

# NYC HEALTH + HOSPITALS

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## WHAT WE DO

NYC Health + Hospitals, the largest municipal hospital and health care system in the country, provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six Gotham Health neighborhood health centers and more than 60 community and school-based health centers. NYC Health + Hospitals also provides specialized services such as trauma, high-risk neonatal and obstetric care and burn care. NYC Health + Hospitals' acute care hospitals serve as major teaching hospitals. The health care system includes MetroPlus, a managed care plan; an Accountable Care Organization; and a Certified Home Health Agency. Nearly 1.2 million New Yorkers received health services at an NYC Health + Hospitals facility in 2016. NYC Health + Hospitals is the City's single largest provider of care to Medicaid patients, mental health patients, and the uninsured.

## FOCUS ON EQUITY

NYC Health+ Hospital's mission is to provide essential health services of the highest quality to all New Yorkers, regardless of income, race, or immigration status, with dignity and respect that all patients deserve. This vital safety net is in danger of being stretched to the breaking point financially. To address both financial and patient care concerns, the system is evolving to bolster accessible primary and preventive care. In Fiscal 2016, we released the One New York: Health Care for Our Neighborhoods plan to articulate the City's strategy to transform NYC Health + Hospitals into a sustainable healthcare system that proactively keeps people healthy in their communities.

Reforms implemented in Fiscal 2016 lay the groundwork supporting this transformation over the long term. Expanded hours of operation (including nights and weekends) significantly reduced wait time for pediatric, primary care and behavioral health appointments and increase access to preventive services. The rollout of a state-of-the-art patient electronic health record platform, EPIC, allows providers to coordinate health services for patients who visit multiple Health + Hospitals facilities. NYC Health + Hospitals will continue to lead the nation in improving the health of its residents and communities -especially for low income and immigrant New Yorkers.

## OUR SERVICES AND GOALS

### **SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.**

- Goal 1a Expand access to care.
- Goal 1b Increase the number of patients served.
- Goal 1c Maximize quality of care and patient satisfaction.

## HOW WE PERFORMED

- The number of calendar days to the third next available new appointment for pediatric medicine improved from 10.0 to 9.0 days from the first four months of Fiscal 2016 to the same period in Fiscal 2017. For adult medicine, the number of calendar days to the third next available new appointment increased from 21.0 days to 24.0 days over the same period. Appointment availability is partly affected by changes in staffing and facility utilization. NYC Health + Hospitals is introducing strategies to improve appointment access including adding outpatient adult primary care provider staff, expanding hours of operation, providing appointment reminders, and offering televisits. Due to the transition to EPIC scheduling, third next available appointment statistics are not available for Queens and Elmhurst hospitals for Fiscal 2017.
- The number of individuals enrolled in MetroPlus increased by 8.7 percent in the first four months of Fiscal 2017, growing from 466,843 members to 507,335. MetroPlus is working to increase enrollment by attracting new members through targeted outreach in communities with high uninsured rates and low rates of MetroPlus membership. The program also pursues marketing opportunities such as partnerships with community-based organizations and educational institutions. These enrollment efforts have also been combined with strategies such as sending text messages and other reminders to alert members that they are coming up for renewal, and deploying staff to community locations to assist in the renewal process to maintain current members.
- The rate of Hospital-acquired Central Line-acquired Bloodstream infections (CLABSI) improved by more than 14 percent during the first four months of Fiscal 2017, to 0.70 from 0.82 during the same period in Fiscal 2016. Several facilities have instituted initiatives and programs to reduce CLABSI. These strategies include establishing interdisciplinary teams to review the care of patients with central lines, CLABSI cases being reviewed by infection preventionists and clinical staff, and daily rounds by infection preventionists throughout the inpatient units to ensure compliance. Compliance is monitored using a Central Line Dressing checklist. Additionally, every CLASBI event triggers an event analysis review, which provides opportunities for improvement.
- The general care length of stay in days rose slightly to 5.3 days in the first four months of Fiscal 2017, compared to the 5.2 days in the same period in Fiscal 2016. This is due to NYC Health + Hospitals' increasingly using observation beds for short stay inpatient cases to make more efficient use of its beds. An observation stay is considered outpatient status, and not an inpatient stay. A performance improvement team has been launched to address length of stay and develop a best practice protocol for discharging patients to appropriate settings and reduce length of stay to the target of 4.9 days.
- During the first four months of Fiscal 2017, inpatient satisfaction ratings declined slightly compared to the same reporting period of Fiscal 2016, decreasing from 62.0 percent to 60.0 percent. Decreases were noted in all domains with the exception of "Responsiveness" (1 point gain) and "Communication with Doctors," which remained consistent and at the NY State average. Improvements were seen at Bellevue, Elmhurst, Harlem, and Woodhull Hospitals, and declines were seen at Queens, NCB, Metropolitan, Lincoln, Kings, Jacobi, and Coney Island Hospitals. The outpatient satisfaction rate was nearly the same in the first four months of Fiscal 2016 and 2017, at 77.9 percent and 76.8 percent, respectively, with small declines occurring at Elmhurst, Harlem, and Metropolitan Hospitals.
- The total number of correctional health clinical visits decreased from 227,227 to 212,780 in the first four months of Fiscal 2017, compared to the same reporting period in Fiscal 2016. The overall number of jail admissions has decreased and improvements in scheduling have allowed patients to be treated for multiple clinical needs in a single visit.
- 'Net days of revenue for accounts receivable', a measure of how long it takes to collect payments, decreased from the first four months of Fiscal 2016 to the same period Fiscal 2017 from 56.9 to 52.6 days, and exceeded the target of 56 days.

## SERVICE 1 Provide medical, mental health and substance abuse services to New York City residents regardless of their ability to pay.

### Goal 1a Expand access to care.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
★Eligible women receiving a mammogram screening (%)	75.6%	77.8%	76.4%	80.0%	80.0%	76.8%	75.9%
★Emergency room revisits for adult asthma patients (%)	6.2%	6.1%	6.2%	5.0%	5.0%	6.6%	8.2%
★Emergency room revisits for pediatric asthma patients (%)	2.9%	3.1%	3.2%	3.2%	3.2%	2.1%	3.0%
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	7.4%	7.4%	6.8%	8.5%	8.5%	7.0%	7.3%
Inpatient satisfaction rate (%)	60.0%	63.0%	62.0%	65.0%	65.0%	62.0%	60.0%
Outpatient satisfaction rate (%)	76.9%	77.6%	77.8%	80.0%	80.0%	77.9%	76.8%
Hospital-acquired Central Line-acquired Bloodstream Infection (CLABSI) rate	0.890	0.940	0.900	1.000	1.000	0.820	0.700
★HIV patients retained in care (%) (annual)	86.6%	86.1%	85.7%	85.0%	85.0%	NA	NA
Calendar days to third next available new appointment - adult medicine	NA	26.0	23.0	14.0	14.0	21.0	24.0
Calendar days to third next available new appointment - pediatric medicine	NA	6.5	5.0	5.0	5.0	10.0	9.0

★ Critical Indicator "NA" - means Not Available in this report ↓↑ shows desired direction

### Goal 1b Increase the number of patients served.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
★Number of unique patients	1,176,275	1,172,405	1,168,663	↑	↑	654,155	644,481
★MetroPlus membership	468,020	472,251	501,134	↑	↑	466,843	507,335
★Uninsured patients served	469,239	421,647	425,089	↓	↓	207,787	211,846
★Prenatal patients retained in care through delivery (%)	85.5%	87.1%	87.0%	90.0%	90.0%	90.7%	86.8%

★ Critical Indicator "NA" - means Not Available in this report ↓↑ shows desired direction

### Goal 1c Maximize quality of care and patient satisfaction.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
★General care average length of stay (days)	5.0	5.1	5.2	4.9	4.9	5.2	5.3
★Net days of revenue for accounts receivable	54.6	57.2	51.1	56.0	56.0	56.9	52.6
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health and dental)	802,405	769,459	674,825	*	*	227,227	212,780
Patients with a substance abuse diagnosis in a jail-based substance abuse program (%)	NA	10.0%	10.0%	*	*	8.0%	9.0%

★ Critical Indicator "NA" - means Not Available in this report ↓↑ shows desired direction

## AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2016 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY14	FY15	FY16	FY17	FY17 <sup>1</sup>	FY18 <sup>1</sup>	FY16	FY17
Expenditures (\$000,000) <sup>2</sup>	\$6,440.5	\$6,874.7	\$7,519.1	\$8,142.1	\$8,142.1	\$7,828.2	\$2,419.1	\$2,146.1
Revenues (\$000,000)	\$6,728.1	\$7,417.7	\$8,048.7	\$7,479.5	\$7,515.1	\$6,680.9	\$2,143.4	\$1,913.9
Personnel	37,857	38,748	39,443	38,379	38,713	38,713	39,670	39,277
Overtime paid (\$000,000)	\$136.7	\$143.5	\$144.7	\$153.6	\$153.6	\$153.6	\$50.7	\$53.1
Capital commitments (\$000,000)	\$242.2	\$106.6	\$203.7	\$705.7	\$867.9	\$592.6	\$55.2	\$100.7

<sup>1</sup>Expense, Revenue, Overtime Plans are consistent with HHC November 2016 Plan; Personnel and Capital with NYC January 2017 Plan  
<sup>2</sup>Expenditures include all funds  
 "NA" - Not Available in this report

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Dr. Ram Raju was President and CEO of NYC Health + Hospitals during the reporting period. Stanley Brezenoff succeeded him as interim President and CEO of NYC Health + Hospitals on December 1, 2016.

## ADDITIONAL RESOURCES

- One New York: Health Care for Our Neighborhoods: <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2016/Health-and-Hospitals-Report.pdf>

For more information on the agency, please visit: [www.nyc.gov/hhc](http://www.nyc.gov/hhc).