BUILDING on the Highland Promise.
It’s in our DNA.
Throughout our close to 130-year history, Highland Hospital has played an essential role in the provision of high-quality, compassionate care in Rochester and beyond. At Highland, we set the bar high and take our responsibility as a community hospital very seriously. Highland brings together the very best of both worlds: the personal, compassionate touch of a community hospital supported by the leading-edge capabilities of University of Rochester Medical Center faculty and an extensive network of community physicians.

Highland continues to position itself as a strategic partner within UR Medicine, maintaining a specialized focus on bariatrics, geriatrics, orthopaedics, and women’s health, supported by a unique mix of specialization and efficiency. We continue to reinvest in our facilities through implementation of the Facility Master Plan, building a better Highland that provides modern, technologically advanced care, and meets the expectations of patients, their families, and our providers, employees, and volunteers.

In the pages that follow, you will read about some of our accomplishments during Fiscal Year 2018. These successes — and the resulting (and numerous) accreditations, designations, and awards received by the hospital — are the outcomes of exceptional work by our physicians, nurses, volunteers, and other best-in-class employees and managers. These outcomes are driven by our management plan and the long-term objectives outlined in the 2018-22 Strategic Plan, and established by our Board of Directors. These strategic objectives are delivered through six pillars of service and operational excellence: Quality & Safety, Patient- and Family-Centered Care, Growth, Finance, People, and Community/System.

As always, the Highland Promise underscores all of our achievements, our commitment to live the ICARE values of Integrity, Compassion, Accountability, Respect, and Excellence, every day.

We look forward to continuing to serve our community, and another great year ahead. Thank you for your support of Highland Hospital!

Steven I. Goldstein, President and CEO
Highland Hospital

Richard LeFros, Chair, Board of Directors
Highland Hospital

Cindy Becker, Vice President and COO
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In FY 18, Highland and several of its departments were recognized for exceptional performance, including:

• U.S. News & World Report ranked Highland as #45 in the country for Gynecology. It was also spotlighted as a “Best Regional Hospital,” having achieved “High Performing” ratings in Heart Failure, Hip Replacement, and Knee Replacement. Highland was also ranked #3 in the Rochester Metro Area, and ranked #16 in New York State.

• The nonprofit Leapfrog Group ranked Highland Hospital in the top percentile among 137 hospitals compared in New York. Highland finished among eight, or 5.84 percent of hospitals in the state that received “A” scores.

• Highland achieved three stars in the Centers for Medicare and Medicaid Services (CMS) Hospital Compare Overall Rating.

• The Geriatric Fracture Center, Gynecologic Oncology, Orthopaedic Joint Replacement Hip and Knee, and Palliative Care received Joint Commission disease-specific care recertifications.

• Highland Hospital achieved Exemplar Status from Nurses Improving Care for Healthsystem Elders (NICHE) for the fifth consecutive year.

• Highland's Family Maternity Center earned Blue Cross Blue Shield's Blue Distinction Specialty Care+ designation for maternity care, for its proven history of delivering exceptional care and results.

• Highland earned Get with the Guidelines® recognition from the American Heart Association and American Stroke Association. Both achieved Gold Plus status.

• Highland Sonographers and Cardiologists earned the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) certification of Highland’s echocardiography (ECHO) labs. The Intersocietal Accreditation Commission (IAC) provides accreditation of vascular testing and echocardiography.

• The American Association of Critical Care Nurses awarded Highland's Intensive Care Unit with a gold-level Beacon Award for Excellence for demonstrating exceptional care.

• The American Association of Blood Banks (AABB) renewed its accreditation for Highland and its transfusion activities.

• Highland received the Gold Award for Team Excellence at the 2018 Greater Rochester Quality Council Performance Excellence Awards for its Meds-to-Beds Prescription Improvement Project.

Hospital Awards
Quality & Safety

Infection Prevention

The Highland Hospital infection prevention program is focused on decreasing the risk of infection to patients, monitoring health care-associated infections, and implementing strategies to prevent infection.

Reports are based upon the standardized infection ratio, observed versus predicted infections, and a goal of achieving a rate below the threshold.

Highland conducts surveillance on high-risk infections such as central line associated bloodstream infections (CLABSI), catheter associated urinary tract infections (CAUTI), Methicillin Staphylococcus aureus bloodstream infections (MRSA), Clostridium difficile infections, and select surgical-site infections. All areas outperformed goals with the exception of CAUTI, which was slightly higher than expected. Several initiatives are in place to reduce CAUTI, including early removal of urinary catheters.

Two select surgical-site infections must be reported to Centers for Medicare and Medicaid Services (CMS) through the Centers for Disease Control and Prevention (CDC) data system that include colon and hysterectomy surgical-site infections, both of which outperformed FY 18 goals.

The following graphs outline Highland’s progress compared to benchmark thresholds.

Catheter-Associated Urinary Tract Infections (CAUTI)

Highland did not meet the CAUTI SIR of 0.822 for FY 18. Aggressive response including reduction in urinary catheter usage and early removal of urinary catheters is underway.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

MRSA blood stream infections continued to outperform the target 0.85 with a fiscal year-end rate of 0.48.

“Everyday I work, I incorporate the Highland Promise in my interactions with my patients, families, hospital staff and visitors. The ICARE values are the pillars of my work practice. I am very blessed to be able to practice in an environment that I truly believe in.”

Barb Blue, RN
C. difficile outperformed the target of 0.92 by a statistically significant margin in FY 18. This was largely attributed to team efforts that included appropriate specimen collection, enhanced cleaning, and early identification.

Hysterectomy SSIs outperformed the target of 0.762 by achieving a SIR of 0.221 for FY 18.

Intensive efforts and standardization of evidence based practices were put into place with a statistically significant decrease in hysterectomy surgical site infections.

Highland uses a risk-adjusted mortality ratio to reflect the observed mortality ratio to the expected mortality ratio, taking into account patient acuity. (A ratio of 1.0 would indicate that the observed rate was as expected.) The overall mortality ratio for FY 18 was 1.10, indicating a higher mortality rate than expected. An ongoing focus on clinical documentation assures that the severity of illness and risk of mortality are adequately captured in our patient profiles.

Sepsis mortality is risk adjusted and the ratio has decreased over time. Highland follows best practice sepsis clinical practice guidelines. Early sepsis recognition and management is a priority, measured by compliance with the three-hour and six-hour bundle elements.

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John Feola
Highland Volunteer

“I have incorporated the Highland Promise into my everyday life, by treating all people with the utmost respect.”
Highland’s Performance

Highland’s reimbursement was favorable overall for Pay for Performance. The Value-Based Purchasing program (VBP) score remains higher than the U.S. average. However one small penalty was incurred in the Readmission Reduction Program for Acute Myocardial infarction for Fiscal Year 2019. (CMS reports are based on FY19 payment period October 1, 2018-September 30, 2019.)

<table>
<thead>
<tr>
<th>CMS Areas of Measure</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VALUE-BASED PURCHASING</strong> (2% withhold at risk)</td>
<td></td>
</tr>
<tr>
<td>Highland Performance Score</td>
<td>46.58</td>
</tr>
<tr>
<td>New York State Score</td>
<td>36.41</td>
</tr>
<tr>
<td>U.S. Score</td>
<td>38.10</td>
</tr>
<tr>
<td>Value-Based Incentive Payment Percentage: 2.65% (Withhold &amp; bonus payment)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>READMISSIONS REDUCTION</strong> Measured by Excess Readmission Ratio (&lt;1.0 is better)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction</td>
<td>1.04</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>0.91</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0.92</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>0.96</td>
</tr>
<tr>
<td>Total Knee/Hip Arthroplasty</td>
<td>0.85</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HOSPITAL-ACQUIRED CONDITIONS (HACs)</strong> Measured by Payment Reduction Threshold: 6.75 (lower is better)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HACs Score</td>
<td>-0.35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CMS Areas of Measure</th>
<th>Financial Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value-Based Purchasing</td>
<td>$500,000</td>
</tr>
<tr>
<td>Readmission Reduction</td>
<td>($25,000)</td>
</tr>
<tr>
<td>Hospital-Acquired Condition Reduction</td>
<td>No penalty</td>
</tr>
<tr>
<td>Overall Impact</td>
<td>$475,000</td>
</tr>
</tbody>
</table>

**Reducing Avoidable Readmissions**

Preventing hospital readmissions improves patient outcomes and can result in significant savings in terms of the overall cost of care. Initiatives to reduce hospital readmissions within 30 days of discharge continue including:

- A multidisciplinary management team composed of physicians, nurses, care coordinators, and social work staff that focuses on efficiencies and efforts to improve discharge planning and prevent avoidable readmissions.

- A coordinated effort involving the hospital’s Outpatient Pharmacy and care providers is working to ensure that patients get their medications before they leave the hospital.

- Initiatives are in place to schedule follow-up appointments, address patient transport needs, and contact Primary Care Providers and care managers prior to patient discharge.

New initiatives introduced in FY 18 include:

- A Congestive Heart Failure (CHF) team has developed and piloted best practices on West 5 and will soon expand that to other units. The team includes representatives from home care, Accountable Health Partners (AHP), CHF nursing, Highland Family Medicine transition nurse, and complex care center. Its focus is on Highland as an episode of care in a larger care continuum.

- A Chronic Obstructive Pulmonary Disease (COPD) team identifies all COPD patients and looks at prior and current admissions and makes sure that all of the risk factors for readmission have been identified and addressed before discharge.

- The entire discharge process is being evaluated to determine further improvements and efficiencies especially related to role clarification, clear patient education, and discharge instructions.
In an increasingly turbulent health care environment, the patient experience has emerged as a foundational differentiator. As we continue to focus on enhancing our patient- and family-centered care approach to health care delivery, we are ever mindful of our mission to keep patients and their families at the heart of all we do.

The four core concepts of patient- and family-centered care—dignity and respect, information sharing, participation, and collaboration—provide a framework to support our goals of delivering a unique brand of service excellence that promotes high satisfaction for patients. Our progress is illustrated by the Centers for Medicare and Medicaid Services Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) results. These results are publicly reported allowing our customers to “shop” for the best care around.

We are proud to announce we have seen improvement in six out of the nine publicly reported domains, including:

- Overall Rating of Hospital
- Communication with Nurses
- Responsiveness of Staff
- Communication with Doctors
- Cleanliness
- Quietness

Lean

FY 18 was an exciting year for performance improvement efforts. Highland Hospital received the Gold Award for Team Excellence at the 2018 Greater Rochester Quality Council (GRQC) Performance Excellence Awards for the Meds-to-Beds Prescription Improvement Project. GRQC recognizes high performing organizations in the greater Rochester area. The Meds-to-Beds Prescription Improvement Project enhanced patient access to prescriptions upon hospital discharge, improved education concerning new medications prescribed during their stay, and increased the Outpatient Pharmacy prescription volumes.

Other notable project highlights included:

**Improving Stress Test Efficiency** – The project decreased delays in the procedure room, decreased staff overtime, and increased staff, patient, and provider satisfaction.

**Total Joint Ambulation** – The percent of joint patients who successfully ambulated 15 feet on the day of surgery increased from 87 percent to 93 percent, surpassing the national benchmark of 90 percent. This ultimately improves quality outcomes for joint patients and increased staff and patient satisfaction.

**Workflow Efficiency in Highland Procedures Center** – Improving workflow efficiency reduced patient preparation time for procedures from over 30 minutes to 17 minutes. The results surpassed the unit benchmark of 20 minutes, resulting in improved provider, staff, and patient satisfaction.

Highland also recognized an opportunity to improve its educational offerings, which resulted in the development of a new training series for leadership. The first course in the series will be delivered to all employees manager level and above beginning in the first quarter of FY 19. Educating staff on lean and six sigma methodologies will further Highland’s efforts in attaining operational excellence and increasing employee engagement.

*Achievement Threshold – represents the fiftieth percentile of all hospitals’ performance for each measure during the baseline period.

National Benchmark – represents the mean of the top decile of all hospitals’ performance for each measure during the baseline period.
**HIGHLAND’S CLINICAL SERVICES**

<table>
<thead>
<tr>
<th>Patient Volumes</th>
<th>Overall Volume Metrics</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Discharges – Adult</td>
<td>28,874</td>
<td>30,160</td>
<td></td>
</tr>
<tr>
<td>Total Observation Cases</td>
<td>9,722</td>
<td>10,276</td>
<td></td>
</tr>
<tr>
<td>Adult Patient Days</td>
<td>86,984</td>
<td>92,333</td>
<td></td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>4.55</td>
<td>4.86</td>
<td></td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>46,235</td>
<td>48,472</td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>12,256</td>
<td>13,097</td>
<td></td>
</tr>
<tr>
<td>Treat &amp; Release</td>
<td>33,774</td>
<td>33,832</td>
<td></td>
</tr>
<tr>
<td>Left Without Being Seen</td>
<td>1,744</td>
<td>1,544</td>
<td></td>
</tr>
</tbody>
</table>

**Operating Room Services by Type**

- Orthopaedics: 27%
- General Surgery: 16%
- Gynecologic Surgery: 11%
- Urology: 9%
- Neurosurgery: 6%
- GYN Oncology: 6%
- Bariatrics: 5%
- Surgical Oncology: 5%
- Breast: 3%
- Ear, Nose, & Throat: 3%
- Plastic: 3%
- Vascular: 2%
- Colorectal: 1%
- Gastro: 1%
- Ophthalmology: 1%
- Other: 1%

Volume leaders include: Orthopaedics at 27 percent, General Surgery at 16 percent, Gynecologic Surgery at 11 percent, and Urology at 9 percent.

**Perioperative Services**

Perioperative Services cares for the patient throughout the entire surgical process. It includes: Pre-Operative Testing, Same Day Surgery, Operating Rooms, Post Anesthesia Care Unit, and the Sterile Processing Department. Highland Hospital’s multidisciplinary approach to Perioperative Services focuses on delivering the highest standard of care.

**Volume**

- Operating Room (OR) volume grew by nearly four percent in FY 18 driven by an almost seven percent increase in outpatient volume.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Room Cases</td>
<td>12,616</td>
<td>13,059</td>
</tr>
<tr>
<td>Outpatient</td>
<td>6,962</td>
<td>7,416</td>
</tr>
<tr>
<td>Inpatient</td>
<td>5,653</td>
<td>5,643</td>
</tr>
</tbody>
</table>

**Highlights**

- In FY 18, Highland made a significant capital investment in upgrading and expanding its OR capabilities. Renovations were completed in two Total Joint Replacement rooms in July 2018, with two more being renovated in FY 19.
- In November, Highland opened its first hybrid OR for the Vascular Surgery program. This surgical suite is equipped with advanced medical imaging devices that support minimally invasive surgery. The addition of a Siemens Artis Zeego machine, a multi axis interventional system, brings unparalleled flexibility and expanded capabilities to the operating suite environment.
- The Sterile Processing Department’s (SPD) decontamination area is currently undergoing renovation, enabling Highland to better manage the impact of its volume growth by upgrading and increasing equipment. In FY 18, the number of down or unavailable instrument trays decreased by approximately 70 percent. SPD also ended FY18 in the month of June with its lowest IUSS (Flash) rate on record: 0.74 percent. All Services and zero percent for Ortho/Total Joint Services. The improvement in these statistics is due to staffing adjustments and education.
- Operating room volume growth led to increased staffing. These efforts have had a positive impact as evidenced by increased efficiency and more reliable service.
- The PACU added another bay, increasing its ability to handle pre- and post-surgical patients.
- Same Day Surgery added a new nurses station, which allows for better flow for both patients and nurses.
Orthopaedics

The Orthopaedics Department, a regional and national center of excellence, is part of the Orthopaedics Department at the University of Rochester Medical Center, one of the top five National Institutes of Health-funded orthopaedic research organizations in the country. Leading the way with advanced procedures and comprehensive care, Highland’s Orthopaedics Department treats all aspects of bone and joint health – from emergency surgeries, to joint replacement, to noninvasive therapies.

Volume

- Total Orthopaedic OR volumes increased nearly nine percent in FY 18.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedic Joint Cases</td>
<td>1,819</td>
<td>2,191</td>
</tr>
<tr>
<td>Fracture Cases</td>
<td>666</td>
<td>618</td>
</tr>
<tr>
<td>Foot &amp; Ankle Cases</td>
<td>222</td>
<td>203</td>
</tr>
<tr>
<td>All Other Cases</td>
<td>544</td>
<td>484</td>
</tr>
<tr>
<td>Orthopaedic Discharges</td>
<td>2,509</td>
<td>2,709</td>
</tr>
<tr>
<td>Orthopaedic Average Length of Stay</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Orthopaedic Clinic Visits</td>
<td>864</td>
<td>781</td>
</tr>
</tbody>
</table>

Highlights

- FY 18 saw tremendous growth in joint replacement. The department set a record volume with over 2,000 joint replacement surgeries completed.
- The Joint Commission recertified the Centers of Excellence designation for the Geriatric Fracture Center and Joint Replacement Hip and Knee.
- The department continued its focus on decreasing time from surgery to ambulation and decrease in length of stay.
- The department added two Total Joint Replacement nurse navigators. The nurse navigator is responsible for ensuring all referred patients receive quality and comprehensive services throughout the continuum of care, along with ensuring that services provided are in alignment with current clinical practice guidelines.
- The department added a non-surgical arthritis specialist in early FY 18. This specialist has become an integral part of the Total Joint team and reached a full complement of patients within six months of starting.
- Renovations to the orthopaedic OR space will continue for the next two years. Four new orthopaedic rooms are now up and running with two more expected to open in late FY 19.
- Highland’s Shoulder Reconstruction team, including Ilya Voloshin, M.D., Gregg Nicandri, M.D., added two new surgeons who will be performing Total Shoulder Replacement, Sandeep Mannava, M.D., Ph.D., and Constantino Ketonis, M.D., Ph.D. This group performs more complex Shoulder Arthroplasty than any other center in the region.
Surgical Services
Highland's Surgery Department includes Bariatrics; Colorectal; Ear, Nose, and Throat; General Surgery; Ophthalmology; Plastic Surgery; Breast surgery; Thoracic; Urology; and Vascular Surgery.

Highland’s surgical program is recognized by the American College of Surgeons National Quality Improvement Program (NSQIP) as a leader in quality care and surgical excellence. In conjunction with its NSQIP participation, Highland is a member of the Upstate New York Surgical Quality Initiative (UNYSQI).

Volume
Department of Surgery volume in FY 18 increased by nine percent.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
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</thead>
<tbody>
<tr>
<td>Operating Room Cases</td>
<td>6,189</td>
<td>6,245</td>
</tr>
<tr>
<td>Outpatient</td>
<td>4,107</td>
<td>4,347</td>
</tr>
<tr>
<td>Inpatient</td>
<td>2,082</td>
<td>1,898</td>
</tr>
</tbody>
</table>

Highlights
• The Department of Surgery reception area was renovated to promote a welcoming, patient-friendly environment.
• The Kingsley Conference Room was modernized to increase classroom capacity and functionality.
• Office and research space was created for the Weight Management & Lifestyle Center staff on the second level of Highland Hospital.

Weight Management & Lifestyle Center
The Weight Management & Lifestyle Center was implemented as an integral addition to the Department of Surgery & Bariatric Center to provide a medical weight loss option in addition to surgery. The medical weight loss options include weight loss medications, meal replacements, and a plant-based meal plan. These include medical supervision, weekly classes, exercise, and behavior modification. An additional essential program component to support long-term weight loss success is a maintenance program for both the meal replacement and plant-based options. The addition of these services provides an opportunity for cross referrals between traditional and surgical weight loss options, ultimately improving patient health outcomes.

Bariatric Surgery
Highland Hospital is a nationally accredited Comprehensive Bariatric Center, meeting the highest standards of excellence for Bariatric Surgery Centers. More than 8,000 surgeries have been performed at Highland since 2005. Highland’s Weight Management & Lifestyle Center is a new adjunct to the Bariatric Center, offering a medical weight loss program in addition to bariatric surgery. The goal is for Highland Hospital to be recognized as Rochester’s comprehensive weight loss destination.

Volume
Bariatric surgery volume decreased by 14 percent due to an increased number of patients required to participate in a six-month nutrition counseling program prior to surgery.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
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<tbody>
<tr>
<td>Bariatric Surgeries</td>
<td>685</td>
<td>592</td>
</tr>
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Highlights
• Bariatric Surgery Center is leveraging technology to promote patient engagement including: a Baritastic App customized to Highland’s Bariatric Center’s standards for patients to use as a support tool throughout their weight loss journey, a checklist of preoperative medical requirements for electronic medical record, and online video option for the bariatric informational seminar.
• An online journey map outlining steps leading to surgery and aftercare enhances patient engagement.

Nutrition in Medicine Research Fund
The T. Colin Campbell Center for Nutrition Studies (CNS) committed to a gift of $1.5 million over the next five years to the Nutrition in Medicine Research Fund through the Highland Foundation. This will help build a significant research program focused on plant-based nutrition as part of the Highland Weight Management & Lifestyle Center.

Highlights
• Thomas M. Campbell, M.D., was appointed as the Medical Director for the Weight Management & Lifestyle Center and received American Board of Obesity Medicine certification this past spring.
• A nutrition/behavioral health counseling office was added, which will be utilized by the Weight Management & Lifestyle Center staff.
• Clinic capacity was increased from seven to eight exam rooms to accommodate an additional provider for each clinic session.
Growth

Department of Medicine
Highland’s Department of Medicine includes hospitalists, Geriatrics, Palliative Care, Pulmonary/Critical Care, Cardiology, Infectious Diseases, Hematology/Oncology, and Nephrology. In FY 18 the department included 14 hospitalists, 15 geriatricians, 23 subspecialists and 42 Advanced Practice Providers (APPs). All work together to provide the highest standard of patient care during a hospital stay. Geriatricians work together with Orthopaedic surgeons to co-manage the care of Total Joint Replacement patients and Geriatric Fracture Center patients.

Volume
In FY18 inpatient volume admissions increased by nine percent.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
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<tbody>
<tr>
<td>Inpatient Admissions</td>
<td>7,388</td>
<td>8,045</td>
</tr>
<tr>
<td>Observation Cases</td>
<td>2,614</td>
<td>3,132</td>
</tr>
</tbody>
</table>

Highlights
- Wilmot Cancer Institute and Highland Hospital expanded their collaboration in oncology to include admissions of some patients to Highland’s newly renovated East 5 unit. The move will help address the need for beds when the units at Wilmot Cancer Center are at capacity.
- Highland Hospital’s Palliative Care Program has received Advanced Recertification from the Joint Commission, the nation’s main accrediting body in health care. This is the third recertification for the program. Highland first received Joint Commission Advanced Certification for palliative care in 2012.
- Team-based rounding has been established for patients affiliated with the Complex Care Center, which treats adult patients with complex childhood-onset conditions.
- APP staff are now working geographically on the inpatient floors to provide more consistent coverage and facilitate more team-based rounding.
- Patient-Centered Care rounds have begun on West 7.

Emergency Department & Observation Unit
The Wolk Emergency Department is staffed by highly trained and experienced physicians that work closely with a dedicated team of physician assistants, nurses, and patient care technicians to provide the best care during a critical time in a patient’s care continuum.

Volume
The ED treated nearly 47,000 patients, which represents volume growth of two percent since last year.

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<td>33,834</td>
</tr>
<tr>
<td>Left Without Being Seen</td>
<td>1,744</td>
<td>1,541</td>
</tr>
<tr>
<td>Emergency Observation Unit Cases</td>
<td>2,410</td>
<td>1,993</td>
</tr>
</tbody>
</table>

Highlights
- The Highland Emergency Department completed the first year of its Emergency Nursing Residency Program. In one year, the program had three rotations of classes with six students per class. This has allowed the Emergency Department to maintain a more robust staffing pattern.
- The triage area underwent major renovations, which include a new side triage station and glass window around the main triage desk. This will provide a safer clinical environment in the Emergency Department, as well as faster door-to-doctor and treatment times.
- The addition of Grand Central through ePARC helped provide optimization of registration, patient flow, and room turnover.

Venisha Bennings, RN
Labor & Delivery

“To me the Highland Promise means that I go above and beyond for every patient. I treat patients with compassion and respect because that is how I would want to be treated.”
Geriatrics

Highland remains a regional leader in geriatric care, offering the most comprehensive and innovative suite of geriatric services in upstate New York, including: Acute Care for Elders (ACE) Unit, the Geriatric Fracture Center, Geriatric Medicine and Associates (GAMA), Highland Hospital Geriatrics Group, Hospital Elder Life Program (HELP), and a senior-friendly Emergency Department. We also serve skilled nursing and assisted living centers in our community through UR Medicine Geriatrics Group. In addition, Highland offers a palliative care program that provides specialized medical care and support for patients and their families experiencing chronic or terminal illness. This program has a special focus on older patients and provides home visits for the homebound. Highland has achieved international recognition as a leader in geriatrics co-management that was pioneered with the Geriatric Fracture Center.

Volume

Palliative Care visits increased by two percent. GAMA visits decreased by 11 percent due to the departure of two subspecialists.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAMA Visits</td>
<td>14,280</td>
<td>12,284</td>
</tr>
<tr>
<td>Palliative Care Visits</td>
<td>182</td>
<td>457</td>
</tr>
<tr>
<td>Palliative Care Inpatient Consults</td>
<td>478</td>
<td>561</td>
</tr>
</tbody>
</table>

Highlights

- The International Geriatric Fracture Society (IGFS) elected Highland Hospital Associate Chief of Medicine, Daniel Mendelson, M.S., M.D., FACP, AGSF, CMD, as vice president. Dr. Mendelson will serve a two-year term, followed by a two-year term as president. A founding board member, Dr. Mendelson will be the first geriatrician to lead this group.
- Highland’s Stroke Team earned the Get With The Guidelines® Gold Plus Quality Achievement Award from the American Heart Association.
- GAMA is adding another physician with the goal of doubling this practice that provides truly person-centered care at home as well as in the office and hospital.
- Co-management of Total Joint Replacement patients began July 1. Older, medically complex adults will now benefit from the expertise of Highland’s geriatricians when they have total joint arthroplasties.
- In collaboration with Wilmot Cancer Institute (WCI), patients will now be admitted to the newly renovated East 5 unit to be co-managed by Highland geriatricians. This will allow decompression of Wilmot Cancer Center while providing WCI patients access to Highland’s co-management approach ensuring timely, comfortable, and person-centered care comparable to Wilmot Cancer Center.

Cardiology

Highland Cardiology offers outstanding adult cardiac care in both inpatient and outpatient settings. The Cardiology team continues to evolve with the addition Erica Miller, M.D., to the medical team, and retirement of John Schriefer, M.D. All physicians are accredited with advanced board certifications in Internal Medicine and Cardiology. Highland Cardiology is part of URMC Cardiology, the most comprehensive Cardiac program in Western and Central New York.

Volume

The Cardiology Department managed strong growth during FY 18, with a nearly 12 percent increase in volume. To accommodate the increased caseload driven by new-patient growth and the Red Creek office expansion, the department hired one new physician.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology Procedures (Inpatient and Outpatient)</td>
<td>36,219</td>
<td>47,551</td>
</tr>
</tbody>
</table>

Highlights

- Press Ganey patient-satisfaction survey results have ranked Highland Cardiology among the 94-95th percentile or higher since 2016.
- Highland’s Cardiology practice now has seven cardiologists and four nurse practitioners, including the addition of Erica Miller, M.D., who joined the practice in August 2018.
- Highland Cardiologists earned the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) certification of Highland’s echocardiography (ECHO) labs. The Intersocietal Accreditation Commission (IAC) provides accreditation of vascular testing and echocardiography.
- Highland received the Get With The Guidelines® Heart Failure Gold Plus Quality Achievement Award from the American Heart Association.
Growth

Highland Family Medicine
The Department of Family Medicine consists of Highland Family Medicine (HFM), the clinical practice, a robust research program, and an educational program (including medical students, resident physicians, nurse practitioner residents and students, and three fellowships).

Volume
in FY 18, Highland Family Medicine has seen a three percent decrease in patient visits due to the departure of four providers from the practice.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highland Family Medicine Visits</td>
<td>70,941</td>
<td>70,037</td>
</tr>
<tr>
<td>Highland Family Medicine (number of patients)</td>
<td>23,508</td>
<td>25,433</td>
</tr>
</tbody>
</table>

Highlights
• Highland Family Medicine will expand from seven to eight suites. Space will be reconfigured to better accommodate team-based care, create a more fluid learning environment and a more patient-centered approach to care. A new education space and new office space for the faculty will be added.

• A community leader in addressing the opioid crisis, HFM provides universal substance-abuse screening, an integrated onsite certified alcohol and substance abuse counselor (CASAC), an expanded buprenorphine program, and a new collaborative effort with the Highland’s ED that provides buprenorphine to patients who survive opioid overdose and bridges them to care at HFM.

• Highland Family Medicine is involved in several New York State Delivery System Reform Incentive Program (DSRIP) initiatives focused on improving clinical outcomes and addressing barriers to care for Medicaid patients, including those concerning integrated behavioral health, transition care management, ED triage, health home care managers, and the integrated delivery system.

• A federal grant of $1.65 million from the Health Resources & Services Administration continues to support a nurse practitioner residency program and help prepare clinicians for healthcare reform. A supplement to this grant is being used to train clinicians in the region in medication-assisted treatment (buprenorphine) for opioid dependence.

• For the second straight year a record number of University of Rochester School of Medicine & Dentistry medical students have selected a Family Medicine residency.

Primary Care
The Center for Primary Care, part of the University of Rochester Medical Center, is a network of doctors specializing in Internal Medicine, Family Medicine, and Internal Medicine/Pediatrics. All physicians are board certified in their specialty and are University of Rochester School of Medicine and Dentistry faculty members.

The network has more than 160 primary care providers in 42 practices located in neighborhoods covering Monroe, Livingston, Genesee, Steuben, Wayne, Wyoming, and Allegany Counties. Physicians are affiliated with Highland, Strong Memorial, and Golisano Children’s Hospitals. The Primary Care Networks cares for more than 215,000 patients and has more than a half million patient visits annually. Highland operates nine of these primary care practices. All of the practices are certified as Level 3 Patient-Centered Medical Homes by the National Committee for Quality Assurance.

Volume
For FY 18, Highland Primary Care saw a volume increase of nearly four percent.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highland Primary Care Practices Visits</td>
<td>141,006</td>
<td>146,270</td>
</tr>
<tr>
<td>Highland Primary Care Practices Patients</td>
<td>57,748</td>
<td>58,397</td>
</tr>
</tbody>
</table>

Highlights
• In FY 18 Lishan Walker, M.D., joined UR Medicine Primary Care/ Greece, Prity Rawal, M.D., joined Genesee Valley Family Medicine, and Mala Ashok, M.D., transferred to Webster Family Medicine.

• Renovations funded through DSRIP are underway at Culver Medical Group to create space for a therapist and social worker and to improve patient flow along with boosting staff productivity.

Primary Care
Women's Health Services
Highland offers a wide range of comprehensive health services at the hospital and several community locations. Women's Health Services includes: Obstetrics at the Family Maternity Center, Gynecology, Community Obstetrics & Gynecology, Surgical services such as Robotic Surgery for Gynecologic Oncology and Gynecology as well as minimally invasive procedures, Highland's Maternal Fetal Medicine Program, the Rochester Adolescent Maternity Program (RAMP), UR Medicine Breast Imaging, and UR Medicine Midwifery.

Volume
- A total of 3,613 deliveries occurred at Highland in FY 18.
- Combined Breast Imaging volume at all four locations (Red Creek, Highland Hospital, Penfield, and the Anthony Jordan Health Center) surpassed 20,000 patients.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community OB/GYN Visits</td>
<td>7,587</td>
<td>8,652</td>
</tr>
<tr>
<td>Highland Women's Health</td>
<td>8,675</td>
<td>9,436</td>
</tr>
<tr>
<td>University Midwifery Group</td>
<td>5,628</td>
<td>5,616</td>
</tr>
<tr>
<td>Rochester Adolescent Maternity Program</td>
<td>765</td>
<td>758</td>
</tr>
<tr>
<td>Births</td>
<td>3,019</td>
<td>3,613</td>
</tr>
<tr>
<td>Breast Care Center – all sites</td>
<td>19,030</td>
<td>20,067</td>
</tr>
</tbody>
</table>

Highlights
- Highland's gynecology program was recognized by U.S. News & World Report as #45 in the country.
- Carole Peterson, M.D., Kara Repich, M.D., Sheena Stanard, M.D., and Xiaoqian Yu, D.O., joined Highland Hospital's OB/GYN team.
- Highland introduced nitrous oxide as an alternative to traditional pain management modalities for laboring mothers.
- Expanded the Highland Perinatal Center to better accommodate high risk ultrasound and Maternal Fetal Medicine consultation needs.
- The Gynecologic Oncology program, led by Dr. Richard Moore, M.D., received re-accreditation of its advanced certification from the Joint Commission.
- Highland received site approval for a new Women's Health Office on Aryault Road in Perinton.

Radiation Oncology
Radiation Oncology at Highland Hospital is an important component in the Wilmot Cancer Institute's array of cancer services across the region. Highland is the only hospital in New York State to offer HDR prostate brachytherapy, a specialized treatment for prostate cancer.

Volume
Radiation Oncology experienced a nearly eight percent increase in new patients in FY 18.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Oncology Procedures</td>
<td>28,726</td>
<td>40,944</td>
</tr>
<tr>
<td>New Radiation Oncology Patients</td>
<td>936</td>
<td>1,007</td>
</tr>
</tbody>
</table>

Highlights
- General anesthesia is now being used for HDR prostate patients in the Radiation Oncology department. Patients can choose to receive spinal sedation or general anesthesia, allowing them more options and improving the safety of the treatment.
- Part of bringing anesthesia to the department, a Post Anesthesia Care Unit with two beds has been added next to the procedure room. As a result, the patient does not need to travel a long distance after treatment for recovery.
- Highland Radiation Oncology was chosen to be a training center for Prostate HDR brachytherapy by ELEKTA, the company that makes the equipment for this procedure, because of the volume of successful HDR prostate cases conducted at the hospital. Doctors, physicists, residents, and nurses from other parts of the state and the country will come to Highland to learn about our HDR program.

Linda Cruz
Highland Main Lobby receptionist

“I am so honored to uphold the Highland Promise here at work, and I take those ideals with me in my personal life too!”
Facility Master Plan In Progress
Highland continued to modernize facilities in FY 18 to meet patient and family expectations during care management.

Highlights
• Highland made a significant capital investment to upgrade and expand its OR capabilities during FY 18. Two Total Joint Replacement rooms were completed in July 2018, two more joint rooms will be renovated in FY 19.
• Highland opened its new hybrid operating room, the largest operating room in the hospital’s history at 1,100 square feet. The room includes an advanced imaging system that will enable Highland to address more diverse patient needs and offer an expanded vascular surgery service.
• Highland’s Special Care Nursery renovation makes Highland the second Rochester-area hospital to offer private rooms for newborns requiring higher levels of care. Families of our SCN newborns will benefit from increased opportunities to promote breastfeeding, and continued involvement with 24-hour care of their newborn.
• Renovation of the Family Maternity Center’s triage area was completed in late August 2018.
• Highland constructed a fourth ultrasound room at Highland Woman’s Health to support the continued increase in patient volume. The room is used for pelvic ultrasounds and obstetrics scans. The room is also larger enabling more complicated ultrasound procedures.
• Highland completed build-out renovations to host the Highland Weight Management & Lifestyle Center. The program is co-located with the Bariatric Surgery Center in the hospital.
• Highland completed replacement and upgrade of two air handlers, required due to aging infrastructure. Their installation and upgrade has reduced the chance of surgical site infections and improved patient and staff satisfaction.
• Highland opened a new brachytherapy suite in Radiation Oncology that will deliver high-dose radiation treatments and a Post Anesthesia Care Unit (PACU) area adjacent to the brachytherapy suite that includes two recovery beds.

Facility Improvements and Additions
The FY 18 capital expenditures totaled $30 million and included the following projects:

- Information Technology: $6.2 million
  - Key Projects:
    - PC New/Replacements
    - ePARC – Revenue Cycle
    - Network Upgrades
    - Tier 2 & 3 Storage Replacement
    - Virtual Server in Growth
    - eRecord Growth
    - Image Archive Growth
    - Enterprise Backup Growth
    - Population Health
    - Departmental Systems
    - Cache License Growth
    - Financial Analytics
    - Epic Infectious Control
- Family Maternity Center: $2.5 million ($3.8 million total)
- Infrastructure: $2.2 million
- OR 15 & 16 Renovations: $1.9 million ($2 million total)
- South Addition: $1.4 million ($28 million total)
- HVAC: $583,000
- West 5 Refurbishment: $512,000 ($2 million total)
- Rad Onc Procedure Room: $441,000
- Renovation of 2 ORs (1 Hybrid): $438,000 ($3.2 million total)
- Parking Equipment: $417,000
- West 4 Storage: $388,000
- Family Medicine Renovations: $329,000 ($3.3 million total)
- Perinatal Ultrasound Room: $213,000
- Cardiology Renovations: $186,000 ($1.8 million total)
- Medical Weight Loss Center: $134,000
Highland Information Technology

Fiscal Year 2018 was a significant year for eRecord, our electronic health record system. On March 4, Highland completed eRecord’s expansion by launching phase two of the ePARC/Radiant project to replace our patient access, revenue cycle, and radiology applications within the hospital. Highland, University of Rochester Medical Faculty Group, and Strong Memorial Hospital are now delivering new models of care for patients looking for modern conveniences like booking appointments and paying bills through MyChart.

Highlights

• **ePARC.** Phase II expansion of the patient access and revenue cycle applications was a success with Highland’s transition to the EPIC Radiant platform for imaging services. This step completes the eRecord implementation by replacing outdated vendor applications with new eRecord modules including Cadence, Grand Central and Prelude, Health Information Management Coding and Utilization Management, Hospital Billing, Professional Billing, and Reporting.

• **Wireless Upgrade.** A hospital-wide wireless upgrade was completed during FY 18 that improved coverage for clinical Workstations on Wheels (WOW) and laptops.

• **Employee EMR.** Highland is implementing an employee Electronic Medical Record (EMR) on Agility, a Strong Medical Center platform, to improve employee health management, while maintaining separation from the primary patient EMR (eRecord).

• **Clinical Label (Zebra) Printer Replacements.** Zebra printers were installed in Highland’s Special Care Nursery (SCN) enabling clinical staff to print labels at point of care and perform a three-point check that confirms the links between breast milk collection, the patient wristband, and the labeled container. In addition, the Zebra Printer Replacement Project updated over 30 label printers throughout the hospital.

Looking Ahead

Highland will seek to implement the final phases of its Facility Master Plan, specifically the transition to nearly all private patient-care rooms. This modernization project will potentially add four levels to the hospital’s southeast wing, elevating the wing from its current three to seven floors total. Due to changes in city regulations, the hospital has applied to the city of Rochester to update its zoning designation to a planned development district (PDD) to allow the project to move forward.

Highland is mindful of potential neighborhood impact of any change we make and decided on the scope of the project after years of input from and dialog with neighbors. As it does with all development projects, the hospital will continue to work collaboratively with residents of its surrounding neighborhoods throughout the project.

“Living the ICARE values means smiling at strangers, giving directions, and helping others in need, no matter what your job is or what’s happening in your day.”

Wendy Boyce
Assistant Director of Public Relations
Financial Performance
Highland achieved a 4.4 percent operating margin in FY 18 despite facing continued challenges that included federal and New York state budget/reimbursement constraints, market forces impacting recruitment/retention, as well inflationary pressures on wages, supplies, pharmaceuticals, and other expenses not offset by comparable reimbursement rate increases. Our third-party payers continued their push to shift patients from inpatient to outpatient status resulting in lower reimbursement rates. Highland continued to meet these challenges through building volume/market share, in part through the ongoing implementation of our Facility Master Plan.

While the transition to Value Based Purchasing, “Pay for Performance,” has not progressed as quickly as previously predicted, Highland continued to outperform both Centers for Medicare and Medicaid Services (CMS) and Excellus targets in FY 19, resulting in incremental revenues of approximately $1.3 million.

Highland has achieved average operating margins of four percent or better over the past 13 years, which far exceed the current New York state average margin of one percent. In addition, Highland maintained a strong cash position of 148 days, which will help to fund operating and capital needs in the future. This continuing positive financial performance also helps us to maintain our A-level bond rating from both Standards & Poor and Moody.

Highland’s budget for FY 19 targets an operating margin of 4.8 percent, under a continuation of the predominant fee-for-service reimbursement methodology. Highland will continue to grow inpatient and outpatient volumes and market share in key clinical areas:

- Solid Tumor Oncology
- General Surgery
- Orthopaedic Surgeries

Key contributing factors to Highland’s success will include:

- A projected increase of 800 inpatient discharges
- Targeted outpatient volume growth
- Capital expenditures totaling $31.3M

<table>
<thead>
<tr>
<th>Key Financial Metrics (in thousands)</th>
<th>FY 17</th>
<th>FY 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$360,819</td>
<td>$387,902</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$214,798</td>
<td>$230,435</td>
</tr>
<tr>
<td>Supplies &amp; Other Expenses</td>
<td>$109,208</td>
<td>$117,181</td>
</tr>
<tr>
<td>Interest &amp; Depreciation</td>
<td>$22,000</td>
<td>$23,271</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$346,006</td>
<td>$370,887</td>
</tr>
<tr>
<td>Income from Operations</td>
<td>$14,813</td>
<td>$17,015*</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$35,197</td>
<td>$24,686</td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>$50,010</td>
<td>$41,701</td>
</tr>
<tr>
<td>Days Cash-on-Hand</td>
<td>149</td>
<td>148</td>
</tr>
</tbody>
</table>

* Incremental inpatient and outpatient volumes, higher Medicare reimbursement rates, increase in Contract Pharmacy volume/margin, and lower Defined Benefit Retirement Plan expenses all contributed to an increase in Operating Margin in FY 18 over FY 17.

| Highland Financial Results vs. State Medians |
|---------------------------------------------|-------|-------|-------|
|                                             | 2017  | 2018  | Budgeted NYS |
| Operating Margin                           | 4.0%  | 4.4%  | 4.8%  | 0.7% |
| Days Cash-on-Hand                          | 149   | 148   | 153   | 54   |
| Average Age of Plant                       | 11    | 11    | 11    | 14    |

Fiscal Years 2014 - 2018
Operating Budget ($) / Operating Margin (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>5.0%</td>
<td></td>
<td></td>
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<tr>
<td>2015</td>
<td>6.1%</td>
<td></td>
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<tr>
<td>2016</td>
<td>5.1%</td>
<td></td>
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</tr>
<tr>
<td>2017</td>
<td>4.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>4.4%</td>
<td></td>
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</tbody>
</table>
Pay for Performance

Highland is focused on meeting the federal mandate of improving quality of care, improving population health and reducing the cost of care. Reimbursements for health care systems by the Center for Medicare and Medicaid Services (CMS) reward hospitals that deliver services of higher quality and value.

Three components comprise the CMS effort. The combination of these efforts is referred to as Pay for Performance.

1. Hospital Value-Based Purchasing (VBP) Program
   CMS sets targets for clinical quality and patient satisfaction and withholds a portion of hospitals’ Medicare reimbursements which can be earned back by meeting or exceeding these quality targets.

   FY 19 VBP Weighting

2. Hospital Readmissions Reduction Program
   Reducing readmissions remains a priority for Highland as CMS sets performance goals for 30-day hospital readmissions, which hospitals must achieve or penalties will be incurred.

3. Hospital-Acquired Condition Reduction Program
   Hospitals are penalized if they exceed thresholds on the rate of Hospital-Acquired Conditions.

Health Reform and Associated Initiatives

In FY 18 Highland continued to participate in the Medicare Bundled Payments for Care Improvement project with the Centers for Medicare & Medicaid Services (CMS). Since July 1, 2015, all Medicare fee-for-service patients who are admitted for a total knee or hip replacement became part of the project.

The goal is to enhance quality, reduce cost and manage patient care more efficiently through coordinated care delivery beginning prior to admission and extending for a period of 90 days after discharge. The hospital works in collaboration with physicians, nursing homes, home care agencies, and most importantly the patient and family to achieve these results.

Data for FY 18 indicates that Highland has been surpassing the CMS cost reduction targets in the Joint Replacement Pathway Program. In the first three calendar months in 2017, approximately 20 percent of the patients discharged went to a skilled nursing facility for rehabilitation. This compares to 75 percent of those patients in the CMS baseline period.

Highland evaluated the risks/benefits of continuing with the CMS Joint Bundle program and decided to not continue with the program after September 30, 2018. Upcoming changes to expected reimbursement show that we are at risk for maintaining future gains from the program.

### Joint Replacement Program CMS Reconciliation

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>FISCAL YEAR</th>
<th>GAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Qtr (Jul-Sep 2015)</td>
<td>FY 16</td>
<td>$172,142.83</td>
</tr>
<tr>
<td>2nd Qtr (Oct-Dec 2015)</td>
<td>FY 16</td>
<td>$75,867.65</td>
</tr>
<tr>
<td>3rd Qtr (Jan-Mar 2016)</td>
<td>FY 16</td>
<td>$27,670.98</td>
</tr>
<tr>
<td>4th Qtr (Apr-Jun 2016)</td>
<td>FY 16</td>
<td>$28,020.36</td>
</tr>
<tr>
<td>1st Qtr (Jul-Sep 2016)</td>
<td>FY 17</td>
<td>$71,264.04</td>
</tr>
<tr>
<td>2nd Qtr (Oct-Dec 2016)</td>
<td>FY 17</td>
<td>&lt;$26,406.89&gt;</td>
</tr>
<tr>
<td>3rd Qtr (Jan-Mar 2017)</td>
<td>FY 17</td>
<td>$69,457.86</td>
</tr>
<tr>
<td>4th Qtr (Apr-Jun 2017)</td>
<td>FY 17</td>
<td>$32,240.47</td>
</tr>
<tr>
<td>1st Qtr (Jul-Sep 2017)</td>
<td>FY 18</td>
<td>$146,978.66</td>
</tr>
<tr>
<td>2nd Qtr (Oct-Dec 2017)</td>
<td>FY 18</td>
<td>$92,081.64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$689,317.60</strong></td>
</tr>
</tbody>
</table>
Delivery System Reform Incentive Payment Program

New York State’s comprehensive health reform through the Delivery System Reform Incentive Payment (DSRIP) Program continues to focus on system reform, community collaboration, clinical improvement, and population health management for Medicaid patients. Now in its fourth year, DSRIP goals include: reducing avoidable hospital use (including inpatient readmissions and unnecessary Emergency Department visits) by 25 percent over five years, improving clinical outcomes, reducing cost, and improving patient and provider experience.

Under the auspices of the UR Medicine DSRIP Program, Highland care management staff continues to implement projects at Highland Family Medicine (HFM), the Emergency Department, and in several of its safety-net primary care practices including East Ridge Family Medicine and Culver Road Medical.

Initiatives are focused on transitions of care – from hospital to home – for Highland Family Medicine and the primary care practices, as well as care management for Medicaid patients provided by NYS Health Home care managers in primary care practices. One major focus is integrating behavioral health services into the primary care practices. A licensed clinical social worker is now onsite in the participating primary care practices so that a patient’s behavioral health needs can be addressed simultaneously with a primary care visit.

New Initiatives

Several new initiatives have been introduced in FY 18:

- Sickle Cell High Utilizer Identification – This New York state Medicare Accelerated eXchange program (NYS MAX) was introduced at Highland and Strong Memorial hospitals to help identify and improve care for sickle cell patients who need repeated hospitalization. A group of hospitalists are serving as experts who consult with attending physicians and care managers work to address social determinants of health.

- Tool to Address Barriers to Access Care – A pilot to test a new population stratification tool is occurring at Highland. This tool utilizes information in the medical record including frequent hospital admissions, diseases and chronic conditions, and social determinants of health to identify those who may be at high risk for admission. This information will better help the hospital, care management, and primary care offices to better deploy resources to help patients in order to improve health and avoid hospitalizations.

- Highland Family Medicine CASAC workers – Two Credentialed Alcoholism and Substance Abuse Counselors (CASAC) are being funded by DSRIP at Highland Family Medicine to help address addiction issues.

- Capital Expansions and Renovations – DSRIP is funding a portion of the capital expansion project at Highland Family Medicine and some renovations at Culver Road Medical. Both of those projects were launched to better integrate behavioral health, primary care, and general care management into the primary care office.

Juan Figueroa
Nuclear Medicine Technologist

“A promise to deliver effective and empathetic care to all of my patients.”
Taking Pride In Highland FY 18

Highland encourages its staff members to strive for a better future for themselves and their families. The talents, dedication, and hard work of Highland’s 2,800 employees support the hospital’s growth and help us to achieve our Management Plan goals.

Employee Engagement

Highland is working toward greater workplace flexibility based on feedback from our employees and introducing new benefits that will increase engagement and retention. In FY 18 Highland introduced the following initiatives to reach these goals:

- Highland simplified the concept of the Highland Promise to create stronger alignment to the ICARE Values, in order to make the two concepts more meaningful and easier to understand.
- Completed the fall 2017 Employee Engagement Survey.
  - The survey's key results included 84 percent survey participation, which showed increases in job satisfaction, culture of respect, and leadership confidence.
  - Human Resources staff conducted 75 focus groups.
    - They compared engagement survey results from the previous four years and analyzed trends.
    - Human Resources staff administered other surveys to understand staff communication preferences, learning needs and safety concerns.
- Recognized more than 200 staff through Employee of the Month and Shining Example Recognition Programs.
- Highland implemented a new paid-time-off policy for hourly employees, effective on January 1, to enable greater flexibility among non-exempt staff, eliminated new-hire vacation restrictions during the first six months of employment, and added a seventh paid vacation day in honor of Dr. Martin Luther King, Jr.
- Highland’s commitment to education and career advancement is reflected in our tuition benefit, which was increased by 15 percent during FY 18.
  - Highland’s focus on education has supported more than 100 employees through the tuition reimbursement program.
- Highland launched the MyHR web portal and associated internal communications campaign, designed to streamline Human Resources services and simplify the employee experience when working with the department.
- We launched YOU365 including ActiveYOU, MindfulYOU, and NourishYOU a reimagined approach to health, wellness, and improved wellbeing at Highland.

Initiatives for Recruitment & Retention

Highland’s Human Resources team is committed to cultivating, recruiting, and retaining dedicated and compassionate health care professionals to support Highland’s continued growth, pursuing the following initiatives in FY 18:

- Adjusted compensation and pay practices to competitively position Highland against other hospitals.
- Promoted 319 employees.
- Created more professional and leadership opportunities across the organization, including defining the Center for Organizational Development (COOL) and adding a training and development specialist.
  - Highland trained 2,816 total participants in FY 18, a 46 percent increase over the prior year or 27,410 employee training hours consumed.
- Highland evaluated over 32,000 employment applications and filled 753 positions, 36 percent of which were internal applicants.
- Created a Registered Nurse Recruitment Manager position to focus on effective nurse recruitment strategies, and hired a retention officer.
- Transitioned to a Human Resources Business Partner Model to offer more support to managers and employees.
- Implemented a comprehensive and consistent exit interview process.

Professional Development

- Highland divided the department of education between the Nursing Department and the Center of Organizational Learning (COOL) whose focus is on nonclinical staff. COOL has provided over 27,000 hours of learning since the transition.
- Decreased the waiting period for eligibility to apply for tuition reimbursement into master’s level degree programs from three years to one year.
- Implemented a Manager-in-Training Program to develop current and future managers for their next role at Highland.
Accountable Health Partners

Accountable Health Partners (AHP) is the clinically integrated network of the University of Rochester Medical Center (URMC) that includes eight community hospitals and more than 2,500 providers, including Highland Hospital and its employed physicians. AHP was organized in 2013 and is focused on delivering superior patient care, improving the provider experience and aligning incentives to make healthcare more affordable.

Committed to providing patients the best options for care in the region, AHP continues to grow its network based on the evolving needs of the population it serves, which includes the members of Highland Hospital’s employee health plan. AHP expanded its network to include several specialties including podiatry, optometry, and physical therapy. High-quality providers in these specialties were invited to apply for network membership in order to accommodate access for AHP’s growing patient population.

FY 18 marked a number of contracting successes for AHP. Enabled by its status as a clinically and financially integrated network, AHP added a fee-for-service contract with Fidelis Care to its portfolio that already included value-based contracts with the area’s major insurance payers and local employers. AHP earned significant gainsharing under those value-based contracts due in no small part to the clinical quality performance of its providers. With contracts for the commercial, Medicare and Medicaid lines of business, the AHP network offers access to high quality care for a wider population of patients while increasing the benefits of participation to enrolled providers.

FY 18 also ushered in clinical initiative progress in several areas. AHP welcomed a new Executive Medical Director, J. Chad Teeters, MD., the current Chief of Cardiology at Highland Hospital. Dr. Teeters continues to practice cardiology, but spends most of his time with AHP directing the network’s clinical priorities and leading health initiatives to improve quality outcomes and the value of care.

Engaging Our Community

As a community hospital, Highland seeks to engage with residents of the Rochester area, helping improve their health, and preserving our reputation for compassionate care, with a patient- and family-centered focus.

Proud Community Sponsor

Highland supports more than 20 local non-profit organizations and events that align with mission and business objectives, community and neighborhood outreach goals, employee engagement and wellbeing, and system advancement.

Highland’s top sponsorships in FY 18 include:
- Alzheimer’s Association—Walk to End Alzheimer’s
- Anthony Jordan Health Center
- Business Association of the South Wedge Area—Wedge Waddle, Best Busker Contest
- Cancer Wellness Connection—Ovarian Cancer 5K
- Gay Alliance of Genesee Valley—Roc Pride 2017 and Sassy in the South Wedge
- Gilda’s Club—Heroes Ball
- Greater Rochester Chamber of Commerce—ATHENA Awards
- Highland Park Neighborhood Association—Taste of the Neighborhood Picnic
- Lifespan—Celebration of Aging Luncheon
- Pluta Cancer Foundation—Emerald Ball
- South Wedge Planning Committee—City Love Gala, South Wedge Farmer’s Market
- South Side Little League—The Cubs Little League Team
- St. Joseph’s Neighborhood Center
- Trillium Health
- Wilmot Cancer Institute

“The Highland Promise means we treat patients with Caring and Compassion so that they have the best possible outcomes. Connection with a world class medical center enables us to have the best of both worlds, a user friendly hospital with cutting edge specialists and technology.”

Robert McCann, MD, MACP
Highland Hospital Chair of Medicine
CEO, Accountable Health Partners
Neighborhood Relations
Highland is unique in Rochester in that it is not just a community hospital, but a neighborhood hospital as well. Highland has been an integral part of the Highland Park neighborhood for close to 130 years. We are committed to two-way, transparent dialog, and to that end, hold bi-monthly meetings as part of the Highland Park Neighborhood Highland Hospital Interaction Committee, with a purpose of sharing information, discussing and resolving issues, and airing concerns, questions, and perspectives. Highland also maintains a facilities blog on its website to keep neighbors informed of ongoing renovations and other facilities updates. Highland is invested in continued beautification of its campus, implementing recommendations from its Landscape Master Plan, created with input from Highland’s neighbors in fall 2015.

Community Health Improvement
Highland Hospital proudly participates in the Monroe County Health Improvement Plan to enhance overall health of county residents. Hospital systems in the county, including Strong Memorial and Highland hospitals (as part of UR Medicine) and Rochester General and Unity hospitals (as part of Rochester Regional Health) jointly file a community service plan to the New York State Department of Health every two years. This unique plan, executed in collaboration with the Monroe County Department of Public Health and Common Ground Health (formerly the Finger Lakes Health System Agency) demonstrates community health assessment and improvement planning and emphasizes strategic and synergistic efforts toward a common goal of improving our population’s health.

The 2016-18 Monroe Community Health Improvement Plan focuses on prevention agenda priorities that include smoking cessation, heart health management and prevention, reducing unplanned pregnancies, screening for food insecurity, and opioid misuse prevention.

Highland Foundation
• Following 36 years of service on the Highland Hospital Board, George Lord’s final commitment to Highland Hospital was a gift from his estate of $100,000. The gift will be used to support Highland’s ongoing expansion and modernization plans.

• The Humphrey Education Fund was created within the Highland Foundation that will support Highland’s commitment to provide training and professional development opportunities for care providers.

• A $1.5 million contribution from the T. Colin Campbell Center for Nutrition Studies was received for a new nutrition research program. Led by Thomas M. Campbell II, M.D., and Erin Campbell, M.D., M.P.H., this significant research venture will focus on plant-based nutrition and will be part of Highland’s new Weight Management & Lifestyle Center.

• Seth Zeidman, M.D., and Eva Pressman, M.D., contributed $200,000 to support renovations to the Operating Rooms and to provide community education and resources for the Hartfelder Family Maternity Center.

• Highland Hospital’s 12th annual Gala raised nearly $400,000 to support the Family Maternity Center. A record number of 1,035 seats were sold and cocktails were enjoyed in a New York City landscape. Co-chairs for the event were Alan Curle, M.D., and Andrew London, Ph.D., Rita Freling, and Gina Teresi.

• The 2017 Highland Hospital Golf Classic was chaired by Bob McCann, M.D., and Dana Consler, Highland Foundation Board member. More than 160 golfers and volunteers raised $60,000 at the event in support of Highland Family Medicine.
BUILDING on the Highland Promise.
It’s in our DNA.