

AGENDA

INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: July 19, 2018
Time: 11:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

MS. YOUSSEF

ADOPTION OF MINUTES

April 12, 2018

CHIEF INFORMATION OFFICER REPORT

**DR. GAROFALO
MS. KARAGEOZIAN
MR. STARR**

ACTION ITEM

MR. LUTZ

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.

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

Meeting Date: April 12, 2018

INFORMATION TECHNOLOGY COMMITTEE

ATTENDEES

COMMITTEE MEMBERS

Emily Youssouf, Chair
Josephine Bolus, RN
Gordon Campbell
Mitchell Katz, MD, President and Chief Executive Officer
Barbara Lowe, RN

NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF:

Jennifer Bender, Director, Marketing and Communications
Jeremy Berman, Deputy Counsel, General Counsel
Eunice Casey, Director of Planning, Population Health HIV Services
Elaine Chapnik, Senior Counsel, Office of Legal Affairs
Andrea Cohen, Vice President, Office of Transformation
Suzanne Fathi, Director, Information Technology
Kenra Ford, Senior Assistant Vice President, Office of Medical & Professional Affairs
Colicia Hercules, Chief of Staff, Office of the Chairperson
Barbara Lederman, Assistant Vice President, Information Technology
Jeffrey Lutz, Assistant Vice President, Information Technology
Kevin Lynch, Senior Vice President and Chief Information Officer, Information Technology
Ana Morengo, Senior Vice President, Communications & Marketing
Barry Schechter, Assistant Director, Information Technology
Brenda Schultz, Senior Assistant Vice President, Financial Planning

OTHERS PRESENT:

Tim Cosgrave, Cerner
Justine DeGeorge, Office of the State Comptroller
Larry Garvey, Cerner
Moirá Dolan, Senior Assistant Director, DC 37
Anthony Mirdita, Chief Financial Officer, PAGNY

INFORMATION TECHNOLOGY COMMITTEE

Thursday, April 12, 2018

Emily Youssouf called the meeting to order at 11:15 AM. The minutes of the February 7, 2018 meeting were adopted.

CHIEF INFORMATION OFFICER REPORT

Kevin Lynch gave his CIO Report:

EMR GO Program Update

Mr. Lynch said the approved Enterprise Epic implementation timeline continues to have all eleven of NYC Health + Hospitals' acute care facilities going live prior to April 2020. Our team continues to find a safe and efficient way to implement the Epic rollout at NYC Health + Hospitals acute care facilities in calendar year 2019. Once confirmed, we will seek formal approval to adopt the new compressed implementation timeline.

Enterprise Resource Planning (Project *Evolve*) Update:

Mr. Lynch said there is good news with this project, which involves Finance, Supply Chain, and Human Resources. We are leaving the Oracle legacy suite we had previously. Phase 1 is for PeopleSoft Finance (Accounts Payable) and Supply Chain. Wave 4 successfully went live in two staggered deployments: March 5 (Coler and Elmhurst) and March 19 (Bellevue and Gouverneur). These were successful due to business owners at these locations helping as much as they did.

Mr. Lynch said the Wave 5 Go-Live (which will complete Phase 1 for Finance and Supply Chain) is on track for deployments on May 21 (Jacobi and North Central Bronx) and June 4 (Coney Island, Seaview, Mariner's Harbor, Stapleton, and Metropolitan).

Emily Youssouf asked if this includes Gotham as well.

Mr. Lynch said they are included for Supply Chain and Finance. He said Phase 2, which is for PeopleSoft Payroll/Time & Labor/Absence Management, has a go-live on track for January 2019. We are in the design/build/testing phase right now.

Ms. Youssouf asked if this includes Payroll.

Mr. Lynch said the whole product of PeopleSoft includes all the groups we discussed. We started with Finance and Supply Chain, which will end in June. Concurrently, we are working on the design and build of the Payroll module, which will complete in 2019. He said Time Collection Devices has a rollout that will be a phased approach throughout 2019. He said patient accounting will be connected to the Epic system's revenue cycle.

Barbara Lowe said it has been a while since we heard good news like this so congratulations.

Mr. Lynch said the ERP team really worked hard on this and they got great cooperation from the Finance and Supply Chain leadership.

Ms. Lowe asked about a report on help desk turnaround.

Mr. Lynch said he investigated this. He said he is using the help desk himself and is tracking their service. He said they are within acceptable timeframes. He said feedback, even when not positive, is welcome and we are working to constantly improve service.

Mr. Lynch spoke to slides he had at the end of the CIO Report and to follow up on his first CIO Report. The first slide had images with all 11 acute care centers and the rest of the 70 or so NYC Health + Hospitals

locations throughout the city. He said he shared with staff and is going to have this serve as a guide for IT, so we understand where we serve the facilities.

Ms. Youssouf said this is helpful since it shows all the sites.

Mr. Lynch said this is important since we need to provide connectivity and maintenance, for example.

Mr. Lynch talked to the Current Electronic Medical Record Landscape slide which shows there are six different QuadraMed systems covering eight acute care centers. The remaining three are covered by Epic. He said that he, as a hypothetical patient, if he went to sites with different systems, would not have records accessible by his care providers. In the next slide, he showed that in the Future State, all sites will have access to the same patient information.

Mr. Lynch said the next slide – NYC H+H Clinical IT Systems Interfaces – shows the six versions of QuadraMed. They are not consistent. For example, Sectra PACS is only at certain places and another type at others. He said there will be several hundred IT systems that will be collapsed down once we have an enterprise wide system. The next slide – NYC H+H Clinical IT Systems – shows around 50 we will use.

Ms. Youssouf asked if it was a matter of hospitals needing something and just going out and buying it and installing it.

Mr. Lynch said yes, everyone had different versions of QuadraMed, with different hardware, software, people skills, and contracts. It was silo'd. We have collapsed some hardware and moving towards an enterprise system.

Dr. Mitchell Katz said this is a mess but not because of bad reasons or people. Here is an example of our challenges: Someone told me they got care at Woodhull. They wanted to encourage their friends to go there. The friends were happy with the care but you had to walk down a long corridor to pay their co-pay (next to dirty laundry and garbage) to cashier. Every cab driver has credit card access, why not us? The Woodhull person is frustrated with how long Central Office is taking to sign a contract for this. It is not good or bad. It is a problem we are all trying to solve. On the other hand, this is no way to run an enterprise.

Ms. Youssouf said enterprise-wide is the optimal solution. These graphs are helpful because you see how complex this is and that it needs a lot of work.

Mr. Lynch said I want the presentation to be as digestible as possible. The purchases were made in order to provide care, as Dr. Katz said. We are using industry standards. We want everything to be enterprise wide. We IT professionals are dedicated to helping our patients get great care.

Josephine Bolus asked what happens to all the old patient information.

Mr. Lynch said when we migrate from the legacy (old) systems, we have a plan to import information to the new system so that patient providers have the ability to access it for the needed time. We are obligated to retain data for a minimum of seven years and for minors longer; for oncology different times. We store it in other systems rather than old vendors to save money. We are developing architecture to store what is needed.

Ms. Bolus said there is a lot left with QuadraMed that they control.

Mr. Lynch said that no one else gets access to that information. We audit who gets access. There is security we use diligently to protect the data.

Ms. Bolus asked how you destroy the data.

Mr. Lynch said in the old days, you destroyed the paper. Today, we do degaussing. There is a methodology we use to make sure it cannot be retrieved. We use the HIPAA rules. Same thing for PCs where we degauss them so they can be made into scrap that no one can hack.

Mr. Lynch said the final slide shows Epic will be enterprise and so will anything that touches it, such as the PACS (imaging) system. We will have one version, not 11, for everything. This will take time. We might have a go-live where there are still multiple systems. For example, the nurse call system, which allows patients to call a nurse. If there is a system that works, we will wait until the contract expires and then use the enterprise system.

Ms. Lowe said we discussed staffing this morning.

Mr. Lynch said this will be part of the new PeopleSoft program and that is shown in the diagrams.

Ms. Lowe said we faced a staffing problem. We tried to build something and it should really be interdisciplinary. This way you apply the resources correctly. It will be a challenge. With nursing, managing staffing is a matter of patient safety and this is critical. It is also fiscally prudent to do so.

Mr. Lynch agreed and said it is very complex.

Ms. Youssouf asked that Mr. Lynch keep the committee informed.

Mr. Lynch said regarding staffing, there are hundreds of applications linked to QuadraMed and hundreds more that are standalone that will be collapsed as we go enterprise-wide. This includes hundreds of contracts as well.

Ms. Youssouf asked if someone is looking at contracts and expirations.

Mr. Lynch said yes and we are working on this. He said we want to stay ahead of the renewals.

Ms. Youssouf said we look forward to updates.

INFORMATION ITEM 1:

IT UPDATE

Mr. Lynch spoke to a presentation called IT Committee Meeting, Information Item: IT Update. Under Governance Update, he said in follow-up to last meeting, we developed an Executive Technology Committee (Dr. Katz, Dr. Machel Allen, Kim Mendes, and myself) to set strategic priorities and keep track of our IT spend.

Mr. Lynch said the Health Information Technology Prioritization Committee includes the Chief Medical Information Officers from each 11 acute sites as well as appropriate people from Ambulatory and Central Office. We will prioritize all projects that IT will dedicate resources to complete. The Epic, Enterprise Resource Planning, and PACS (radiology) consolidation, I imagine, would all be priorities. There is no shortage of mission for IT projects but we need to prioritize this in a structured and disciplined way. When new projects come forward, we will evaluate them to see where they should go in this order.

Gordon Campbell asked if these CMIOs report to you.

Mr. Lynch said yes. They are part of this process. There is IT governance at each facility and they align with this committee. They also represent their sites and the enterprise.

Mr. Lynch spoke to the slide Inventory Resources. He said we currently have around 1200 people, of whom around 400 are contractors. They are needed most for projects like Epic and Enterprise Resource Planning. We will be letting them go as those progress. In the meantime, we are leveraging as many full time and vacant positions to build a better path of self-sustainability.

Ms. Youssouf asked if those contractors will need to be replaced.

Mr. Lynch said no, they are mostly in the design, build, and implementation of the projects like ERP and Epic. For example, there are around 194 contractors in the Epic program. We might need 50-75. We would start shedding them after 2019.

Ms. Bolus said she had a problem with the resolution.

Mr. Lynch said let's review the resolution and discuss that.

ACTION ITEM 1:

RESOLUTION ON INFRASTRUCTURE UPGRADE SPENDING AUTHORITY

He read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals" or the "System") to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System and to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in capital funds, which is allocated in the City Capital Budget, over the next four years, all of such procurements to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5 but without further Board authorization provided that Enterprise Information Technology Services division of NYC Health + Hospitals ("EITS") shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.

Mr. Lynch said the intent of the infrastructure upgrade – that is, the circuits that connect our systems – needs to be put in place so we have enough devices and bandwidth to support projects like the Epic electronic medical record or ERP. He said there will be an upgrade from our old copper wire legacy phone systems to VOIP (voice over Internet phone). The \$160 million mentioned is for hardware and services. The \$32 million we are discussing is the service component for surveys. For example, at Woodhull, people will look to make sure the circuits in place will work or if they need to be upgraded. We also have switches in the network closets that need to be updated so everything fits and works. This will allow devices for nurses and other people to go wireless. This is IT infrastructure. These surveys are necessary and they are a once-in-a-10 or 15 year thing that needs to be done.

Ms. Bolus asked if anyone can use our wireless networks once the upgrade is done.

Mr. Lynch said yes, our users and their trusted devices will have access to our systems.

Ms. Bolus asked if, once we terminate a person, is there a way to make sure they can never use it again.

Mr. Lynch said yes, we have an active directory tool. If I am employed, active directory gives me a username, email address, and so on. If I am no longer employed for whatever reason, we shut off access to everything via active directory.

Dr. Katz said this is what we did once we had the sad eliminations a month ago. I checked to make sure this happened. He said Ms. Bolus asked a good question because I learned that this was not always properly happening previously. We also made sure they gave their devices back.

Mr. Campbell asked if we could review Ms. Bolus' question on the wording of the end of the first paragraph of the resolution, "...but without further Board authorization..."

Ms. Youssouf said we discussed this. It was supposed to say there was \$160 million in the NYC Capital Budget allocated to NYC Health + Hospitals. You are asking authority to spend the first \$32 million.

Jeremy Berman said that was how it was supposed to be articulated.

Ms. Youssouf said that is not what came through here.

Dr. Katz asked if we are addressing Ms. Bolus' concern.

Ms. Bolus said yes, that is a lot of money to spend without asking for authorization.

Mr. Campbell said since this is not like the pharmacy request. This is service-oriented, it needs Board approval.

Ms. Youssouf said to clarify, you would spend the \$32 million and tell us what it was spent on. Then you would come to us for the rest.

Mr. Berman said this is different than pharmaceutical supplies. That is standard. This is suggesting staff goes off for the \$32 million and reporting back. This is approving spending. Then there is the rest of the money beyond that.

Dr. Katz said the money is coming to us. We have the right to say we do not want you to spend the \$32 million, if we decide to do so.

Mr. Campbell said I understand that you have to do a procurement for the \$32 million.

Dr. Katz said if they come up with a \$10,000 contract for paper clips. What happens then?

Mr. Campbell said if there is \$22 million for services for consultants, which is over the threshold, then that comes before the Board. The paper clips do not.

Mr. Berman said this request is for Board approval of the expenditures of this project to implement it. We would make as many or as few reports to the Board as you desire.

Mr. Campbell said I do not understand why, because services over the threshold have come before the Board. Why is that changing now?

Mr. Berman says it does not need to change. The idea is that it is not manageable for IT to come for each request.

Ms. Youssouf said in the past, some big contracts came up, and we found they were not written in our favor. We asked for them to get rid of a termination fee, for example. We are not comfortable with changing this.

Mr. Berman said we have done this before, such as for the Epic work. The Committee does not see all the contracts with that project.

Mr. Campbell asked what is the threshold from rule 100-5 that need to come before the Board?

Mr. Berman said that is \$5 million.

Mr. Campbell what is policy of what comes before the Board and what does not?

Mr. Berman said for \$5 million and above, everything comes before the Board, no exceptions. This is suggesting a different approach.

Mr. Campbell said this is an issue that was never discussed. We spent a lot of time discussing 100-5 and raising the threshold to \$5 million for all services. This is problematic.

Dr. Katz said the pharmaceutical had no resolution. Here is a resolution. We have the right to say no, you cannot spend the money, if we want to. Or you can only spend \$8, or 10, or 15 million. Here you are saying we want you to approve up to this amount of money, for this scope of activities. But you are not approving the name of the vendor. As a precedent, has the Board always approved the name of the vendor?

Several people said yes.

Mr. Berman said the Board has seen individual contracts in the past. With IT work, there are projects that are defined and funded with capital funds all at once. In the past, for revenue cycle too, we have said here is the project, its budget, and a big picture view of it. We told them, go off and do the project and give us frequent reports.

Ms. Youssouf said that is not how I remember this occurring in my time as chair. I feel like the Wall Street equivalent would be, invest your money here. But we are not going to tell you what it is.

Dr. Katz asked if the Wall Street analogy is more like someone saying, invest your money in a real estate investment trust. We will choose the one with the best return.

Ms. Youssouf said the criteria for what they are going to choose is laid out. We are only going to get properties that fit these rules.

Mr. Campbell said this is a clear contravention of 100-5. For services, we went from \$1 million to \$5 million. This was a lot of consternation, particularly from Stanley Brezenoff, but we did not say it would be carte blanche. If we adopt this, it would be in violation of 100-5. Services over \$5 million are supposed to go before the Board. I see no exceptions, even if it makes good business sense.

Mr. Berman said this is a request to the Board and they can say no.

Ms. Youssouf said it was not presented that way.

Dr. Katz asked if there is an alternative way to deal with this. We now all have a common understanding of this resolution means. We understand the Board has the right to say no, but the Board does not want to do that. How can we amend the resolution to make us more comfortable with it?

Mr. Berman said we can say the Board is giving the authority to spend the money and embark on the project, which is important. The Board is giving its support. When there are service agreements that cross the Board threshold, we will come back.

Ms. Youssouf says there is a bigger pool of money. This is not the whole amount. As projects need more than \$5 million, you come to the Board.

Dr. Katz asked if we add something to say nothing in this obviates the responsibilities the policies laid out in 100-5.

Mr. Campbell said we can just delete the section "...without further Board authorization..." We add language to say this is a subset of the \$160 million.

Mr. Berman said yes. We said he wanted to add that just because these do not come before the Board, does not mean they avoid the CRC (contract review committee) process.

Mr. Campbell said I understand that. There has been so much oversight of NYC Health + Hospitals' IT department, the Board would be abrogating its responsibilities in going forward – for both IT and Legal – without making sure we are in conjunction with 100-5. It would be problematic.

Ms. Youssouf thanked Ms. Bolus. She said when we first started looking at IT projects in Capital, we had a lot of difficulty in trying to figure out how much was going to which specific project. We do not want to destroy any progress we have made.

Ms. Lowe said it is beyond the approval of cash. It is also the kind of activities we are doing and where we are with the projects, that I was missing, frankly. It is the discussions around approvals for spending and also what happens. She said she does research and she liked Dr. Katz's recent profile online. But she feels she has to do homework to figure out how things are going.

Dr. Katz said this meeting was very helpful in that way. Thanks to Ms. Bolus for pointing this out.

Mr. Lynch thanked the Board for this direction.

Ms. Youssouf said that the resolution will have the changes discussed.

Motion to approve the resolution passed.

Mr. Berman said we will make the change in language.

Mr. Lynch thanked the Board for its time.

There being no further business, the meeting was adjourned at 12:10 PM.

CHIEF INFORMATION OFFICER REPORT

Briefing for the Information Technology Committee of the NYC Health + Hospitals

July 19, 2018

Thank you and good morning. I would like to provide the committee with the following brief updates:

Governance:

Our Health Information Technology (HIT) Prioritization Steering Committee continues the work effort of prioritizing the highest strategic IT projects listed below:

- Epic Initiative – deployment of our enterprise electronic medical record across all patient care locations
- Enterprise Resource Planning – (ERP) Human Resources, Payroll, Supply Chain, Finance, Accounts Payable, Cost Accounting
- Pharmacy Enhancements Initiative
- Clairvia – Nurse Scheduling System
- Enterprise Biomed Initiative
- Enterprise Radiology Integration Initiative – Enterprise Picture Archive Communication System (PACS) for digital imaging
- Enterprise Provation Medical Initiative
- 2018 Meaningful Use Demonstration Initiative
- Enterprise Capital Restructuring Finance Program (CRFP)

This Committee's work effort enables NYC Health + Hospitals to better serve our patients by supporting an integrated health system through the implementing enterprise Health Information Technology projects. Links to the HIT Steering Committee Charter and NYC Health + Hospitals IT Project Portfolio can be found on the [Enterprise Information Technology Services](#) intranet site, located on the Insider.

EMR GO Program Update:

- The GO team continues the work effort to extend our enterprise electronic medical record system across all NYC H+H Acute Care, Gotham, and Ambulatory patient care locations. It is scheduled to be completed by the end of calendar year 2019. We continue to develop the path towards implementation for Post-Acute Care.
- The next go-live is scheduled for October 20, 2018 (92 days). It includes Clinical and Revenue Cycle Epic applications at Woodhull/Cumberland and the retrofit of Revenue Cycle at Queens, Elmhurst, and Coney Island. The latter sites are already live with Epic Clinical applications.
- In March 2019, Bellevue, Harlem, and Gotham facilities Gouverneur and Sydenham will go live with both Clinical and Revenue Cycle Epic applications.
- Naming contest in progress with over 1700 submissions from 600+ individuals.

Enterprise Radiology Integration Update:

- Live at Coney Island and Woodhull.
- On track for go live at Metropolitan in July, and Kings County in August.
- The remaining sites including Lincoln, Harlem, Bellevue, North Central Bronx, Jacobi, Queens and Elmhurst are scheduled for fall and winter of 2018/19.

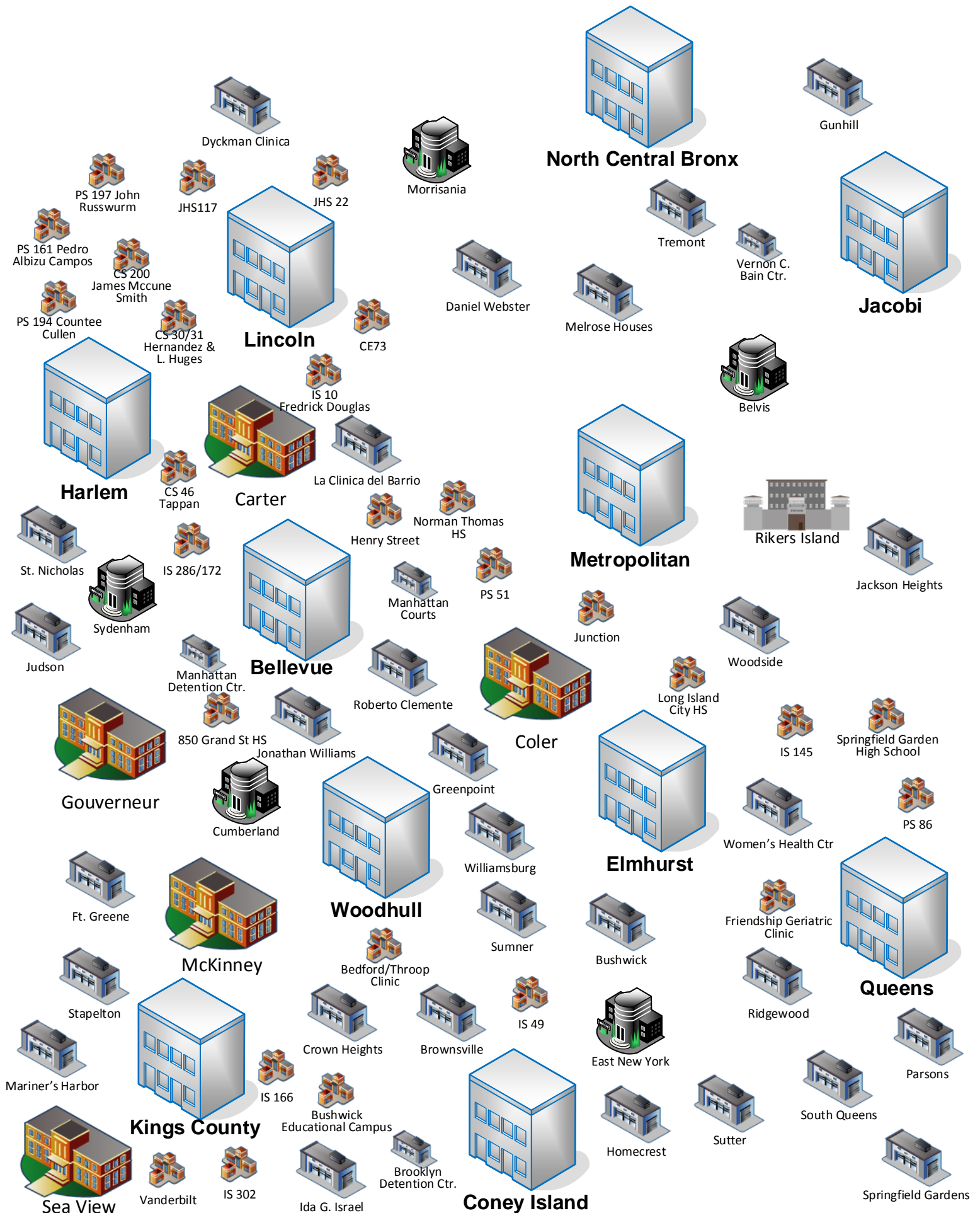
Enterprise Resource Planning (Project *Evolve*) Update:

- Completed Phase 1 – Waves 1-5 which included PeopleSoft’s Finance (Accounts Payable/General Ledger), & Supply Chain modules across all NYC H+H locations.
- Cost Accounting is on track for go-live in September 2018.
- Phase 2 – PeopleSoft Payroll/Time & Labor/Absence Management/Electronic Time Capture:
 - Payroll Go-Live on track for January 2019
 - Time and Labor/Absence Management on track for May 2019
 - Electronic Time Capture on track for June 2019
- Clairvia Clinical Scheduling in progress and expected to go live in Spring 2019

This completes my report today. Thank you.

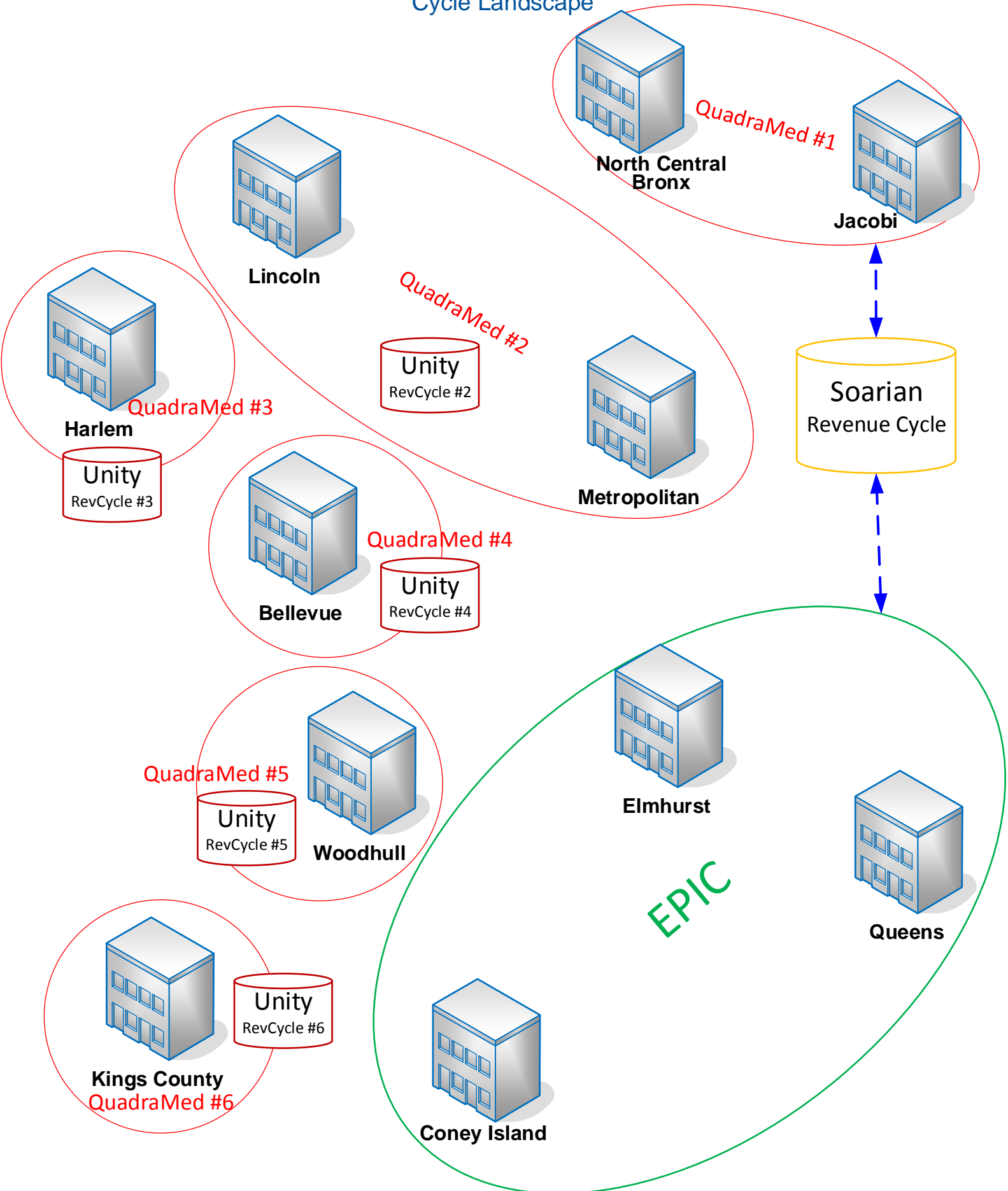
NYC H+H

Acute Facilities + Post Acute Care + Correctional Health Services+ Gotham Health Facilities



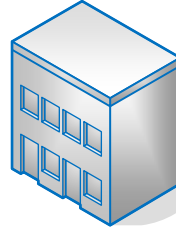
NYC H+H

Current Electronic Medical Record + Revenue Cycle Landscape

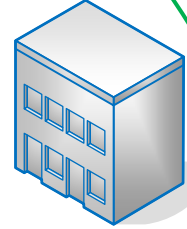


NYC H+H

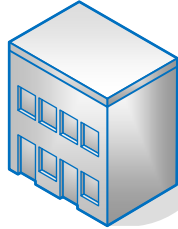
EMR future state



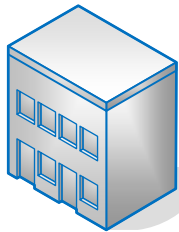
North Central Bronx



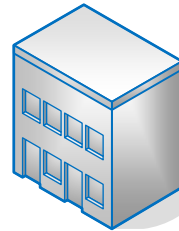
Jacobi



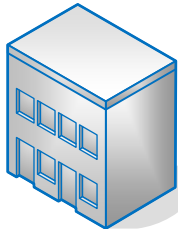
Lincoln



Harlem

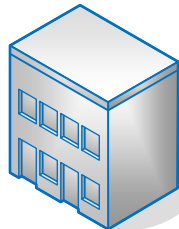


Metropolitan

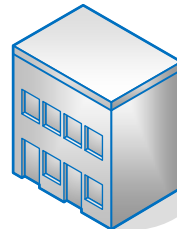


Bellevue

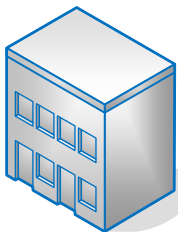
**EPIC Clinical &
Revenue Cycle**



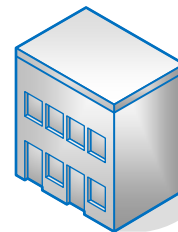
Woodhull



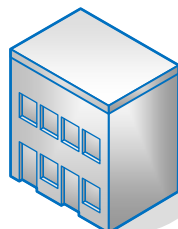
Elmhurst



Kings County



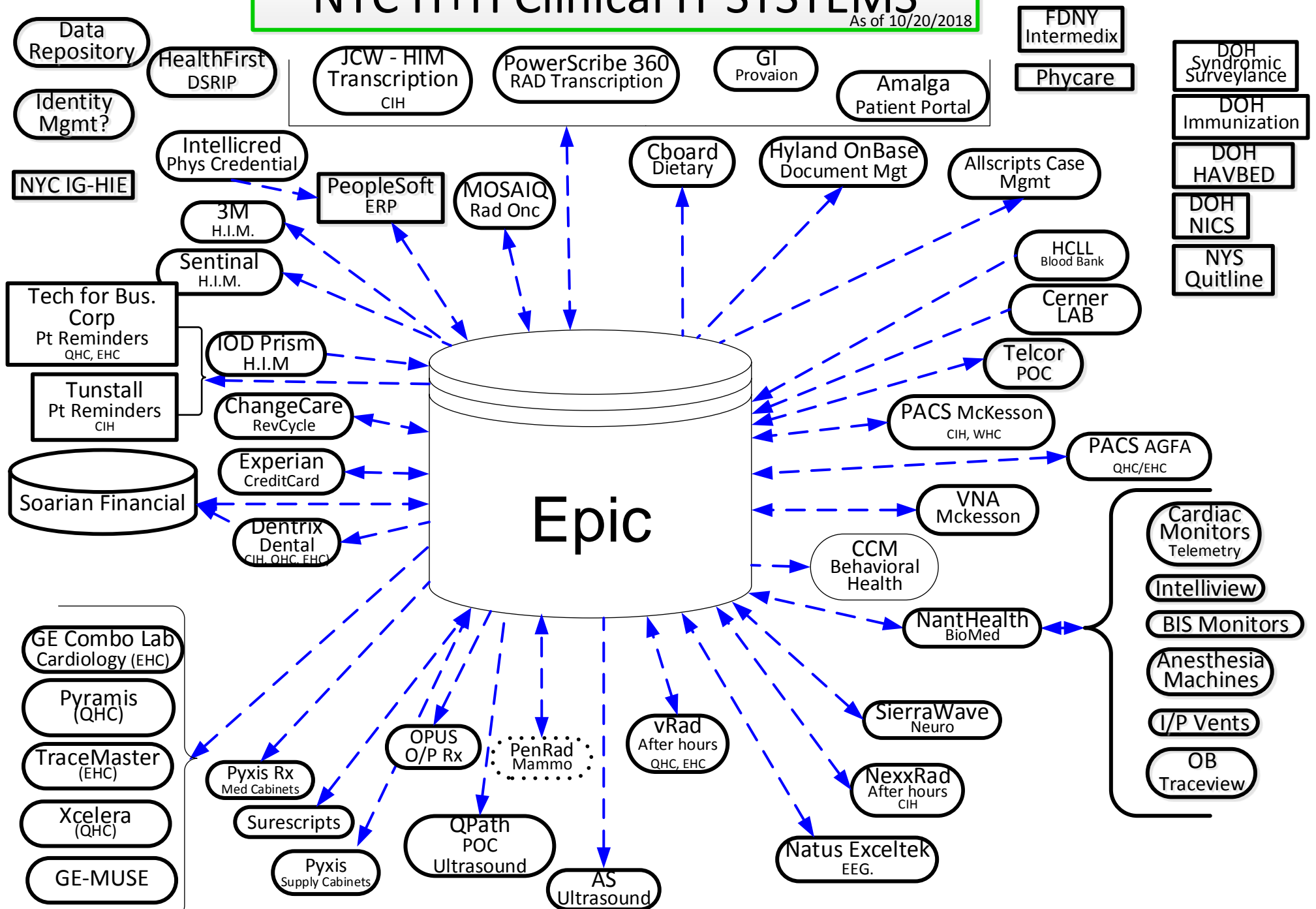
Queens



Coney Island

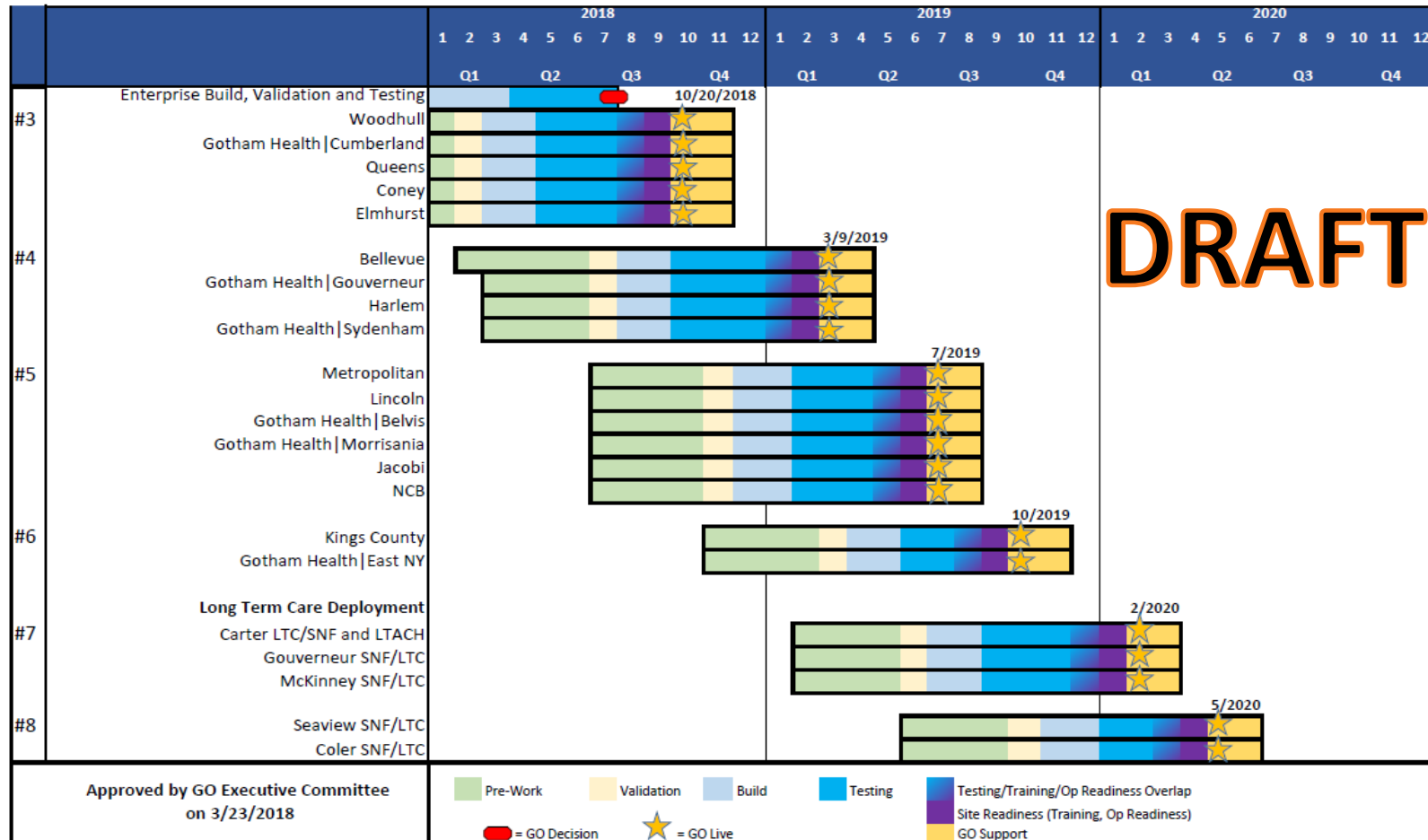
NYC H+H Clinical IT SYSTEMS

As of 10/20/2018



Updated 7/03/18

GO Deployment Schedule
Version 7.1 DRAFT



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

Enterprise Information Technology Services Network Refresh Cabling

**Application to Award Contract
Information Technology Committee
July 19, 2018**

Jeff Lutz, Assistant Vice President Infrastructure



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.