beautiful, nurturing environment. The new 7,500-square-foot unit accommodates 14 patients in eight fully modernized bedrooms. The centerpiece of the unit is a sparkling new playroom equipped with a 250-gallon saltwater aquarium. The space conforms to American Institute of Architects guidelines and was designed to provide a child-friendly environment with an emphasis on patient safety. It replaces a unit that originally opened in 1955.
- Kings County Hospital Center opened a new 15,000 square-foot, \$7.3 million Cancer Care Center that brings under one roof a variety of cancer care services previously spread across multiple locations throughout the hospital campus. The new one-stop service center offers oncology, chemotherapy, surgery, medicine, pharmacy, nutrition, and social services.

Gouverneur A Case In Point

On the Lower East Side, HHC’s \$250 million Gouverneur Major Modernization project expanded local access to needed ambulatory care services, as well as increased Gouverneur’s skilled nursing facility capacity from 210 to 285 beds. The first stage was completed last year, and the final stage will be completed by spring 2014.

A Case In Point

Lincoln Medical Center's Cancer Center was recognized with the 2012 Outstanding Achievement Award by the American College of Surgeons' Commission on Cancer, becoming one of a select group of only 79 healthcare facilities nationwide, representing 16% of more than 500 accredited cancer programs to receive this national honor.

- Kings County Hospital also houses the newest and largest single-site behavioral health facility in the United States, serving the mental health needs of patients in central Brooklyn. The seven-story, 300,000 square-foot Behavioral Health Pavilion was designed to reflect the most advanced research and practice in the treatment of mental illness in a comfortable, modern, and therapeutic setting. It houses 230 private and semi-private inpatient beds and a new psychiatric emergency center (with a separate child and adolescent psychiatric emergency department), plus a wide range of outpatient and day treatment programs.
- In 2011, Bellevue Hospital Center opened a new 20-bed Neonatal Intensive Care Unit (NICU), designed to mimic the nurturing environment of the mother's womb, reduce the stress of the NICU experience, and help the immediate and long-term health of premature babies and other critically ill infants. The \$5.2 million, 14,000-square-foot NICU tripled the size of the old unit and now serves 500 infants annually. It incorporates the latest developmental research findings and innovative design features, including high-tech incubators and monitoring devices to control excessive light, noise, and room temperatures; modern multi-function

A Better Look: Elmhurst Hospital Center opened a new 13-bed Chest Pain Observation Unit in 2012 with the support of \$1 million in funding from the City Council's Queens delegation. The new unit, run by the emergency room staff and the cardiology staff, was designed to assist patients who come to the ED with chest pains but have not had a heart attack and therefore need observation so medical staff can properly determine the best care. Patients can stay in the room for up to 23 hours for various diagnostics such as sonograms and stress tests. Elmhurst also constructed an innovative Hope Pavilion cancer care facility in 2008. The space also houses a child day care center open to hospital employees and the general public.

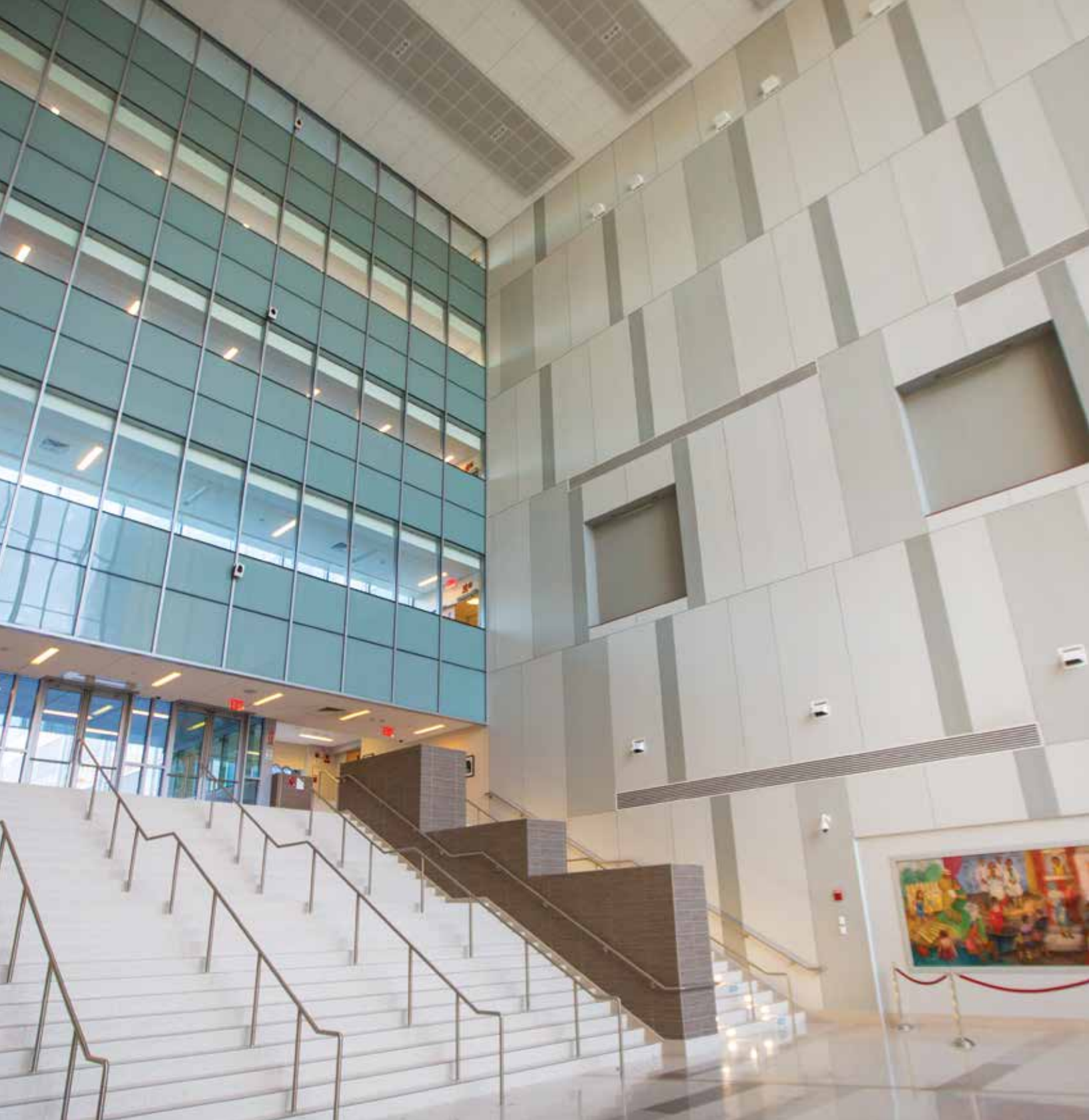
beds that convert from radiant warmers to incubators to eliminate the stress of moving fragile preemies; a home-like private room where parents can spend a night caring for their pre-term babies with the assistance of medical staff before the baby is discharged; a fully networked and integrated sound system – the first in New York State – to monitor sound from inside the incubator and advise staff visually when the noise level is too high.

- Coney Island Hospital Center opened a dedicated 19-bed Pain and Symptom Control Palliative Care Unit. The new unit expands the existing service and delivers unit-based coordinated care to patients with serious advanced disease, life-threatening conditions, or debilitating illnesses. The palliative care team offers patient- and family-centered care that focuses on effective management of pain and relief of other advanced symptoms to support the dignity of patients and to reduce stress for their loved ones.
- The Henry J. Carter Specialty Hospital and Skilled Nursing Facility opened in December 2013 and provides clinical technology and patient care expertise in a modern, beautiful, and welcoming environment. Carter replaces the aging Goldwater facility, and delivers safe and high-quality medical attention across the continuum of long-term acute care and skilled nursing care.



142,000

square-foot Queens Hospital Ambulatory Care Pavilion (above) houses the hospital's Diabetes Center of Excellence, primary care, pediatrics, psychiatry, ophthalmology, and dentistry services.



286

inpatient beds in Harlem Hospital's two main buildings are now connected as one integrated campus.

26

private treatment rooms and four trauma bays in Harlem's new ED opened March 2014.

- Morrisania Diagnostic and Treatment Center centralized its adult and pediatric suites in a 2011 project. The redesign included a triage room, two asthma rooms, and a newly expanded welcoming and reception area. The center's suites have been reconfigured to decrease waiting time with "one-stop" services such as financial counseling, nutrition, and social work, and support a Patient-Centered Medical Home model of care. The project was funded by a \$494,000 HEAL grant from New York State.

A Better Look: North Central Bronx Hospital renovated and greatly expanded its psychiatric emergency department with a \$2.4 million investment to provide quality mental health resources for Bronx residents. The new emergency room nearly triples the clinical space used for psychiatric services, from 1,430 square feet to 3,600 square feet. This expansion could lead to a more than 10% increase in patient volume, as additional examination and intake rooms allow patients to be promptly seen by psychiatrists, nurses, psychologists, social workers, and other medical professionals.

- In 2011, Jacobi Medical Center completed a new psychiatric emergency department. The 11,000 square-foot facility supports Jacobi's state-licensed CPEP (Comprehensive Psychiatric Emergency Program), which offers psychiatric emergency services, a mobile crisis team, crisis residence, and extended observation beds. The facility allows emergency patients to be evaluated in a calm and soothing environment that is fully aligned with modern psychiatric best practices. Jacobi also completed a new Ambulatory Care Pavilion in 2008. The \$73 million, four-story, 120,000-square-foot pavilion was designed to provide expanded outpatient services, including general medicine, surgical subspecialties, pediatric care, and women's health services.
- Lincoln Medical Center's new Ambulatory Care Pavilion, completed in 2008, is a \$7 million, two-story, 15,000-square-foot space that facilitated the expansion to 37 rooms and enhanced the delivery of efficient and patient-centered care, improving patient flow, reducing wait time, and maximizing patient comfort.
- As a response to damage from Hurricane Sandy, Bellevue and Coney Island hospitals installed new Emergency Power Systems.
- HHC remains firmly committed to build a \$23 million state-of-the-art Diagnostic and Treatment Center at 155 Vanderbilt Avenue on Staten Island. Design documents are completed and construction will commence in summer 2014, with completion expected by 2016. The 21,000-square-foot, three-story building will provide adult and pediatric primary care, diagnostic, and specialty care, and behavioral health services. The City Council appropriated \$7 million toward this project.
- Elmhurst Hospital Center completed construction of a 17,370 square-foot, \$16.3 million Women's Pavilion. The new outpatient facility will expand access to prenatal and comprehensive obstetrical services for women in Queens. The Women's Pavilion will offer a variety of services, including walk-in pregnancy testing, prenatal care, HIV counseling and testing, genetic counseling, high-risk pregnancy services, ante-partum fetal testing, and postpartum services. The space will also provide rooms for classes in childbirth, breastfeeding, nutrition, and diabetes education.

Facility Modernization

A Case In Point

HHC received \$940,000 in Affordable Care Act federal funding for capital improvements at six school-based health centers operated by Woodhull, Bellevue, Queens, and Elmhurst. The funding helped upgrade the clinics in order to serve more children and provide health services that include case management of chronic health problems, preventive health screenings and counseling, medication administration, health education, and referrals to other specialty services.

Awards and Acknowledgements

The strength of HHC's reputation as a system and the accomplishments of individual or hospital-based programs and activities have been recognized frequently in the past eight years.

- HHC received The Joint Commission's John M. Eisenberg Patient Safety and Quality Award in 2008 for its pioneering transparency in publically reporting patient safety data through the *HHC in Focus* web portal.
- Alan D. Aviles received the 2012 Healthcare Leader of the Year award from the New York State association of healthcare executives and managers. Mr. Aviles has been named one of the 100 most influential healthcare leaders in the nation by Modern Healthcare magazine four times. He was recognized as IT Healthcare Executive of the year for his leadership in HHC's groundbreaking Information Technology efforts.
- HHC's Palliative Care program received a Circle of Life recognition from the American Hospital Association in 2010, honoring innovation in palliative and end-of-life care.
- Queens Hospital received the American Hospital Association-McKesson Quest for Quality Citation of Merit in 2010. In 2012 Lincoln Medical Center won the prestigious award. The prize recognizes these hospitals' exceptionally effective approaches to providing high-quality care while reducing disparities of care through strong ties to the community and high levels of community accountability.

A Better Look: Lincoln Medical Center earned national and international recognition in 2009 as a Surgical Safety Checklist Monitor Hospital, one of eight in the country designated by the Institute for Healthcare Improvement and recognized by the World Health Organization.

- Lincoln Medical Center received the American Heart Association/American Stroke Association Gold Plus Performance Achievement Award for the successful implementation of higher standards of stroke care, aimed at reducing death and disability, and improving the lives of stroke patients. In addition, Lincoln was included in the American Heart Association/American Stroke Association's "Honor Roll" for consistent timely administration of clot-busting, thrombolytic therapy within 60 minutes of patient's arrival to the hospital when such therapy is most effective.
- Jacobi Medical Center and North Bronx Central Hospital were recipients of the 2009 national AHA NOVA Award for Project BRIEF, the innovative HIV rapid testing and treatment program that brings HIV testing to non-traditional hospital locations, most often the emergency department. It uses interactive computerized tablets to increase access to screening, to provide risk-reduction education and testing, and, in collaboration with community organizations, to help link those who are HIV-positive to proper care.



"HHC is committed to the pursuit of excellence across the organization. We believe that every HHC employee has a role to play in continuing to make our organization better. If you do something right, awards follow."

Antonio D. Martin, Executive Vice President and Chief Operating Officer



2

long-term care facilities received five-star ratings from the Centers for Medicare and Medicaid Services (CMS).

2

HHC hospitals have won American Hospital Association (AHA) Quest for Quality Awards in the past four years.

- Metropolitan Hospital Center received accreditation in 2012 to create a General Surgery Residency Program – the first new surgery residency program in New York City in 50 years.
- Kings County Hospital Center Opioid Treatment Program won the Substance Abuse and Mental Health Services Administration’s 2013 Science and Service Award, recognizing improvement in patient outcomes using evidence-based practices and innovative techniques to improve engagement and retention. Kings County also received a 2012 Patient Safety Award from the Island Peer Review Organization (IPRO), one of the federally designated quality improvement organizations in the United States. The award recognized the hospital’s achievement of a zero CLABSI infection rate in the Medical Intensive Care Unit for more than 24 consecutive months.
- Coney Island Hospital Center received a 2013 Award of Excellence from Healthgrades, the national organization that helps healthcare consumers evaluate and compare hospital performance, as a top performing hospital for excellence and superior clinical outcomes in women’s health. The award was determined based on quality and safety indicators for hospitals in 18 states. Coney Island Hospital also received the Healthgrades 2013 Maternity Care Excellence Award and ranked among the top 10% of best performing hospitals for services to mothers during and after childbirth or for the care of their newborn babies.
- North Central Bronx Hospital received The Joint Commission Top Performer Award for 2012, the first HHC hospital to receive this recognition.

A Better Look: Jacobi Medical Center was one of only three medical institutions in New York City to receive the 2013 Leapfrog Award from the Northeast Business Group on Health, which recognized the hospital for its commitment to patient safety, transparency, and accountability. Measures include improved patient outcomes and reduction of the risk of medical errors and hospital-acquired infections. Jacobi has received the LeapFrog Award for three straight years. Queens Hospital Center received the LeapFrog Award for Greatest Leaps in Patient Safety in 2012.

- Elmhurst Hospital Center received a 2011 IPRO Quality Award based on the strength of the demonstrated collaboration between its medical-surgical nursing staff and the hospital’s information technology team in using clinical IT to facilitate pain reassessment one-hour post-medication administration. The records of patients who need to be reassessed are easily viewed by nursing staff on the vital signs record in the EMR, and additional intervention occurs if pain has not been relieved.
- Sea View Hospital Rehabilitation Center and Home has received the highest score in New York state in benchmarks that will determine how to distribute \$50 million in funding in the 2013 Nursing Home Quality Pool. Funds will be used to enhance nursing homes with high quality-of-care standards. Sea View’s overall score of 84.86 was the highest score in the benchmarks, which are based on evaluations of 14 quality measures including falls, weight loss, depression, and pain in long-term care patients. Sea View excelled in virtually all areas, with its residents being more than 90% less likely to experience major injury from falls or to have excessive weight loss than patients at similar institutions.

Awards and Acknowledgements

A Case In Point

The North Bronx Healthcare Network’s Women’s Health Service received the prestigious National Association of Public Hospitals and Health Systems Safety Net Patient Safety Award as well as HANY’s coveted Pinnacle Award in 2011 for its compelling work in reducing adverse outcomes in labor and delivery. The initiative implemented practices that effectively reduced certain adverse perinatal events, such as Erbs Palsy, with the help of our Institute for Medical Simulation and Advanced Learning.

A Case In Point

The Sloan Awards are New York City's highest honor for public service, recognizing six employees annually from a pool of 250,000. HHC has had Sloan winners every year for the past five years.

- In 2010, Sea View was also one of three winners of an American Medical Directors Association Foundation Evercare Award for improving the quality of life for people residing in nursing homes through effective palliative care. Sea View's palliative care program, which began in 2004, has led to positive outcomes for patients, and internal surveys show resident satisfaction with care remains consistently high.
- Dr. Susan Smith McKinney Nursing and Rehabilitation Center received a five-star facility rating from Centers for Medicare and Medicaid (CMS) in 2012, based on quality measures, staffing, and health inspections. Approximately 20% of facilities nationwide receive this prestigious designation.
- Woodhull Medical and Mental Health Center was recognized by the Environmental Protection Agency with a 2010 National Environmental Leadership Award in asthma management for delivering high-quality asthma care that incorporates environmental controls.
- Morrisania Diagnostic and Treatment Center was recognized in 2012 by the Independence Care System and New York Lawyers for the Public Interest for its pilot initiative to increase access to mammograms for women with disabilities and to improve cultural competency in addressing the needs of these patients. The program has expanded to gynecology and internal medicine.

A Better Look:

Harlem Hospital Center is the first hospital in New York City to receive the coveted "Baby Friendly" certification, granted by Baby Friendly USA, part of a global initiative sponsored by the World Health Organization and the United Nations Children Fund.

The initiative recognizes select hospitals and birthing centers that successfully implement the recommended 10 steps of a comprehensive breastfeeding program, which includes limits on baby formula, initiating breastfeeding in the first hour of life, keeping mothers and babies in the same room, and support groups for women who breastfeed. Worldwide, more than 19,000 maternity facilities have received the Baby Friendly designation, while only 64 facilities have been certified in the United States.

The Baby Friendly Program supports new mothers and helps babies get a healthier start in life.

In 2014, Queens Hospital Center became the second HHC facility to receive the "Baby Friendly" certification.

- Since 2009, eight HHC hospitals and the New York University Langone Medical Center have received support from the National Institutes of Health (NIH) for the Clinical and Translational Science Institute (CTSI). CTSI is a partnership designed to enhance the quality and productivity of research at both institutions, and is part of a national consortium. A primary goal is to develop and implement population health programs and innovative treatments for patients in New York City and beyond.
- In 2008, the Centers for Disease Control and Prevention (CDC) awarded HHC a three-year, \$10 million-per-year grant to provide medical examinations, diagnostic testing, referral, and treatment for residents, students, and others in the community that were directly affected by the dust and debris from 9/11. This was the first allocation of federal funds to support treatment of those adversely affected by the 9/11 attacks who were not rescue and recovery workers.



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Sloan Award Recipients

- **Elva Rodriguez**, Nurse Practitioner, Women's Health Service, Segundo Ruiz Belvis Diagnostic and Treatment Center (2011)
- **Dr. Julius Berger**, Professor and Chairman, Department of Dental & Oral Surgery, Kings County Hospital (2010)
- **Donna Leno-Gordon**, Director, Behavioral Health Nursing and Palliative Care, Coney Island Hospital (2012)
- **Stanlee Richards**, RN, Director of Nursing at Coler-Goldwater (2013)
- **Janice A. Halloran** (not pictured), Network Senior Associate Director, Department of Emergency Medicine, North Bronx Healthcare Network (2014)



Harlem Hospital's Mural Pavilion features public art gallery space to showcase murals painted as part of the Work Progress Administration's (WPA) Federal Art Project, originally commissioned in the 1930s. These powerful artworks were the first major commissions awarded to African-American artists by the federal government. The murals have been restored and are now on permanent display. A detail of a mural by artist Vertis Hayes is pictured above.

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and Rehabilitation Center

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Metropolitan Hospital Center

Julius Wool, MPA
Queens Hospital Center



HHC Facilities

The Bronx

North Central Bronx Hospital
3424 Kossuth Avenue
Bronx, New York 10467
(718) 519-5000

Jacobi Medical Center*
1400 Pelham Parkway South
Bronx, New York 10461
(718) 918-5000

Morrisania Diagnostic & Treatment Center
1225 Gerard Avenue
Bronx, NY 10452
(718) 960-2777

Lincoln Medical and Mental Health Center*
234 East 149th Street
Bronx, New York 10451
(718) 579-5000

Segundo Ruiz Belvis Diagnostic & Treatment Center
545 East 142nd St.
Bronx, NY 10454
718-579-4800

Manhattan

Harlem Hospital Center*
506 Lenox Avenue
New York, New York 10037
(212) 939-1000

Henry J. Carter Specialty Hospital & Nursing Facility
1752 Park Avenue
New York, NY 10035
(646) 686-0000

Renaissance Health Care Network Diagnostic & Treatment Center
264 West 118th Street
New York, NY 10026
(212) 932-6500

Metropolitan Hospital Center
1901 First Avenue
New York, New York 10029
(212) 423-6262

Coler Specialty Hospital & Nursing Facility
800 Main Street
Roosevelt Island, NY 10044
(212) 848-6000

Bellevue Hospital Center*
462 First Avenue
New York, New York 10016
(212) 562-4141

Gouverneur Health
227 Madison St
New York, NY 10002
(212) 238-7000

Queens

Elmhurst Hospital Center*
79-01 Broadway
Elmhurst, New York 11373
(718) 334-4000

Queens Hospital Center
82-68 164th Street
Queens, NY 11432
(718) 883-3000

Brooklyn

Cumberland Diagnostic & Treatment Center
100 North Portland Avenue
Brooklyn, NY 11205
(718)260-7500

East New York Diagnostic & Treatment Center
2094 Pitkin Avenue
Brooklyn, NY 11207
(718) 240-0400

Dr. Susan Smith McKinney Nursing & Rehabilitation Center
594 Albany Avenue
Brooklyn, NY 11203
(718) 245-7000

Kings County Hospital Center*
451 Clarkson Avenue
Brooklyn, New York 11203
(718) 245-3131

Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, New York 11206
(718) 963-8000

Coney Island Hospital
2601 Ocean Parkway
Brooklyn, New York 11235
(718) 616-3000

Staten Island

Stapleton Family Health Center
111 Canal Street
Staten Island, N.Y. 10304
(718) 390-0712

Mariner's Harbor Family Health Center
2040 Forest Ave
Staten Island, N.Y. 10303
(718) 761-2060

Sea View Hospital Rehabilitation Center & Home
460 Brielle Avenue
Staten Island, NY 10314
(718) 317-3000

*Level 1 Trauma Centers

