

**AMAZING
THINGS
ARE
HAPPENING
HERE**

**Dual HealthCare Transformation through
Respect, High Reliability,
Data Transparency, Accountability, and
Service lines**

May 2, 2019

Joseph Cooke, MD
Chairman of Medicine

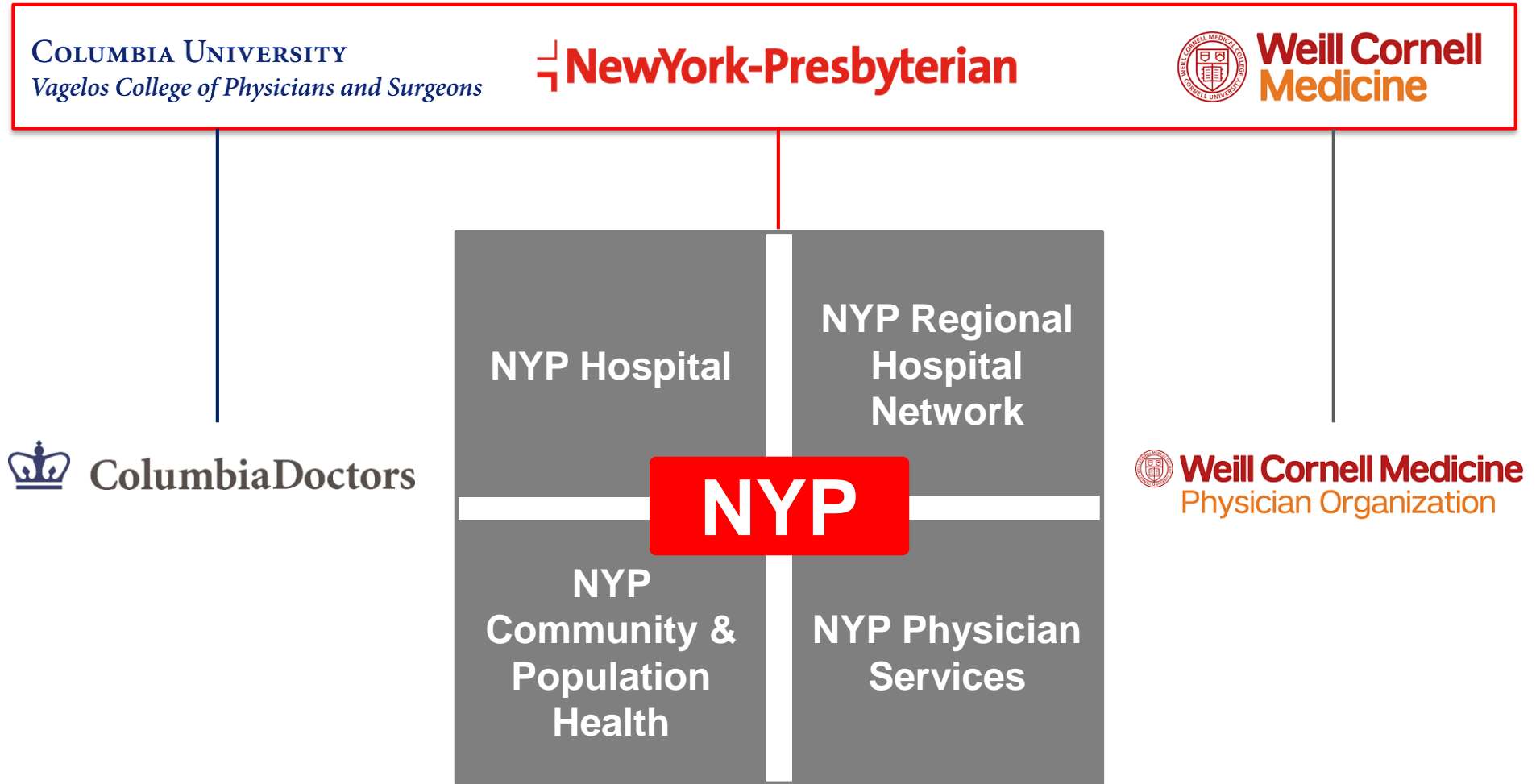
Owen Brady, BA
Data Analyst

Amir K Jaffer, MD, MBA
Chief Medical Officer

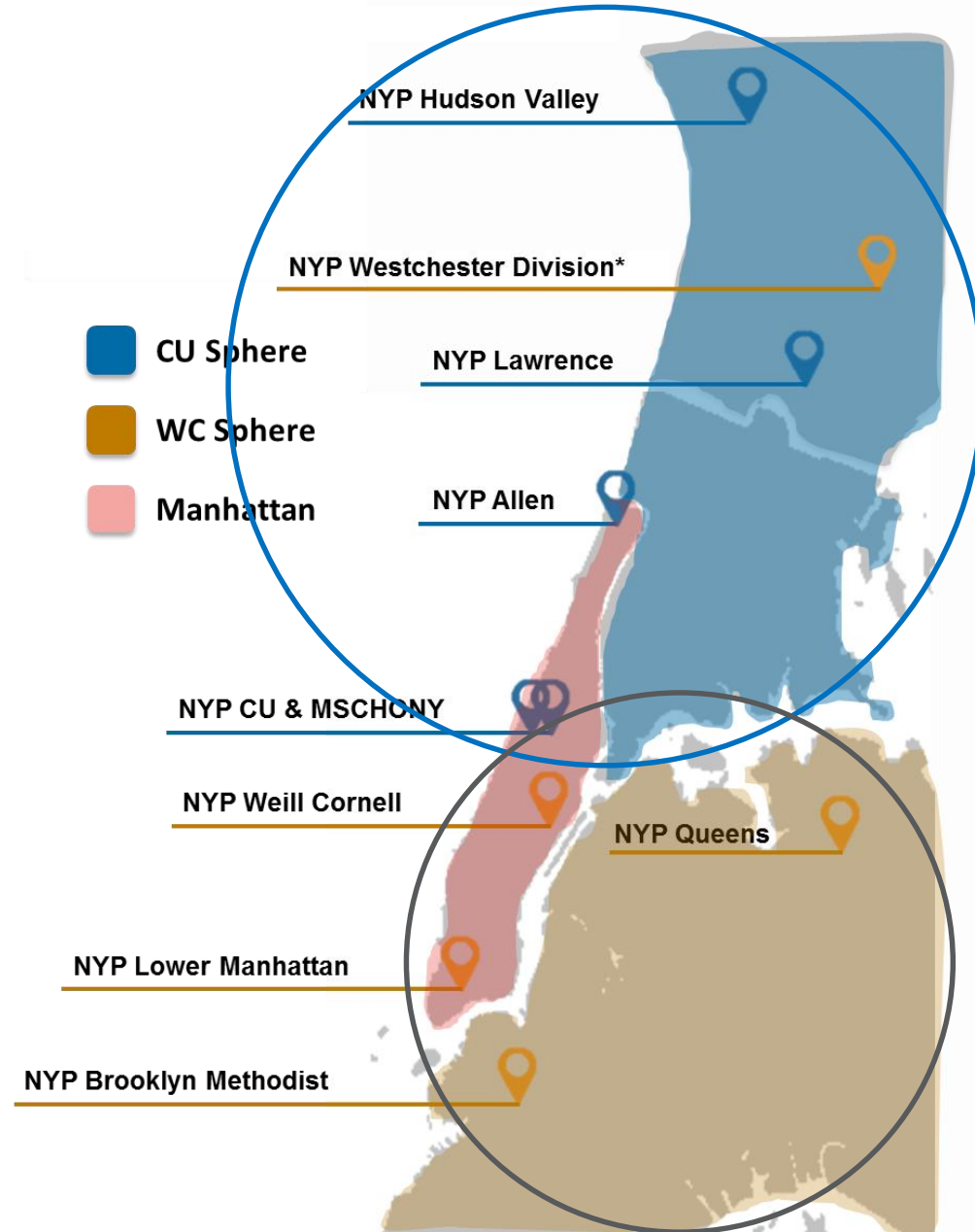
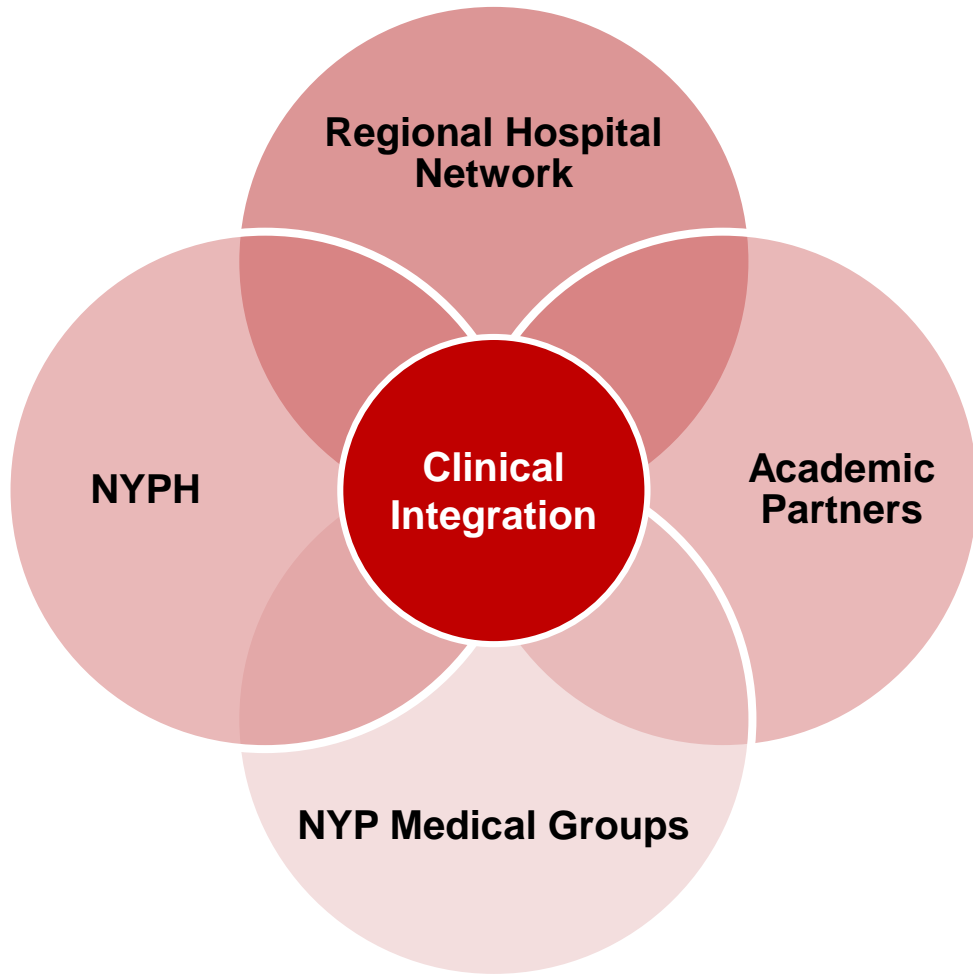
Goals

- Discuss the principles of Dual Transformation and how they were applied at NewYork-Presbyterian Queens.
- Highlight the importance of accountability, alignment, data transparency and measurement in any healthcare transformation.

New York-Presbyterian Enterprise



Integrated Academic Delivery System: Sphere Paradigm



* NYP Westchester Division is geographically in CU sphere but functionally in WC Sphere due to MD alignment

NewYork-Presbyterian Queens

Vision

We are NewYork-Presbyterian in Queens.
We will be the regional leader for excellence in compassionate, patient-centered care and the medical center of choice for patients, doctors, nurses, and staff.

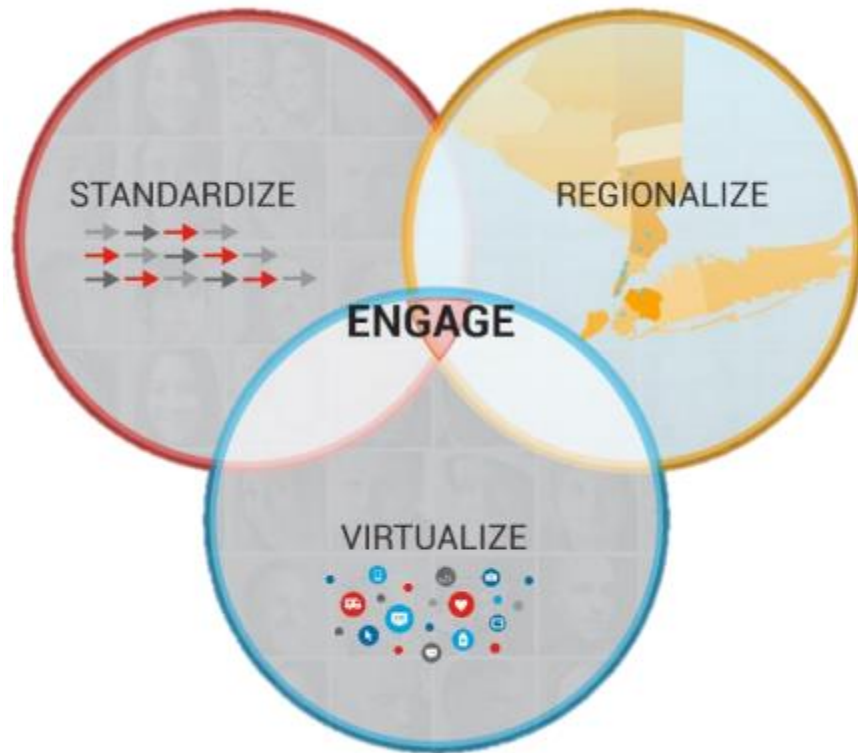
Overview

- 535-beds, Level 1 Trauma, Tertiary Care
- Teaching Hospital affiliated with Cornell
- Busiest Emergency Department in the enterprise



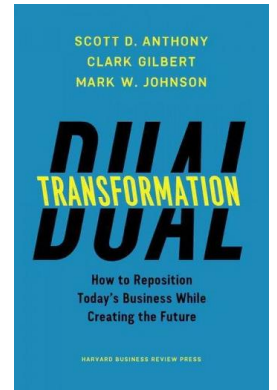
Aligning with NewYork Presbyterian Priorities

NYP Drivers



- **Engage** everyone in improving and owning the quality of patient care. Shape the culture through respect and focus on Zero Harm
- **Standardize** and strengthen management systems of care to ensure consistency and accountability
- **Regionalize Care** through service lines deployed through one of two medical schools and leverage telehealth to **virtualize care** as necessary

Dual Transformation



Transformation A Focused on Core Inpatient Business

- Creating a Culture of Respect
- Engaging our Employees
- Creating a High Reliability Culture and Moving to Zero Harm
- Improving Patient Experience
- Improving Patient Flow/ Decreasing LOS
- Improving OR Efficiency
- Standardization

Transformation B Focused on Service Line Growth

- Growing Market share across the Eight Service Lines: Cardiovascular, Neurosciences, Cancer, Primary Care, Women, Children's, Orthopedics and Digestive Diseases
- Improving Access
- Improving Value
- Regionalizing Services
- Telehealth

NYP Queens Dual Transformation

Core Business



Service Line Growth



High Reliability Journey To Zero Harm

Zero Patient & Employee Harm

Blame-Free Environment

Tier 1-3 Huddles

Respect Credo

Our Values



NewYork-Presbyterian

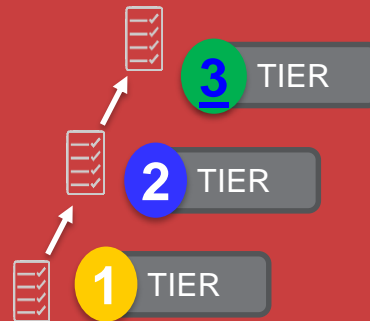
Our CREDO

RESPECT at NewYork-Presbyterian
All NY-Pres persons and every role counts. We will meet everyone as a valued human being, considering everyone's feelings, needs, ideas, and preferences. We will honor everyone's contributions to creating a healing environment for our patients, families, and colleagues.

AS A MEMBER OF THE NYP COMMUNITY:

<p>I believe</p> <ul style="list-style-type: none"> Every individual who comes to us for care and who works here deserves my courtesy and respect. Every contact with a patient or co-worker is a chance to build a trusting relationship. It is my responsibility to honor our commitment to We Put Patients First. Teamwork and clear communication are necessary for providing the highest quality care. NY-P is enriched by embracing our diversity. Every team member contributes to NY-P's success and to creating an environment where everyone feels like they belong. 	<p>I will</p> <ul style="list-style-type: none"> Treat others as they want to be treated, with kindness, courtesy, and empathy. Show respect in my words, actions, communication, and body language. Listen to and respond to patients, families, and colleagues. Do my best to assist a patient or colleague asking for help. Assure the best of others and give them the benefit of the doubt. Be open to the ideas of others and handle differences of opinion constructively. Hold myself, my colleagues, and my team accountable for our work. Help foster an environment of professionalism, openness, and high ethical standards. Uphold NY-P's commitment to diversity, inclusion, and belonging. 	<p>I will not</p> <ul style="list-style-type: none"> Speak or act disrespectfully toward anyone. Engage in or tolerate abusive language and behavior. Speak negatively about patients or colleagues, especially in front of patients and others. Create an environment in which people are afraid to bring forward concerns or issues of safety. Act impersonally with NY-P resources.
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WHERE AMAZING WORKS.



Fair Culture Tool

		Met Standard of Care		
		Regardless of outcome, blameless adverse event (Console)		
		Did Not Meet Standard of Care		
		Substitution Test? (Do you believe that other competent associates with an equivalent level of training could have done the same thing?)		
		Yes*	No	LOOK FOR UNDERLYING SYSTEM ERROR
Test of Intention? (Did the associate knowingly violate standards of care?)	Yes	At Risk Behavior (Coach)	Reckless Behavior (Individualized Correction)	
	No	Human Error (Console)	Opportunity for Improvement (Coach)	
		Grey Area		
		Impaired Practices		
		Impaired by substance abuse (Immediate escalation)		
		Impaired by health issue - e.g. Surgeon with advancing Parkinson's Disease (Immediate escalation)		
		Intentionally caused harm (Immediate escalation)		

*When an associate passes the substitution test, question the effectiveness of current practice and evaluate for "Normalization of Deviance." Normalization of Deviance is defined as the gradual drift away from best practices until a deviant behavior is commonplace among associates (e.g. ignoring an alarm, bypassing a safety check, etc.)

NOTE: If a documentation issue is identified that does NOT relate to the clinical care, it is acceptable to give a "Documentation Attribution." However, if the documentation issue DOES relate to the clinical care, the issue should be evaluated using the Fair Culture Tool.



NewYork-Presbyterian
Queens

ZERO HARM

Patient + Employee

Culture of Safety

AMAZING THINGS ARE HAPPENING HERE

Our Values



CREDO: Respect at NYP

- At NYP, every person and every role counts.
- We will treat everyone as a valued human being, considering his or her feelings, needs, ideas and preferences.
- We will honor everyone's contributions to creating a healing environment for our patients and families.



Our CREDO



RESPECT at NewYork-Presbyterian

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WHERE AMAZING WORKS.

DAILY OPERATIONS HUDDLE CHECKLIST

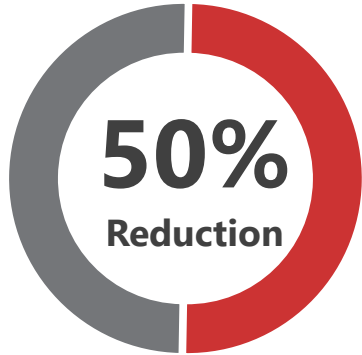
Monday - Friday 10:00AM Weekends/Holidays 9:30AM



Yesterday, did we care for patients & staff, without harm and without delays?

	PCS Staffing/Managers and Operational Issues for next 24 hours Respiratory Pharmacy Radiology Linen Enviromental Services Transport Laboratory Facilities Supplies Food & Nutrition Information Systems Issues Bio Med Central Sterile Processing Security PT/SLP	MRAP (Medically Ready Awaiting Placement >72 hours)	REVIEW LAST 24 HOURS-Patient Flow
REVIEW LAST 24 HOURS-Safety/Experience		Total Patient on Precautions	Pediatric Transfers
Serious Safety Events		Readmissions	Medicine Actual / Predicted Discharge
Good Catches		Diversion/Redirect hours in last 24 hours	Surgery Actual / Predicted Discharge
Patient Falls		Main OR Surg First Case On Time Starts	Ortho Actual / Predicted Discharge
Patient Falls with Injuries		Amb Surg First Case On Time Starts	Δ - Actual/ Predicted Schedule Transport
Maximum Observation		Main OR Surg Cancellations within past 24 hours	Medicine Discharges before 12pm
Safety Watch		Amb Surg Cancellations within past 24 hours	Surgery Discharges before 12pm
SOMA Beds		READINESS FOR TODAY	Ortho Discharges before 12pm
Hospital Acquired Conditions (CLBSI, CAUTI, SSI, C-diff)		Occupancy at 7:00 AM Adult Med Surg Including ETAP (354)/ Admitted in ED	PEOPLE
Employee injuries or risks		Critical Care and Specialty Unit Occupancy % & # Available Beds	Commendations
Escalations to Patient Services		Occupancy MB/OB/L&D/NICU (30/12/14)	Other Issues or Announcements
DO CURRENT RESOURCES MEET TODAY'S DEMAND?		Expected Discharges for the Day (Medicine)	
Ed Total # of patients		Expected Discharges for the Day (Surgery/Ortho)	
# of patients holding in ED/ICU/PACU > 12 hours / MS LOS >12 hours		Admitted ICU Patients in ED	
		Patients in need of vent beds	
		# Scheduled Transports	
		Planned TMC Patients (C T I)	
		CER - More Than 24 Hours	BIG ISSUES
		CER - Projected	
	Echo Pending >24 Hours		

NYPQ is Safer Today



Hospital Acquired Conditions

- CLABSI
- CAUTI
- C.DIFF
- Patient Safety Indicators (PSI)



Safety Event Reviews

- Daily Keepsafe Event Reviews
- Patient Safety Huddles
- Root Cause Analyses (RCAs)



Clinical Care

- Emergency Room
- Obstetric
- Perioperative
- Medicine
- Neuroscience
- Cardiovascular

2018 Quality and Patient Safety Highlights

Patient Safety & Outcomes

90%

Eligible units outperform
NDNQI benchmarks for
Falls with Injury
Jan – Sept 2018



Timeouts for Bedside
Procedures
91%
Jan – Oct 2018

91%

Timely Interpretation
(90 minutes) of post-procedure
radiologic exams by Radiology



Jan – Sept 2018

PSI-90 Rate
Achieve ≤ 0.8 when
compared to peer hospitals

0.58

PSI-90 Rate
2018



93%

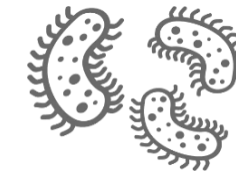
Achieve $\geq 90\%$ for newborn
Hepatitis B vaccination
(birth dose)

Implemented bar coding
devices in the ED for Med
Administration and Specimen
Collection



Healthcare Associated Conditions

0.495
CAUTI SIR YTD



0.419
CDIFF SIR YTD

0.402
CLABSI SIR YTD



Patient Safety Events and System Improvements

2018 Patient Safety Reviews

- Huddles: 105
- Reportable RCAs: 18
- Internal RCAs: 6



IV Extravasation

Larger infusaports purchased and chemotherapy policy amended to include antidotes when extravasation is encountered.
Departments: TMC, Pharmacy



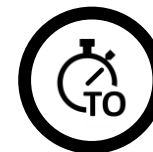
Barcode Scanning

ED implemented barcode scanning for EKGs.
Departments: ED, IT



IV Pump Library

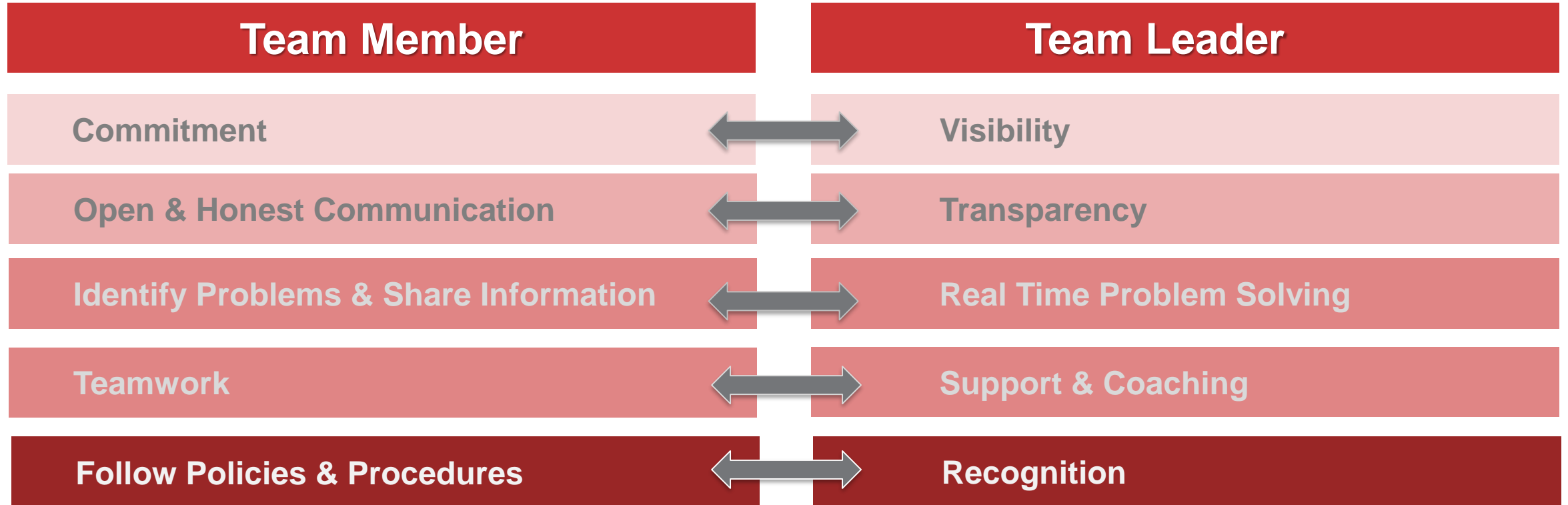
Missing medications identified and corrected in the IV pump library.
Departments: Pediatrics, Pharmacy, Biomed, OB



Time Out

ED implemented a timeout prior to ordering K-Centra.
Departments: ED, Blood Bank

Moving to a Zero Harm Requires Team Members and Leaders to Practice Key Behaviors



Physician Scorecards

Physician Scorecard, Medicine Attending

ABE, OLUMAYOWA A.

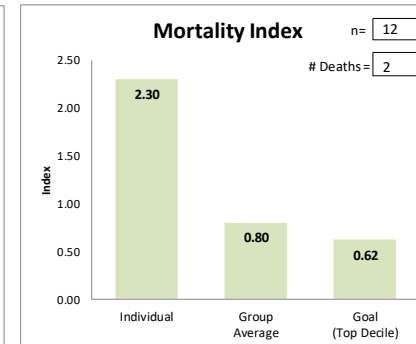
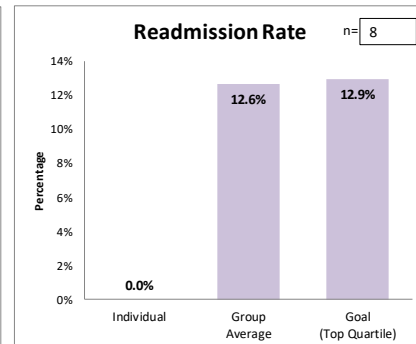
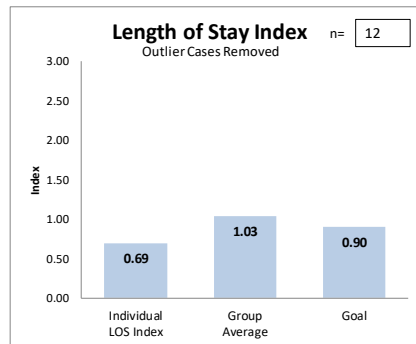
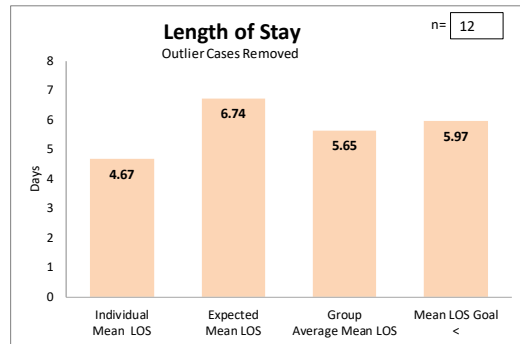


Length of Stay (Vizient)				
Individual Mean LOS	Expected Mean LOS	Group Average Mean LOS	Mean LOS Goal <	N
4.67	6.74	5.65	5.97	12

Length of Stay Index (Vizient)			
Individual LOS Index	Group Average	Goal	N
0.69	1.03	0.90	12

% 30 Day Readmission Rate (Vizient)			
Individual	Group Average	Goal (Top Quartile)	N (Denominator)
0.0%	12.6%	12.9%	8

Mortality Index (Vizient)			
Individual	Group Average	Goal (Top Decile)	N
2.30	0.80	0.62	12



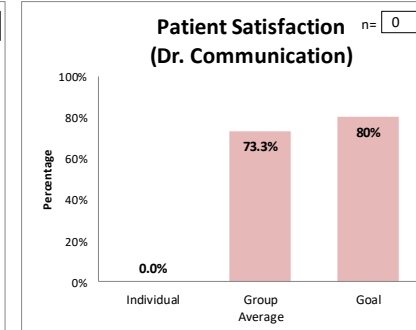
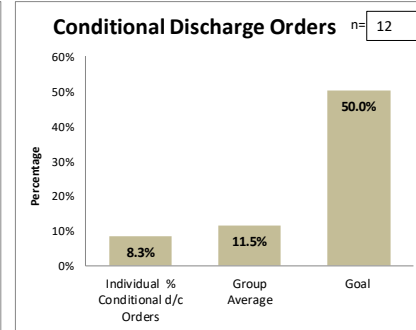
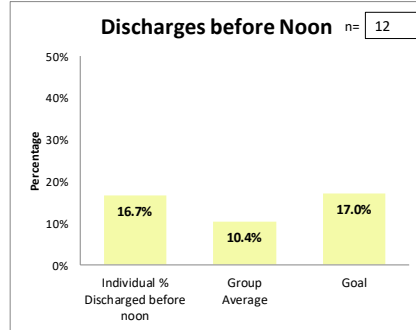
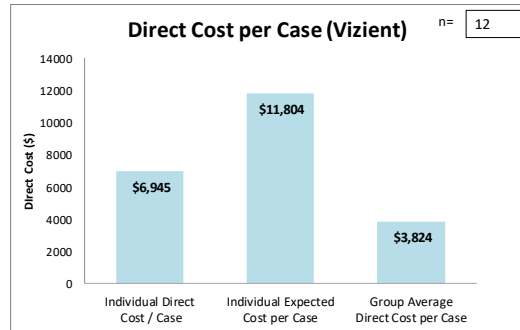
- Attending Physician Name
- ABE, OLUMAYOWA A.
 - ABRAHAM, SAJI
 - ABRAMOVICI, BERNARD B.
 - ABRAMOWITZ, AVRAM L.
 - AGRAWAL, JUGAL K.
 - ANELLO, FRANCIS J.
 - ARORA, ARUN
 - AVOLESE, SEBASTIAN P.
 - BAJAJ, RANDHIR K.
 - BANGIYEVA, NATALYA
 - BASILEO, SANTO
 - BECKER, STEPHEN J.
 - BENNETT, LESLIE G.
 - BERI, SAMARTH
 - BEYDA, ALLAN E.
 - BOYADJIAN, KEVORK G.
 - BYRNS, DANIEL J.

Direct Cost per Case (Vizient)			
Individual Direct Cost / Case	Individual Expected Cost per Case	Group Average Direct Cost per Case	N
\$ 6,945	\$ 11,804	\$ 3,824	12

Discharge Orders before Noon			
Individual % Discharged before noon	Group Average	Goal	N
16.7%	10.4%	17.0%	12

Conditional Discharge Orders			
Individual % Conditional d/c Orders	Group Average	Goal	N
8.3%	11.5%	50.0%	12

Patient Satisfaction (Dr. Communication % Always)			
Individual	Group Average	Goal	Number of Responses
0.0%	73.3%	80%	0



Physician Year

2017
2018

Comparison Year

2017
2018

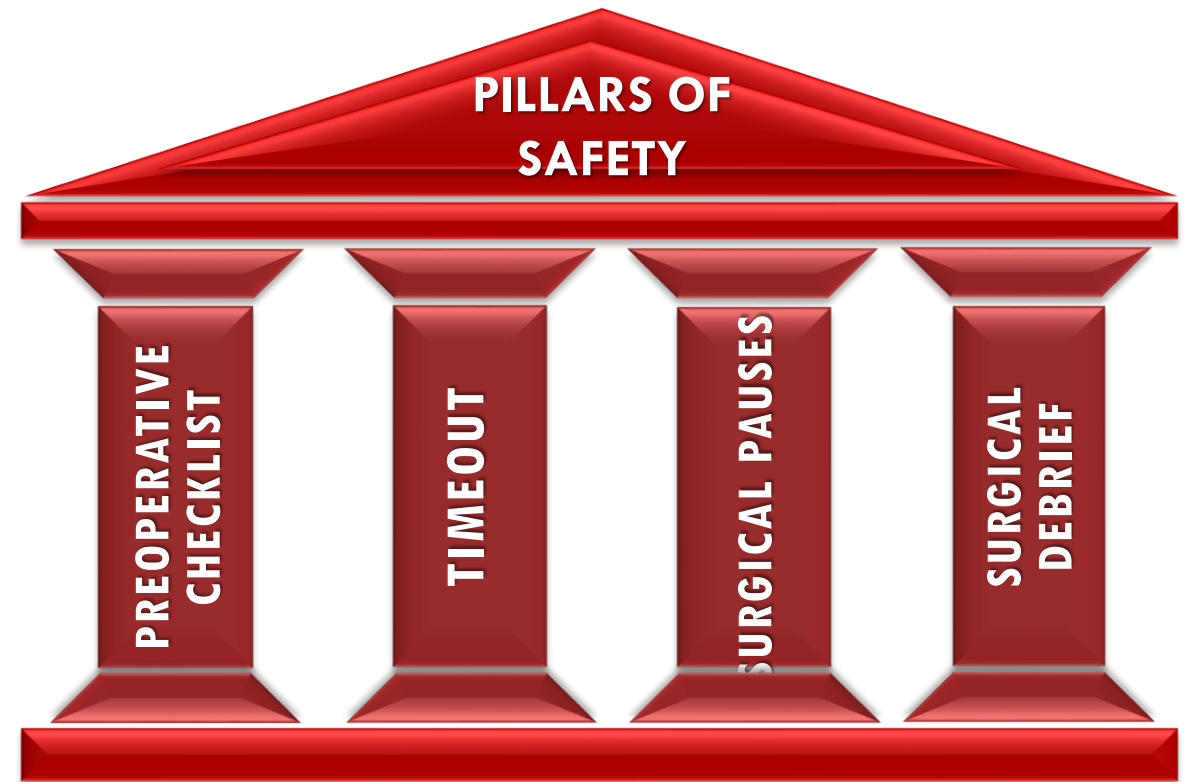


- Data Sources:
- Vizient
 - Patient Flow
 - Press Ganey HCAHPS

Perioperative Safety

- Preoperative Checklist
- Time Out
- Surgical Pauses
- Surgical Debrief
- The Zone of Silence will be observed at every safety step

- No interruptions
- No distractions
- No music



TIME-OUT
SURGEON INITIATES TIME OUT
TEAM INTRODUCTIONS
ZONE OF SILENCE WILL BE OBSERVED

1 SURGEON

- Patient name, MRN (as consent)
- Procedure, site, severity, position, allergies
- Availability of blood products
- DVT prophylaxis
- Antibiotics, name, dose, timing
- Important equipment present/checked/medications
- Diagnostic imaging verified/delivered
- Safety/checked precautions
- Remove history medications
- Protective eyewear
- Neutral zone designated with signs

2 ANESTHESIA

TIME SAFETY ASSES

- Verbalized, understood, time given
- 8 Minutes, last time given
- Active warning operational

- 80% Level
- 1 Lower Risk
- 2 Moderate Risk
- 3 High Risk

ALL to verify time the location of the Time Out

3 CIRCULATING NURSE

- Confirms ALL OF THE ABOVE
- SCS is operational
- Grounding pad/strap properly placed
- Confirms ALL monitors have correct regional sites

NEED CLARIFICATION? ALL IN AGREEMENT? SPEAK UP!

INTERMEDIATE PAUSE
CIRCULATING NURSE INITIATES THE INTERMEDIATE PAUSE
ZONE OF SILENCE WILL BE OBSERVED

1 SURGEON

- Anticipated time to complete
- Review of significant events since case start
- Anticipated needs for resources or change
- Critical thinking
- Analytic problem solving
- Disposition, location, required monitoring, patient plans

2 ANESTHESIA

- Patient temperature
- SpO2 and output trends
- ECG
- Vital signs trends
- Urinary output
- Urinary catheter - ABC, back, acid, potassium (if applicable)
- Anesthetic delivery discussion
- Positioning head, neck, arms - other areas, brachial plexus
- Eye health, condition of corneal abrasions, increase time ocular pressure
- Pain management plan
- ALL TO VERIFY TIME OUT DISCUSS WITH TEAM IF PATIENT REQUIRES SCLT CORRECT
- I/O, Urinary output

3 CIRCULATING NURSE / SCRUB PERSON

- Circulating Nurse / Scrub Person
- Requested to Nurse Manager of anticipated case completion
- Verification of specimens to date
- Verify safety strap placement
- Verify site and preparation
- Verify site integrity - location of tape, syringe or slope of pressure
- Verify body placement
- If feasible, I/O with alarming can be done
- SCLT
- Verification of soft and sharp count
- Assessment of fluids given from back, total of required
- Assessment of required instrument/equipment
- Dressing needs

NEED CLARIFICATION? ALL IN AGREEMENT? SPEAK UP!

COUNT PAUSE
SURGEON ANNOUNCES CLOSURE TO BEGIN
ZONE OF SILENCE WILL BE OBSERVED

1 SURGEON

- Announces closing is about to begin
- Verbally confirms wound sweep/search and findings

2 ANESTHESIA

- Asks for any additional items needed to avoid interruptions

3 CIRCULATING NURSE / SCRUB PERSON

- Circulating Nurse asks Anesthesia Provider for any additional items to avoid distractions
- Scrub Person asks Scrub Person for any additional items needed to avoid distractions
- Circulating Nurse announces Count will begin
- No relief occurs during count
- A zone of silence during the count is ENFORCED
- The circulating Nurse and Scrub Person are NOT to be interrupted

NEED CLARIFICATION? ALL IN AGREEMENT? SPEAK UP!

DEBRIEF
CIRCULATING NURSE LEADS THE DEBRIEF
OCCURS BEFORE SKIN CLOSURE OR BEFORE DEPARTURE OF SURGEON
ZONE OF SILENCE WILL BE OBSERVED

1 SURGEON

- Post count verified and acknowledged
- Name of procedure
- Pre and Postoperative diagnosis confirmed
- Wound classification confirmed
- Postoperative management addressed
- Foley plan
- Planned return to OR
- Final operative note, post op orders reviewed
- Disposition discussed (P.A.C.U., S.I.C.U., consult)

2 ANESTHESIOLOGIST

- Postoperative course, EBL, IO metabolic state discussed
- Postoperative medication management addressed
- Anesthesia management plan
- Fluid management plan
- Post management plan

3 CIRCULATING NURSE

- Count closure report
- Packing items, I and type
- IO bracket on patient

NEED CLARIFICATION? ALL IN AGREEMENT? SPEAK UP!

Employee Engagement

- Annual Employee Retreat
- Employee Appreciation BBQ
- Bring Your Child To Work Day
- Talent Show
- Gallop Survey
- Celebration Weeks to recognize specialties in the hospital
- Town Halls
- Chinese New Year
- Queens Botanical Garden
- LGBT Parade



NYP Queens: To become the tertiary center in Queens

Key Challenges



Competitive moves incl. physician alignment

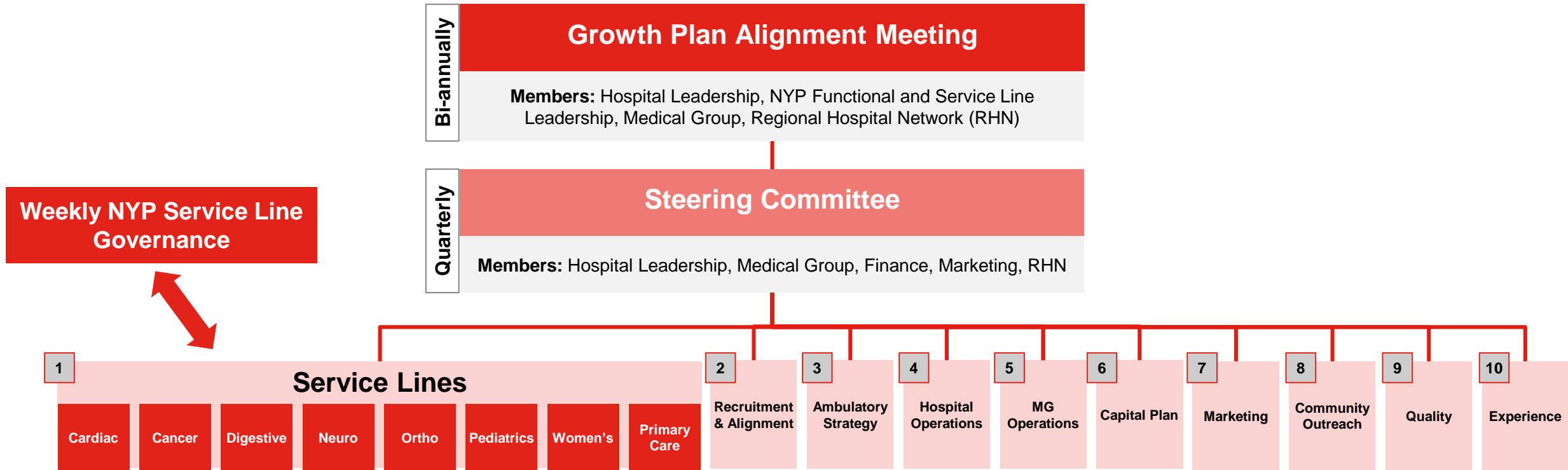
Brand awareness & perception

Physical space upgrades

Goals of Plan

- I Increase CMI through clinical program development & clinical integration
- II Recruit and expand physician network
- III Expand ambulatory footprint
- IV Develop local brand
- V Enhance operations & infrastructure
- VI Improve quality & patient experience

NYP Queens Growth Plan Governance



Service Lines Summary (I/II)

	Goal	Description	Completion Timeframe
Cardiac	1 Expand Cardiac service offering	<ul style="list-style-type: none"> Cardiology Consultative services (leakage) Disease management programs & footprint 	Q1 2019
	2 Grow Cardiac surgery volume	<ul style="list-style-type: none"> Structural heart Cardiovascular model of care for new ICU 	2019
	3 Enhance Vascular program	<ul style="list-style-type: none"> Multi-disciplinary program for diabetics & limb preservation, incl. open access for vascular testing 	Q3 2019
	4 Develop Thoracic Surgery program	<ul style="list-style-type: none"> Lung cancer screening program Grow overall services 	Q2 2019
Orthopedics	1 Become market leader in Orthopedics	<ul style="list-style-type: none"> General, hand & pediatrics 24hr fracture service & St. John's Univ. program 	Q1 2019
	2 Expand Arthroplasty service	<ul style="list-style-type: none"> 2nd OR Robot Co-management services 	Q3 2019
	3 Develop future Orthopedics ambulatory model	<ul style="list-style-type: none"> New flagship & regional Orthopedics center Urgent care/extended hours model 	2022
Neurosciences	1 Enhance & expand Stroke Program	<ul style="list-style-type: none"> Designated Thrombectomy Stroke Center (DOH) Stepdown unit & post stroke rehab options 	Q1 2019
	2 Develop comprehensive Neurosurgery offering	<ul style="list-style-type: none"> Plans for Spine Center & Pain Management OR Capacity, equipment upgrades & recruitment 	Q2 2019
	3 Develop comprehensive Neurology offering	<ul style="list-style-type: none"> Plans for Intraoperative Monitoring & Epilepsy Neuro-Oncology service offering 	Q2 2019
	4 Develop staffing & operations plans for new Neuro ICU	<ul style="list-style-type: none"> Providers, Nursing & Nursing Education Admissions criteria & rooms capabilities 	Q1 2020
	5 Develop practice space plans	<ul style="list-style-type: none"> Space optimization/expansion Long-term Neurosciences center 	2020

Service Lines Summary (II/III)

	Goal	Description	Completion Timeframe
Oncology	1 Strengthen operational & infrastructure support for Oncology services	<ul style="list-style-type: none"> Revenue models Patient access 	Q2 2019
	2 Establish referral network & community position	<ul style="list-style-type: none"> Referral patterns & opportunities Oncology care model promotion 	Q1 2019
	3 Develop comprehensive Oncology offering	<ul style="list-style-type: none"> Medical Oncology Surgical/Gyn Oncology 	2019
	4 Align programmatic support services	<ul style="list-style-type: none"> Oncology navigation, nutrition & palliative services Clinical trials & genetic counseling program 	Q3 2019
Digestive	1 Grow Surgical Digestive Disease Volume	<ul style="list-style-type: none"> Colorectal, Hepatobiliary (HPB) & Acute Care Surgery outreach and marketing 	Q3 2019
	2 Develop Weight Management program	<ul style="list-style-type: none"> Bariatric COE & multidisciplinary center WC alignment; promote to physicians/patients 	Q3 2019
	3 Develop IBD Management program	<ul style="list-style-type: none"> WC collaboration 	Q4 2019
	4 Expand Digestive services to grow volume	<ul style="list-style-type: none"> Endoscopy weekend coverage & access Recruit GI & Endoscopy specialists 	Q4 2019
Pediatrics	1 Establish IMCU & grow patient volume	<ul style="list-style-type: none"> 16 beds (location/installation) Equipment upgrade 	Q4 2018
	2 Expand General & Subspecialty Pediatrics	<ul style="list-style-type: none"> Epilepsy, Endocrine & Sleep Medicine program Recruit subspecialists 	Q4 2019
	3 Optimize & expand outpatient footprint	<ul style="list-style-type: none"> Ambulatory strategy; existing sites & Fresh Meadows Infrastructure & workflows 	Q2 2019

Service Lines Summary (III/III)

	Goal	Description	Completion Timeframe
Women's	1 Enhance Labor & Delivery service offering	<ul style="list-style-type: none"> Private room wing planning Institute of Placental Medicine 	Q2 2019
	2 Expand GYN Surgery program	<ul style="list-style-type: none"> General departmental block access Robotic blocks 	Q4 2019
	3 Develop Telemedicine program for OBGYN services	<ul style="list-style-type: none"> Work towards telemedicine service for Women's Health 	Q4 2019
	4 Develop practice space plans	<ul style="list-style-type: none"> Add sites; OB/GYN & maternal-fetal medicine 	TBD
Primary Care	1 Develop standardized primary care model	<ul style="list-style-type: none"> Define model; standardize visit duration Telehealth 	Q1 2019
	2 Optimize existing sites via standard care model	<ul style="list-style-type: none"> Review site capacity; provider referral patterns & reports 	Q4 2018
	3 Identify sites for strategic acquisition	<ul style="list-style-type: none"> New and existing Targeted and opportunistic 	TBD
	4 Comprehensive Primary Care service offering	<ul style="list-style-type: none"> Chronic pain management, substance abuse, alternative medicine & occupational health programs 	TBD

Hospital Operations

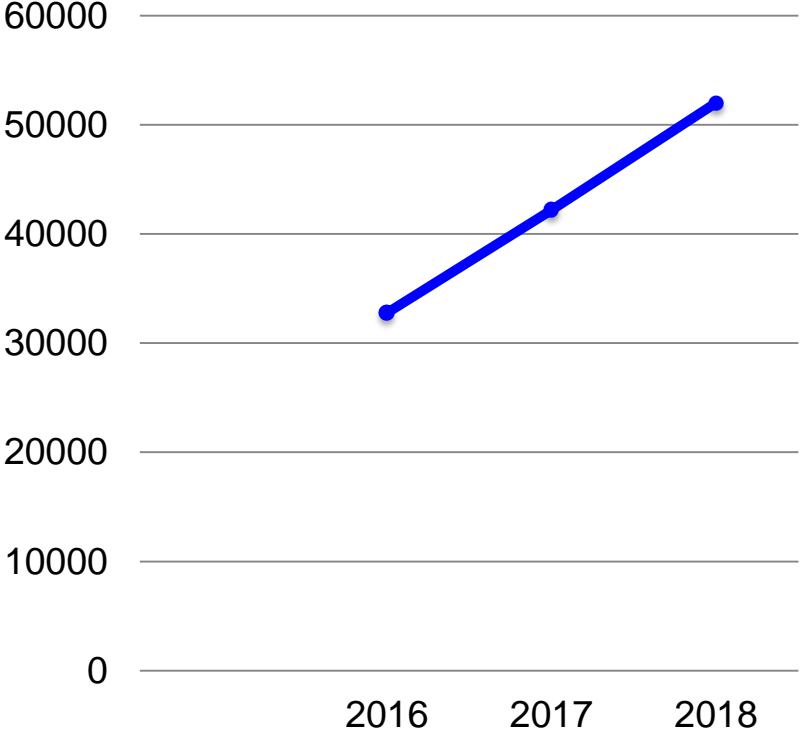
Goal	Tactic	Metric	Responsible	Timeline
Reduce LOS	Allow for increased bed capacity through efficiency	Decrease ELOS by 2,500 days		Q4 2019
Optimize perioperative services	Decrease turnaround time and increase block time utilization Optimize PRAC	<ul style="list-style-type: none"> • 75% total block utilization • Achieve turnaround time ≤30 min (minus outliers), ≤40 min (with outliers), true outliers <20% 		Q2 2019
Improve Anesthesiology	Increase anesthesia sites of service to support strategic growth areas	Goal of 26 Locations		Q2 2019
Implement Saturday OR block times	Improve current utilization of ORs to allow for elective procedures	Fully utilized Saturday block schedule		Q2 2019
Develop Process for Transfers	Develop a regional transfer center for tertiary level care as well as NYPMG direct admits	Increase direct transfers by 15 / Month		Q3 2019
Operationalize Neuro ICU	Develop only Queens Neuro ICU in the region	Increase NYP market share by 10% for Neurovascular and Neurosurgical cases		Q3 2020
ICU & Amenities Unit Ops & Growth Plan	Increase acuity of care delivered in new ICU model	Achieve 80% occupancy of high acuity patients in all ICUs		Q1 2020

Medical Group: 2019 Priority Focus Areas & Tactics

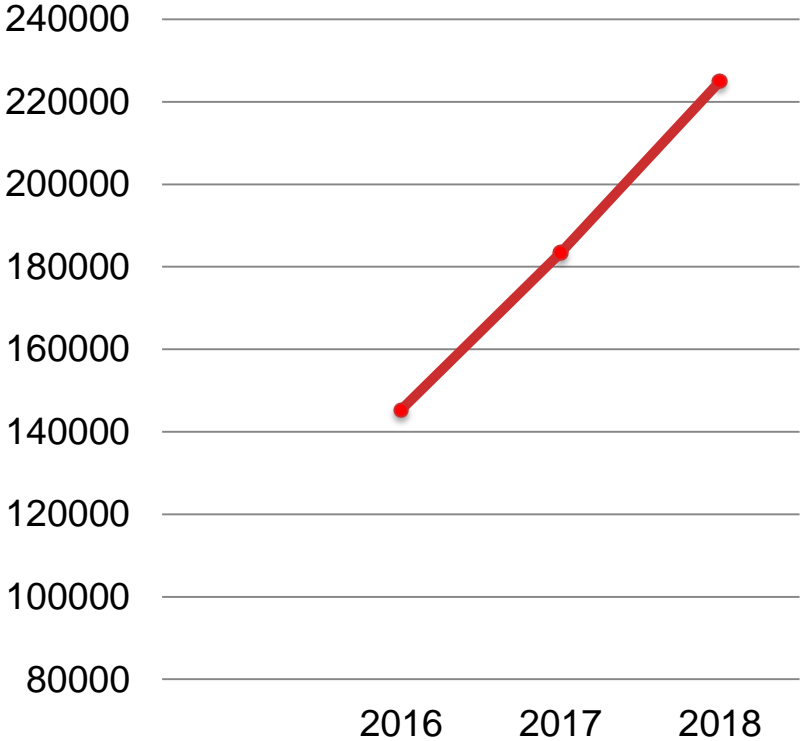
<p>ACCESS to Physicians & Services</p>	<ul style="list-style-type: none">• Expansion• Marketing and Branding• Access Center Development• Telehealth & Home Monitoring Initiatives• Physician onboarding process
<p>QUALITY Care & Service</p>	<ul style="list-style-type: none">• Achieve NYPMG Quality targets including MIPS,• Optimize event reporting• MD Development and Staff engagement program; Implement tactics• CGCAHPS goals across all practices
<p>Practice OPTIMIZATION</p>	<ul style="list-style-type: none">• Dyad led growth plans• Documentation and coding compliance and education• Revenue cycle management, charge capture/denials

NYPQMG Volume

New Patients



Total Visits



Heart Failure Clinical Integration

Regionally expand NYP's marquee Heart Failure program

Engage

✓ 100+ clinical leaders

Standardize

✓ Inpatient and transition-of-care protocols
 ✓ Cross-Enterprise Dashboard

Regionalize

✓ Local care optimization & escalation protocol
 ✓ Cross-Enterprise Website

Virtualize

✓ Remote patient monitoring and virtual visits

DRAFT CHF Pocket Card – Front

NewYork-Presbyterian XXXX (name of hospital)
New York-Presbyterian Hospitals:
Acute Heart Failure Management Guidelines Card

1. DECONGEST WITH LOOP IV DIURETIC (mg)

a. Use 2x home dose IV bid with rapid escalation if not responding
 b. Admission labs, BNP, and Q8-12
 c. Use standing daily weights to trend diuresis; or accurate ins and outs

d. Target 2-3L daily urine output or 2-5lbs daily weight loss as tolerated
 e. If weight not decreasing by 2lb/day, add thiazide and increase dosing IV loop diuretics BID/TID/qg

f. Keep K⁺ > 4.0 (add aldosterone antagonist early)

Commonly Ordered Medication for Acute Decompensated Heart Failure:

Loop Diuretic Equivalence Table (mg)	IV	ORAL	NOTES
	bid-1qd	qo-2qd	
Furosemide	20-160	40-200	IM administration available Max recommended daily dose 600mg
Bumetanide	1-5	1-5	IM administration available Max recommended daily dose 10mg
Torsemide	n/a	20-200	No IV formulation available in US Max recommended daily dose 200mg
Ethacrynic acid/ Ethacrynic sodium	50	50-100	Ethacrynic acid sodium IV is restricted to the following 3 criteria: 1. True allergy to furosemide, torsemide, bumetanide or thiazide (i.e. anaphylaxis, rash, itching, urticaria versus sulfa) AND 2. NPO, contraindicated to enteral access or GI malabsorption AND 3. Pharmacy manager approval required prior to initiation.
Thiazides for combination diuretic Rx (mg)			
Metolazone	n/a	2.5-10	Monitor for hypokalemia Give 30 minutes before loop diuretic Max recommended daily dose 20mg
Chlorthalidone	500	250-500	*IV where available Extravasation is extremely irritating to tissues Monitor for hypokalemia
Chlorthalidone	n/a	12.5-25	Monitor for hypokalemia
Hydrochlorothiazide	n/a	25	Monitor for hypokalemia

2. WORK UP DECOMPENSATION

a. Review recent TTE or perform Telermetry for arrhythmia
 b. Telermetry for arrhythmia
 c. Ischemia evaluation, myocarditis workup
 d. No co-morbidity e. Infection, PE, TFls, and HIV

e. Other (diet, alcohol, NSAIDs, meds, Utox, etc.)

3. CONSIDER CARDIOLOGY CONSULT AND/OR HEART FAILURE OUTPATIENT REFERRAL

a. CHF readmission
 b. SBP <100 or syncope
 c. Hypoperfusion: Cr > 1.8 or increase by 25%, rising LFTs, AMS, cool extremities or intropes
 d. Na < 130

e. Persistent elevated troponin
 f. No weight change 48 hours
 g. EF < 25%
 h. Difficult to manage or atypical HF/EF
 i. Age < 50

j. Intolerance or down titration
 k. neurohormonal blockade
 l. Pre-discharge pro-BNP > 4,000, or BNP > 700, trigger HF outpatient referral
 m. HF/EF w/ LBBB, QRS > 150, or RVT paced

n. Inability to tolerate IV infusion
 o. Inability to tolerate oral intake
 p. Inability to tolerate oral intake
 q. Inability to tolerate oral intake

Cardiology Consult Pager #'s _____ site specific
 Heart Failure Outpatient # _____ (Cornell or Columbia)-once finalized

4. CONSIDER HEART FAILURE CONSULT OR TRANSFER (CU/WC)

a. ≥2 of above criteria listed in #3
 b. Persistent shock: SBP < 90, Cardiac Index < 2, or cold extremities or intropes
 c. Challenging atrial/ventricular arrhythmias

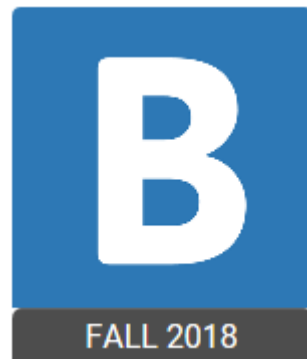
d. EF < 20% or recent intropes (outpatient, if stable)
 e. Mod PH: PASP > 50 (or if SBP < 90 then > 40mmHg) or mPAP > 35

f. > 2 admissions in 6mo for medical reasons
 g. Complicated valvular or congenital heart disease

Heart Failure Consult number: _____
 Transfer Center 1 800 NYP STAT

Outpatient Referral line for Advanced Heart Failure clinics: (M-F 9am-5pm)
 • Cornell - 212-746-2381 • Columbia - 212-305-9268
 (specific based on hospital)

Clinical Achievements



2018

- Leapfrog “B”
- IBM Watson Health Top 50 Cardiovascular Hospital
- Joint Commission Total Hip & Total Knee Replacement
- Mobile Stroke Treatment Unit
- AHA Mission: Lifeline Gold Achievement Award
- 5 Star CMS Rated: Trude Weishaupt Memorial Dialysis Center
- "LGBTQ Healthcare Equality Leader" Designation in Human Rights Campaign Foundation's Healthcare Equality Index

Conclusion

- Dual Transformation has required a focus on improving the Core Inpatient business and a focus on Service Line Growth
- Respect Credo has helped lay a strong foundation for Journey to Zero Harm
- Tiered huddles and visibility boards have created a framework of high reliability
- Made significant Improvements in Hospital Acquired Conditions, risk adjusted Mortality, length of stay through implementation of multiple new best practices
- Tools and dashboards developed to measure performance and drive accountability
- We have more work to do in creating a blame free environment using our fair culture algorithm
- We have an opportunity to conduct more leadership development with Managers and Directors