

**NEW YORK CITY HEALTH & HOSPITALS CORPORATION**

**Linking Clinical Measures and  
Cost Avoidance in a Large Scale  
Public Organization**

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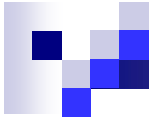
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**American Public Health Association (APHA)**

**Philadelphia, PA**

# Learning Objectives

- Identify strategies and measures for a large scale expanding technology.
- Ascertain key ideas and priority initiatives targeted to improve/sustain performance.
- Determine successful methods to overcome potential challenges.
- Implement procedures to effect changes.



# Who We Are

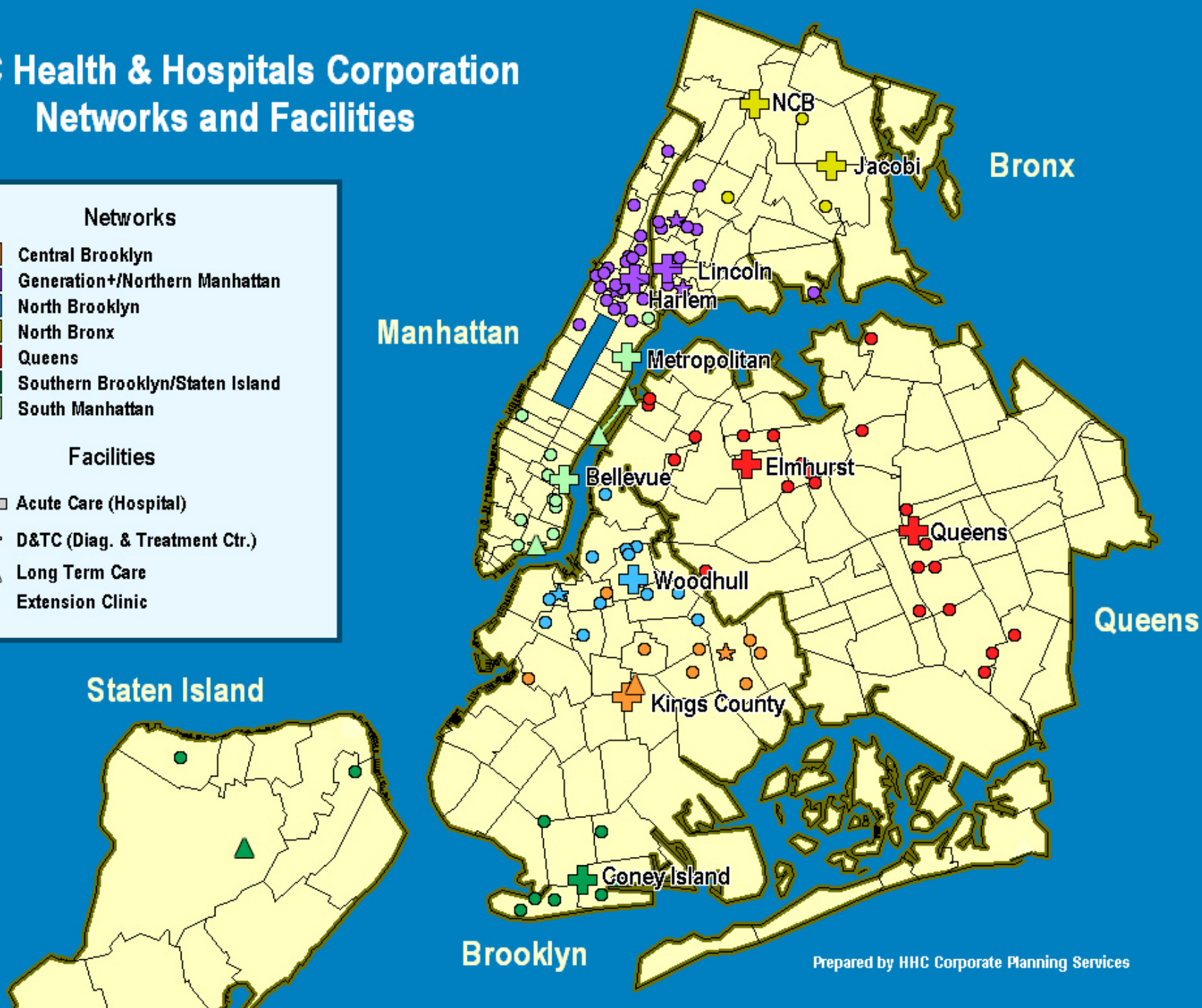
- A public benefit corporation
- Largest municipal health care system in the country
- 6.5 billion operating budget
- Facilities in all 5 boroughs providing general, chronic, ambulatory and skilled nursing care and specialized patient services
- 11 hospitals, 4 long term care, 6 Diagnostic and Treatment Centers, a certified home care agency, a managed care organization, and over 80 community health clinics

# NYC Health & Hospitals Corporation Networks and Facilities

Networks	
<span style="color: orange;">■</span>	Central Brooklyn
<span style="color: purple;">■</span>	Generation+/Northern Manhattan
<span style="color: lightblue;">■</span>	North Brooklyn
<span style="color: yellow;">■</span>	North Bronx
<span style="color: red;">■</span>	Queens
<span style="color: green;">■</span>	Southern Brooklyn/Staten Island
<span style="color: lightgreen;">■</span>	South Manhattan

Facilities	
<span style="color: lightgreen;">+</span>	Acute Care (Hospital)
<span style="color: purple;">☆</span>	D&TC (Diag. & Treatment Ctr.)
<span style="color: lightgreen;">▲</span>	Long Term Care
<span style="color: lightgreen;">○</span>	Extension Clinic



# We Serve

- 1.3 million individuals annually; 450,000 uninsured and increasing
- 42% Hispanics, 37% African Americans, 6% Asians, 8% other Minority Groups, and 7% Caucasians
- 220,000 discharges; 23,000 deliveries annually
- 4.5 million OPD visits (>2 million primary care)
- 41% of City's mental health inpatient; 27% of City's chemical dependency inpatient
- 1 million skilled nursing facility resident days
- Inpatient and specialty provider for Correctional services

# Health Care Reimbursement

Our nation's current healthcare payment system reimburses all hospitals similarly regardless of quality of care delivered. However, since new findings point toward a payment system that rewards hospitals for delivering higher quality of care, HHC strategically placed itself in the forefront of this new development.



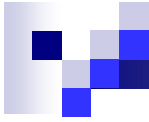
# HHC's Quality Path

HHC's vision to be the Hospital of Choice for New Yorkers was aligned with the CMS clinical measures' results, recognizing that Quality and financial stability are inseparable; Quality without efficiency is unsustainable; and Quality healthcare does not cost more.

# IT Solutions Enhancements

- Electronic Medical Record (EMR) - Vista to allow users to point and click
- Picture Archiving Communications Systems (PACS)
- Digital clinical information: sonograms, EKGs, mammograms, fetal monitoring, and others
- Computerized Physician Order Entry (CPOE)
- Decision One as repository for clinical information



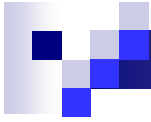


# IT Solutions Enhancements

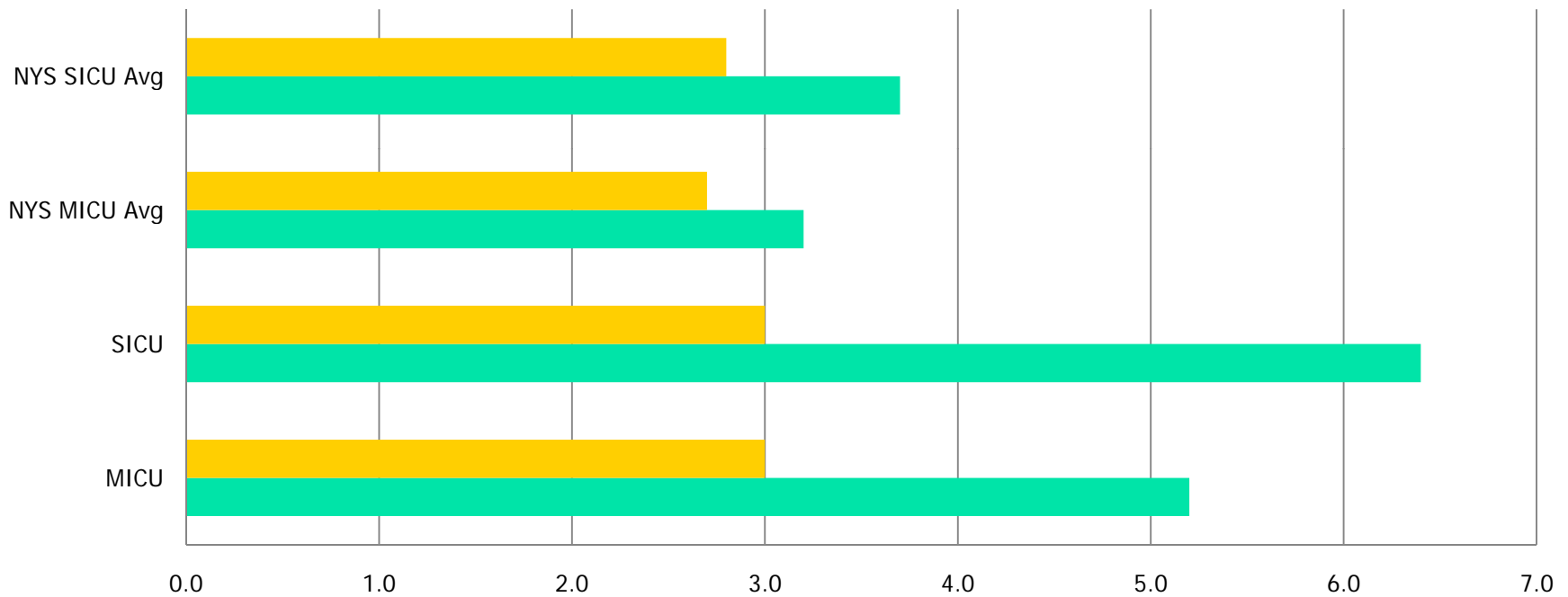
- Chronic Disease Registry for Diabetes and Cardiovascular, HIV, asthma action plan, depression screening, and E-commerce
- System-wide quality assurance (QA) comparative reports on diabetes and cardiovascular indicators
- Teleradiology and telemedicine

# HHC Hospital Acquired Infection (HAI) Prevention Initiatives

- Implement clinical “bundles” on all critical care areas for central lines, ventilators and urinary catheters consisting of personal protective equipment and antimicrobial impregnated catheters to prevent infections
- Utilize best practice guidelines and monitor improvements in infection rates.



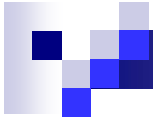
# Central Line Acquired Bloodstream Infections Medical/Surgical Intensive Care Units (MICU/SICU)



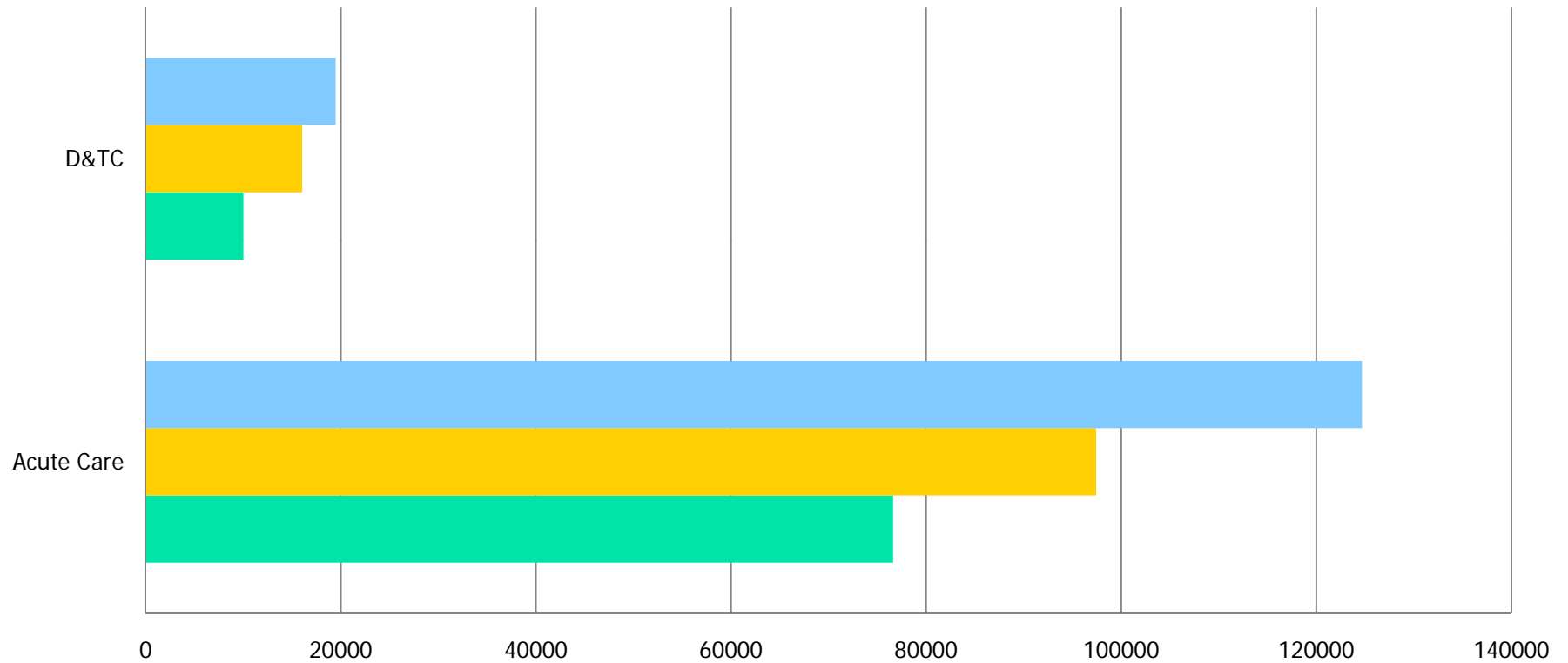
	MICU	SICU	NYS MICU Avg	NYS SICU Avg
■ 2008	3.0	3.0	2.7	2.8
■ 2007	5.2	6.4	3.2	3.7

# HIV Services

- Supported by funding from NYC Dept. of Health (DOH) and US Health Resources Services Administration
- Increase testing by expanding program from AIDS Centers and prenatal clinics to Emergency Dept., inpatient and outpatient from 86,624 to 144,141



# HIV Testing



	Acute Care	D&TC
■ 2008	124680	19461
■ 2007	97427	16035
■ 2006	76613	10011



# Outcomes

- Increased HIV screening & linkages to care
- Implemented Patient Health Questionnaire (PHQ2 & 9) depression screening tool and scale translated in 7 languages
- Decreased central line infections in ICUs by 95% & ventilator associated pneumonia (VAP) by 80%

# Outcomes

- Improved diabetes & cardiovascular indicator rates; e.g. HgbA1c, BP and lipid control through use of the registries
- Decreased adult/pediatric asthma ER revisit within 7 days after ER discharge
- Decreased psychiatric readmissions within 15 days of discharge from the hospital

# Cost Avoidance

- Efficiency in prevention of processes of care promotes early detection, treatment of diseases and decrease/prevent hospitalizations.
- Intensive case management of chronic conditions decreases inpatient hospital days and ED visits.
- Strict adherence to infection control practices prevents incidence of hospital acquired infections (HAI), increased length of stay (LOS) and decrease cost.



# Conclusions

Cost avoidance is related to enhancement of clinical measures:

- Best Practice Guidelines
- Staff accountability
- Standardize processes/equipment
- Monitoring/Reporting activities
- IT enhancements
- QI process