



# NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President/Chief Executive Officer

## WHAT WE DO

NYC Health + Hospitals, the largest municipal hospital and health care system in the country, includes 11 acute care hospitals, six Gotham Health neighborhood health centers, five skilled nursing facilities, and more than 60 community and school-based health centers. NYC Health + Hospitals provides comprehensive healthcare including behavioral health, substance abuse, trauma, high-risk neonatal and obstetric care and burn care. NYC Health + Hospitals' acute care hospitals serve as major teaching hospitals. In addition to the above services, the system includes MetroPlus (a managed care plan), an Accountable Care Organization, a Certified Home Health Agency and Correctional Health Services. NYC Health + Hospitals is the City's single largest provider of care to Medicaid patients, mental health patients, and the uninsured, serving more than 1.1 million New Yorkers throughout the five boroughs.

## FOCUS ON EQUITY

NYC Health + Hospitals' mission is to provide quality health care to all New Yorkers with the dignity and respect that all patients deserve, regardless of income, race, or immigration status. NYC Health + Hospitals is expanding access to physical and mental health services by establishing new ambulatory sites in high-need neighborhoods, expanding services provided, integrating mental and physical health services, and expanding telehealth to leverage specialist capacity.

Access to comprehensive, high quality services for lesbian, gay, bisexual, transgender, and queer (LGBTQ) New Yorkers is a top priority. All NYC Health + Hospitals facilities received the 2017 Leader in LGBTQ Healthcare Equality designation, which marks the third consecutive year the Human Rights Campaign recognized NYC Health + Hospitals for having policies and practices related to the equity and inclusion of LGBTQ patients, visitors and employees. NYC Health + Hospitals is undertaking cost savings and revenue enhancement activities including implementing Epic electronic medical record and revenue cycle systems, launching an enterprise resource planning software system, and expanding supply chain initiatives.

## OUR SERVICES AND GOALS

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### **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

- Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days improved, declining from 7.3 percent to 6.8 percent from the first four months of Fiscal 2017 to Fiscal 2018. To reduce readmissions, NYC Health + Hospitals is focusing on integrating behavioral healthcare services in primary care settings and engaging patients through peer counseling and other community based supports. Improved access to mental health and substance use ambulatory clinics have contributed to improved engagement in treatment resulting in lower re-hospitalization rates.
- Emergency room revisits for pediatric asthma patients increased from 3.0 percent to 3.1 percent during the first four months of Fiscal 2018, and was within the target of 3.2 percent. To reduce revisits, OneCity Health (NYC Health + Hospitals and its partners in a Performing Provider System) assigns community health workers to visit patients' homes to reinforce strategies to help patients and their families maintain control over asthma. These visits identify and address asthma triggers in the home, including offering new pillow cases, special cleaning supplies and professional pest control services as needed.
- During the reporting period, the number of days to third next available new appointment improved for both adult and pediatric visits. For adult visits availability improved from 24.0 to 16.2 days, and for pediatric visits, from 9.0 to 7.3 days. NYC Health + Hospitals is working to reduce patient wait times from a wide number of directions including expanding hours of operation, adding staff, and working with MetroPlus to better manage provider panels for new patients.
- NYC Health + Hospitals provided healthcare services to 631,870 unique patients in the first four months of Fiscal 2018, a decrease of 2.0 percent from same period in Fiscal 2017. By comparison, unique patients declined 3.0 percent from Fiscal 2017 and Fiscal 2016 indicating the downward trend may be flattening.
- The number of uninsured patients served by NYC Health + Hospitals declined by 16,546 from the first four months of Fiscal 2017 to the same period Fiscal 2018. During the same period, MetroPlus Essential Plan enrollment grew by 8,286. The Essential Plan is a free or low cost State insurance plan that was made available beginning in January 2016 for low income individuals that do not qualify for Medicaid or Child Health Plus and meet the Plan's immigration status requirements.
- MetroPlus enrollees for all plans increased from 503,432 to 504,498, a gain of 0.2 percent during the first four months of Fiscal 2018. To encourage healthy actions and improve disenrollment rates, MetroPlus has implemented the MetroPlus Rewards Program, a loyalty program that rewards members with points that can be redeemed for prizes. In only a few months of full operation, over 20,000 MetroPlus members have registered for the program, and 95 percent of those contacting the program's call center reported being satisfied with the program.
- General care average length of stay increased from 5.3 to 5.5 days from the first four months of Fiscal 2017 to the same period Fiscal 2018. Potentially avoidable and other low acuity hospital admissions at NYC Health + Hospitals and hospitals citywide are increasingly treated in more appropriate ambulatory settings resulting in an overall sicker inpatient hospital population with a greater average inpatient acuity and length of stay.
- 'Net days of revenue for accounts receivable' improved from 52.6 days to 42.3 days between the first four months of Fiscal 2017 and the same period Fiscal 2018. NYC Health + Hospitals has implemented several revenue collections initiatives and is commencing a two-year revenue cycle optimization program to achieve further gains.
- NYC Health + Hospitals exceeded its goal of 80 percent for outpatient satisfaction with a rate of 81.4 percent in the first four months of Fiscal 2018, an increase from the rate of 76.8 percent for the same period in Fiscal 2017. The inpatient satisfaction rate remained at 60 percent. To continue to improve the patient and family experience, NYC Health + Hospitals has completed a redesign of its goals, short- and long-term plans, and targets.

# 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	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
★ Eligible women receiving a mammogram screening (%)	77.8%	76.4%	75.4%	80.0%	80.0%	75.9%	74.3%
★ Emergency room revisits for adult asthma patients (%)	6.1%	6.2%	6.9%	5.0%	5.0%	8.2%	6.3%
★ Emergency room revisits for pediatric asthma patients (%)	3.1%	3.2%	3.6%	3.2%	3.2%	3.0%	3.1%
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	7.4%	6.8%	7.1%	6.9%	6.9%	7.3%	6.8%
Hospital-acquired Central Line-Associated Bloodstream Infection (CLABSI) rate	0.940	0.900	1.470	1.000	1.000	0.700	1.080
★ HIV patients retained in care (%) (annual)	86.1%	85.7%	83.5%	85.0%	85.0%	NA	NA
Calendar days to third next available new appointment - adult medicine	26.0	23.0	18.6	14.0	14.0	24.0	16.2
Calendar days to third next available new appointment - pediatric medicine	6.5	5.0	5.1	5.0	5.0	9.0	7.3
Patient Cycle Time - Adult Medicine (minutes)	NA	88	79	60	60	78	83
Patient Cycle Time - Pediatrics (minutes)	NA	70	70	60	60	68	77
Patient Cycle Time - Women's Health (minutes)	NA	76	88	60	60	69	91
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

## Goal 1b

Increase the number of patients served.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
★ Number of unique patients	1,172,405	1,168,663	1,133,984	↑	↑	644,481	631,870
★ MetroPlus membership	472,251	501,134	503,044	↑	↑	503,432	504,498
★ Uninsured patients served	421,647	425,089	414,738	↓	↓	207,503	190,957
★ Prenatal patients retained in care through delivery (%)	87.1%	87.0%	86.1%	90.0%	90.0%	86.8%	89.5%
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

## Goal 1c

Maximize quality of care and patient satisfaction.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
★ General care average length of stay (days)	5.1	5.2	5.4	4.9	4.9	5.3	5.5
★ Net days of revenue for accounts receivable	57.2	51.1	45.8	42.0	42.0	52.6	42.3
Inpatient satisfaction rate (%)	63.0%	62.0%	61.0%	65.0%	65.0%	60.0%	60.0%
Outpatient satisfaction rate (%)	77.6%	77.8%	81.3%	80.0%	80.0%	76.8%	81.4%
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health and dental)	769,459	674,825	637,966	*	*	212,780	167,347
Patients with a substance abuse diagnosis in a jail-based substance abuse program (%)	10.0%	10.0%	9.0%	*	*	9.0%	13.0%
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None				

## AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2017 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY15	FY16	FY17	FY18	FY18 <sup>1</sup>	FY19 <sup>1</sup>	FY17	FY18
Expenditures (\$000,000) <sup>2</sup>	\$6,874.7	\$7,571.5	\$7,536.0	\$7,222.1	\$7,222.1	\$7,427.0	\$2,146.1	\$2,181.0
Revenues (\$000,000)	\$7,417.7	\$8,046.3	\$8,139.0	\$7,472.2	\$7,472.2	\$7,673.0	\$1,913.9	\$1,699.0
Personnel	38,748	39,443	37,575	37,575	37,575	37,575	39,277	37,119
Overtime paid (\$000,000)	\$143.5	\$144.7	\$141.7	\$153.6	\$153.6	\$153.6	\$53.1	\$43.3
Capital commitments (\$000,000)	\$106.6	\$203.5	\$202.1	\$789.8	\$1,204.8	\$896.6	\$100.7	\$48.0

<sup>1</sup>Expense, Revenue, Overtime Plans are consistent with HHC November 2017 Plan; Personnel and Capital with NYC February 2018 Financial Plan      <sup>2</sup>Expenditures include all funds      "NA" - Not Available

## SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY17 <sup>2</sup> (\$000,000)	February 2018 Financial Plan FY18 <sup>3</sup> (\$000,000)	Applicable MMR Goals <sup>4</sup>
001 - Lump Sum Appropriation (OTPS) <sup>1</sup>	\$783.4	\$608.9	All

<sup>1</sup>These figures are limited to the City's contribution and planned contribution respectively.      <sup>2</sup>Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2017. Includes all funds.      <sup>3</sup>Includes all funds.      <sup>4</sup>Refer to agency goals listed at front of chapter.

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- Fiscal 2017 data for the indicator 'Hospital-acquired Central Line-Associated Bloodstream Infection rate (CLABSI)' reflects a change in methodology and reporting in 2017 requested by the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).
- The Fiscal 2018 target for the indicator 'Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)' was revised to a more ambitious level to reflect the recent trend in performance.
- The Fiscal 2018 target for the indicator 'Net days of revenue for accounts receivable' was revised to a more ambitious level and reflects the median time for NYC nonprofit acute care hospitals as of 2015.
- The Epic medical records system rollout schedule requires site specific temporary interruptions in the availability of certain indicators. North Central Bronx, Metropolitan, Coney Island, Woodhull, Elmhurst and Queens Hospitals are not included in Fiscal 2017 four month actual Third Next Available Appointment and Patient Cycle Time indicators.
- Stanley Brezenoff served as Interim President/Chief Executive Officer during the reporting period.
- The 4-month Fiscal 2017 figure for the indicator 'MetroPlus membership' was revised to reflect corrected information.

## ADDITIONAL RESOURCES

- OneNYC 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).