

<p>7. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Compass Group USA doing business as Canteen (“Canteen”) to provide vending services for the System’s acute care, post-acute care and corporate facilities with an initial term of five years and two five-year options to renew solely exercisable by the System. Canteen will pay the System a signing bonus of \$250,000 and a commission of 30.8% on annual sales up to \$3,999,999 and commission of 40% on annual sales in excess of \$4,000,000 (Finance Committee – 07/19/18) EEO: Pending / Vendex: Pending</p>	<p>Mr. Rosen</p>
<p>8. Authorizing the New York City Health and Hospitals Corporation (the “System”) to enter into a contract with G-Systems for cabling services as a component of the Network and Unified Communication Infrastructure Upgrade project at NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Harlem (the “Four Hospitals”) in the amount of \$24.2 million, of which \$21.8M is funded through the City’s Capital Budget and \$2.4M is funded through the System’s operating budget which sum includes a 10% contingency. (Information Technology Committee – 07/19/18) EEO: Approved / Vendex: Approved</p>	<p>Ms. Youssef</p>
<p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤ Medical and Professional Affairs ➤ Audit ➤ Governance ➤ Capital ➤ Finance ➤ Strategic Planning ➤ Information Technology ➤ HHC Capital Corporation ➤ OneCity Health ➤ Metro Plus 	<p>Dr. Calamia Ms. Youssef Mr. Campbell Mr. Campbell Mr. Page Mr. Rosen Mr. Campbell Ms. Youssef Dr. Katz Mr. Rocha Mr. Rosen</p>
<p><u>Executive Session Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Queens ➤ NYC Health + Hospitals Elmhurst 	<p>Mr. Campbell</p>
<p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Bellevue ➤ NYC Health + Hospitals Kings County ➤ NYC Health + Hospitals McKinney 	
<p>2017 Performance Improvement Plan and Evaluation (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ Morrisania Diagnostic & Treatment Center Gotham Health ➤ S. Ruiz Belvis Diagnostic & Treatment Center Gotham Health 	
<p>>>Old Business<<</p>	
<p>>>New Business<<</p>	
<p><u>Adjournment</u></p>	<p>Mr. Campbell</p>

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10023 on the 31st day of May 2018 at 3:07 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

- Mr. Gordon Campbell
- Dr. Mitchell Katz
- Mr. Steve Banks
- Dr. Mary Bassett
- Dr. Gary Belkin
- Mrs. Josephine Bolus
- Mrs. Helen Arteaga Landaverde
- Ms. Barbara Lowe
- Mr. Robert Nolan
- Mr. Mark Page
- Mr. Bernard Rosen

Deborah Brown was in attendance representing Dr. Herminia Palacio in a voting capacity. Mr. Gordon Campbell chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on April 26, 2018 were presented to the Board. Then on motion made and duly seconded, the Board unanimously adopted the minutes.

1. RESOLVED, that the minutes of the meeting of the Board of Directors held on April 26, 2018, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell reported that Dr. Gary Belkin was stepping down as a member of the Quality Assurance Committee and asked for a motion to appointment Dr. Gary Belkin to the Strategic Planning Committee. Mr. Campbell received the Board's approval to appoint Dr. Belkin to the Strategic Planning Committee.

The Staten Island Annual Public Meeting was held on May 2, 2018 at NYC Health + Hospitals/Seaview. Ms. Bolus described the positive meeting and noted that the majority of the speakers discussed nurse staffing levels.

The Kings County Annual Public Meeting was held on May 16, 2018 at NYC Health + Hospitals/Kings. Ms. Bolus also described that meeting, noting that there also most of the speakers were nurses who spoke about staffing issues.

The Bronx Public Meeting was held on May 23, 2018 at NYC Health + Hospitals/Lincoln. Mr. Nolan described the meeting, which had twenty-two speakers. Again, the most frequent topic addressed by the speakers was safe nurse staffing.

Mr. Campbell requested that at the next Board Meeting that there be a briefing and discussion on nurse staffing across the system and how it relates to patient safety. Dr. Katz agreed.

The Joint Commission concluded its survey of Lincoln Hospital on Friday, May 11, 2018; Ms. Arteaga Landaverde participated in the Leadership Session of the exit conference. The Leadership and staff at Lincoln was commended for their commitment and dedication as evident by the many accolades received from the surveyors - "Super Care Coordination, Chasing the Zero, Passion of Ownership, Antibiotic Stewardship Program, which is ahead of its time", - on the high quality care provided to the patients and the community.

Mr. Campbell then introduced a video developed by the Joint Commission on patient safety, called "Chasing Zero Harm." The video was played for the Board.

Mr. Campbell reported that there is no new item on today's agenda where the Board is being asked to approve a contract prior to Vendex approval. There are five items from previous Board meetings pending Vendex approval, and we have not received any new Vendex approvals since the Board last met. Mr. Campbell said the Board would be notified as outstanding Vendex approvals are received.

Mr. Campbell then turned to Dr. Katz to make his President's report.

PRESIDENT'S REPORT

Dr. Katz's remarks were in the Board package and made available on the NYC Health + Hospitals website. A copy is attached hereto and incorporated by reference.

Dr. Katz noted that he had recently testified before the New York City Council about the System's FY 2019 Executive Financial Plan. According to that plan, the System will exceed revenue and savings targets this fiscal year and will close FY18 \$600 million ahead of budget. Dr. Katz outlined some of the key elements of the Executive Financial Plan that contribute to the elimination of the gap, including focusing on new revenue opportunities through proper billing of insurance for services provided to patients and careful attention to controlling expenses. As part of the effort to control expenses, Dr. Katz noted that there could be opportunities to reduce expenses on rental space used by the System and on reducing the use and number of cars owned or leased by the System.

Dr. Katz informed the board about a new initiative that would contribute to revenue collection, the "Coding Academy." This initiative would provide free training to System coders to allow them to achieve appropriate certifications in coding.

Dr. Katz noted that NYC Health + Hospitals/Lincoln had recently completed a successful Joint Commission survey on May 11, 2018. The hospital was applauded as being a High Reliability Organization, focusing on providing safe quality care for the "whole patient". The hospital also received recognition for its care coordination, strong team work and communication among staff. Several hospital practices were recommended by the TJC survey team to be submitted to The Joint Commission's Leading Practice Library, including the organization's C-section Protocol, Hemodialysis Care Plan and consumption of Clinical Nutritionists.

INFORMATION ITEM

Patricia Yang, Dr.PH, Senior Vice President for Correctional Health Services, provided an update for the Board on Correctional Health Services. Dr. Yang described many improvements that have been made in Correctional Health Services since it has completed its transition to NYC Health + Hospitals,

including improvements in infrastructure and workforce. She also spoke about patient care enhancements, including increased initiation of curative treatment for hepatitis C; the use of telehealth for specialty visits and assessments; expansion of medication assisted treatment for substance use disorders; and expanded women's health services and satellite clinics, among others.

She also described new initiatives to enhance patient care after release, including through improvements to discharge planning; collaborations with NYC Health + Hospitals/Coler and provider ArchCare for post-acute care; and efforts to enhance and improve insurance enrollment. She noted that CHS had provided trainings for the administration of naloxone and naloxone kit distributions at the Visitor Center and beyond.

Finally, Dr. Yang described some of the key future challenges and opportunities facing CHS. These include the Mayor's plan to create a smaller, safer and fairer jail system, and to eventually close Rikers Island. CHS has engaged in many implementation task forces and has initiated an internal review of staffing and service configuration to plan for a future CHS.

"Raise the Age," an initiative to implement a recent state law raising the age of criminal responsibility to 18 years, means that 16 and 17 year olds in custody will be removed from Rikers Island no later than October 1st, and CHS is working with many agencies to clarify legal and regulatory frameworks, modify facility plants, develop a scope of health services, and coordinate the transition of patient to the juvenile system.

The Board expressed appreciation for the update and for the progress made in improving patient care since the transition of CHS to NYC Health + Hospitals.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute up to five successive one-year revocable license agreements with New York City Department of Citywide administrative Services ("DCAS") for the use and occupancy of a 79,290 square foot parcel of

land under the Belt Parkway Viaduct for the construction of a 300 space parking lot to be used by NYC Health + Hospitals/Coney (the "Facility") for parking during the construction of the Inpatient Acute Care Hospital Tower for an occupancy fee of \$1.00 per year.

Roslyn Weinstein, Vice President for Facilities, Capital and Operations, presented on the project and the need for this parking during construction at the Facility. Ms. Bolus asked whether the shuttle to bring people to and from the parking lot and the Facility would be running constantly, including in the evening. Ms. Weinstein indicated that it would.

Mr. Page moved the adoption of the resolution which was duly seconded, discussed and unanimously adopted by the Board.

RESOLUTION

3. Authorizing the New York City Health and Hospital Corporation (the "System") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$6,105,386; of which \$2,000,000 will be funded under PlaNYC initiative and \$4,105,386 from the City's General Obligations Bonds, for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Air Handling Units and Building Management System upgrade project (the "Project") at NYC Health + Hospitals/Woodhull (the "Facility").

Roslyn Weinstein, Vice President for Facilities, Capital and Operations described the project to the Board and answered some questions about the bond financing.

Mr. Page moved the adoption of the resolution which was duly seconded and discussed and unanimously adopted by the Board.

RESOLUTION

4. Approving a resolution to be presented to New York City Health and Hospitals ("NYC Health + Hospitals") Board of Directors to reappoint Dan H. Still as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a

public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

Mr. Rosen moved the adoption of the resolution which was duly seconded and discussed and unanimously adopted by the Board.

BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Campbell at the Board meeting.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, patient privacy, personnel matters and potential litigation.

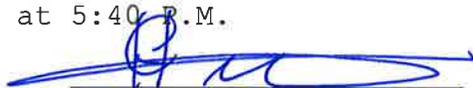
FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell report that the Board (1) received and approved an oral governing body submission from NYC Health + Hospitals/Jacobi; (2) received and approved an oral governing body submission from NYC Health + Hospitals/North Central Bronx; (3) received and approved semi-annual governing body reports from NYC Health + Hospitals/Harlem; (4) received and approved the 2017 Performance Improvement Plan and Evaluation for NYC Health + Hospitals/Gouverneur/Gotham Health.

In addition, the Board unanimously approved the recommendation of the Governance Committee to appointing John Ulberg to the position of Senior Vice President, Chief Financial Officer with a start date within the next 60 days.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:40 P.M.



Colicia Hercules
Corporate Secretary

NYC HEALTH + HOSPITALS
April Board Meeting Follow Up Items

- 1. Notification to the Board of outstanding VENDEX approvals.
See 5/31/18 Board Minutes, Page 3.**

Mr. Campbell reported that there is no new item on today's agenda where the Board is being asked to approve a contract prior to Vendex approval. There are five items from previous Board meetings pending Vendex approval, and we have not received any new Vendex approvals since the Board last met. Mr. Campbell said the Board would be notified as outstanding Vendex approvals are received.

COMMITTEE REPORTS

Capital Committee Meeting - May 10, 2018

As Reported by Mark Page

Committee Members Present: Mark Page, Josephine Bolus, Gordon Campbell and Mitchell Katz.

The meeting was called to order by Mark Page, Committee Chair, at 9:01 A.M.

On motion, the Committee voted to adopt the minutes of the March 14, 2018, Capital Committee meeting.

VICE PRESIDENT'S REPORT

Roslyn Weinstein, Vice President, advised that there were two action items on the agenda; a license agreement for parking for the new Coney Island Hospital building, a sign of the projects beginning, and things to come; and an energy related project at Woodhull, for upgrade to air handling units and the building management system, which are anticipated to result in significant savings as well as help meet energy reduction goals.

Mr. Page asked what the building maintenance system does. Ms. Weinstein explained that it is an electronic system connected to utilities. It could be used to open and/or close dampers, or perhaps shut-off air handling units because they function for a space that is empty, that would all be possible through the building maintenance system. You can also electronically connect other infrastructure items.

That concluded her report.

ACTION ITEMS

- Authorizing the New York City Health and Hospitals Corporation (the "System") to execute up to five successive one-year revocable license agreements with New York City Department of Citywide Administrative Services ("DCAS") for the use and occupancy of a 79,290 square foot parcel of land under the Belt Parkway Viaduct for the construction of a 300 space parking lot to be used by NYC Health + Hospitals/Coney (the "Facility") for parking during the construction of the Inpatient Acute Care Hospital Tower for an occupancy fee of \$1.00 per month.

Daniel Collins, Director, NYC Health + Hospital / Coney Island, read the resolution into the record on behalf of William Brown, Executive Director, NYC Health + Hospital / Coney Island.

Josephine Bolus, RN, NP, BC, noted that the lot was approximately .5 miles from the facility, and asked if there was a plan for days when inclement weather would make the walk difficult. Ms. Weinstein said there would be shuttle service Monday through Friday, but not on weekends, as the on-site lot was anticipated to accommodate weekend staff.

Mrs. Bolus asked if there would be security on site. Ms. Weinstein said yes.

Mr. Collins explained that the lot was an estimated 11 minute walk from the facility, it would hold approximately 300 cars, and would be managed by the parking lot vendor, selected by the Corporation. The vendor will also manage the shuttle.

Mr. Page asked if the property was paved. Mr. Collins said it was under construction, with paving and striping ongoing.

Mrs. Bolus asked if there were special accommodations for electric vehicles. Mr. Collins said no.

Mrs. Bolus noted that the 11 minute walk may impact the on time arrival of staff.

Mrs. Bolus asked why the wording for the resolution was slightly different than usual, with regards to the presentation of five successive one-year agreements, and not one agreement for five years.

Jeremy Berman, Deputy Counsel, explained that the property was owned by the City of New York, and the way the City handles the lease of property is very complicated so the approach has become to use license agreements and not leases, and the hallmark of a license in the City mindset is that it is not for more than a year and can be ended on short notice. The City believes that if a license covered more than a year than it would be a lease. We use this type of agreement with regards to other City property where we manage clinics, such as Guy Brewer Boulevard and La Clinica del Barrio. The Board is requested to approve a five year term so that presenting the new (annual) term is not required each year, even though the Department of Citywide Administrative Services (DCAS) will in fact be renewing each year.

Mr. Berman explained that it was likely that the full five years would not be needed but this allows for the full five years of approval.

Mrs. Bolus said she liked the \$1.00 per month rent rate. Mr. Berman said he believed that was a typo and it was in fact \$1.00 per year.

Mr. Page asked that the resolution be voted on, with the corrected/amended \$1.00 per year annual rent.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the amended resolution for the full Board's consideration.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$6,105,386; of which \$2,000,000 will be funded under PlaNYC initiative and \$4,105,386 from the City's General Obligations Bonds, for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Air Handling Units and Building Management System upgrade project (the "Project") at NYC Health + Hospitals/Woodhull (the "Facility").**

Gregory Calliste, Chief Executive Officer, NYC Health + Hospital / Woodhull, read the resolution into the record. Mr. Calliste was joined by Lisa Scott-McKenzie, Deputy Director, NYC Health + Hospital / Woodhull, and Cyril Toussaint, Director, Office of Facilities Development.

Mr. Calliste explained that air handling and air conditioning units and services are unbalanced and not ideal for staff and patients. Upgrades are necessary and this project will help with those issues and help with efficiency. He explained that the BMS system would make servicing the facility more timely, in that changes could be made in one single location and technicians would not need to go around the facility to make adjustments.

Mrs. Bolus asked how the work would affect services. Mrs. Scott-McKenzie said that all units were above patient areas and so services would not be disrupted.

Mr. Page asked if that meant that air conditioning services would continue to be provided while work was being completed. Ms. Scott-McKenzie said yes, in fact some units have already been upgraded, and those will be in use. At some point in the future, replacement will be necessary but the upgrades will improve service for years to come.

Mrs. Bolus was pleased that the project was being subsidized.

Mr. Page asked if the project would be managed by DCAS or NYPA. Mr. Toussaint said NYPA would manage the project and we would be overseeing NYPA.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

There being no further business, the meeting was adjourned at 9:15 A.M.

Community Relations Committee Meeting - May 8, 2018

As Reported by Josephine Bolus

Committee Members Present: Robert Nolan, Helen Arteaga-Landaverde and Mitchell Katz, M.D. President.

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:30 p.m. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of the March 13, 2018 Community Relations Committee Meeting. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON'S REMARKS:

Mrs. Bolus opened the meeting with a warm welcome to all and continued and highlighted notable community related initiatives and accomplishments from across the system including:

- Three of the five Annual Public Meetings of the Board were held in April and early May. Mrs. Bolus noted that a common theme had emerged from these meetings, which came from nurses who were advocating for increased staffing at the facilities. Mrs. Bolus thanked those who testified and encouraged CAB leaders in Brooklyn and the Bronx to attend their upcoming meetings and to provide testimony. Mrs. Bolus added that the remaining meetings will begin at 6pm on the following dates and locations:
 - o For Brooklyn: Wednesday, May 16, 2018 at NYC Health + Hospitals/Kings
 - o For The Bronx: Wednesday, May 23, 2018 at NYC Health + Hospitals/ Lincoln.
- NYC Health + Hospitals/Metropolitan received an "A" for patient safety from The Leapfrog Group. Mrs. Bolus explained that Leapfrog's Hospital Safety Grades are assigned to hospitals

across the country based on their performance in preventing medical errors, infections and other harms among patients in their care. Mrs. Bolus noted that Metropolitan was the only hospital in New York City to receive an A grade.

- In April, twenty-two (22) patient care locations, across all five boroughs, received the designation "Leader in LGBTQ Healthcare Equality" from the Human Rights Campaign Foundation for 2018. Mrs. Bolus added that this is the third consecutive year that NYC Health + Hospitals had received this designation. She continued and explained that the honor acknowledges hospitals, community health centers, and nursing homes across the country that embrace LGBTQ inclusion and patient-centered care. Mrs. Bolus announced that Edward Fishkin, MD, Chief Medical Director at NYC Health + Hospitals/Woodhull, was honored by *Gay City News* with its Impact Award, for "Outstanding contributions to the LGBTQ community", for his work in opening the Pride Health Center at Woodhull.
- In recognition of Immigrant Heritage Week 2018 (April 16th - 22nd), Dr. Katz and the Mayor's Office of Immigrant Affairs Commissioner, Nisha Agarwal, joined together to reissue a letter that was first published in December 2016, letting New Yorkers know that public health facilities are open to all regardless of their immigration status or ability to pay, and to seek care without fear of having their immigration status disclosed.
- On April 24th, NYC Health + Hospitals joined with CAMBA Housing Ventures and its partners to mark the official opening of CAMBA Gardens Phase II, a \$100 million housing development providing 293 units of affordable and supportive housing on the campus of NYC Health + Hospitals/Kings. Mrs. Bolus added that along with CAMBA Gardens Phase I, which opened in October 2013, the two developments provides a combined 502 affordable and supportive rental housing units for low-income residents, many of whom had been or will be connected to needed social services and health services.

Mrs. Bolus concluded her report by announcing and inviting all to attend the fourteenth (14th) Annual Marjorie Matthews Community Advocate Recognition Ceremony and BBQ on Thursday, July 19th from 4:00-8:00p.m.

PRESIDENTS REMARKS:

Mitchell Katz, M.D.

Dr. Katz welcomed Committee Members, CAB Chairs and invited guests and informed members of the Committee and CAB Chairs that over the last four (4) months he had visited NYC Health + Hospitals' community health centers, skilled nursing facilities and hospitals. Dr. Katz

noted that his remarks would be brief because he looked forward to hearing the presenting CABs' annual reports.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Cumberland/A Gotham Health Center

Mrs. Bolus introduced Ms. Sharon Oliver- Henderson, Chairperson of NYC Health + Hospitals/ Cumberland CAB and invited her to present the CAB's annual report.

Ms. Oliver-Henderson began her presentation by greeting members of the Committee, CAB Chairs and invited guests. Ms. Oliver-Henderson highlighted the following key points and accomplishments:

- NYC Health + Hospitals/ Cumberland FQHC continues to flourish. With the growing of the North Brooklyn community, the number of patients had increased in adult medicine, pediatrics and behavioral health.
- NYC Health + Hospitals/Cumberland's administration and staff are continuing to working together to make improvements. Ms. Oliver-Henderson added that the changes in aesthetics and the layout had made the facility warm and inviting to Cumberland's patients. She added that the administration works diligently to improve access and wait-time.
- The Community Advisory Board works closely with Administration. The Board makes suggestions and provides feedback on issues relating to patient satisfaction and patient care.
- Cumberland Men's Committee (CMC) is currently being formed to address the disparities in health care for men of all ages. Their mission is to encourage and teach men to take care of their health and support one another.

Ms. Oliver-Henderson concluded her presentation by thanking Michelle Clark, Site Administrator and Nancy Ramos, CAB Liaison, for the leadership and support.

Mr. Ludwig Jones, Chairperson, NYC Health + Hospitals/East New York, asked about the Men's Health program at Cumberland.

Ms. Oliver-Henderson responded that the Men's Health group meets once a month to discuss issues relevant to men's health.

NYC Health + Hospitals/Harlem

Mrs. Bolus introduced Mr. William Hamer, 1st Vice Chairperson of NYC Health + Hospitals/ Harlem CAB and invited him to present the CAB's annual report.

Mr. Hamer began his presentation by thanking members of the Community Relations Committee for the opportunity to present Harlem's CAB annual report and acknowledging Ebone Carrington, CEO, NYC Health + Hospitals/Harlem for her leadership and support for always making the Patient Experience a top priority. Mr. Hamer noted that the leadership has been transparent in keeping the CAB informed about the system's transformation. Mr. Hamer continued and noted that NYC Health + Hospitals/Harlem is always in pursuit of excellence. He highlighted the following key points and accomplishments:

- NYC Health + Hospitals/Harlem opened a new state-of-the-art Geriatric Center and was selected to participate in the historic National Institute of Health's (NIH) Precision Medicine Initiative, known as the All of Us Research Program. Mr. Hamer explained that the goal is to help researchers understand more about why people get sick or stay healthy. This is done by taking into account individual differences in lifestyle, environment, and biology. Mr. Hamer added that researchers will uncover paths toward delivering precision medicine, helping to improve health outcomes nationally. He announced that the official launch of the All of US Research program had occurred on Sunday, May 6, 2018.
- The New York City Department of Environmental Protection (DEP) named NYC Health + Hospitals/Harlem as the winner of the NYC Water Challenge to Hospitals. Mr. Hamer noted that the facility reduced water usage by 7.4% in 2017, saving 12.6 million gallons of water during the Challenge.
- Thanks to the Finance department's reorganization, realignment and implementation of the new enterprise level systems, there was

a reduction in discretionary spending from \$60.2M to 27.9M at NYC Health + Hospitals/Harlem.

- The CAB's Patient Care Committee works closely with the hospital's Patient Experience Officer and Director of Guest Relations to serve as secret shoppers. He added that the CAB provides real time reports on the Patient Experience and also actively attends monthly hospital committee meetings such as: Patient Advocacy Committee, Patient Safety Committee and Emergency Preparedness Medical/Dental Executive Committee

Mr. Hamer concluded his report by stating that the CAB participated in this year's lobby day in Albany, NY on Tuesday, February 13th and hosted a successful legislative breakfast on Thursday, March 15th. Mr. Hamer added that it was a great year, full of a lot of learning, growth and accomplishments.

Mr. Nolan, Board members asked about Harlem's Hip Hop Stroke program.

Ms. Carrington responded that the Hip Hop Stroke Program is part of NYC Health + Hospitals/Harlem Stroke Center's multi-year stroke initiative to provide screening services and educate the community to recognize stroke symptoms. Ms. Carrington noted that the Hip Hop Stroke project's goal is to teach children and families about stroke. She explained that the idea was to use universally popular music so that children would not only get valuable information, but would retain and to recognize stroke symptoms quickly so they can call 911 if they suspect a problem.

NYC Health + Hospitals/Sydenham

Mrs. Bolus introduced Mr. Everett Person, Vice Chair of NYC Health + Hospitals/ Sydenham CAB and invited him to present the CAB's annual report.

Mr. Person began his presentation by thanking members of the Committee for the opportunity to present the Sydenham CAB's annual report. Mr. Person continued and thanked Gregory Atwater, Deputy Executive Director, Reba Williams, Medical Director, Randreta Ward-Evan, CAB Liaison and Renee Rowell, Director of Community Affairs, for their leadership and support. Mr. Person highlighted key points and accomplishments:

- Mr. Person and fellow CAB member Donna Gill participated in this year's lobby day in Albany, NY. Mr. Person noted that in lieu of having a legislative breakfast the CAB and facility leadership met directly with local elected officials.

- On Friday, May 11th Councilman Mark Levine, Chair, NYC Council Health Committee will tour Sydenham Health Center. The CAB will continue to meet with political leaders during the year.
- The CAB organized a meeting between leadership and the Police Athletic League. The CAB will also host a Meet and Greet with Community Boards 9, 10, 11 and 12 Chairs and Health Committee Chairs.
- Over 300 patients were in attendance at the Pediatric Holiday Event of 2017 that was chaired by Paula Dowds. Mr. Person added that the day was filled with toys, healthy snacks, storytelling, face painting and music.
- Gregory Atwater, NYC Health + Hospitals/Sydenham's Deputy Executive Director continues to have an open door policy. Mr. Person added that Mr. Atwater meets with the CAB leadership to discuss community concerns, and give updates on new initiatives and strategic planning. Mr. Person added that through continued staff development, Mr. Atwater had improved patient satisfaction especially patient flow and customer service. Mr. Person noted that Dr. Katz toured Sydenham Health Center, and congratulated our leadership on patient flow.
- The most significant health care service needs and concerns for the West Harlem community are: AIDS and HIV, Asthma, Cancer Screening, Child Obesity, Dental, Diabetes, Eye Care, Health Disease, Hypertension, Mental Health and Counseling, Nutrition, Opioid Program, Prenatal care, Smoking, Social Services and Weight Management.

Mr. Person concluded his report by informing members of the Committee, CAB Chairs and invited guests that a major concern of the CAB is the need for a larger facility. Mr. Person explained that with the closing of Grant, Washington Heights and temporary closing of Drew-Hamilton there is a lack of staff space at the current Sydenham site. Mr. Person continued and added that in addition to needing more space, Sydenham also needs at least two vans. Mr. Person explained that having several offsite health centers, Sydenham is required to make deliveries daily, up to and including sterile instruments, transporting patients and staff between sites to make sure specific health care services of our

patients are met.

NYC Health + Hospitals/Woodhull

Mrs. Bolus introduced Mr. Talib Nichiren, Chairperson of NYC Health + Hospitals/ Woodhull CAB, and invited him to present the CAB's annual report.

Mr. Nichiren began his presentation by thanking members of the Committee for the opportunity to present the Woodhull CAB's annual report. Mr. Nichiren continued and added that his report will be very brief and that he would submit his talking points to be noted in the minutes. Mr. Nichiren continued and presented the following:

- NYC Health + Hospitals/Woodhull primary and specialty clinic's extended their hours of operations to accommodate the community's increase in service demands. Mr. Nichiren added that Woodhull had opened a second LGBTQ Pride clinic. He added that the Pride Clinic will provide patient-centered and culturally sensitive health services to the LGBTQ community in an environment that will aim to remove barriers to care.
- The Woodhull CAB was instrumental in securing jobs for community residents on the current housing project on NYC Health + Hospitals/Woodhull campus. Mr. Nichiren added that the CAB also recommended the relocation of the Dialysis Unit to the main floor thereby making it more accessible.

Mr. Nichiren concluded his report by thanking Maria Hernandez for her leadership and support of the CAB.

NYC Health + Hospitals/McKinney

Mrs. Bolus introduced Ms. Eunice Sebro, Member of NYC Health + Hospitals/ McKinney CAB, and invited her to present the CAB's annual report.

Ms. Sebro began her presentation by informing members of the Committee, CAB Chairs and invited guests that under the Leadership of David Weinstein, Chief Executive Officer and his leadership team that McKinney remains the Waldorf of Post-Acute Care. Ms. Sebro continued and explained that the reason for McKinney's great achievements was because their health care practices are in alignment with the principles and transformational goals of keeping the focus on the residents, ensuring their greatest experiences and expectations of quality care. Ms. Sebro noted that in this pursuit of excellence their

greatest resource is the staff who are treated with utmost respect because they find ways to be humanely innovative, accommodating and motivated. Ms. Sebro highlighted key points and accomplishments:

- The CAB continues its community outreach as each member takes the initiative to spread the word to their various boards and churches about all the events at McKinney.
- The food serving system at McKinney has been upgraded and the residents continue to enjoy the Dinx system which is a thermal heating system where the right temperature of food is held for serving. Ms. Sebro added that McKinney had also formed a Dining Experience Committee which included representation from nursing staff and a resident. Ms. Sebro explained that the committee's goal is to implement ideas that allow residents to have a lifestyle that they are accustomed to and to encourage more sociability and choices.
- During the Christmas holiday, the McKinney CAB held its first Community Coat Drive. Ms. Sebro noted that they distributed more than 100 coats to the community.

Ms. Sebro concluded her report by informing members of Committee, CAB Chairs and invited guests that during Women's History Month, McKinney celebrated the birthdays of six (6) female residents who were 100 years and over. Ms. Sebro added that their families and community residents joined the celebration. Ms. Sebro added that each Centenarian received awards, citations and proclamations from various elected officials. Ms. Sebro noted that the phenomenal event was publicized by many different news channels and newspapers.

The meeting was adjourned at 6:20 PM.

<p>Equal Employment Opportunity Committee Meeting - May 8, 2018 As Reported by Robert Nolan Committee Members Present: Robert F. Nolan, Josephine Bolus, R.N., Helen Arteaga Landaverde, Mitchell Katz, MD, Gordon Campbell</p>

A meeting of the Equal Employment Opportunity Committee of the NYC Health + Hospitals' Board of Directors was held on May 8, 2018 in the Board Room at 125 Worth Street, Room 532, New York City, with Committee Chair, Robert F. Nolan, presiding. The meeting was called to order at 3:34 p.m. A motion to approve the minutes of the March 13, 2018 meeting was duly made and unanimously approved.

2018 CONDITIONALLY APPROVED CONTRACTORS UPDATE

CONDITIONAL APPROVAL CONTRACTS

U.S. FOODS INC. CONTRACT

U.S. Foods, Inc. (dietary services) contract was awarded in 2014 with a value of \$358 million.

NYC Health + Hospitals workforce analysis is specific to its Metro New York Distribution Center location. This year, the vendor has 6 areas of workforce underrepresentation for women and/or minorities, as follows: Job Group 1C Middle Management, for minorities and women; Job Group 4A Commission Only Sales, for minorities and women; Job Group 2A Professionals, Administrative, for minorities and women. Cindy Kaneshiro, Director of Workforce Compliance, and Terry Brown Edwards, Northeast Region Legal Counsel, represented U.S. Foods.

Terry Brown Edwards stated that from 2017 to 2018, the size of the company's Metro New York Distribution Center's workforce - located in Perth Amboy, New Jersey - increased from 706 to 734 total employees. Total number of minority employees also increased, from 398 to 439, for a net increase of 41. The total number of women on staff remained flat at 86. Ms. Brown Edwards explained that during the same time period there was a company-wide restructuring of its supply chain procurement function across 62 distribution centers across the enterprise. As a result of streamlining efforts there was 100% attrition during the middle of last year in the metro NY area. In response, the company conducted internal and external recruitment efforts and increased the salary of warehouse personnel.

Job Group 1C, Middle Management, experienced zero changes for minorities and women from 2017 to 2018. In Job Group 2A Professionals, Administrative, Ms. Brown Edwards asserted that while the total number of females decreased, the percentage of female representation increased by 2.7%. In Job Group 4A Commission Only Sales, both the number of women and minorities decreased. Most of employees left for better opportunities and on their own volition, and not as a result of a corporate-wide initiative.

Robert Nolan asked if U.S. Foods matched opportunities for employees who resigned. Ms. Brown Edwards explained that type of information would be gathered during the exit interview process, and it would depend on the reason for the resignation. Generally a conversation to match the opportunity would be made if an employee's resignation was based on securing a comparable position. She did state she had no evidence to support her assertion.

Robert Nolan asked what opportunities are provided to employees in Job Group 4A Commission Only Sales to move up into middle management. Ms. Brown Edwards stated that there are pipelines and training initiatives available that feed into middle management positions that include

leadership classes, emerging leadership programs, resources for high potential performers, and a robust evaluation process that provides opportunities for discussions about career trajectory within U.S. Foods.

Helen Arteaga Landaverde, Board Member, inquired about the difference between the number of male and female employees in Job Group 4A Commission Only Sales. There was a discussion about the travel requirements and pay structure for the 4A Commission Only Sales Job Group to determine why there was an unbalanced gender ratio within the job group.

Board Members inquired about job tenures for minorities and women within the company. The information was not currently available, but Ms. Brown Edwards stated that the company plans to start new employee resource groups to assist with staff engagement and increase recruitment efforts for minorities and women in underrepresented groups. The company increased efforts to hire bilingual managers and supervisors, host job fairs, use local recruitment sourcing, and offer internal career advancement programs. Ms. Brown Edwards stated she would get back to Members on the questions and/or information that was not available at the time.

FOLLOW UP ITEMS

1. Job Group 4A - 96 employees, with 9 Females and 7 minorities. What is being done to make this group more diverse?
2. U.S. Foods, Inc. to provide the average length of employment per Committee's request
3. What is the address of the Westchester site?
4. U.S. Foods, Inc. to identify who is utilizing the job incentives resources?

EEO COMMITTEE PRESENTATION

Blanche Greenfield, Chief Employment Counsel, updated members on the System's Equal Employment Opportunity (EEO) activities. Mr. Greenfield gave an overview of key terms and definitions and the reasonable accommodation process. Ms. Greenfield then reviewed the number of complaints received in 2017 by category.

From 2015 to 2017, system-wide reasonable accommodation requests tripled, which Ms. Greenfield attributes to the centralization of the reasonable accommodation request process and ability to better track requests. While the number of reasonable accommodation requests have increased, the number of annual internal and external complaints have decreased, which Ms. Greenfield credits to improvements in responding to requests.

23% of reasonable accommodation requests are made by individuals in nursing job titles. 17% of all requests are for those who have a lifting restriction. Ms. Greenfield clarified that every nurse that is in need of a reasonable accommodation will be considered for one, even if they are not ultimately granted one.

Dr. Mitchell Katz asked if there are lifting teams at any of the hospitals. Ms. Greenfield responded that Safe Patient Handling was recently mandated, which requires equipment to be made available to any employee handling over 35 pounds. Additionally, the Office of the EEO is working with Human Resources to accommodate nurses who are injured and no longer able to perform the essential functions of their job.

Ms. Greenfield stated that in April 2018, the New York City Council passed the Stop Sexual Harassment NYC Act, which makes annual sexual harassment training and reporting of sexual harassment information within city agencies mandatory. The Office of the EEO has updated its sexual harassment training, which is currently being reviewed by the City. Once the training is launched it will be mandated to all staff on an annual basis. Mr. Nolan asked whether there is training available for Board Members. Ms. Greenfield promised to look into this.

The Office of the EEO will provide EEO Committee members with an update in six months. At that time, the Committee will determine the ongoing frequency of EEO Office reporting.

The meeting was adjourned at 4:38 p.m.

Finance Committee - May 22, 2018

As Reported by Bernard Rosen

Committee Members Present: Bernard Rosen, Gordon Campbell, Dr.

Mitchell Katz, Josephine Bolus, Barbara Lowe, Helen Arteaga Landaverde

Mr. Bernard Rosen called the meeting to order at 2:03 pm. The minutes of the March 14, 2018 meeting were approved as submitted.

SENIOR VICE PRESIDENT'S REPORT

P.V. ANANTHARAM

Mr. PV Anantharam began his report noting that at the end of April, the cash balance was above \$650 million. In May, a pension payment was made, bringing Health + Hospitals up-to-date on its pension payments through April 2018. The estimated cash at year end is projected to be about \$250 million. In terms of supplemental payments, \$2 billion of the \$3 billion that was to be received has been received. Over the next month, pending issues will hopefully be resolved between Health + Hospitals, the City, and the State to allow remaining payments to flow. Utilization trends are doing a little better, but are still

declining at a slower pace. Significant progress continues to be made on revenue collection efforts due to the tremendous efforts of the facility CFOs in implementing the revenue cycle initiatives. Patient care revenue is \$150 million greater than last year through March, even with lower utilization. Headcount is holding steady at 44,450 full time employees, and those numbers may increase as hiring of clinical staff continues to be a focus. Mr. Anantharam asked Ms. Linda Dehart to provide a brief update on the short-term capital borrowing program. Ms. Dehart noted that since the last report to the Committee in January, there has been no new borrowing under the Board authorized Short-Term Capital Financing program. The January report highlighted the closure on a \$60 million loan agreement with Citibank in November 2017, of which \$30 million was borrowed at closing. There has been no new borrowing activity under this program since then. Projected spending against both the \$30 million Citibank loan and the previously borrowed \$60 million JP Morgan loan has been completed. More detail will be discussed at the Capital Corporation semi-annual meeting. With no further questions, the reporting was concluded.

KEY INDICATORS REPORT

KRISTA OLSON

Ms. Krista Olson began the utilization report reporting through March 2018. Starting with acute care hospitals, ambulatory care visits are down by 1.5% against last year, compared to 2.4% from the March meeting. Acute Inpatient discharges are down by 2.3%, consistent with the last report. The average length of stay is a half-day greater at Health + Hospitals overall, compared to the city-wide average, when adjusting for case mix. Case mix index is up by 2.6%

Ambulatory care visits continue to decline, down by 6.1 compared to this time last year, which is a slightly lower rate of decline than the previous report. As previously discussed, there are a number of efforts to recruit and hire staff. Long-term care days are down by 2.3% compared with last year, primarily at Coler and Henry J. Carter. For Carter, the decline is in LTAC services. Mr. Gordon Campbell asked about Cumberland's increase. Ms. Olson noted that hiring providers contributed to that, and sometimes hiring one or two providers can make a difference. Dr. Mitchell Katz noted if a doctor leaves or goes on vacation that may contribute to swings in numbers for clinics. Ms. Barbara Lowe noted that things were looking good in terms of stabilizing, and that there should be a continued focus on acute care and primary care facilities in understanding the numbers. With no further questions, the report was concluded.

CASH RECEIPTS & DISBURSEMENTS REPORT

MICHLINE FARAG

Ms. Michline Farag began her reporting on global full-time equivalents (GFTEs). For Global FTEs, Health + Hospitals is down 962 GFTEs since the start of FY18 through March. This is a total decline of 4,957 since the implementation of FTE controls in November 2015. For FY18 through March Budget numbers, receipts came in \$87.3 million better than budgeted, and disbursements are \$12.9 million better than projected.

Ms. Farag continued her report discussing the comparison of FY18 actuals to FY17 actuals through March. For direct patient care receipts, Health + Hospitals is doing better through March compared to last fiscal year. Inpatient receipts are up \$154 million, and outpatient receipts are \$48.3 million higher. Overall receipts in FY18 through March are \$388 million lower than last year. This is due to pools timing. Last fiscal year, Health + Hospitals received \$217.6 million more through March due to a large MetroPlus payment. Mr. Fred Covino noted that pools payments would be coming before the end of the fiscal year, and that Health + Hospitals will have higher risk pool revenue than last fiscal year, including DSH funds. Mr. Campbell asked if these improvements are due to Health + Hospitals efforts, and Mr. Anantharam noted that the patient care receipts of \$154 million was due to the facility revenue cycle efforts. Mr. Fred Covino added that the receipts increased from the prior year even with the declining volume highlighted by Ms. Olson.

In terms of total cash disbursements, Health + Hospitals is \$266.8 million higher than last fiscal year partly due to a payment made to the City in the first quarter of FY18 for FY17 obligations as we all as \$291 million higher in fringe retiree health and pension payments made in FY18. Ms. Farag continued her report for FY18 through March actual receipts and disbursements against budget. Receipts are \$87 million better than budgeted, the majority of which is in patient care receipts - \$64.7 million better in patient care receipts. For cash disbursements, Health + Hospitals is on target at \$12.9 million less than budgeted. With no further questions, the report was concluded.

PAYOR MIX

KRISTA OLSON

Ms. Olson reported on payor mix data through the third quarter of FY18. All three payor mix reports - Inpatient Discharges, Adult Outpatient Visits and Pediatric Outpatient Visits - continue to show declines in uninsured when compared to the prior year. For inpatient in FY18, it was 4.5% compared to 5.1% in FY17. Mr. Campbell asked if this was due to less uninsured coming through the doors or because of staff efforts on working with the uninsured to become insured. Ms. Olson noted that there were more applications for insurance. Mr. Anantharam added that there has been a lot of front-end work around

enrollment, including collaborations with MetroPlus. Dr. Katz also added that in New York State, all children are insurable and that the target should be 0% uninsured for children. The discussion included references to anecdotal evidence that some parents may be reluctant to provide information on their children due to their immigration status.

Mr. Rosen asked if the exclusion of emergency room (ER) visits from the Outpatient Payor mix reports was new. Ms. Olson answered that ER visits had always been excluded for many years. Ms. Lowe suggested looking at ER data, and Mr. Katz affirmed that if the data was available that perhaps it should be included in the report moving forward. Ms. Olson noted that ER data could be included in a separate line. With no further questions, the report was concluded.

SUPPLY SIMPLIFY

PAUL ALBERTSON

Mr. Paul Albertson began the update about Supply Simplify, the supply chain work being conducted throughout Health + Hospitals with Huron assistance. Health + Hospitals Supply Chain and Finance identified the need to find more savings in the supply chain process and reduce Other Than Personnel Spend (OTPS). The corporation currently spends about \$1 billion in OTPS spend, and work had begun to increase savings every fiscal year, including centralization in FY17. The savings achieved were approximately \$23 million in FY15, \$39 million in FY16, \$65 million in FY17, \$90 million in FY18, and a projected \$110 million in FY19. A Request for Proposal (RFP) was issued, and Huron was engaged to help determine additional areas of opportunity and potential initiatives. The contract has an 18 month timeline, ending in March 2019. Mr. Campbell asked if the FY savings figures were one-time or recurring, and Mr. Albertson noted that it was recurring for the most part, reflective of the life of a contract. The target benefit was \$69 million. There are currently thirty-six initiatives that have been launched for over \$70 million in identified benefit.

Mr. Albertson provided an overview of the Health + Hospital teams and leads with benefit values. The Purchase and Support Services team is being led by Mercedes Redwood. The target benefit is \$12.5 million, and the current launched benefit is \$8 million. The services in this category include services such as Food Services, Housekeeping, Laundry/Linen, Waste Management, Office Supplies, and Interpretation Services. For Food Services and Housekeeping Services, the work focuses on corporate-wide contracts that reduce spend but does not decrease services or quantities. For Laundry/Linen, the savings of \$3 million requires a considerable shift on how Health + Hospitals does business such as an agreement of a single process across the system in terms of bed-making. The initiative includes working with Chief Nursing Officer Kim Mendez and the hospital operating staff to develop

and implement a single system on bed-making and linen utilization. Ms. Lowe noted that these kinds of initiatives relates to patient experience. Mr. Campbell asked if there currently are multiple vendors for Laundry/Linen, and Mr. Albertson noted one vendor but multiple approaches across the facilities. Mr. Rosen requested that if the benefit chart on page 3 is utilized in further presentations, that a footnote be included about the benefit value against the totals. Mr. Albertson noted that the Huron work initially identified lower values in terms of opportunity for Laboratory, IT, and Pharmacy, so that some of those values have now increased. Mr. Campbell asked if the \$8 million in current launched benefit in Purchases and Support Services could be increased, and Mr. Albertson noted that it likely can be. Dr. Katz asked if the Target Benefit was related to the initial Huron estimate, and Mr. Albertson confirmed it was. Dr. Katz noted it was important that these estimates be identified as Huron estimates. Dr. Katz also noted that it was impressive that Health + Hospitals had exceeded the target estimate in some of the categories.

The Lab team is being led by Kenra Ford. An example of this work is the utilization of blood services, where Ms. Ford is working with Blood Bank leadership. Another example in this area is high cost lab tests, including approvals. The Clinical Supplies work is being led by Joe Wilson, an example of the work is implantable such as spinal implants and screws, and working with Dr. Machelles Allen as the Chief Medical Officer and Sean Studer on better contract pricing and flattening costs with fewer vendors. The IT work is being led by Sal Guido, and examples include the Canon contract, as well as looking at Microsoft and Quadramed. Roslyn Weinstein is leading the Facilities team work which includes infrastructure, elevators, and maintenance for HVAC and boilers.

Mr. Albertson noted that the Pharmacy work is the sweet spot. The work includes looking into opening the outpatient pharmacy to all patients, not just the uninsured. Dr. Allen and Bill Foley are co-chairing a governance group that will examine workflow, patient experience, and education of physicians and staff. Ms. Lowe asked about whether this includes pharmacy programs in the hospitals, and Mr. Albertson noted that a meds-to-beds program is being looked at, as well as emergency rooms and ambulatory care centers. Mr. Campbell requested a briefing on this work for the Medical and Professional Affairs committee. Ms. Bolus asked if the pharmacy program would also serve retirees, and Mr. Albertson noted that he would look into this as he was not able to provide an answer immediately. Mr. Albertson provided an overview of the initiatives by type of financial improvement, including a reduction in utilization of a supply, commodity item, or service; reduction in cost of existing product or service by renegotiating pricing/contract; additional or new operating revenue; converting to a

lower cost or alternative product; and reimbursed revenue due to changes in charges for supply items. Mr. Campbell noted that the Huron work would end in March 2019, and would Health + Hospitals be able to continue to do the work without them. Mr. Albertson noted that the foundational work would be completed, and Health + Hospitals would be doing the work differently in partnership with Ms. Weinstein and Kevin Lynch.

There being no further business to discuss, Mr. Rosen adjourned the meeting at 2.35 pm.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc. - Board of Directors Meeting May 1, 2018 As reported by Mr. Bernard Rosen

CHAIRPERSON'S REMARKS

Mr. Rosen welcomed everyone to the MetroPlus Board of Director's meeting of May 1st, 2018. Mr. Rosen stated that the meeting would consist of the Executive Directors report presented by Dr. Saperstein, followed by the Medical Directors report presented by Dr. Talya Schwartz. Mr. Rosen stated that there would be two resolutions presented for approval.

EXECUTIVE DIRECTOR'S REPORT

Mr. Rosen asked Dr. Saperstein, MetroPlus' Chief Executive Officer, to present his report. Dr. Saperstein's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Before Dr. Saperstein began his report, he thanked Barbara Keller, New York City Health + Hospitals' (NYC Health + Hospitals) Deputy Counsel for her 20 year of service with the MetroPlus Board of Directors and congratulated her on her retirement.

Dr. Saperstein stated that for membership growth, on a monthly reconciliation basis, the total Plan enrollment was 519,467. On a weekly number the latest enrollment was 523,625, this was due to the Plan receiving retroactive enrollment on a weekly basis. Overall, the organization grew 4% within the last six months. A goal was set with department heads to grow the Plan by 4% every year and the Plan achieved this goal. Dr. Saperstein thanked Roger Milliner, MetroPlus' Deputy Executive Director of Marketing, for helping achieve this accomplishment. Dr. Saperstein stated that the Essential Plan grew by 11% and Qualified Health Plan (QHP) grew by 85%. This increase in QHP enrollment was due to the Plan being one of the lowest costing plans in comparison to most of the products in the City.

For disenrollment, Dr. Saperstein stated that there has been a huge year to year improvement. The Plan used to lose about 6% of members to disenrollment. In 2017 the Plan lost 4% of members to disenrollment and in 2018, the Plan has decreased the disenrollment to 3.25%.

On the Finity rewards program Dr. Saperstein stated that it appears to be successful and that the Plan will be taking a closer look at it to make sure that it is worth the financial investment. Over 30,000 members registered into the Finity program, which is double the number from six months ago. Of the 30,000 members that are registered, 7,000 have claimed their prizes. Dr. Saperstein mentioned the two-member

appreciation events that the Medical Management Department put together and stated that at these events a lot of the Plan's members were at Finity's table to make sure that they were signed up for the rewards program.

For organization strategy, Dr. Saperstein stated that the executive team, alongside a group of senior leaders, worked on revamping the mission, vision, and values, with strategic initiatives for MetroPlus that will be revealed at the next Board of Directors meeting. Dr. Saperstein shared the new vision with the Board of Directors which is that MetroPlus wants to be the number one plan of choice for the community that it serves. In addition to the revised mission, vision, and values the Plan has also implemented four different pillars. One of which being the Plan capitalizing on the partnership with NYC Health + Hospitals and to also drive as much business into the Health + Hospitals system. The Plan will be sure not to push members into the Health & Hospitals system but guide the members that want to go to NYC Health + Hospitals.

Mr. Williams referred to Dr. Saperstein's report regarding the Finity rewards program and stated that the Board should recognize that it is a short term/long term marketing and advertising benefit. Mr. Williams stated that the ability to measure the results of the Finity program is a little more complicated but the fact that you can see MetroPlus' logo is present in many places is going to continue to be a great benefit to the Plan.

MEDICAL DIRECTOR'S REPORT

Mr. Rosen asked Dr. Schwartz, MetroPlus' Chief Medical Officer, to present her report. Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Dr. Schwartz began by informing the Board of Directors of the official QARR results. For the official incentive ranking MetroPlus received a tier two ranking, whereas, last year the Plan was in tier one. The composite score is composed of three components. The first being clinical measures which are HEDIS measures. The top score you can receive from these measures being 100 points. Out of the 100 points the Plan received 98.5, losing 1.5 points out of the 100 possible. Dr. Schwartz stated that the Plan performed well but came second to HealthFirst in terms of clinical quality. The other section that contributes towards the composite score is customer satisfaction. That score was comprised from a survey that was administered to the members. The max score that can be received on the satisfaction section is 30 points to which the Plan received 10. Dr. Schwartz noted that this was a significant loss of points in comparison to last year. The third section being avoidable admissions. The max amount of points that could be received for the avoidable admissions component score is

20 points for hospitals not admitting a patient if there is no need to admit the patient. Instead the hospital should implement following up and evaluating patients. For this section the Plan received 0 out of 20 points.

The Plan did tremendously well on clinical measures, the Plan, however, did not perform as well on the satisfaction and avoidable admissions portion, which ultimately landed the Plan in tier two. Dr. Schwartz stated it is important for MetroPlus to perform well because it impacts the Plan financially as the premiums are impacted by the tier list. By moving into tier two the Plan lost 12 million dollars. MetroPlus still received 25 million incentive dollars from the State because the Plan performed well overall. The Plan is currently working on a strategy to ensure that it lands in tier one next year. Dr. Saperstein stated that the topic of discussion at the PHP Coalition, that he attended earlier that day, was the numbers from the Prevention Quality Indicators. The Coalition discussed that the down state health plans such as New York City had scored 0 points, while a lot of the upstate health plans did well.

For member appreciation, Dr. Schwartz stated that over 150 participants attended the member appreciation event mentioned earlier by Dr. Saperstein. In addition to the games and raffles offered, the Plan also performed Health Risk Assessments on almost 60 members which is required for the population.

Dr. Schwartz stated that the State and CMS conduct member satisfaction surveys to feed into quality reporting. The Plan aims to know how the membership is doing ahead of the surveys because when the survey is preformed the Plan is not aware of the population the questions are directed to. To avoid poor results from the survey, MetroPlus proactively conducts its own survey so that the Plan is aware of any weaknesses or issues that may arrive from the survey conducted by the State. Dr. Schwartz referenced a recent Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey in her report that is attached hereto for reference to showcase the member's satisfaction with the Plan.

The Plan also performed a Medicare survey, prior to the official Medicare survey. Instead of doing a general survey across the board this year the Plan separated the results between Medicare patients who get care from NYC Health + Hospitals versus members who get care in the community. Dr. Schwartz noted that members of Medicare provided by NYC Health + Hospitals were mostly dissatisfied with access to care and the PCP not coordinating the care of the patients with a specialist. For the question, on the CAHPS survey, of whether your PCP talks to their patient about what is happening with other specialists, the satisfaction was 56%. Mr. Rosen asked if Dr. Schwartz community results excluded MetroPlus and added if community was representative

of all the other hospitals. Dr. Schwartz confirmed. Mr. Rosen stated that it was a low response rate for the community. Dr. Schwartz replied that the focus was on NYC Health + Hospitals to bring back the feedback.

Dr. Schwartz stated that the Plan finally received its quality scores results for the Managed Long-Term Care (MLTC) Department. MLTC had made significant strides as the overall rating improved just short of 30% in comparison to last year. Dr. Schwartz noted that there was still room for improvement within the MLTC Department. Quality efforts in MLTC are different from quality efforts in the general population, they require different measures, different processes, and different tools. Dr. Schwartz stated that the Plan is focused on improving the MLTC's quality in mainstream and are now catching up on MLTC. Mr. Williams inquired what the MLTC Department improved to and clarified by asking just short of 30% to what. Dr. Schwartz answered that the MLTC was just 30% short of reaching tier one out of five and reminded the Board that the Plan had previously been at zero.

Dr. Schwartz informed the Board of significant changes that are being made within the MLTC Department. The New York State Department of Health is implementing a major policy change relating to the limit on licensed home care service agency contracts plans can have. For MetroPlus this means that the Plan must decrease from 80 Licensed Home Care Services Agency (LHCSA) to 20 LHCSA'S. The Plan is now actively terminating contracts with LHCSAs who have low volume and quality issues. Dr. Saperstein inquired if the member gets to keep their same home care provider. Dr. Schwartz answered that the member would have to switch home care providers because the Plan would not be contracted with the agency. Dr. Saperstein rephrased his question and asked if the home care provider can switch agencies. Dr. Schwartz replied yes. Dr. Saperstein asked if MetroPlus could let the members know what agencies the Plan had left. Dr. Schwartz replied of course.

Mr. Williams referred to the QARR results mentioned earlier by Dr. Schwartz and asked if at the next meeting the Board could investigate why it is that upstate health plans are scoring much higher than the New York City health plans. Dr. Saperstein commented that this may be because down state access to primary care is generally harder and the upstate hospitals are few and far between. Dr. Saperstein stated that in New York City it is so much easier to get admitted to the emergency room.

ACTION ITEMS

The first resolution was introduced by Ms. Kathryn Soman, MetroPlus' Director of Communications.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to increase the spending authority for the contract with LinguaLinx Language Solutions ("LinguaLinx"), dated April 6, 2015, and to allocate additional funds for translation and alternate format services for the fulfillment of the first and second one-year options to renew of the contract, commencing April 6, 2018, in the amount of \$600,000 for the term which expires on April 5, 2020.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The second resolution was introduced by Dr. Saperstein.

Approving a resolution to be presented to New York City Health and Hospitals ("NYC Health + Hospitals") Board of Directors to reappoint Dan H. Still as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

There being no further business Mr. Rosen adjourned the meeting at 3:51 P.M.

FY 2018 - FY 2022 FINANCIAL PLAN OUTLINES
NEW REVENUE AND SAVINGS STRATEGIES

I was pleased to present to the New York City Council last week our new five- year financial plan - my vision for our future financial health. Thanks to the hard work of our staff, we will exceed revenue and savings targets this fiscal year and will close FY18 \$600 million ahead of budget. We are also building on recent achievements and have a path to generate \$850 million of new revenue and new savings targets that will create a balanced financial plan through FY 2022 and further stabilize the system for the most vulnerable New Yorkers.

This financial plan represents our intention to double down on a number of successful strategies and take the transformation of our health system to another level in order to ensure long term stability and quality. Our doctors, nurses, social workers, pharmacists and other professionals are committed to transformation and I am committed to working with all our staff, our community stakeholders and the members of this Board to make the "System" as good as the people working in it.

The new balanced financial plan relies less on staff reductions than prior plans. Instead, the plan continues administrative savings through targeted attrition, managerial reductions, and cutting consultant costs, and makes strategic investments to grow revenue through our existing patient population. As I've said before, my plan is to help our hospitals, health centers and long-term care facilities to flourish.

Our financial plan reflects new revenue and savings strategies to:

- Improve billing, contracting, coding, and documenting and capture \$630 million in revenue by FY 2022.
- Invest in Patient and Revenue Growth by keeping more MetroPlus business inside Health + Hospitals, expanding well-reimbursed services and opening up hospital pharmacies to patients with insurance to generate \$135 million in new revenue by 2022.
- Enroll the Uninsured in affordable health plans through the City's Get Covered initiative and MetroPlus' ongoing enrollment that is expected to generate an estimated \$80 million in revenue by FY 2022 - \$40 million above the projections in the prior plan.
- Reduce administrative expenses by building on \$250 million personnel savings already achieved, with targeted personnel savings, supply chain enhancements, and consultant reductions.

ONECITY HEALTH UPDATE

OneCity Health has partnered with the Local Initiatives Support Corporation (LISC) NYC, which received a grant from the New York State Health Foundation to improve housing stability and quality, and therefore health outcomes. In partnership with LISC, OneCity Health will connect health care and housing through effective partnerships and referrals between the Performing Provider System (PPS) and community based organizations.

Through the Value-Based Purchasing Quality Improvement Program (VBP QIP), OneCity Health has assisted NYC Health + Hospitals in earning \$120M in revenue for performance over the course of Delivery System Reform Incentive Payment (DSRIP) Year 3 (April 2017 – March 2018). The primary objectives of the VBP QIP program are to assist hospitals in the move towards value-based payments, and improve quality of care and financial sustainability.

OneCity Health has launched two new initiatives to improve the cardiovascular health of patients and communities:

- Registry Report – available to all partners and developed in the electronic health record using criteria such as diagnosis, medications or other information to identify patients from high risk groups for a cardiovascular event and may benefit from updated treatments of Statin Therapy.
- Heart Failure Collaborative Initiative – in collaboration with NYC Health + Hospitals and designed to help hospitals provide the highest quality of care to patients with congestive heart failure (CHF) by implementing a standard clinical management model that will reduce the risk of readmission.

OneCity Health launched a DSRIP Dashboard, which includes facility-level performance on key DSRIP process and outcome metrics. This new, web-based and interactive tool allows each NYC Health + Hospitals facility to view their DSRIP performance and see trends in performance over time. The DSRIP Dashboard was developed in collaboration with the Office of Population Health

As of April 15, 2018, 163 of OneCity's primary care partner sites earned the National Committee for Quality Assurance's highest Patient-Centered Medical Home (PCMH) 2014 Level 3 recognition with OneCity Health's assistance.

NEW DOCS4NYC CAMPAIGN WILL HELP FILL PRIMARY CARE PHYSICIAN JOBS

As you know, primary care is at the center of my vision for the future of our essential health system. As a primary care physician, I've always had a passion for both primary care and public health systems, and we are looking for like-minded doctors who are excited about

transforming the nation's largest public health system by positioning primary care at its very core. To help us find the right candidates, last week we launched DOCS4NYC, the health system's first official physician recruitment campaign in recent history to help fill dozens of new and open primary care physician positions and expand access to community-based primary care across the five boroughs. This targeted investment in primary care physicians is a vital part of our financial sustainability strategy to help reverse the decline in patient visits by increasing capacity and access in underserved neighborhoods. DOCS4NYC has a new website, docs4nyc.org. We hope you help us spread the word to find primary care providers who want to take advantage of the professional growth and leadership opportunities we offer, the loan forgiveness programs available to help ease the burden of student debt, and believe in our mission to offer high-quality care equally to all New Yorkers without exception.

NYC HEALTH + HOSPITALS DEMANDS PAYMENT FOR WRONGFULLY DENIED MEDICAL BILLS

For too long, NYC Health + Hospitals has been leaving money on the table and subsidizing private insurance companies by letting denials slide. Our clinicians provide high-quality care and advance our mission every day. It's our responsibility to stand up for them and challenge wrongful denials, as all health systems should. That's why this month we entered into arbitration to recover \$11.5 million in wrongfully denied bills submitted to United Healthcare from patients who received services in hospitals across our health system. This represents our new, aggressive approach to ensure we get back every dollar earned for services provided. Negotiating fair rates and terms with private insurance companies and collecting accurate payment for services rendered are critical elements of our new approach. We are being represented by the NYC Law Department in this matter and we look forward to a favorable result. We are reviewing all of our managed care contracts and denials, and may pursue arbitration against others to appropriately collect revenues we are due.

NEW TRAINING PROGRAM FOR CODING WORKFORCE

Also in support of our financial health, this month we launched the NYC Health + Hospitals Coder Academy, a free training program for employees to improve coding accuracy and help ensure reimbursement for services provided. The Coder Academy is a collaboration with the CUNY School of Professional Studies and will offer up to 21 CUNY academic credits starting in August. Since joining NYC Health + Hospitals, I have been frank about our need to increase revenue. This work is critical to ensuring that our nurses, doctors, social workers, and other professionals can continue to provide life-saving care each day. I strongly believe that investing in medical coding training will not only be financially beneficial but will help us better track patient

procedures and ultimately lead to more cost-effective medical services for our patients. OneCity Health, the NYC Health + Hospitals-sponsored Performing Provider System (PPS) under the New York State Delivery System Reform Incentive Payment (DSRIP) program, is providing funding for the Coder Academy, in addition to operational and project management support. Courses will be offered to NYC Health + Hospitals and PPS partners.

EMPIRE BLUECROSS BLUESHIELD HEALTHPLUS ADDS NYC HEALTH + HOSPITALS TO ITS NETWORK

Thousands of Empire Blue Cross Blue Shield HealthPlus consumers will now have access to the high quality, affordable health services offered by NYC Health + Hospitals thanks to our new Medicaid managed care contract. HealthPlus Medicaid consumers enrolled in managed care, Essential Plan, and Child Health Plus insurance plans will now have access to the wide range of services for children, adolescents, and adults offered by our health system. We also renewed the contract with HealthPlus's affiliate, Empire BlueCross BlueShield (Empire), that enables Empire's commercial and Medicare Advantage consumers to continue having access to NYC Health + Hospitals' providers. The agreements are designed to expand treatment options while improving consumer safety, health care quality, and efficiency. These agreements reflect growing recognition that our public health system must be included as an in-network participant of a world-class insurance network. It also represents our focused efforts to secure fair rates and terms with our private health insurance partners.

SUCCESSFUL JOINT COMMISSION SURVEY OF NYC HEALTH + HOSPITALS/LINCOLN

Early this month, NYC Health + Hospitals/Lincoln underwent their triennial Joint Commission 4-day unannounced survey. I would like to congratulate CEO Milton Nunez, his leadership team and the entire staff at NYC Health + Hospitals/Lincoln on a successful survey. Their commitment and dedication was evident by the many accolades received from the surveyors - "Super Care Coordination, Chasing the Zero, Passion of Ownership, Antibiotic Stewardship Program, which is ahead of its time", - on the high quality care provided to the patients and the community. The hospital was applauded as being a High Reliability Organization, focusing on providing safe quality care for the "whole patient". The hospital also received recognition for its care coordination, strong team work and communication among staff. Several hospital practices were recommended by the TJC survey team to be submitted to The Joint Commission's Leading Practice Library, including the organization's C-section Protocol, Hemodialysis Care Plan and consumption of Clinical Nutritionists.

Thanks also to Board Member Helen Arteaga Landaverde, who participated in the Leadership Session on behalf of the H+H Board of Directors.

**NYC HEALTH + HOSPITALS/KINGS COUNTY INNOVATES
WITH WIDE-AWAKE HAND SURGERY**

NYC Health + Hospitals/Kings County has become one of the first orthopedic teams in New York City to offer an innovative method of hand surgery that allows patients to be awake during the outpatient procedure that lasts approximately 45 minutes from check-in to check-out . Known as WALANT (Wide Awake Local Anesthesia No Tourniquet), the surgical technique is recognized for improving patient outcomes and experience since the procedure does not require hospitalization, general anesthesia, pre-operative testing or post-operative recovery time. Instead, patients receive a local anesthetic to the surgical site and pain medications that are commonly used in simple dental procedures. Patients who can benefit from this innovative technique include individuals with carpal tunnel release, or those who require follow-up surgeries after amputation, tendon repairs and transfers, reconstructive repair of wounds, and the removal of dead tissue. Congratulations to Dr. Steven Koehler and the orthopedic team at Kings for advancing this exciting new technique, which was featured prominently on a WNBC-TV health segment.

NYC HEALTH + HOSPITALS/METROPOLITAN RECOGNIZED FOR KEEPING BABIES SAFE

NYC Health + Hospitals/Metropolitan is the first hospital in Manhattan to be designated a Gold Safe Sleep Champion by Cribs for Kids®, a national safe sleep hospital certification program. The Gold certification recognizes the hospitals good work to keep babies as safe as possible in their sleep environments and eliminate as many sleep-related injuries and deaths as possible. To earn the Safe Sleep champion recognition the team at Metropolitan had to demonstrate a commitment to preventing sleep-related injuries and deaths through evidence-based practice, parent education, staff training, and community outreach. Congratulations to the team at Metropolitan.

**NYC HEALTH + HOSPITALS/ELMHURST PARTNERS WITH
LOCAL RESTAURANTS TO "GET FIT"**

A new collaboration between NYC Health + Hospitals/Elmhurst and the 82nd Street Partnership is helping local restaurants in Elmhurst and Jackson Heights to adopt a "Get Fit" menu to help neighborhood diners make healthy choices when eating out without having to give up the global cuisine and comfort foods they love. Certified dieticians from the hospital's Food and Nutrition Department will review menus of participating restaurants to identify healthy food options and offer

suggestions for ways chefs can modify menu items to reduce fat, calories, sugar, and sodium. Those modified dishes will be identified as dietician-approved items with a "Get Fit Menu" sticker that will be displayed on restaurant windows and menus. The program is free for local restaurants and is expected to bring positive exposure to the area's diverse food scene.

NYC HEALTH + HOSPITALS/COLER RECEIVES GRANT TO ADVANCE PALLIATIVE CARE FOR PATIENTS WITH DEMENTIA

NYC Health + Hospitals/Coler received an \$84,000 grant from the Fan Fox and Leslie R. Samuels Foundation to pursue Comfort Matters® accreditation and to expand and enhance palliative care practices for people living with dementia throughout the skilled nursing facility. More than half of the residents at the 815-bed facility have a dementia diagnosis, including 155 living in one of three memory care units. The new grant will allow the team at Coler to build on its comfort approach to caring for people with dementia which has already demonstrated success with reduced utilization of anti-psychotic medications, increased participation in the Music & Memory Program, fewer physical altercations, fewer falls, and fewer transfers to the hospital emergency department.

NYC HEALTH + HOSPITALS/JACOBI TRAUMA TEAM SAVES PATIENT NEARLY SEVERED IN HALF BY TRAIN

Few people can say they survived being hit by a train, especially after sustaining severe traumatic injury. But thanks to the Trauma Center team at NYC Health + Hospitals/Jacobi, 36-year-old White Plains resident can. Last September, Phillip Buffone was waiting for his train at the Yonkers Metro North station when he became dizzy, fell to the tracks, and was hit by an oncoming train. When EMS brought him to Jacobi, his injuries were so severe that his body appeared to have been nearly severed in half. Life-threatening lacerations extended laterally from his spine around to his front, exposing his intestines. He also had significant damage to his colon and small bowel, and sustained multiple rib fractures, leg fractures, and nerve damage to one arm. But our amazing trauma team there put him back together and today our patient is walking with ease and has had a full recovery. This amazing patient story was featured in the New York Daily News and made the cover of one of the local Bronx newspapers. Congratulations to Drs. Srinivas Reddy, John Bliton and Zachary Sharfman, and the entire surgical team and surgical ICU.

NYC HEALTH + HOSPITALS RESPONSE TO OPIOID CRISIS FREATURED ON NY1 NEWS

As part of a series about New York's opioid crisis, NY1 featured frontline emergency room staff at NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Bellevue. Four of our doctors and a nursing

director provided insight about caring for affected patients and efforts by the health system to connect patients in the emergency department to addiction treatment. As you know, our health system is a vital partner in the city's efforts to address this epidemic and we've have been the launching pad to many of the best practice responses to the epidemic. Let's watch the NY1 news piece that aired last week.

2018 Annual Public Meeting Responses

Board of Directors Meeting
July 26, 2018
Dr. Mitchell Katz

2018 Annual Public Meetings

- In accordance with §7384(10) of the HHC Enabling Act the Board of Directors of the New York City Health + Hospitals facilitated the Fiscal Year 2018 Annual Public Meetings in all five boroughs of NYC:
 - Manhattan - April 11, 2018 at Bellevue
 - Queens - April 18, 2018 at Queens Hospital
 - Staten Island - May 2, 2018 at Sea View
 - Brooklyn - May 16, 2018 at Kings County
 - Bronx - May 23, 2018 at Lincoln Hospital
- The President and CEO informed the public on the programs and plans of the NYC Health + Hospitals, and provided the public an opportunity to present oral and or written testimony concerning the NYC H+H performance to the Board of Directors.

- Safe nurse staffing
- Open communication with community
- Safety of staff in Behavioral Health Unit
- Expansion of ER at Queens and Woodhull Hospitals
- Bathing equipment for bed-bound patients at Coney Island Hospital
- Downsizing of Long Term Care Facilities
- Need for support staff in ED at Queens Hospital



CON'T SUMMARY OF ISSUES RAISED

- Long wait-time in ED
- Long wait-time for follow up care
- Quality of food
- Nursing Staff Are Not Respected and Treated with Dignity by Management
- Allegations of Ageism
- Lack of Opportunities for Advancement
- Nurse retention program
- Morrisania – CAB

Open Communication with the Community

- In order to facilitate open communications with the community, Dr. Katz is scheduled to meet with community organizations, unions and advocates on June 25.
- The Intergovernmental Staff is currently working with the Coney Island CEO and Public Affairs Staff to enhance community engagement
- Community Outreach – Directed efforts are being made to notify local media outlets of the initiatives undertaken at CIH that better serve our patients and benefit the community, reimagining and repositioning the perception of the hospital in the eyes of our communities

Safety of staff in Behavioral Health Unit

- Staff safety is extremely important as an employee's basic need. Currently, H+H is conducting a system wide performance improvement initiative addressing staff assaults including standardized debriefs, safe staffing, de-escalation techniques, and system wide learning. This is a priority system-wide and we are determined to foster a safe work environment for all staff.
- NYC H+H through the Office of Behavioral Health is working with all facilities to advance safety for patients and staff. Risk assessments are done on all patients at each point of entry to identify potential high risk issues for that patient. All staff in behavioral health participate in a special training, Preventing and Managing Crisis Situations, a NYS training that provides staff with the knowledge and skills to prevent and manage potential aggressive situations safely for both patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. Also mock codes/drills related to aggression and violence are being conducted to better train and prepare staff to respond to crisis situations. There is also a major focus on ensuring a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. We are developing a system-wide environmental risk assessment for all behavioral health areas.

Expansion of Woodhull and Queens Hospital ER

- Woodhull is reviewing the space needs for the CPEP and main ED. Once the review is complete a request for design services will be made so that the identified needs can be translated into an architectural rendition that will enhance the patient needs.
- Queens Hospital - The phase 1 of 4 of our ED expansion is on target to open mid-July and the completion of all four phases will be completed in mid-December

Bathing equipment for bed-bound patients at Coney Island Hospital

- CIH has designed all of its new patient bathrooms in the new Critical Services Structure with European showers, eliminating barriers, and providing easy access of bath chairs. Additionally, CIH is currently working with our architects to determine the feasibility of adding two tub rooms with Hoyer lifts (possibly floors 7 & 8 of the new CSS) in order to meet the needs of bed-bound patients and their caregivers.

Downsizing of Long Term Care Facilities

- As health care continues to move from the in-patient to out-patient setting, H+H will reassess, on an on-going basis, where the need for in-patient post-acute beds are. This may include expansion, compression or shifting services to geographic areas of need.

ED Support Services at Queens Hospital

- Queens Hospital is in the process of backfilling all available PCA positions with the ED and exploring the possibility of adding BHA's as part of the ED services delivery

Long Wait-time in ED

- NYC Health + Hospitals needs 75 more primary care clinicians across our system to optimize new patient access and reduce wait times. DOCS4NYC is a focused and ambitious campaign to recruit these much needed primary care clinicians as quickly as possible. DOCS4NYC seeks to recruit mission-driven clinicians to join NYC Health + Hospitals and describes the unique opportunities in our system including leadership opportunities and loan forgiveness
- ED Wait times – Queens Hospital has implemented early care – a process by where patients are seen by the physician in the triage instead of the nurse. This has resulted in a 29% reduction from door to physician wait-time. The facility acknowledge that concerted efforts are needed to address physician to disposition time and is actively working on address this issue.
- Follow up care (ACCESS) Queens Hospital Center TNAA is currently at nine days and with the addition of three MD and four NP to Adult Primary Care this will significantly reduce the nine days wait time.

Food Service Quality

- There were 3 community comments related to Food Service quality
 - 1 regarding Acute Care Hospitals
 - 2 regarding Post Acute Care facilities

Actions/Plans

- Implementation of *Select Menu* at 7 acute facilities
 - H+H dietary staff members provide lunch and dinner meal choices to the patients, recording meal choices on iPads, electronically sent to kitchen
- Introduced a one week Cycle Menu that offers culturally diverse foods
- \$4M capital investment in new meal system carts for 4 facilities; will enhance freshness, flavor, and quality of food; implemented in Q418
- Implemented new meal system carts at the Post Acute Care facilities; enhances freshness, flavor and quality of food served
- Menu revisions occur based on feedback from Residents; will re-visit to assure they include broad, culturally diverse meals
- Introduced monthly theme meals

Nursing Staff Are Not Respected and Treated with Dignity by Management **Allegations of Ageism**

- Health and Hospitals recognizes that nurses are the backbone of our organization and is committed to the treatment of all staff with dignity and respect. Management strongly supports the Nurses Council and works collaboratively with them and have a continues commitment to staff engagement.
- A fundamental commitment of the System to its employees is to recruit, select, train and promote into all job levels, the most qualified individuals without regard to race, sex, age, disability, gender, gender identification, religion, national origin or any protected characteristic. To achieve and maintain an atmosphere of opportunity and equality, the System has in place an Equal Employment Opportunity Office (“EEO”) staffed by Equal Employment Opportunity Officers (“EEO Officers”). EEO is responsible for ensuring fair and equal employment practices for all job applicants and employees, as well as promoting diversity in employment related matters. EEO investigates and resolves complaints relating to discrimination, sexual harassment and retaliation.

Lack of Opportunities for Advancement

- Internal candidates are to be considered for promotion to higher titles within nursing title series (i.e. Assistant Head Nurse, Head Nurse, Supervisor of Nurses, Management Positions) before consideration of external candidates. Initial job vacancy postings for titles which will qualify as promotional opportunities are to be posted for internal candidates only to be followed by external recruitment, if necessary.
- In order to prepare and afford those employees the appropriate training to gain skills necessary for advancement, the System offers a library of training in the areas of Emotional Intelligence, Communication, Delegating, Agility in Times of Change, Supervisory Training and more.

Morrisania CAB Operations

- The Intergovernmental Staff have been working to recruit more CAB members for Morrisania and have had referrals from the Borough President's office. We also encouraged them to switch their meeting time from afternoon to evening to increase attendance.

ExpressCare Clinical Concept

- To ensure patients receive the right care in the right place at the right time, NYC Health + Hospitals is launching ExpressCare. This new clinic concept will create faster, convenient access to urgent care resources, while preventing avoidable ED use.
- Through ExpressCare, NYC Health + Hospitals will be better poised to achieve the goals of the Delivery System Reform Incentive Program (DSRIP) and prepare for a future value-based purchasing environment.
- ExpressCare is launching first at NYC Health + Hospitals/Elmhurst in July 2018 and will then be expanded to other sites

NYC Health + Hospitals

Nursing Update

July 26, 2018

Kim K. Mendez, EdD, ANP,RN
SVP / System Chief Nurse Executive

Office of Patient Centered Care – Year in Review

- **Nursing**
- Care Management
- Social Work
- Accredited Continuing Education Provider
- Patient and Staff Experience
- Live On NY
- NYS Safe Patient Handling Initiative

Nursing - CNO Council Goals

- Develop & operationalize system Nursing Philosophy and Culture of Care,
- Foster nursing alignment and collaboration on the integration of care and system strategic imperatives,
- Cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution, financial structure and accountable, safe, efficient and effective use of human resources inclusive of standardizing and centralizing where appropriate,
- Monitor and set expectations for continual performance improvement with regard to quality and safety outcomes, patient experience and staff engagement/development and;
- Integration of Information Services to support regulatory requirements, caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

Nurse Staffing FY '18 Assessment & Opportunity

- System FTE Management headcount cap & monthly allocations (VCB) in place 4Q16 inclusive of nursing
- System FTE Management program attrition for nursing outpacing hiring/backfills
- System standard staffing models/guidelines & tracking to census
- Clinic areas of inadequate staffing
- Position control tracking processes or software programs
- Scheduling processes in ANSOS
- Nurse staffing budget methodology
- Nurse agency staff procurement processes
- General and unit-based orientations

2017 Acute Care – Staff RN Turnover

4Q16 start of current System FTE management strategy.				
NYC HEALTH + HOSPITALS	2017			
FACILITY/PROGRAM	2017 Turnover Rate	Average Headcount	2017 Separations	2017 Hires
BELLEVUE	13.1%	1081	142	92
CONEY ISLAND	13.6%	711	97	25
ELMHURST	10.2%	998	102	42
HARLEM	11.1%	477	53	36
JACOBI	11.7%	753	88	23
KINGS COUNTY	12.4%	843	105	58
LINCOLN	11.8%	787	93	49
METROPOLITAN	9.4%	393	37	24
NORTH CENTRAL BRONX	11.6%	293	34	9
QUEENS	10.5%	507	53	5
WOODHULL	16.8%	549	92	57
Grand Totals	12.12%*	7392	896**	420
* Benchmark for Nursing Turnover <10%				
** Normal Retirement 29.9%			268	
** Less than 2 yrs of service 31.14%			279	

Response

- Following system wide review of acute care nurse staffing, established acute care nurse staffing guidelines and monthly FTE dashboards. Provide nurse leadership training/support.
- Going forward from April 1, 2018, front line nursing positions have an automatic backfill based on NYC H + H staffing guidelines.
- Additional critical staffing needs are being addressed one on one with each CNO to develop short and long term mitigation plans.
- Establishing NYC H + H nursing staff float pools at each acute care facility as an alternative to agency staffing is in final discussions.
- FY 2019 Nursing FTE budget for acute care facilities proposal completed in partnership with finance.
- SNPC Retention Subcommittee for labor/management collaborative efforts/strategies.
- System HR partnership to support nursing recruitment through expanded advertisement, career fairs, specialty focus areas.
- Academic preceptor sites for both RN & NP programs
- Increase interim educators to support new hire volumes
- Summer 2018 Student Nurse Program at Bellevue. Goal in 2019 is to hold one summer program in each borough.
- Completing Health Workforce Retraining Initiative (HWRI) grants to support career development such as RN to BSN, PCT to PCA, specialty RN certification training, etc.
- Reviewing other HR, Labor/Mgmt related options such as incentive to decrease sick time through reward system & conversion of sick time to benefit time, clinical ladders, tuition forgiveness, etc.

Current Hiring Status

1. As of May 1, 2018 approximately 540 approved nursing licensed positions in various stages of recruitment, on-boarding and orientation.

- Approved being recruited – 200
- Staff identified and in hiring process – 190
- Staff currently on orientation - 150

2. 2018 Nurses (RNs) attending New Nurse Orientation

January- 61

February- 39

March- 64

April- 42

May- 150

June- 60

Total from Jan – June 2018 = 416

Nursing Achievements

- System Nursing Philosophy and Care Model
- Shared Governance launch
- Established unit-based cost centers with Nursing Staffing Guidelines and budget methodology.
- Reinvestment in Nursing positions to ensure safe care environment.
- June 12, 2018 kick-off system wide nurse scheduling system (Clairvia) with interfaces to People-Soft payroll, timekeeping, credentials/competencies.
- Centralized Nursing Agency Procurement
- Streamlining General Nursing Orientation
- System-wide NICHE designations
- System-wide DAISY Awards for nurse recognition
- Quality metrics (CAUTI, CLABSI, PIP) standard work
- NISA – Nursing Informatics Council established
- Alignment and support of Service Line growth strategies

Next steps:

Empowering Nurses through Scope of Practice

- Non-Patient-Specific Orders
- Nurse First Visit for New Patients
- Nurse Driven Clinics – T2T Diabetes, HTN, Anticoagulation Mgmt
- New Graduate NP Fellowship
 - In partnership with the VP Primary Care, an interdisciplinary NP fellowship program is being developed for a July/August 2018 one year proof of concept launch. The concept is to embed new post-graduate NPs for one year into a team-based setting alongside internal medicine residents and interdisciplinary care teams to support the new NPs in building their foundational education framework and translate learning into practice. The program will focus on professional development by providing education, role modeling and mentoring, advanced practice and clinical inquiry. Ultimate goal is to attract, train and retain NPs to improve access to care across our ambulatory site clinics.

Thank You!

Ambulatory Care Transformation

*Theodore Long, MD, MHS
Vice President, Primary Care
7/26/18*



AMBULATORY PRIORITIES

FIXING CONTINUITY

- New process for ensuring patients see their clinicians

Final

PATIENT-CENTERED SCHEDULING

- Appointment Reminder Texts
- “Open Access” scheduling

Final

Final

IMPROVING CLINIC EFFICIENCY

- All commonly ordered vaccines to be delivered by RNs with standing orders
- Med renewals
 - New process by phone
 - NPs in call center
- Consistent staffing models
 - Add clinical pharmacists

Final

Final

Proposal

INCREASING REVENUE

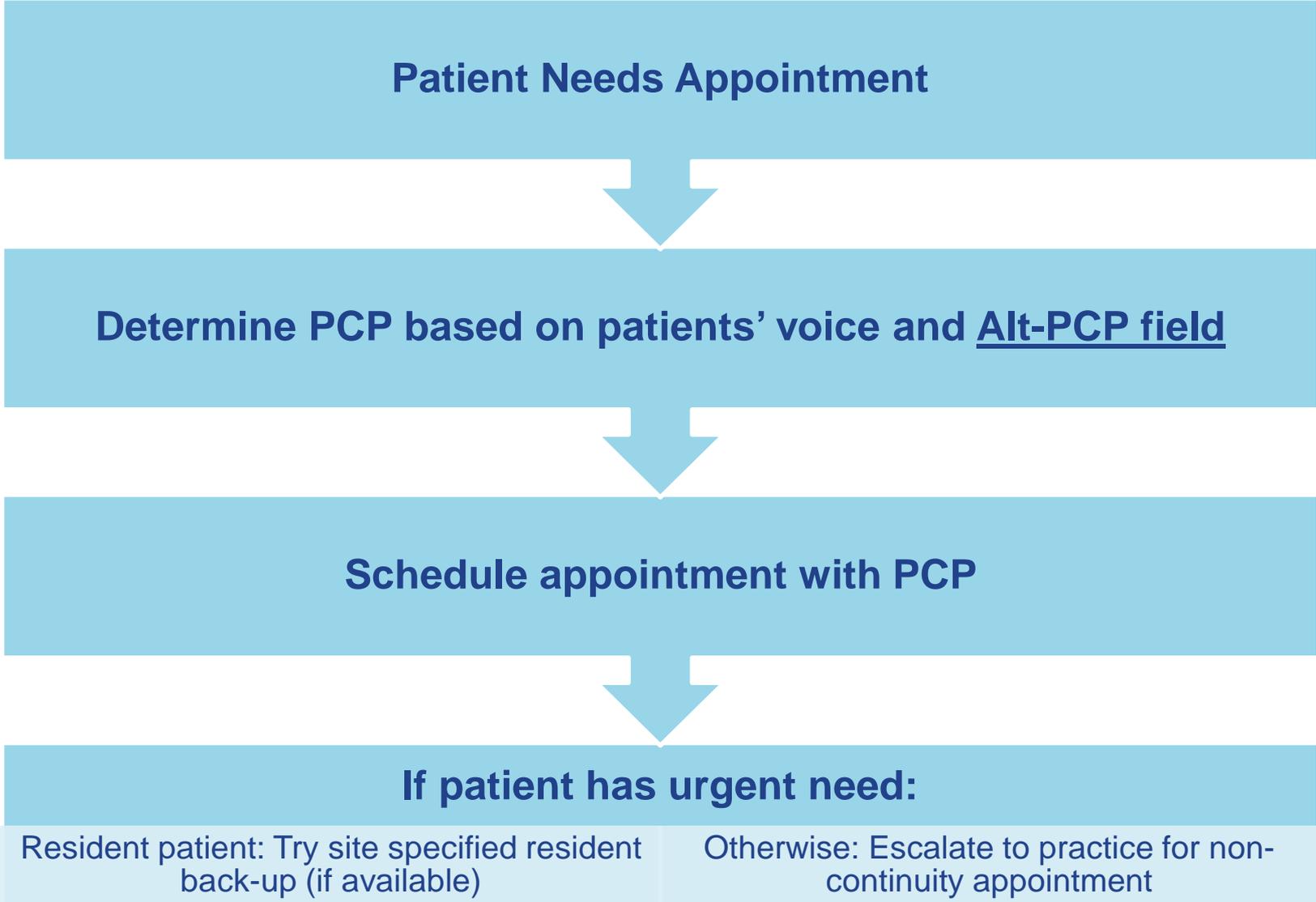
- Multiprong strategy with education and feedback about billing and coding

Final

Starting in July:



FIXING CONTINUITY



APPOINTMENT REMINDER TEXTS

PATIENT CENTERED SCHEDULING



- Vendor RFP
- Goal: Launch pilot in August
- Staffing/Scheduling workgroup developing workflows

ADULT PRIMARY CARE TEMPLATES

PATIENT CENTERED SCHEDULING

Revisit

Release:

- 10% 1 year
- 10% 6 months
- 50% 3 months
- 20% 1 week
- 10% 24 hours
 - *Slots reserved for panel patients **only**

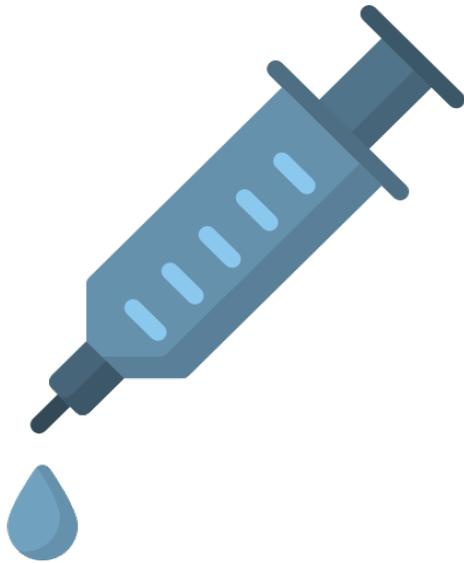
Other

- Focused Visit (for a patient with an urgent issue)

RN STANDING ORDERS

IMPROVING CLINIC EFFICIENCY

- Standing Orders for:
 - All common vaccinations
 - HCV/HIV testing



MEDICATION RENEWAL

IMPROVING CLINIC EFFICIENCY

Revised Contact Center scripting

- “Is this a medication renewal request?”

Standardized Tool for Collection of Medication Renewal Specifics

- Medication name
- Dosage
- Preferred pharmacy

Daily Updates

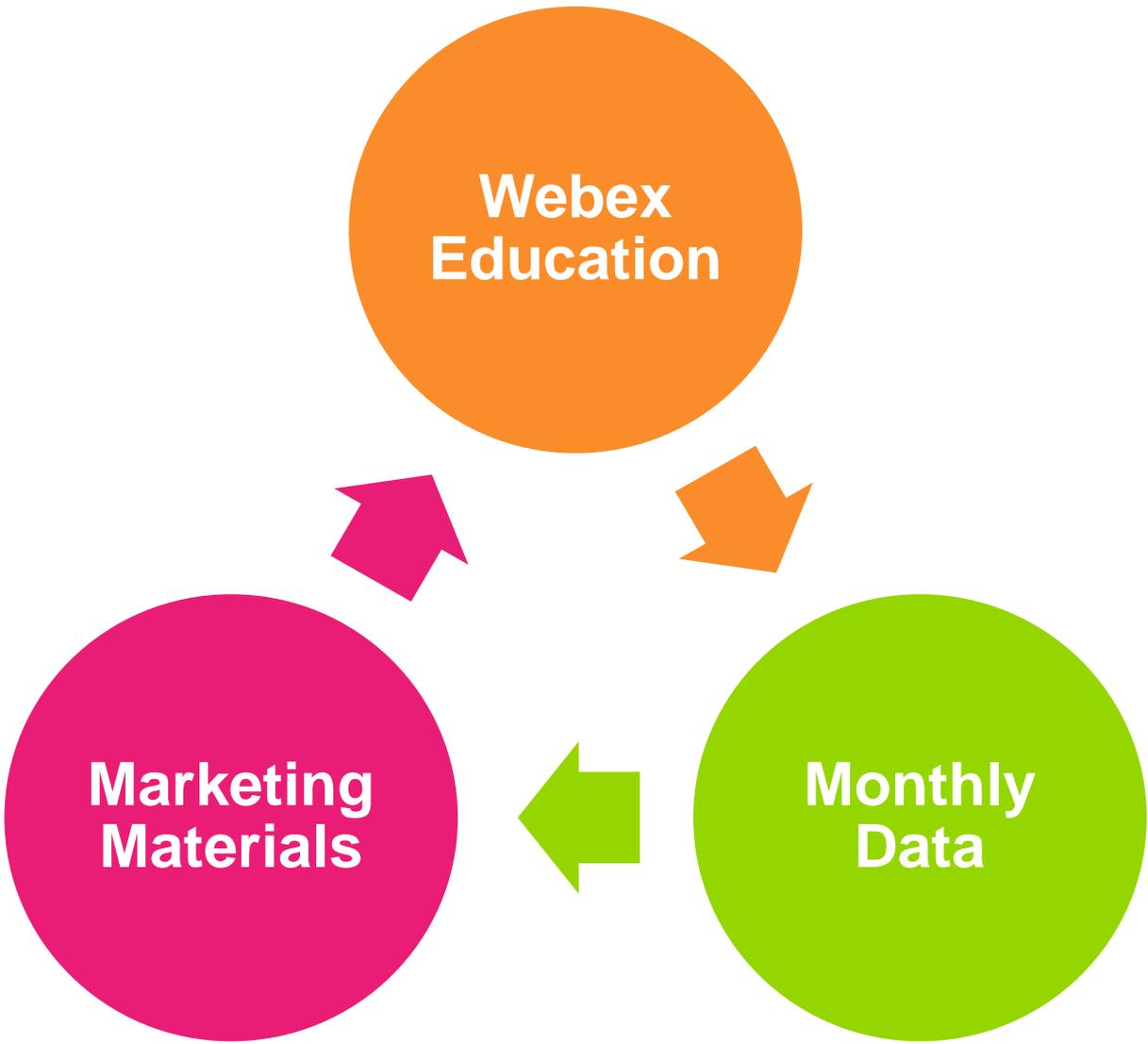
- Contact Center batches medication renewals at regular intervals during the day to the practices

Future State

- Advanced Practitioners (NP/PA) in Contact Center for real-time renewals
- Real-time renewals



BILLING/CODING
INCREASING REVENUE



New Proposal: Standardized staffing model



ADULT/GERIATRIC PRIMARY CARE

EXAMPLE: STAFFING MODEL

Practice Manager (+1 Coordinating manager after 8 FTE providers)							
Clinical Director (0.5 FTE)							
Supervising RN (+1 Head RN after 8 FTE Providers)							
Provider ₁	Provider ₂	Provider ₃	Provider ₄	Provider ₅	Provider ₆	Provider ₇	Provider ₈
PCA ₁	PCA ₂	PCA ₃	PCA ₄	PCA ₅	PCA ₆	PCA ₇	PCA ₈
RN ₁	RN ₂	RN ₃	RN ₄	RN ₅	RN ₆		
Chronic Disease Coordinator RN** ₁				Chronic Disease Coordinator RN ₂			
Population Health Advocate ₁				Population Health Advocate ₂			
Front Desk Clerical ₁	Front Desk Clerical ₂		Front Desk Clerical ₃		Front Desk Clerical ₄		
Social Worker ₁ *		Social Worker ₂		Social Worker ₃			
Psychiatrist (0.5 FTE)							
Nutritionist							
DM Educator							
Pharm D							
<p><i>*All SW see MH and are LCSW and see some case mgmt</i></p> <p><i>**Clinics with a higher percentage of chronic disease patients may be eligible for chronic disease RN</i></p> <p><i>Note: Ratios are based on # of patients in the practice. Refer to panel size guidance: 1500-1800 for adult; 900-1100 geriatrics</i></p>							

- Recent Go-Lives:
 - **Bellevue**: Hematology, Neurology, Neurosurgery, Pulmonary, Sexual Health
 - **Harlem**: Bariatric Surgery, Endocrine Surgery, Urology
 - **Kings County**: Peds Developmental Eval, Peds Outpatient Psych Clinic
- Expansion Progress:
 - 51 clinics across **6** facilities (Bellevue, Coney Island, Harlem, Kings County, Lincoln, Woodhull)
 - Almost **40,000** referrals triaged thus far
- Looking ahead
 - Aiming to have at least 2 services live at all acutes; Gotham participation

Specialty-Primary Care Workgroups

- **Cardiology**, chaired by Dr. Norma Keller (Bellevue)
- **Ophthalmology**, chaired by Dr. Ronni Lieberman (Queens)

Project ECHO

- Buprenorphine ECHO is now in week 8. Second session launching this fall.
- Future ECHO topics – stay tuned!

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with Eyes and Optics (the "Licensee") for its use and occupancy of 308 square feet of space to operate an optical dispensary at Woodhull Medical & Mental Health Center (the "Facility") at an occupancy fee of \$16,940 per year or \$55 per square foot to be escalated by 3% per year for a five year total of \$89,937.

WHEREAS, the Facility's Ophthalmology Department performs vision screenings, diagnostic tests and ophthalmic procedures for its patient population; and

WHEREAS, the optical dispensary stores that the Licensee operates at Gouverneur Healthcare Services and Kings County Hospital Center have successfully met the optical needs of patients and staff; and

WHEREAS, the Licensee's optical dispensary will augment available ophthalmology and eye clinic resources for the Facility's patient population by providing an on-site ophthalmic dispensary; and

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five year revocable license agreement with Eyes and Optics (the "Licensee") for its use and occupancy of 308 square feet of space to operate an optical dispensary at Woodhull Medical & Mental Health Center (the "Facility") at an occupancy fee of \$16,940 per year or \$55 per square foot to be escalated by 3% per year for a five year total of \$89,937.

EXECUTIVE SUMMARY
LICENSE AGREEMENT
EYES AND OPTICS
WOODHULL MEDICAL & MENTAL HEALTH CENTER

The New York City Health and Hospitals Corporation (the "System") seeks authorization from the Board of Directors to execute a five year revocable license agreement with Eyes and Optics for its use and occupancy of 308 square feet of space to operate an optical dispensary at Woodhull Medical & Mental Health Center ("Woodhull").

Woodhull's Ophthalmology Department performs vision screenings, diagnostic tests and ophthalmic procedures for its patient population. The Eyes and Optics optical dispensary will augment available Ophthalmology Department resources by providing an on-site dispensary where patients are able to fill prescriptions for eye glasses, protective goggles, contact lenses and other related products. Eyes and Optics offers a range of moderate-to-low cost options for children and adults and its product lines are available for customers at all income levels. Eyes and Optics operates optical dispensary stores at Gouverneur Healthcare Services and Kings County Hospital Center, and have successfully met the optical needs of patients and staff.

Eyes and Optics will have use and occupancy of 308 square feet of space on the ground floor of the main lobby area at Woodhull. Eyes and Optics will pay an occupancy fee of \$55 per square foot, or \$16,940 per year. The fee will be escalated by 3% per year. Over the five year term the occupancy fee will total \$89,937. The occupancy fee represents the fair market value of the space. The cost of renovating the space will be Eyes and Optics' responsibility. The cost of security, utilities, and housekeeping are included in the occupancy fee.

Eyes and Optics will indemnify and hold harmless the Corporation and the City of New York from any claims arising by virtue of its use of the licensed space and will also provide appropriate insurance naming each of the parties as additional insureds.

The term of this agreement shall not exceed five (5) years without further authorization of the Board of Directors of the Corporation. The license agreement shall be revocable by either party on ninety (90) days notice.

SAVITT PARTNERS

April 12, 2018

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
125 Worth Street, Rm 527
New York, NY 10013

Re: Fair Market Value/appraisal of proposed Eyes & Optics located on the ground floor lobby entrance area within the Woodhull Hospital facility located at 760 Broadway, Brooklyn, New York 11206
On behalf of NYC Health + Hospitals

Dear Dion:

On Wednesday, March 28, 2018, I visited the referenced premises in order to assess the Fair Market Value (FMV) of the identified space for retail use by Eyes & Optics. Our evaluation and conclusions are set forth below.

This assessment is inclusive of the value of the requested tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, repairs and maintenance, etc. As the owner is designated as a not-for-profit (501C3) real estate taxes may not be applicable, however this expense will also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value of the base rent inclusive of the necessary tenant improvements and operating expenses. This evaluation is subject to the following:

- The proposed Eyes & Optics space is or will be appropriately zoned for the use (retail) within the space.
- The premises is located within the medical facility on the ground floor in the main lobby area.
- This evaluation is for the purpose of establishing the FMV to lease/license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

There are two variables that must be considered in this evaluation which are in fact weighted greater than other variables. These unique factors are location and use.

The location of the space provides the tenant with an immediate and “captured” client base according to the facility operator, NYC Health + Hospitals. Eye wear prescriptions generated by ophthalmology and optometry physicians within the medical facility will generate roughly 90% of the client base for this tenant. The community medical center also benefits by providing this amenity to the patients; the convenience of access to a retailer that can fill the prescription

immediately. The proposed retail operation compliments the physician practices with an optical modality. The balance of the Eyes & Optics patient base comes from the existing customer referral. There also may be some walk-in street traffic.

It would be inappropriate to evaluate the value of the referenced space as true retail. Despite the obvious benefit of the readily available retail client base the space does not have the one most important value to be considered retail, street presence. Therefore, the space must be assessed as commercial property with a retail build out and operation. Our assessment of the value of the tenant improvement for an optical, retail operation within the hospital at this specific location would be that it is dramatically less than the cost for a typical store front optical store. The space is open (minimal walls or partitions) with extensive space for display cases, both free standing and mounted on the unit's walls. The tenant will provide its own installation for its tenant improvements and the space is being delivered in "as-is" condition.

Another important factor is the value of the space for ancillary medical use. It is our experience that space within built medical facilities is valued at a premium simply due to the fact that it is a finite resource which is in demand. It is apparent that proximity within the medical facility complex is attractive to this tenant and benefits the facility's patients as well. The provision of tenant services that are uncommon for retail facilities, i.e., 24-7 access, even if not utilized and the provision of full time services such as HVAC, repairs and maintenance, security, etc. must also be factored in this evaluation. However, when assessing the value the fact that the client base is limited to foot traffic within the medical facility impacts the success of the tenant. The tenant has little opportunity to promote its presence and the average pedestrian walking by the building would not be aware of this retail operation.

The referenced ancillary medical retail space is located on the ground floor at the main entrance of the medical center. When assessing the FMV for this space we took into consideration the referenced factors and used comparables for medical space, hospital space and retail space within the immediate market where available to establish benchmarks for market rents. The proposal offers the licensee a full service building with amenities typically provided only by hospitals and full service medical office buildings and not retail properties. Typical retail operations are triple net, with the tenant absorbing all of the related operational expenses. However, this opportunity provides the tenant with comprehensive services which will be reflected in our evaluation.

Market conditions for each use were established for comparison. Medical space, specifically physician, private offices garners gross rents at \$45 - \$68 per RSF in the vicinity of the Eyes & Optics location. In and around the Broadway area, net retail rents are \$40 - \$75 per RSF. Asking rents in this market remained have increased, as has commercial real estate generally throughout this Brooklyn area. Although these areas have medical offices, the lack of product, i.e., rental opportunities has added to a stable rental market.

CONCLUSION

The ability to access the space and the provision of services without interruption is an amenity that benefits this retail tenant. This retail tenant, however, remains viable only as long as an eye care practice remains present at the premises. The minimal expense for tenant improvements was a variable that was evaluated as well.

The location that was inspected for this report is handicapped accessible, and as stated earlier, has 24/7 security which is a valuable and attractive amenity. All of the lavatories throughout the building are ADA compliant; however, this space does not have its own private restroom. The corridors and the lobby are also wheelchair accessible.

For the purpose of this appraisal, we shall assume that all operating expenses, i.e., security, refuse removal, utilities, repairs and maintenance, service contracts, etc. are provided by the facility as part of any agreed to rent.

In conclusion this analysis finds that the FMV for this space is essentially a hybrid due to the location of the space, proposed use and lack of opportunity to promote a true retail operation. However, it also provides the retailer with an immediate client base.

It is our professional opinion that the value of the referenced space is **\$50 - \$55** per RSF. It would not be appropriate to provide a tenant with a construction concession of rent abatement given the size of the unit.

It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.75% to 3% commencing in the second year of the license agreement. These would be commercially fair and reasonable terms based on the data and information assessed in this report.

In the event I can be of any further assistance to you, please do not hesitate to call me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Dubin", written in a cursive style.

Michael Dubin
Partner

Woodhull Eyes & Optics

Year	Occupancy Fee
1	16,940
2	17,448
3	17,972
4	18,511
5	19,066
	89,937

Note: \$55psf, 3% esc.

Floor area: 308sf

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable license agreement with Public Health Solutions ("PHS") to allow PHS to maintain tables in lobby areas at NYC Health + Hospitals/Kings ("KCHC"), NYC Health + Hospitals/Jacobi ("Jacobi"), NYC Health + Hospitals/Lincoln ("Lincoln") and NYC Health + Hospitals/Elmhurst ("Elmhurst") to encourage eligible patients to enroll for the Supplemental Food and Nutrition Program ("SNAP") benefits, to assist them in enrolling in SNAP and provide counseling about, and referrals to, other programs available to address food insecurity for a period of three years with the occupancy fee waived.

WHEREAS, PHS is a not-for-profit corporation formed in 1957 to improve health and create opportunities for New York City's vulnerable families and neighborhoods through the provision of health services, linkages to government benefits and community-based and capacity-building services; and

WHEREAS, PHS has been offering its services at KCHC, Jacobi, Lincoln and Elmhurst over the last year pursuant to agreements allowing PHS' presence during such limited hours that a formal license agreement was not required under the System's rules; and

WHEREAS, PHS' work has been successful and welcomed by the patients served and by the administrators of KCHC, Jacobi, Lincoln and Elmhurst so that PHS and the System wish to extend the hours of PHS' operations from 2 – 3 days per week to 3 – 5 days per week, varying by hospital, such that the approval of the System's Board of Directors is required for the expanded program; and

WHEREAS, the Vice President for Population Health shall be responsible for administering the license agreement.

NOW THEREFOR, it is hereby resolved that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a revocable license agreement with Public Health Solutions ("PHS") to allow PHS to maintain tables in lobby areas at NYC Health + Hospitals/Kings, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/Elmhurst to encourage eligible patients to enroll for the Supplemental Food and Nutrition Program ("SNAP") benefits, to assist them in enrolling in SNAP and provide counseling about, and referrals to, other programs available to address food insecurity for a period of three years with the occupancy fee waived.

EXECUTIVE SUMMARY

License Agreement with Public Health Solutions for space at KCHC, Lincoln, Jacobi and Elmhurst

- Background:** Founded in 1957, Public Health Solutions (PHS) is the largest public health nonprofit organization focusing on New York City. PHS works to improve health and create opportunities for NYC's vulnerable families and neighborhoods through the provision of health services, linkages to government benefits and community-based and capacity-building services.
- Need:** There is sufficient evidence that addressing patients' unmet social needs helps them achieve better health and manage their chronic conditions. Some studies have shown that connection to SNAP enrollment reduced patients' unnecessary health care utilization, as measured via inpatient and emergency department visits. In NYC, 14% of residents are food insecure. There are hundreds of thousands of SNAP-eligible but unenrolled New Yorkers. Embedding SNAP enrollers at NYC Health + Hospitals facilities makes them accessible to patients. Research has supported SNAP as highly effective at reducing food insecurity, supporting short and long term benefits for enrolled patients. Sixty-seven percent of SNAP benefits go to households with children. SNAP benefits reduce the incidence of low birth-weight between 5-23%, contribute to an 18% point increase in the likelihood of completing high school, a 16% decline in the likelihood of adult obesity, and reductions in conditions associated with heart disease and diabetes. Given the substantial uptake in these services for the first 6 months of the program, there is justification to expand the on-site weekly presence.
- Program:** At NYC Health + Hospitals, PHS' Benefits Counselors provides SNAP benefits pre-screening, enrollment, and post-enrollment services. PHS staff members are culturally and linguistically competent and identify with the communities they serve. They help clients navigate through what can be a complicated and confusing application process, step by step.
- Occupancy:** PHS will staff tables set up in specified lobbies of the participating hospitals. The tables will be staffed with benefit counselors. Depending on the needs and demand at the four hospitals, PHS will be present from 3 – 5 days per week from 8:30 or 9:00 until 4:00 or 4:30.
- Terms:** The System will waive any occupancy fee in view of the benefit of the services to the patients. The System will maintain the licensed premises and will provide any utilities needed for PHS' functions. PHS will defend, indemnify and hold harmless the System and the City of New York.

31893B

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

July 19, 2016

Lisa David
Chief Operating Officer/President
Public Health Solutions
40 Worth Street, 5th Floor
New York, NY 10013

RE: On-Going Approval for Violence Prevention Program Contract

Dear Ms. David:

Please be advised that Public Health Solutions has previously received EEO approval from NYC Health + Hospitals on October 31, 2014. Since such approval is within three years of this new contract, no further action is required.

Thank you.

Sincerely,



Keith Tallbe

KT/sf

31893B

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Yader Aguilar, Assistant Director
The Fund for HHC

FROM: Keith Tallbe *KT*

DATE: July 19, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Public Health Solutions, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate Wide

Contract Number: _____

Project: Violence Prevention Program

Submitted by: The Fund for HHC

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Subject to EEO Committee Review

COMMENTS:

KT:srf

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute Job Order Contracts (JOC) with two (2) firms; Jemco Electrical Contractors, Inc.; and, Mac Fhionnnaile & Sons Electrical Contractors, Inc.; (the Contractors"), that were pre-qualified through the System's public bid process, to provide construction services on an as-needed basis at various facilities throughout the System. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized value of these contracts is \$12 Million.

WHEREAS, the facilities of the System may require professional construction services, such as, Electrical Contracting services; and

WHEREAS, the System has determined that such needs can best be met by utilizing outside firms, on an as-needed basis, through a Job Order contracts; and

WHEREAS, the System's Operating Procedure No. 100-5 requires approval by the Board of Directors contracts of \$5,000,000 and above; and

WHEREAS, the System published a request for bids for professional Electrical services, bids received were publicly opened on April 3, 2018 and April 4, 2018, and the New York City Health and Hospitals Corporation determined that the Contractors are the lowest responsible bidders for these contracts; and

WHEREAS, the Contractors have met all, legal, business and technical requirements and are qualified to perform the services as required in the contract documents.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute Job Order Contract (JOC) with two firms; Jemco Electrical Contractors, Inc.; and, Mac Fhionnnaile & Sons Electrical Contractors, Inc.; that were pre-qualified through the System's public bid process, to provide construction services on an as-needed basis at various facilities throughout the System. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized to be spent under these contracts is \$12 Million.

EXECUTIVE SUMMARY

CONSTRUCTION SERVICES JOB ORDER CONTRACTING (JOC)

ELECTRICAL CONTRACTING SERVICES

JEMCO ELECTRICAL CONTRACTORS, INC.

And

MAC FHIONNGNAILE & SONS ELECTRICAL CONTRACTORS, INC

- OVERVIEW:** The New York City Health and Hospitals Corporation seeks to execute two (2) Job Order Contracts for a term of two years each, for individual amounts not-to-exceed \$6,000,000, to provide professional Electrical construction services on an as-needed basis at any NYC Health + Hospitals facility. The total authorized to be spent under these contracts is \$12 Million.
- The method of Job Order contract proposed starts with fixed prices for thousands of materials utilized in a typical construction project. The prices are derived from widely published construction reference works to which the System subscribes that are updated at frequent intervals. The contractors awarded Job Order contracts under the proposed resolution are later invited to submit proposals for particular projects. The Job Order contractors submit proposals based upon acceptance of the fixed material prices and a multiplier based on such material costs to determine their labor cost proposals. For example, if a material to be installed is priced at \$10.00, and the contractor's labor multiplier to install that material is 1.0, the cost of that material and labor is \$10.00, inclusive of overhead and profit. If the multiplier is 1.2, then the cost of that material and labor is \$12.00, inclusive of overhead and profit.
- This format has been used in previous New York City Health and Hospitals Corporation Job Order contracts, and continues to be used by the New York City School Construction Authority, the Dormitory Authority of the State of New York State, the New York City Department of Design and Construction, the New York City Department of Environmental Protection, the United States Postal Services and others. The program was developed by the Department of Defense and has been in existence for more than twenty years.
- NEED:** The various facilities of the System are likely to require electrical construction services that vary in frequency, size and urgency, which cannot be timely and cost effectively completed through a dedicated design, bid and award process.
- TERMS:** The construction services will be provided via a work order system within a two (2) year period, each for an amount not to exceed \$6,000,000.
- COSTS:** Not-to-exceed \$6,000,000 over two years, for each of the two (2) contracts for a total of \$12 Million.
- FINANCING:** Job Order contracts provide a pre-qualified approved mechanism for facilities to access construction services. The facility establish funding sources such as capital funds from bond proceeds, grants or expense (Other Than Personnel Services - OTPS) funds.
- SCHEDULE:** Upon contract execution these contracts shall be in effect for two years or until funds are exhausted.

CONTRACT FACT SHEET

JOB ORDER CONTRACTING (JOC)

ELECTRICAL CONTRACTING SERVICES

JEMCO ELECTRICAL CONTRACTORS, INC

CONTRACT SCOPE: Electrical Contracting Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record February 20, 2018

BIDS RECEIVED: Four (4) bid proposals received for consideration. Jemco Electrical Contractors, Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: There have been many non JOC contracts between Jemco Electrical Contractors, Inc. and the New York City Health and Hospitals Corporation; including \$13.9 million for the Upgrade of Harlem Hospital's Electrical System to a Type 1 EES, and \$5.6 million for the Feeder Upgrade for the Standby Generator at Woodhull Hospital.

VENDEX: Approved.

EEO: Approved.

CONTRACT FACT SHEET

JOB ORDER CONTRACTING (JOC)

ELECTRICAL CONTRACTING SERVICES

MAC FHIONNGNAILE & SONS ELECTRICAL CONSTRUCTORS, INC

CONTRACT SCOPE: Electrical Contracting Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record February 20, 2018

BIDS RECEIVED: Five (5) bid proposals were received for consideration and Mac Fhionngnaile & Sons Electrical Contractors, Inc. was recommended as the lowest responsive bidder.

HHC EXPERIENCE: This is the first contract between Mac Fhionngnaile & Sons Electrical Contractors, Inc. and the New York City Health and Hospitals Corporation.

VENDEX: Approved.

EEO: Approved.

31312G

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: June 19, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, JEMCO Electrical Contractors, Inc., has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: Electrical Service at Various NYC Health + Hospitals Facilities City-wide

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

32204

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: June 18, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Mac Fhionnghaile & Sons Electrical Contracting, Inc.**, has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Various Facilities

Contract Number: _____

Project: Electrical Work #2 at Various NYC
H+H Facilities City-wide

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute Job Order Contracts (JOC) with two (2) firms: AWL Industries, Inc.; and, Volmar Construction, Inc., (the Contractors"), that were pre-qualified through the System's public bid process, to provide construction services on an as-needed basis at various facilities throughout the System. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized value of these contracts is \$12 Million.

WHEREAS, the facilities of the System may require professional construction services, such as, Heating, Ventilation and Air Conditioning (HVAC) Contracting services; and

WHEREAS, the System has determined that such needs can best be met by utilizing outside firms, on an as-needed basis, through a Job Order contracts; and

WHEREAS, the System's Operating Procedure No. 100-5 requires approval by the Board of Directors contracts of \$5,000,000 and above; and

WHEREAS, the System published a request for bids for professional Mechanical services, bids received were publicly opened on April 3, 2018 and April 4, 2018, and the New York City Health and Hospitals Corporation determined that the Contractors are the lowest responsible bidders for these contracts; and

WHEREAS, the Contractors have met all, legal, business and technical requirements and are qualified to perform the services as required in the contract documents.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute Job Order Contract (JOC) with two firms AWL Industries Inc., and Volmar Construction, Inc. that were pre-qualified through the System's public bid process, to provide construction services on an as-needed basis at various facilities throughout the System. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized to be spent under these contracts is \$12 Million.

EXECUTIVE SUMMARY

CONSTRUCTION SERVICES JOB ORDER CONTRACTING (JOC)

MECHANICAL CONTRACTING SERVICES

AWL INDUSTRIES INC. AND VOLMAR CONSTRUCTION INC

- OVERVIEW:** The New York City Health and Hospitals Corporation (the "System") seeks to execute two (2) Job Order Contracts for a term of two years each, for individual amounts not-to-exceed \$6,000,000, to provide professional mechanical construction services on an as-needed basis at any NYC Health + Hospitals facility. The total authorized to be spent under these contracts is \$12 Million.
- The method of Job Order contract proposed starts with fixed prices for thousands of materials utilized in a typical construction project. The prices are derived from widely published construction reference works to which the System subscribes that are updated at frequent intervals. The contractors awarded Job Order contracts under the proposed resolution are later invited to submit proposals for particular projects. The Job Order contractors submit proposals based upon acceptance of the fixed material prices and a multiplier based on such material costs to determine their labor cost proposals. For example, if a material to be installed is priced at \$10.00, and the contractor's labor multiplier to install that material is 1.0, the cost of that material and labor is \$10.00, inclusive of overhead and profit. If the multiplier is 1.2, then the cost of that material and labor is \$12.00, inclusive of overhead and profit.
- This format has been used in previous New York City Health and Hospitals Job Order contracts, and continues to be used by the New York City School Construction Authority, the Dormitory Authority of the State of New York State, the New York City Department of Design and Construction, the New York City Department of Environmental Protection, the United States Postal Services and others. The program was developed by the Department of Defense and has been in existence for more than twenty years.
- NEED:** The various facilities of the System are likely to require mechanical construction services that vary in frequency, size and urgency, which cannot be timely and cost effectively completed through a dedicated design, bid and award process.
- TERMS:** The construction services will be provided via a work order system within a two (2) year period, each for an amount not to exceed \$6,000,000.
- COSTS:** Not-to-exceed \$6,000,000 over two years, for each of the two (2) contracts for a total of \$12 Million.
- FINANCING:** Job Order contracts provide a pre-qualified approved mechanism for Networks to access construction services. The facility establish funding sources such as capital funds from bond proceeds, grants or expense (Other Than Personnel Services - OTPS) funds.
- SCHEDULE:** Upon contract execution these contracts shall be in effect for two years or until funds are exhausted.

CONTRACT FACT SHEET
JOB ORDER CONTRACTING (JOC)
MECHANICAL CONTRACTING SERVICES
AWL INDUSTRIES INC.

CONTRACT SCOPE: Mechanical Contracting Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record February 20, 2018

BIDS RECEIVED: Three (3) bid proposals received for consideration. AWL Industries Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: This is the first Job Order contract between AWL Industries Inc. and New York City Health and Hospitals Corporation, however, AWL Industries, Inc. has previously had construction contracts with the System.

VENDEX: Approved.

EEO: Approved.

CONTRACT FACT SHEET
JOB ORDER CONTRACTING (JOC)
MECHANICAL CONTRACTING SERVICES
VOLMAR CONSTRUCTION, INC

CONTRACT SCOPE: Mechanical Contracting Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record February 20, 2018

BIDS RECEIVED: Three (3) bid proposals received for consideration. Volmar Construction, Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: \$6,000,000 Job Order Contract for services at various facilities, 2015 - 2018.

VENDEX: Approved.

EEO: Approved.

30498C

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: June 28, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **AWL Industries, Inc.**, has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: JOC-HV-2 Services

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

31311F

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Clifton Mc Laughlin
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: June 20, 2018

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Volmar Construction, Inc., has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Various Locations

Contract Number: _____

Project: JOC-HVAC-2 Service

Submitted by: Office of Facilities Development Contract Services

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srp

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Accuity Delivery Systems (“Accuity”) to provide medical coding optimization services for the System’s acute care facilities over a term of approximately two years to expire with the conclusion of FY 2020 with total amount not to exceed \$25,364,000.

WHEREAS, with the approval of the Transformation Approval Committee, the Office of Supply Chain Services issued a request for proposals for coding optimization services, four proposals were submitted of which the Selection Committee rated Accuity the highest and the Transformation Approval Committee approved the award of a contract to Accuity; and

WHEREAS, Accuity’s services consisted of running a pilot program at NYC Health + Hospitals/Queens and NYC Health + Hospitals/Elmhurst to test the success of its program to change coding of existing cases to better to reflect existing treatment documentation, to change coding based on responses obtained from physician queries and efforts to use such changes to educate physicians and coding staff; and

WHEREAS, based on the successful results of the pilot program, the Transformation Approval Committee approved expansion of the pilot to add NYC Health + Hospital/Lincoln, NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Jacobi on January 5, 2018; and

WHEREAS, the pilot programs did not require the level of expenditure that requires Board approval; and

WHEREAS, based on the successes of the original and the expanded pilot programs, Board approval is expand on such pilots to roll out the Accuity program at all 11 acute care hospitals with a projected return on investment of \$74,732,000; and

WHEREAS, the Acuity contract will be managed by the Senior Vice President for Finance.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized execute an agreement with Accuity Delivery Systems to provide medical coding optimization services for the System’s acute care facilities over a term of approximately two years to expire with the conclusion of FY 2020 with total amount not to exceed \$25,364,000.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH ACCUITY DELIVERY SYSTEMS**

BACKGROUND: The System has not maximized collections from third party payors for services it performs. The proposed agreement aims to increase the System's revenues by optimizing coding and clinical documentation across the System's acute care facilities through Accuity's case reviews and its education of H+H staff.

The proposed agreement represents only an interim, short-term solution. The System is currently implementing initiatives to eliminate external dependencies. A robust Clinical Documentation Improvement program is being rolled-out across the enterprise. Coder growth and development is also being targeted to improve coder skills, by, among other things continuing education via the Coder Academy.

PROGRAM: Accuity will increase the System's payment for services performed by performing secondary reviews of inpatient cases to identify opportunities for up-coding where appropriate based on existing clinical documentation, by gathering from medical staff adding missing clinical documentation and by using such operations as opportunities to educate and train System staff.

**BUDGET:
PAYMENT:** The cost of the proposed agreement will not exceed \$25,364,000 over the approximate two-year term. Accuity will be paid not more than \$140 per case handled and the budget is formulated based on a projection of the number of cases to be worked by Accuity. It is also projected that the net revenue that will be generated from the project will be \$74,732,000. The projected total cost to the System has been budgeted and signed off by System Finance.

PROCUREMENT: The original and the extension of the pilot programs were authorized under the Transformation Sourcing procedure and did not involve enough money to require Board approval. Once the decision was made to expand on the pilot, the System issued a Request for Proposals on April 28, 2018. Four proposals were received, evaluated and scored. Through this process the Selection Committee evaluated the proposals on the basis of (1) proposed plan responsive to the statement of work and timeline, (2) resumes and proposed staffing plan, (3) cost proposal, (4) knowledge and (5) references. Accuity Delivery Systems was selected on these criteria.

TERM: The term of the proposed agreement is approximately two years to expire at the end of FY 2020.

32124

TO: Mitchell Jacobs, Director
Procurement System Operations
Division of Materials Management

FROM: Keith Tallbe *KT*

DATE: April 4, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Accuity Delivery Systems, LLC, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office

Contract Number: _____

Project: Operational Efficiency-
Revenue Cycle Services

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Conditionally Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

**Revenue Management
Coding Optimization Services**

**Application to Negotiate and Enter in to a
Best Interest Renewal Agreement**

**Board of Directors
July 26, 2018**

**Robert Melican
Patricia Castro
Revenue Management**



Request For An Internal Coding Optimization Solution

Initiatives for Success

- The future of documentation and coding at H+H will be significantly different than it is today
- Coding and Documentation efforts throughout H+H are in transition
 - Epic and Computer Assisted Coding - changes the process of capturing codes
 - Ongoing physician education to improve the quality of clinical documentation
 - Coder Academy is starting August 6th 2018 – improving coder skills
- Temporary bridge to a unified H+H coding and documentation environment
 - Capture inpatient revenue H+H is not equipped to gather
 - Scalable – as H+H develops expertise, Accuity’s role will diminish
 - This is a large project that offers measurable rates of return
 - Implement these initiatives and conclude use of external partners in 2020
 - No contract extensions requested
- The goal is for H+H to achieve self-sufficiency from Accuity by the contract end in June 2020



NYC HEALTH+ HOSPITALS Pilot Background - RFP Process

RFP

Issued April, 2017

RFP for Coding Optimization services pilot program issue

Four proposals received

Accuity selected June 2017

- Selection part of corporate wide transformation initiative in June of 2017
- Sought a vendor for inpatient documentation and coding improvement
- Four vendors presented
- Scored by a committee of seven
- Accuity Delivery Systems model of case reviews by a physician coder and Clinical Documentation Improvement Specialist (CDIS) was key to the selection



Pilot Results and Projections

- Pilot began on September 2017 at Queens and Elmhurst
- Pilot expanded in March 2018 to Bellevue, Lincoln & Jacobi
 - Pilot phase for 5 hospitals will end August 2018
 - Projected cost \$5M
 - Projected net revenue of \$15 million
- Rollout to the remaining 6 Hospitals in September 2018
 - 8,505 cases per month at full operations
 - FY19 & FY 20 translates to \$75M in net revenue

Best Interest Renewal
Rollout to Remaining Hospitals
Projected Contract Cost \$25,364,000
Projected Net Revenue \$74,732,000

All Hospitals
FY19 & FY20 (excludes pilot)



Accuity's Model

- A team comprised of a physician, coder and Clinical Documentation Improvement Specialist (CDIS) reviews H+H's coding and documentation in the EMR before final billing
- Accuity is only reviewing cases with a revenue opportunity
 - Excluded are cases where an Accuity change will not increase revenue:
 - Low opportunity, a secondary review will not garner additional revenue due to reimbursement methodology
 - Psychiatry, Rehabilitation and simple newborn cases
 - MetroPlus cases – under consideration
 - Severity of illness (SOI) of 4 – already at highest level
- Accuity is reimbursed for each case reviewed, their revenue is not contingent on H+H's increased earnings
 - The coding on 14% of case is changed earning ~\$2,300 gross revenue per case
 - The documentation is changed on 5% of queried cases earning ~ \$4,500 per case



Best Interest Renewal Agreement

- New York City Health + Hospital seeks to negotiate and enter into a new agreement:
 - Streamline reporting process
 - Decrease associated fees
 - Rollout to remaining Hospitals
 - Coney, Harlem, Kings, Metropolitan, Woodhull and NCB
 - Projected not-to-exceed amount of \$25,364,000
 - Projected net revenue \$74,732,000
 - Contract Term: September 1, 2018 through June 30, 2020



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Compass Group USA doing business as Canteen (“Canteen”) to provide vending services for the System’s acute care, post-acute care and corporate facilities with an initial term of five years and two five-year options to renew solely exercisable by the System. Canteen will pay the System a signing bonus of \$250,000 and a commission of 30.8% on annual sales up to \$3,999,999 and commission of 40% on annual sales in excess of \$4,000,000.

WHEREAS, an application (DCN #2299) to issue a request for proposals was presented to the Contract Review Committee at its February 20, 2018 meeting when it was approved; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, five proposals were received, the three highest-rated proposers presented before the Selection Committee and upon final evaluation by the Selection Committee, Canteen was rated the highest; and

WHEREAS, under the proposed agreement Canteen will provide vending machine services for System’s 23 locations in its acute care, post-acute care and corporate facilities with installation to occur in phases over the next four months; and

WHEREAS, Canteen’s services will include the provision of approximately 485 New York City Health + Hospitals branded snack and beverage machines, it will provide a robust online portal for reporting and auditing, accepting multiple payment options; and

WHEREAS, Canteen will adhere to, and comply with, the New York City Healthy Food and Beverage Standards; and

WHEREAS, Canteen will pay the System a signing bonus of \$250,000 and a commission of 30.8% on annual sales up to \$3,999,999 and commission of 40% on annual sales in excess of \$4,000,000; and

WHEREAS, the proposed agreement for Canteen’s services will be managed by the Vice President for Supply Chain Services

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Compass Group USA doing business as Canteen to provide vending services for the System’s acute care, post-acute care and corporate facilities with an initial term of five years and two five-year options to renew solely exercisable by the System.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH COMPASS GROUP USA DBA CANTEEN

BACKGROUND: The purpose of the proposed agreement is to provide all New York City Health + Hospital facilities with the most technologically advanced vending machines to provide quick and easy healthy beverage and snack options to our patients, physicians and staff. Additionally the proposed vending program will provide increased revenue to the System.

PROCUREMENT: The System issued a Request for Proposals on March 9, 2018. A mandatory pre-proposers conference and site visits were held on March 19 and 20, 2018 at which seven prospective vendors attended. Five proposals were received, evaluated and scored. The three highest rated proposers presented before the Selection Committee on May 9th, 2018, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of the proposed scope of work, previous experience, references and commission structure. Canteen was selected on these criteria.

BUDGET: The System will not incur any expenses associated with this agreement. Canteen will pay the System a \$250,000 signing bonus and a two tiered commission structure. Canteen will pay the System commission of 30.8% on annual sales up to \$3,999,999 and commission of 40% on all sales in excess of \$4,000,000. The financial terms have been provided and signed off by the System's Central Finance.

TERM: The term of the proposed agreement is five years with two five-year options to renew solely exercisable by the System.

Office of Supply Chain Services Vending Machine Program

Board of Directors
July 26, 2018

Paul Albertson, Vice President
Mercedes Redwood, MS, RD
Assistant Vice President
Supply Chain Services



NYC HEALTH+ HOSPITALS Background

- NYC H+H has 485 snack and beverage vending machines
- Current vending arrangement was implemented in 2005
 - This traditional vending machine program lacks:
 - Payment options – cash only
 - Optimal selection of items
 - Commission structure
 - Branding
 - Online Reporting of sales, inventory maintenance, etc



Overview of Procurement

RFP Process

- February 20: Contract Review Committee RFP approval (DCN#2299)
- March 9: RFP posted on City Record and disseminated to 32 known vending companies (9 classified as MWBE Certified)
- March 19 & 20: Pre-proposers conference and site visits of 6 H+H facilities

Selection Process

- Five proposals received
- Three vendors invited to present to the selection committee
- Financial impact of the proposals varied from net revenue of \$1M to \$3.4M
- Canteen scored highest for proposal and presentation
- Canteen is sole vendor to meet our MWBE goals (subcontractor - Gilly)
- Canteen's proposal is highlighted by
 - Financial proposal
 - Exceptional references including CUNY and NYU
 - Service level agreements for preventative maintenance and on call service



Scoring results: Canteen was the highest rated proposer following vendor presentations and a second round scoring.

■ Evaluation Criteria

- Proposed scope of work
- Experience and references
- Commission structure

■ Evaluation Committee

- Mercedes Redwood, R.D. (Chair)
- Rachel Griffith, Finance
- David Baksh, Queens Hospital
- Barbara Castellon, Jacobi
Elizabeth Youngbar, Facilities
- Dimitra Limperopoulos, Elmhurst
- Lisa Scott-McKenzie, Woodhull
- Liny Liu, Lincoln
- Christopher Roberson, Bellevue
- Kevin Congo, Kings County

An application to enter into contract was presented and approved by the Contract Review Committee at its June 26, 2018 meeting.



Approval Request

- We are seeking approval to enter into contract with Canteen for the H+H Vending Machine Program:
 - 5 years with two five year renewal options
 - Installation of all new NYC H+H branded vending machines
 - Compliance with New York City Healthy Food and Beverage Standards
 - Machine location optimization
 - Integrated technology for transparency, reporting and auditing
 - \$250,000 signing bonus
 - 30.8% commission
 - Projected Revenue
 - Total Projected Revenue Initial Term: \$3,432,370
 - Total Revenue 1st Option: \$3,689,239
 - Total Revenue 2nd Option: \$4,276,839
 - **Total Revenue Full Term: \$11,398,447**



CRC Approval Request



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to enter into a contract with G-Systems for cabling services as a component of the Network and Unified Communication Infrastructure Upgrade project at NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Harlem (the “Four Hospitals”) in the amount of \$24.2 million, of which \$21.8M is funded through the City’s Capital Budget and \$2.4M is funded through the System’s operating budget which sum includes a 10% contingency.

WHEREAS, pursuant to the authorization of the System’s Board of Directors given at its meeting held in April 2018, the System is undertaking a network and unified communication infrastructure upgrade (the “Network Refresh”) project, funded via the City’s Capital Budget in the amount of \$160 million, to upgrade the network infrastructure to accommodate application growth, increase bandwidth for faster application response times, support interoperability, maintain stability and migrate to a Unified Communication Voice-Over-Internet-Protocol (“VOIP”) voice and data communication system; and

WHEREAS, an updated communication system is essential to operate efficiently and to support new technologies for such initiatives as the Epic Electronic Medical Record, Epic Revenue Cycle, DSRIP, and payroll/ time keeping systems; and

WHEREAS, the Network Refresh project will provide the ability to share various business, clinical and data applications both within the System and over the internet, allowing the System to communicate from IT system to IT system and/or IT system to end-user/clinician, patients and business partners; and

WHEREAS, cabling services are an essential part of the Network Refresh project providing connectivity throughout the facilities’ Local Area Network and wireless network; connectivity of the network hardware throughout the facility to the Wide Area Network and all end-user devices;

WHEREAS, on June 4, 2018 the System issued a request for proposals, advertised in the City Record, seeking a vendor to furnish all labor, materials and equipment necessary for network cabling in the Four Hospitals; and

WHEREAS, G-Systems was selected because it offered the best combination of price and technical ability; and

WHEREAS, the Senior Vice President/Chief Information Officer will be responsible for the supervision, management and reporting of this project.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with G-Systems for cabling services as a component of the Network and Unified Communication Infrastructure Upgrade project at NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Harlem in the amount of \$24.2 million, of which \$21.8M is funded through the City’s Capital budget and \$2.4M is funded through the System’s operating budget which sum includes a 10% contingency.

EXECUTIVE SUMMARY

Background: The System is undertaking a Networking and Unified Communications Infrastructure Upgrade (“Network Refresh”) program to configure, install, and cutover from a Private Branch Exchange (“PBX”) to a Unified Communication Voice-Over-Internet-Protocol (“VOIP”) voice and data communication system. The Network Refresh program will upgrade and maintain a network infrastructure that will accommodate application growth, increased bandwidth for faster application response times, support interoperability and maintain stability. The Network Refresh project was presented to the Board in April 2018 when approval was granted to proceed with the project.

The Network Refresh project includes procurement of routers and core switches to connect the facilities to the data center, the hardware to connect departments to such core switches, the circuits for connectivity among the facilities, the wireless network at each facility, an upgraded phone system running VOIP technology and the associated cabling and wireless services needed to design, install and tune the installations once completed.

There are two primary drivers for the Network Refresh Project. The first is to replace aging equipment (the average age for the phone systems is 30 years, while the average age for the network equipment is 10 years). The second is to meet the needs of enterprise initiatives including ERP, Epic, BioMed Refresh and the Contact Center. The upgraded network infrastructure will support end user devices including desktop computers, mobile devices, biomedical devices, and future needs such as video consultations as part of telehealth and telemedicine.

The implementation of the VoIP technology will allow calls to flow over the System’s network within each facility and among the facilities and will allow the System to change its long distance and calling services from a pay per minute to a pay per call basis with unlimited minutes as with a cell phone plan. Currently the only facilities using this technology are NYC Health + Hospitals/Henry J. Carter with current implementations underway at NYC Health + Hospitals/Queens and NYC Health + Hospitals/Elmhurst.

EITS seeks approval to enter into a contract with G-Systems for cabling services at NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Woodhull and NYC Health + Hospitals/Harlem (the “Four Hospitals”) in the amount of \$24.2 million including a 10% contingency, of which \$21.8M will be funded through the City’s Capital Budget and \$2.4M will be funded through the System’s operating budget. Cabling is an essential component of the Network Refresh project, providing connectivity throughout the facilities’ Local Area Network and wireless network; connectivity of the network hardware throughout the facility to the Wide Area Network and wireless access points and the connection of end user devices such as PCs, biomedical devices, and mobile devices such as Epic rovers and workstations on wheels.

Procurement: On June 4, 2018 NYC Health + Hospitals issued a Request for Proposals, advertised in the City Record, seeking a vendor to furnish all labor, materials and equipment necessary for network cabling at the Four Hospitals; two proposals were received. An evaluation committee reviewed and scored the proposals and selected G-Systems because it offered the best combination of price and technical ability.

32072A

Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Hilary Miller
EITS IT Financial Administration
Office of Information Technology

FROM: Keith Tallbe *KT*

DATE: May 2, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **G-Systems, Inc.**, has submitted to the Supply Chain Services Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate

Contract Number: _____

Project: Provide IT Equipment Services

Submitted by: Office of Information Technology Services

EEO STATUS:

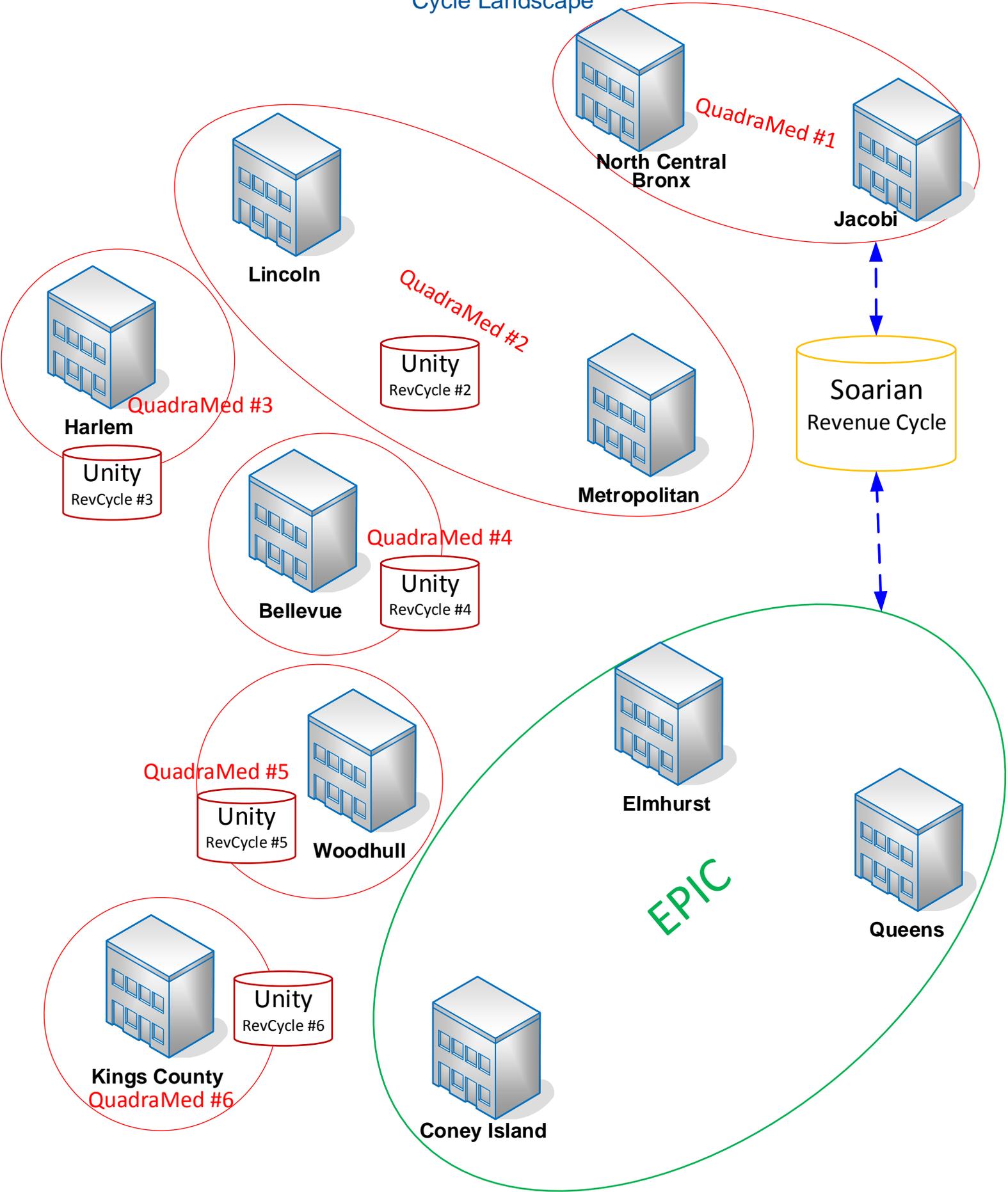
1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

KT/srf

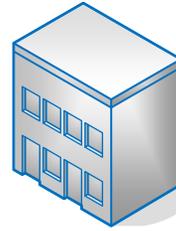
NYC H+H

Current Electronic Medical Record + Revenue Cycle Landscape

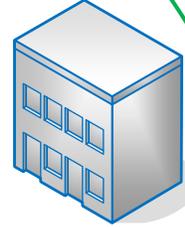


NYC H+H

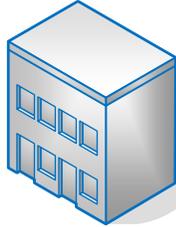
EMR future state



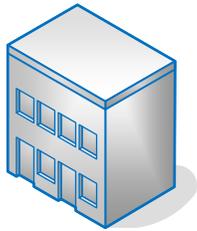
North Central Bronx



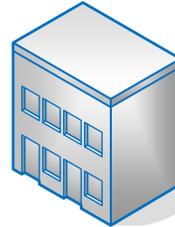
Jacobi



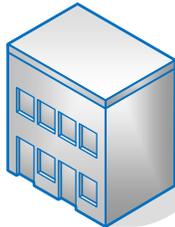
Lincoln



Harlem

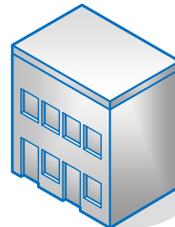


Metropolitan

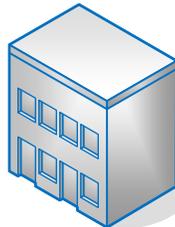


Bellevue

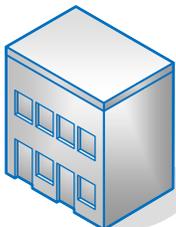
EPIC Clinical & Revenue Cycle



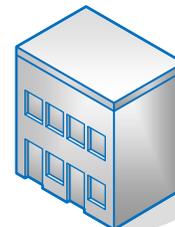
Elmhurst



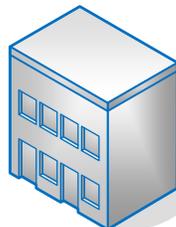
Woodhull



Kings County



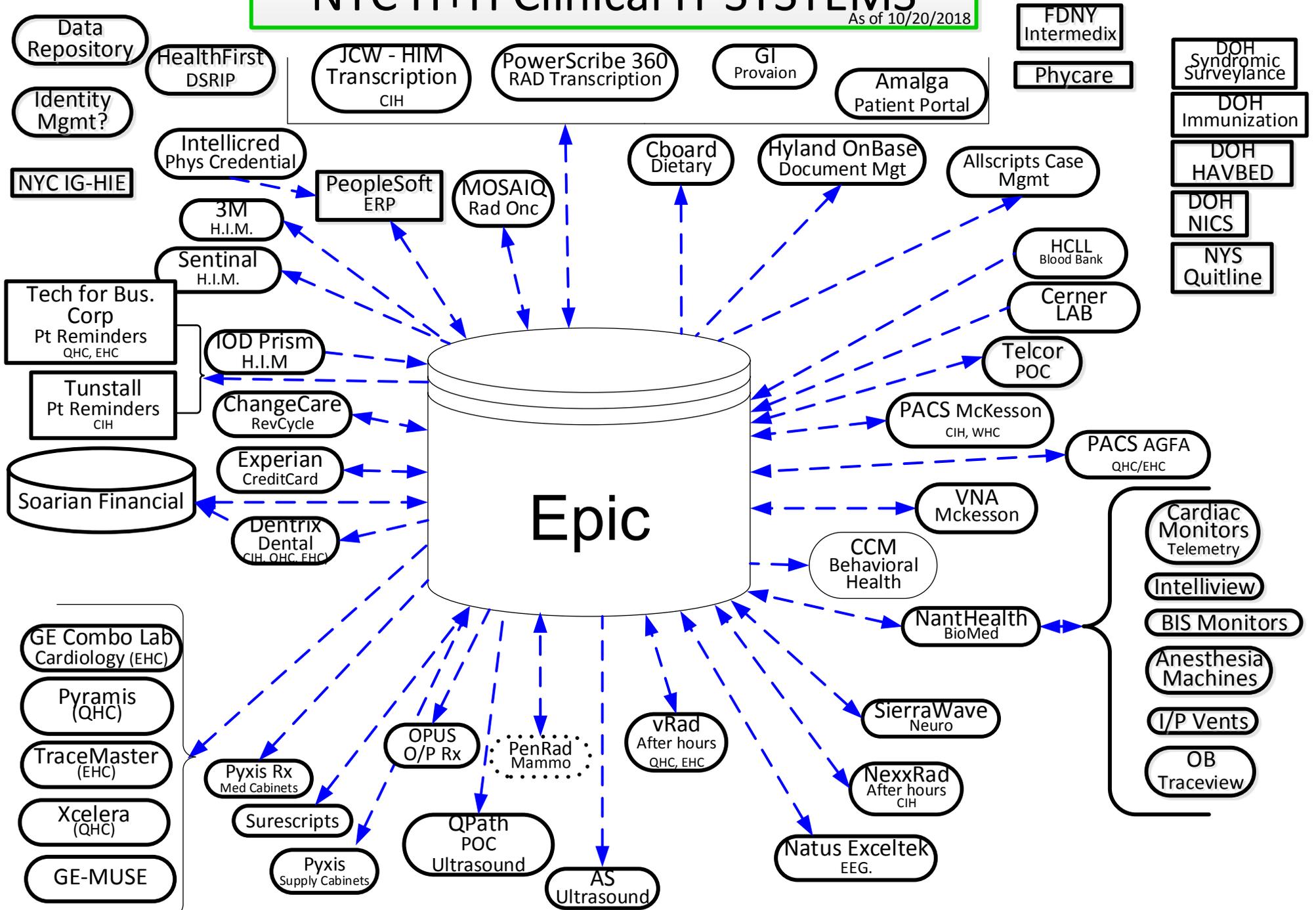
Queens



Coney Island

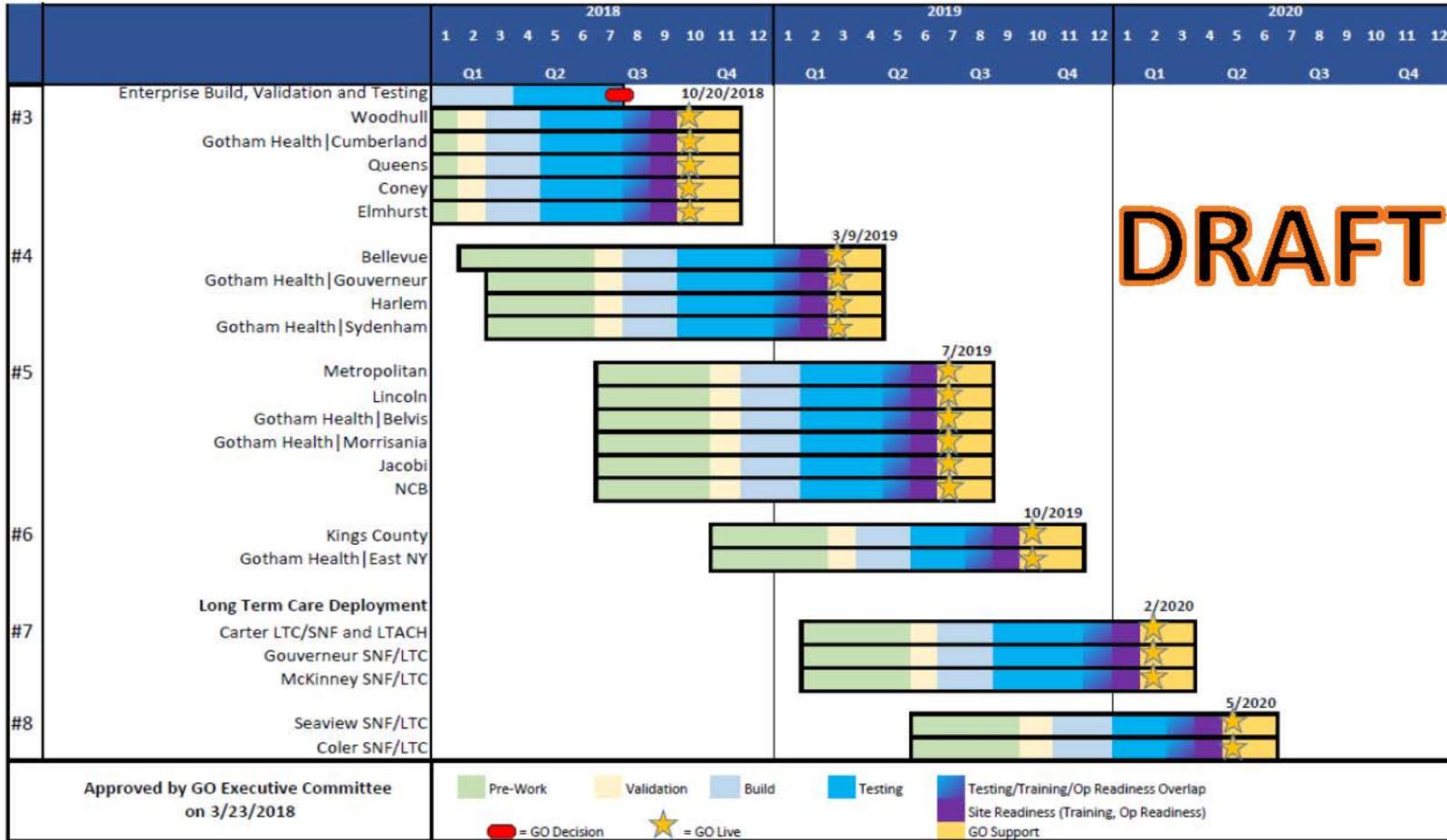
NYC H+H Clinical IT SYSTEMS

As of 10/20/2018



Updated 7/03/18

GO Deployment Schedule
Version 7.1 DRAFT



Enterprise Information Technology Services Network Refresh Cabling

Application to Award Contract
Board of Directors
July 8, 2018

.....? Yj]b' @nbW , 7 =CžGYb]cf Vice President





Network Refresh Project

- NYC Health + Hospitals is undertaking a Network Refresh project to increase bandwidth for faster application response times, accommodate application growth, support interoperability, maintain stability and migrate to a voice and data communication system (VoIP).
- The Network Refresh project is funded via the City's Capital Budget in the amount of \$160 million for the procurement of hardware, wireless survey services, professional services and cabling services necessary to upgrade the network infrastructure systems across all NYC Health + Hospitals facilities.
- In April 2018, the Board of Directors authorized the expenditure of \$32 million (of the \$160 million) for services necessary to implement the Network Refresh project, and required that we return to the Board when any of the contracts exceeds the \$5 million Board review threshold.
- In accordance with the resolution, we are seeking approval of a contract with G-Systems for cabling services in NYC Health + Hospitals/Bellevue, Kings County, Woodhull and Harlem in the amount not to exceed \$24.2 million dollars; of which \$21.8 million is funded through the City Capital budget and \$2.4 million is funded through the NYC Health + Hospitals' operating budget.
- We also contracted with G Systems in the amount of \$4,713,570 for cabling at East New York, Cumberland, the Cumberland clinics and Phase I of Bellevue, pursuant to an Exception to Policy authorized by Dr. Katz on June 26, 2018, as there was not sufficient time to complete all required procurement steps and meet the revised Epic roll-out schedule.



The Request

Award Contract to G-Systems to provide cabling services:

- Vendor will furnish all labor, equipment and materials necessary for network cabling at the following:
 - NYC Health + Hospitals/Bellevue
 - NYC Health + Hospitals/Kings County
 - NYC Health + Hospitals/Woodhull
 - NYC Health + Hospitals/Harlem
- Contract term is 2 years.
- Total contract price not to exceed \$24.2 million, payment will be made upon completion of agreed upon milestones and approval of the work at each facility.
- G-Systems' Vendex and EEO have both been approved.



Vendor Experience & Services

Experience

G-Systems has been installing network cabling for the majority of NYC Health + Hospital facilities in excess of 10 years including most recently for Jacobi, Queens, Elmhurst and Coney Island, including sensitive patient areas.

Services

G-Systems will run and test network cables from data closets on the floor (including patient areas) to cover the following:

- Hang, install and test each wireless access point which connects back to a data closet on the floor, there are numerous access points per floor – the count depends on the results of the wireless survey.
- Each end-user device (computer, printer, bio-med, credit card machine, etc.) requires network cabling back to the data closet on the floor.
- Connections from the data closet to the facility main data center, which is the central hub for all connectivity throughout the facility and back to the Corporate data centers.
- Based on feedback from the post wireless survey, access points will need to be relocated in order to cover any identified gaps or provide better and more seamless coverage of an area.



Procurement Process

Solicitation

- An application to issue a Request for Proposals (DCN #2311) was presented and approved before the May 29, 2018 Contract Review Committee.
- RFP Timeline:
 - June 4, 2018 RFP Issued & Posted to the City Record
 - June 11, 2018 Pre-proposers conference
 - June 11, 2018 Site Visits – Bellevue & Harlem
 - June 12, 2018 Site Visits – Woodhull & Kings
 - June 20, 2018 Proposals Due – 2 proposals received

Evaluation

- June 27, 2018 Proposal Review & Scoring based on the RFP Evaluation Criteria: Cost, Experience and Technical Proposal.

Selection

- G-Systems was selected as its proposal offered NYC Health + Hospitals the best combination of technical ability, approach and price based on the evaluation factors set forth in the solicitation.