

NYC HEALTH + HOSPITALS

Dr. Mitchell Katz, President and CEO



WHAT WE DO

NYC Health + Hospitals (H+H), also known as the System, the largest municipal health system in the country, includes 11 acute care locations, five post-acute care (skilled nursing) facilities, and over 50 patient care locations in the Gotham Health network. The System provides comprehensive health care services including preventive and primary care, behavioral health, substance use disorder, trauma care, high-risk neonatal and obstetric care, and burn care. The System's acute care hospitals serve as major teaching hospitals. In addition, the System includes: a managed care plan called MetroPlus; an Accountable Care Organization that provides Medicare beneficiaries with coordinated care and chronic disease management; a Certified Home Health Agency; a Health Home; and Correctional Health Services (CHS), serving patients on Rikers Island. Approximately 70 percent of NYC Health + Hospital's patients are on Medicaid or are uninsured, and the System collectively serves approximately one million New Yorkers across the five boroughs each year. As New York City transitions out of the emergency phase of the COVID-19 pandemic, NYC Health + Hospitals has preserved comprehensive COVID-19 services inside its hospitals and ambulatory care centers to ensure seamless continuity of care for all New Yorkers.

FOCUS ON EQUITY

NYC Health + Hospitals' mission is to deliver high quality health care services to all New Yorkers with compassion, dignity, and respect, regardless of income, gender identity, or immigration status. In keeping with its mission, NYC Health + Hospitals provides high quality, accessible care to diverse communities, including historically marginalized populations, without exception. More than 70 percent of patients identify as either Black/African American, Hispanic/Latinx, or Asian American/Pacific Islander, and an estimated 30 percent of patients are limited English proficient. The System serves marginalized groups who are more likely to experience poverty and face a disproportionate amount of harmful daily stressors and barriers, which contribute to and exacerbate chronic disease and health equity challenges. Over 70 percent of NYC Health + Hospitals patients either rely on Medicaid or have no insurance.

The System works to advance health equity by creating models of care that remove barriers for special populations. For instance, the NYC Care Program ensures that New Yorkers who cannot access insurance are being connected with affordable, high-quality primary, preventive, and specialty care, regardless of their ability to pay. This access has become even more important, because of the impact the COVID-19 pandemic has had on lower-income New Yorkers with chronic health needs. This year, NYC Care released key findings from a study demonstrating the program's success in connecting new NYC Care members to primary and specialty care. The study showed new members engaged in primary and specialty care at similar or higher rates than Medicaid enrollees new to primary care. Importantly, that pattern remained true for new NYC Care members who had two or more chronic diseases or spoke English as a second language (ESL). In addition, the System's Street Health Outreach + Wellness (SHOW) program continued to address the needs of diverse populations, with a focus on people experiencing homelessness, by deploying mobile health units across NYC to reach underserved individuals. SHOW provides care without pre-scheduled appointments or cost, connecting thousands to essential services like COVID-19 testing, vaccinations, primary care, mental health resources, and more. NYC Health + Hospitals also continues to expand MetroPlus membership, offering low to no-cost health insurance options to eligible people living within the five boroughs of New York City who otherwise would not be able to attain insurance.

The System's Correctional Health Services (CHS) division provides a full spectrum of high-quality health care to people incarcerated in NYC with dignity and respect. CHS' mission is to diagnose and treat individuals while they are in its care while in custody and to provide support from the first to the last day of incarceration, which will help patients successfully re-enter their communities.

Finally, to further address equity, an advisory group called the Equity and Access Council supports the System's Office of Diversity and Inclusion and develops efforts that promote equity among both staff and patients. This Council optimizes the delivery of care and health outcomes for diverse patient populations, with its primary focus to advance racial and social justice to eliminate barriers, promote institutional and structural equities, identify and reduce health disparities, and continuously improve the health of vulnerable communities. NYC Health + Hospitals also acknowledges the importance of a diverse workforce and thus established the Medical Opportunities for Students and Aspiring Inclusive Clinicians (MOSAIC) to encourage under-represented groups to join the medical workforce. NYC Health + Hospitals continues to develop recruitment and retention programs to attract staff who reflect the communities they serve.

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 Enhance the sustainability of the Health + Hospitals system.

Goal 1c Maximize quality of care and patient satisfaction.

HOW WE PERFORMED

- The total number of unique patients increased two percent from 581,711 in the first four months of Fiscal 2023 to 591,744 in the first four months of Fiscal 2024. As in-person visits continued to increase in all services, this measure has also increased accordingly. NYC Health + Hospitals is prioritizing increased capacity for new patients across the System, and teams are conducting outreach efforts to encourage care continuity in primary care to patients that may have been lost to care during phases of the COVID-19 pandemic.
- The total number of unique primary care patients increased from 420,196 patients in the first four months of Fiscal 2023 to 432,761 patients in the same reporting period of Fiscal 2024, increasing by three percent. This aligns with the System's ongoing goal and mission to increase access to health care for new patients, as well as re-engage those who were lost to care during the COVID-19 pandemic. H+H has worked collaboratively with all of its primary care sites to maintain availability for these patients, even as clinics' schedules fill.
- The number of uninsured patients served decreased 33 percent from 191,958 in the first four months of Fiscal 2023 to 129,659 in the first four months of Fiscal 2024. As introduced in the Fiscal 2023 Mayor's Management Report, the difference in the reported number is entirely driven by a change in methodology to improve the accuracy of this metric, largely by excluding insured patients who received non-billable services it used to include.
- The number of eConsults conducted increased 11.6 percent between the first four months of Fiscal 2024 compared to the same period of Fiscal 2023, growing from 128,272 eConsults to 143,125 eConsults. Over this time, H+H added 25 clinics to eConsult. This also aligns with a similarly observed increase in the volume of unique patients in primary care clinics, from which the vast majority of eConsults originate.
- The number of telehealth visits conducted in the first four months of Fiscal 2024 decreased by about six percent compared to the same time period in Fiscal 2023, from 198,075 visits to 186,934 visits. This reflects a continued pattern of increased in-person visits since the pandemic emergency period ended. However, telehealth still provides a unique and important part of care for most patients and continues to improve and refine the way that the System conducts telehealth, acknowledging that it will always be a part of the way that patients are cared for.
- Eligible women receiving a mammogram screening increased from 77.29 percent in the first four months of Fiscal 2023 to 81.65 percent over comparative reporting periods in Fiscal 2024. The increase can be attributed to continued improvements on convenient patient-friendly scheduling that uses multiple reminder methods, and on eliminating barriers that prevent patients from receiving care.
- The proportion of individuals living with HIV that are retained in HIV primary care decreased from 85.7 percent in the first four months of Fiscal 2023 to 85.4 percent after the first four months of Fiscal 2024, maintaining the H+H internal target of 85 percent. The HIV retention metric tracks the ability of HIV clinical programs to maintain people living with HIV in care, as measured by regular clinical care within an HIV clinic or from an HIV Specialist.
- The System has seen an increase in number of days to the third next available appointment (TNAA) in both adult and pediatric medicine. In adult primary care, there was a 100 percent increase from 11 days in the first four months of Fiscal 2023 to 22 days in the first four months of Fiscal 2024. In pediatric care, there was a 40 percent increase from 15 to 21 days over comparative reporting periods. There are two main contributors to these increases. First, there has been a substantial increase in the volume of new patients into the System, in both adult and pediatric primary care, increasing the amount of new patient appointments requested and booked. Second, the current methodology used to measure this indicator does not take into account System requirements for new patient appointment wait times or how the scheduling systems displays appointment slots available, which creates constant and large variations in data. H+H is planning to implement a new methodology in Calendar 2024, which they expect will more accurately capture timely access to care and appointment wait times.
- Enrollment in NYC Care increased by 16 percent, from 105,070 from the first four months of Fiscal 2023 to 121,478 in the first four months of Fiscal 2024. The program is now in its fifth year and continues to surpass its initial program milestone objective of 100,000 enrollees. Some asylum seekers are qualifying for the program. The increase is also due to increased re-enrollment outreach and capacity. Additionally, the System continues to partner with community-based

organizations across the City to provide outreach and enrollment assistance. NYC Care has been collaborating across City agencies, most recently with the Mayor's Office Public Engagement Unit, to promote NYC Care member primary care engagement. Last fall, NYC Care launched a citywide public awareness campaign across a range of advertising mediums to inform New Yorkers about this program.

- The percentage of patients enrolled in care in the first trimester of their pregnancy slightly decreased in the first four months of Fiscal 2024, down to 50.1 percent from 52.5 percent in the same period of Fiscal 2023. This year, OBGYN and Women's Health has managed an increase in patient visits, especially those for pregnancy care. The increase in late prenatal care registrants and accompanying increase in the number of deliveries from the end of Calendar 2022 to 2023, reflects the time period when there was an increase in the number of asylum seekers arriving to NYC. Historically, immigrant communities may arrive late in their third trimester, having had prenatal care in their home country. OBGYN care, especially pregnancy-related care, was a common need among asylum seekers.
- The proportion of follow-up appointments kept within 30 days after behavioral health treatment increased to 52.40 percent in the first four months of Fiscal 2024, compared to 48.55 percent in the first four months of Fiscal 2023. Half of the System's facilities now have follow-up rates above 65 percent. The Office of Behavioral Health continues to successfully work with all facilities, with a key focus on ongoing training for new and existing staff about the appropriate workflow to fully document these follow-up appointments in the electronic medical record. H+H is working to continue improving care transitions and aftercare follow-up, with a special focus on 30-day post discharge follow-up.
- The percent of patients with a substance use diagnosis that received jail-based contact in the first four months of Fiscal 2024 decreased slightly from the same time period in Fiscal 2023, changing from 84 percent in the first four months of Fiscal 2023 to 81 percent in the same period of Fiscal 2024. This metric reflects substance use diagnoses for a range of substances and severity, including those without indication for a formal intervention beyond education. Operational and environmental disruptions in the jails can adversely impact Correctional Health Services (CHS) providers' ability to meet with patients with substance use diagnoses. There are also natural fluctuations in the clinical profile of patients and minor workflow changes that can affect reporting.
- The volume of total correctional health clinical encounters per 100 average daily population has declined 19 percent from 4,226 encounters to 3,426 encounters between the first four months of Fiscal 2023 and Fiscal 2024. This is due to expected fluctuations in the clinical profile of patients, a decrease in the number of COVID-19 cases in the jails, and disruptions resulting from multiple facility openings and closures.
- The percentage of patients who left the emergency department (ED) without being seen increased from 4.4 percent in the first four months of Fiscal 2023 to 5.2 percent in the first four months of Fiscal 2024. ED utilization has continued to substantially increase since coming out of the COVID-19 pandemic, remaining consistently well above pre-pandemic levels. With these progressive increases, there had been a related increase in the percentage of patients who left the EDs without being seen. There are a variety of improvement efforts occurring at the hospitals. These efforts include enhancing patient tracking and flow, revisiting provider and nursing staff models to ensure there is staffing capacity to meet demand, using providers in triage when feasible, and creating ED high-value care teams to identify and decrease unnecessary lab and radiology treatments. The System is also exploring additional avenues to decompress patient volume in the EDs through telemedicine alternatives.
- Accounts receivable days decreased 15.6 percent from 50 days in the first four months of Fiscal 2023 to 42 days in the first four months of Fiscal 2024, achieving the 42-day target. The decrease is primarily a result of collections on aged accounts receivable associated with delayed Upper Payment Limit payments. H+H continues to work closely with insurance plans to reconcile those payments that are still outstanding, as well as to resolve other items that contribute to aged accounts receivable.
- Financial sustainability remained strong during the first four months of Fiscal 2024. While the ratio of patient care revenue to expenses dropped to 68 percent during the first quarter of Fiscal 2024, compared to 73 percent in the same period of Fiscal 2023, this remained above the System's target of 65 percent. The System continues to work to improve this metric, but has seen challenges as it relates to spending, specifically associated with temporary staffing contracts and pharmaceutical spending.

- MetroPlus membership continues to increase reaching 757,727 members during the first four months of Fiscal 2024, up 9.4 percent from 692,681 members during the same period of Fiscal 2023. This increase is a result of the ongoing commitment to identify and connect Medicaid eligible people in the communities we serve to MetroPlus, as well as a larger proportion of City workers, encouraging them to obtain necessary coverage.
- The percentage of uninsured patients enrolled in health insurance coverage or financial assistance saw a 7 percentage point decline between the first four months of Fiscal 2023 and the first four months of Fiscal 2024, decreasing from 84 percent in Fiscal 2023 to 77 percent in Fiscal 2024. This change is attributed to a decline in financial counseling screening rates at a few facilities due in part to short-term staffing issues and growing patient volumes. The System is continuously evaluating staffing needs and redeploying resources as necessary to meet demand. The System also continues to develop and implement new initiatives to optimize financial counseling screening workflows and rates.
- In the first four months of Fiscal 2024, inpatient satisfaction scores, rated on a scale of 0-10, increased 3.1 percentage points, from 61.2 percent to 64.3 percent. This increase can be attributed to strengthened targeted efforts to improve the patient experience. Several teams have worked on improving communication between the care teams and patients, and teamwork as seen by the patient. These are all key drivers of to improve the overall inpatient experience. This increase is also synonymous with unit-level increases across the System.
- The outpatient satisfaction score, rated on a scale of “Yes,” “definitely/Yes,” “somewhat/No,” increased by 1.3 percentage points, from an 84.5 percent satisfaction rating in the first four months of Fiscal 2023 to an 85.8 percent satisfaction rating in the same time period in Fiscal 2024. This slight score increase is in line with the expected trend and rate of change for our outpatient services. This trend is expected to continue through the remainder of the fiscal year.
- The System has continued to place great emphasis on care experience, which includes engaging patients with MyChart, the electronic patient portal where patients access important information about their health. MyChart activation has decreased by 9 percentage points from the first four months of Fiscal 2023 to the first four months of Fiscal 2024, changing from 65 percent to 56 percent. This change is due to the residual impact of declining COVID-19 testing, however, the activation percentage among patients attributed to primary care has remained consistent at 75 percent. The MyChart team is focused on stabilizing the systemwide activation metric by implementing new digital and physical promotional materials to display at H+H sites, and increasing adoption by enhancing the MyChart patient experience. The System has expanded the MyChart experience by adding and continuing efforts to improve patient engagement. This includes support for the top 11 most common used languages by H+H patients, and continued use of services that enhance and expedite patient care including notifications when an earlier appointment is available and digital check-ins for appointments. The System has performed above the Epic (electronic health record) safety net average over this reporting period.
- The percentage of patients diagnosed with diabetes who have controlled blood sugar increased slightly from 68 percent in the first four months of Fiscal 2023 to 68.5 percent for the same time period of Fiscal 2024, an all-time high for the System. This increase can be attributed to record high testing rates for hemoglobin A1c and H+H's ongoing clinical programs to improve diabetes.
- Post-acute care satisfaction rates measure how likely one is to recommend a nursing facility. Through the first four months of Fiscal 2024 the rate was 81.7 percent, below the target and slightly less than it was at the close of Fiscal 2023, which can be attributed to possible challenges in reaching residents' caregivers through mailed surveys. The System is exploring electronic survey administration for its nursing home residents to determine if there is an opportunity to improve access to the resident experience feedback mechanism.
- The overall safety grade asks employees to rate their work unit on safety and is measured every two years. The last two measurements were taken in the beginning of Fiscal 2022 and the beginning of Fiscal 2024. The percentage rating represents those that answered “very good” or “excellent”. The System saw an increase in safety grade for acute care and ambulatory care from the first four months of Fiscal 2022 to the same time period in Fiscal 2024. The overall safety grade for acute care increased from 50 percent in Fiscal 2022 to 55 percent in Fiscal 2024, and the ambulatory safety grade increased from 48 percent in Fiscal 2022 to 58 percent in Fiscal 2024. The increases represent a systematic effort to improve the culture of safety, including initiatives to increase the number of “good catches” and standardize root cause analysis across the System. Post-acute safety remained relatively unchanged, decreasing from 64 percent in Fiscal 2022 to 63 percent in Fiscal 2024, which can be attributed to employee steadfast adherence to following patient safety initiatives.

- The System maintains multiple institutional mechanisms to promote community outreach and collection of input. One of the primary mechanisms is its Community Advisory Boards (CABs). CAB members are volunteer advocates representing 21 of the System's facilities serving the City. CAB members are aware and concerned about crucial health care issues and carrying out the mission and values of the System. The 21 CABs had 41 meetings between July 2023 and October 2023. There is also a Council of Community Advisory Boards composed of the 21 Chairpersons of each facility's CAB. The Council is a collective body for health advocacy and is responsible for ensuring the individual CABs receive relevant information from the System and expressing the concerns and interests of the respective CABs. The Council had 2 meetings between July 2023 and October 2023. Similar levels of engagement took place over the same period in Fiscal 2023.

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	
	FY21	FY22	FY23	FY24	FY25	FY23	FY24
★ Unique patients	1,148,019	1,110,039	1,204,174	↑	↑	581,711	591,744
Unique primary care patients (seen in the last 12 months)	389,505	413,908	427,337	*	*	420,196	432,761
★ Uninsured patients served	304,174	391,810	219,943	*	*	191,958	129,659
★ eConsults completed	322,229	404,406	426,532	↑	↑	128,272	143,125
Telehealth visits	1,008,900	684,066	608,204	*	*	198,075	186,934
★ Eligible women receiving a mammogram screening (%)	70.5%	72.7%	78.3%	80.0%	80.0%	77.3%	81.7%
★ HIV patients retained in care (%) (annual)	85.0%	82.1%	84.5%	85.0%	85.0%	85.7%	85.4%
Calendar days to third next available new appointment – Adult medicine	10.3	12.0	12.0	14.0	14.0	11.0	22.0
Calendar days to third next available new appointment – Pediatric medicine	6.5	12.0	13.0	5.0	5.0	15.0	21.0
★ NYC Care enrollment	69,309	113,178	119,234	↑	↑	105,070	121,478
★ Patients enrolled in care in the 1st trimester of pregnancy	61.2%	55.0%	54.8%	↑	↑	52.5%	50.1%
★ Follow-up appointment kept within 30 days after behavioral health discharge (%)	44.59%	48.08%	54.00%	↑	↑	48.55%	52.40%
Correctional health patients with a substance use diagnosis that received jail-based contact (%)	91%	87%	85%	90%	90%	84%	81%
Total correctional health clinical encounters per 100 average daily population	14,999	12,170	12,020	*	*	4,226	3,426
Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians	5,874	5,494	5,074	4,950	4,950	2,855	NA
★ Critical Indicator	● Equity Indicator	"NA" Not Available	↑↓ Directional Target	* None			

Goal 1b Enhance the sustainability of the Health + Hospitals system.

Performance Indicators	Actual			Target		4-Month Actual	
	FY21	FY22	FY23	FY24	FY25	FY23	FY24
Patients who left Emergency Department without being seen (%)	3.5%	5.2%	5.0%	4.0%	4.0%	4.4%	5.2%
★ Net days of revenue for accounts receivable	59.9	49.7	46.4	42.0	42.0	50.0	42.2
Patient care revenue/expenses (%)	74.0%	74.8%	73.8%	60.0%	60.0%	73.0%	68.0%
★ MetroPlus Health Plan medical spending at Health + Hospitals (%)	39.3%	42.4%	43.3%	↑	↑	41.3%	38.6%
★ MetroPlus membership	620,041	648,369	715,343	↑	↑	692,681	757,727
Percentage of uninsured patients enrolled in insurance or financial assistance	70%	88%	79%	*	*	84%	77%
★ Critical Indicator	● Equity Indicator	"NA" Not Available	↑↓ Directional Target	* None			

Goal 1c

Maximize quality of care and patient satisfaction.

Performance Indicators	Actual			Target		4-Month Actual	
	FY21	FY22	FY23	FY24	FY25	FY23	FY24
Inpatient satisfaction rate (%)	65.7%	62.9%	61.7%	65.8%	65.8%	61.2%	64.3%
Outpatient satisfaction rate (%)	84.5%	85.2%	85.4%	85.4%	85.4%	84.5%	85.8%
MyChart Activations (%)	69.0%	69.0%	53.5%	50.0%	50.0%	65.0%	56.0%
★ Patients diagnosed with diabetes who have appropriately controlled blood sugar (%)	63.7%	65.3%	68.8%	↑	↑	68.0%	68.5%
★ Post-acute care satisfaction rate (%)	81.9%	80.9%	84.0%	86.3%	86.3%	NA	81.7%
Overall safety grade – Acute care (%)	NA	50.0%	NA	*	*	NA	55.0%
Overall safety grade – Post-acute care (%)	NA	64.0%	NA	*	*	NA	63.0%
Overall safety grade – Ambulatory care (diagnostic & treatment centers) (%)	NA	48.0%	NA	*	*	NA	58.0%
Total System Council of Community Advisory Board meetings held over the year	NA	10	10	*	*	2	2
Total facility-specific Community Advisory Board meetings held over the year	NA	190	190	*	*	42	41

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual			Target		4-Month Actual	
	FY21	FY22	FY23	FY24	FY25	FY23	FY24
Payout (\$000)	NA	NA	\$76,625	*	*	NA	\$326

★ Critical Indicator ● Equity Indicator "NA" Not Available ↑↓ Directional Target * None

AGENCY RESOURCES

Resource Indicators	Actual			Sept. 2023 MMR Plan	Updated Plan	Plan	4-Month Actual	
	FY21	FY22	FY23	FY24	FY24 ¹	FY25 ¹	FY23	FY24
Expenditures (\$000,000) ²	\$11,134.0	\$12,742.1	\$10,878.7	\$10,406.7	\$10,406.7	\$9,743.5	\$3,252.4	\$3,838.4
Revenues (\$000,000)	\$11,920.6	\$13,474.5	\$11,587.9	\$10,932.2	\$10,932.2	\$10,215.3	\$3,188.0	\$4,039.7
Personnel	40,062	38,497	39,738	37,272	37,272	37,272	39,055	40,967
Overtime paid (\$000,000)	\$192.3	\$192.3	\$215.3	\$165.8	\$171.5	\$171.5	\$79.6	\$84.6
Capital commitments (\$000,000)	\$369.6	\$543.7	\$414.8	\$478.4	\$546.1	\$518.7	\$117.8	\$97.3

¹January 2024 Financial Plan. ²Expenditures 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 FY23 ¹ (\$000,000)	January 2024 Financial Plan FY24 ² (\$000,000)	Applicable MMR Goals ³
001 - Lump Sum Appropriation (OTPS) ¹	\$1,921.8	\$3,060.9	All

¹These figures are limited to the City's contribution and planned contribution respectively. ²Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2023. Includes all funds. ³Includes all funds ⁴Refer to goals listed at front of chapter "NA" Not Available * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The previously published 4-month actual Fiscal 2023 figure for 'Follow-up appointment kept within 30 days after behavioral health discharge (%)' was adjusted down from 50.20 percent to 48.55 percent after a review of historical data.
- 4-month actual Fiscal 2024 data was not available at the time of this report for 'Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians' due to changes in the program resulting in a delay in data.
- Previously published 4-month actual Fiscal 2023 figures for 'Overall safety grade—Acute care (%)', 'Overall safety grade—Post-acute care (%)', and 'Overall safety grade—Ambulatory care (diagnostic & treatment centers) (%)' were NA-ed as the overall safety grade is reported every two years, most recently in Fiscal 2022 and Fiscal 2024. The previously published Fiscal 2022 figure for 'Overall safety grade—Acute care (%)' was adjusted down to 50 percent from 69 percent after a review of historical data.
- The previously published Fiscal 2023 value for 'Payout' was updated from \$1,285,000 to \$76,625,000 to reflect the finalized Fiscal year value.
- Preceding the Fiscal 2024 Preliminary Mayor's Management Report, the Mayor's Office of Operations implemented updated standards for indicator names. Minimal stylistic changes, such as the use of em-dashes, percent symbols and acronyms, were made to the names of previously published indicators here.

ADDITIONAL RESOURCES

- For more information on NYC Care, please visit: www.nyccare.nyc

For more information on the agency, please visit: www.nychealthandhospitals.org