

CALL TO ORDER - 3:00 PM

1. Adoption of Minutes: February 28, 2019

Chair's Report

President's Report

Legislative Update

>> Action Items<<

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with the Sleep Disorders Institute ("SDI") for its use and occupancy of 1,038 square feet of space to operate a diagnostic and treatment center on the 7th floor of the "H" Building at NYC Health + Hospitals/Bellevue (the "Facility") at an occupancy fee of \$60,204 per year or \$58 per square foot to be escalated by 2.75% per year for a five year total of \$318,038.

(Capital Committee - 03/19/2019)

EEO/Vendex: NA

3. Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York Power Authority ("NYPA") together with Customer Installation Commitments covering six energy efficiency upgrades (the "Projects") for the planning, design, procurement, construction, construction management and project management services necessary at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Elmhurst (the "Facilities") at a cost not-to-exceed \$42,407,088 which includes a 10% contingency.

(Capital Committee - 03/19/2019)

EEO/ Vendex: NA Public Entity

4. Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") on December 6, 2016 that authorized the execution of requirements contracts with seven Architectural and Engineering ("AE") consulting firms namely DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wentz Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; and with six Mechanical, Engineering, and Plumbing ("MEP") consulting firms, namely Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and with six Local Law Inspection consulting firms, namely HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the organization with such amendment increasing the \$15,000,000 not to exceed limit by \$8,000,000 to bring the total not to exceed limit to \$23,000,000.

(Capital Committee - 03/19/2019)

EEO: All Vendors are Approved

Vendex Approved: Francis Cauffman, Inc; Gertler & Wentz Associated; Lothrop Associates, LLP; MJCL Architects PLLC; Perkins Eastman Architects, DPC; Greenman-Pederson, Inc.; Jacob Feinberg Katz & Michaeli Consulting Group, LLC; Kallen & Lemelson Consulting; LiRo Engineering, Inc.; Raman and Oudjian Engineers and Architects, PC; Superstructures Engineering + Architecture, PLLC

Vendex Pending: DaSilva Architects; TPG Architecture; Goldman Copeland Associates, PC; RG Vanderwell Engineers, LLP; HAKS Engineers Architects and Land Surveyors, PC; Hoffman Architects, Inc.; Ronnette Riley Architect; Thornton Tomasetti, Inc.

Mr. Pagán

Mr. Pagán

**Dr. Katz
Mr. Siegler**

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

Committee and Subsidiary Report

- Governance
- Equity, Diversity and Inclusion
- Community Relations
- Capital
- Finance
- Strategic Planning
- SCO
- MetroPlus

**Mr. Pagán
Ms. Arteaga
Dr. Katz
Mr. Peña-Mora
Ms. Wang
Mr. Campbell
Mr. Rocha
Ms. Hernandez-Piñero**

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Coler Long Term Care and Rehabilitation Facility
- NYC Health + Hospitals | Carter Nursing Facility
- NYC Health + Hospitals | Carter Specialty Hospital

Mr. Pagán

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Woodhull

Mr. Pagán

>>Old Business<<

>>New Business<<

Adjournment

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 10013 on the 28th day of February, 2019, at 3 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. José Pagán
Dr. Mitchell Katz
Dr. Oxiris Barbot
Dr. Vincent Calamia
Dr. Hillary Kunins
Ms. Helen J. Arteaga-Landaverde
Ms. Barbara A. Lowe
Mr. Robert Nolan
Dr. Herminia Palacio
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra

Mr. José Pagán, Chair of the Board, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof. Mr. Pagán called the meeting to order at 3:07 p.m.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on January 24, 2019 were presented to the Board. Then on motion made and duly seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on January 24, 2019, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT and COMMITTEE APPOINTMENT

Mr. Pagàn noted that Article Six, Section 1(c) of the NYC Health + Hospitals Bylaws, requires the Chair of the Board to annually appoint, with the approval of the majority of the Board, the members of the Standing Committees of the Board. He then offered a motion to appoint Dr. Hillary Kunins, Acting Deputy Commissioner and the Director of Community Mental Health Services, to the Medical and Professional Affairs Committee.

Upon the motion being seconded, it was unanimously adopted.

RESOLVED, Dr. Hillary Kunins be and she hereby is elected to the Medical and Professional Affairs Committee.

Mr. Pagàn then thanked Mr. Nolan for attending the Live Health, Love Safely Event at NYC Health + Hospitals/Jacobi on February 8th and also the Lincoln and North Central Bronx 2019 Legislative Forums. Mr. Nolan related that there were terrific turnouts at each event with both State and City elected officials present. He commented on the attendance of Mr. Peña-Mora at the Lincoln meeting and the attendance at the NCB meeting of Assembly Member Rivera. Mr. Peña-Mora observed that the elected officials and community representatives were very complimentary of the hospitals and showed their support and appreciation for the services provided at the hospitals. Mr. Nolan offered his congratulations to the NYC Health + Hospitals' staff and CABS for making the case for the System. Mr. Pagàn thanked Mr. Nolan and Mr. Peña-Mora for participating in the meetings

Mr. Pagàn also extended his appreciation to Ms. Arteaga-Landaverde for attending the ribbon cutting ceremony held to celebrate the opening of the Northwell/NYC Health + Hospitals' joint clinical laboratory in Little Neck Queens on February 15th. Ms. Arteaga- Landaverde commented on the very modern and sophisticated structure that had been built and the great opportunity for Northwell and NYC Health + Hospitals to come together around a shared mission to enhance laboratory services for their patients.

Mr. Pagàn noted that with respect to Vendex, since we began the process of approving contracts prior to Vendex approvals, there are two new item on today's agenda, of which one is approved. There are four items from previous Board meetings pending Vendex approval, which are in your Board materials.

Since we last met, we have not received any Vendex approvals. We will continue to notify the Board as outstanding Vendex approvals are received.

Mr. Pagàn then recognized Dr. Katz for the President's report.

PRESIDENT'S REPORT

Dr. Katz opened by saying how pleased he was to be working with the Mayor's Office to guarantee healthcare for all New Yorkers -- both those who are currently uninsured and are eligible for insurance and those who are not eligible for insurance. He said that Dr. Ted Long has been leading our efforts and making a lot of progress in putting together the infrastructure for the launch of NY Cares in the South Bronx in August. To make that launch possible, NYC Health + Hospitals is hiring additional physicians and nurses and other clinical staff. Dr. Katz pledged to keep the Board apprised of further developments. He reflected on having worked on similar initiatives in San Francisco and Los Angeles of which he said he was very proud. He noted that Healthy San Francisco involved only 14,000 people which equates to only a square block in New York. Here, he said, the target is 600,000 people. The challenge is to apply the ideas used in California but to improve on them by offering a broader spectrum of services and on a much larger scale. Dr. Katz recognized the support of the Deputy Mayor in the NY Cares initiative and reflected on his successful City Council hearing regarding access to specialty care. He said the Council Members were particularly glad to hear of the tremendous success in growing eConsult and learning that we have now eliminated many of the long wait times for primary and specialty care appointments. He commended Milton Nunez for his work as Executive Director of NYC Health + Hospitals/Lincoln, which has reported very impressive numbers in several areas where people could get specialty care within a week or two. That accomplishment is particularly important, he said, because Lincoln is right in the middle of the South Bronx where the System will be rolling out e NYC Cares.

Dr. Katz also joined in thanking Ms. Arteaga-Landaverde for attending the laboratory opening. Dr. Katz observed that laboratory functions aim principally for quantity. With automation using futuristic robots, it is

just as possible to perform ten tests or 300 for the same cost, it makes sense that the System has consolidated all of these services.

Finally, Dr. Katz commented on having attended a feel-good event at Bellevue: an announcement that the Tish Illumination Foundation had given NYC Health + Hospitals a \$1.5 Million grant for arts and healing. The grant will create a chance to show the amazing art collection of NYC Health + Hospitals, which is exhibited in the Boardroom but also in the hospitals. The goal is to focus on both caretakers, to decrease burnout, and on patients by involving them in the arts. The First Lady was there and was incredibly gracious.

Dr. Katz then referred the Board to the remainder of his written report and asked Mr. Siegler to provide a legislative update.

Mr. Siegler recognized the large agenda and that the legislative update is included in the President's written report. He thanked the 83 Community Advisory Board members, Auxiliary members and staff who traveled in the midst of a snowstorm up to Albany earlier that month to advocate on behalf NYC Health + Hospitals in front of the State legislature. They connected with 50 Assembly members and Senators. He said that they had to leave early because of the snow however their presence showed the commitment of the community members to the hospitals with their advocacy, which, he said, really does matter and will have an impact for the System.

With regard to the state budget, Mr. Siegler stated that there was an amendment to the initial budget to close a revenue gap, which included over \$1 billion in healthcare spending cuts. NYC Health + Hospitals, along with its advocacy partners around the City and the State, will be fighting hard against these cuts, particularly the Medicaid rate cuts. He said that the System continues to advocate for the Community Coalition Indigent Care Pool proposal that if put forward, would benefit NYC Health + Hospitals and be helpful to all safety net hospitals and others who truly serve a disproportionate share of uninsured and Medicaid population. Discussion on the report followed.

ACTION ITEMS

Dr. Pagán read into the record an action item:

RESOLUTION

Authorizing the amendment of the By-Laws of the New York City Health and Hospitals Corporation (the "System") to rename the Equal Employment Opportunity Committee as the Equity, Diversity and Inclusion Committee and to revise Article VI, Section 11 to state the duties and responsibilities of the Equity, Diversity and Inclusion Committee is to be "the oversight of the integration of best practices related to diversity and inclusion into all of the organization's activities to foster workplace diversity, promote vendor diversity, support workplace inclusion and to promote equity in access initiatives.

Ms. Matilde Roman, Chief Equity Officer and Ms. Blanche Greenfield, Deputy General Counsel presented on the resolution. They were seeking authorization for the creation of a new Standing Committee for Equity, Diversity and Inclusion to replace the current Equal Employment Opportunity Standing Committee. While the Equal Employment Opportunity Committee is responsible for addressing issues related to the recruitment and retention of minority and women staff and contracting with minority and women owned businesses. Ms. Roman said the desire was to expand the Committee's scope to include the integration of diversity and inclusion best practices into all the System's activities, as diversity inclusion has evolved. The key drivers are to improve business outcomes to not only support a diverse workforce but also to promote employee engagement and tailor services to meet a diverse clientele. Ms. Roman explained that the scope of the new committee would continue the EEO related activities and expand oversight for system-wide strategies and solutions to integrate best practices related to diversity inclusion in the following areas: recruitment and retention of minority and women staff and encouraging participation of minority and women owned businesses in the System's contracting process. Another focus will be to promote employee engagement and respectful encounters with patients, visitors and staff while advancing equitable care and access through culturally responsive services.

Ms. Greenfield added that refocusing and renaming the EEO Committee give the opportunity to also align with NYC Health + Hospital strategic direction. She reflected on the American Hospital Association pledge to focus

on diversity and inclusion and observed the connection to principles of Population Health.

There followed a discussion among Mr. Peña-Mora and Dr. Palacio during which they requested further specifics and for commitments to make the charge to the organization clear. Dr. Palacio said that she hoped that the guidance that goes to the System will be more explicit as to the true meaning of diversity and inclusion across gender to achieve gender equity and to be LGBT affirming. Ms. Greenfield referred the Board members to trainings in these areas that are required for employees. Dr. Palacio, Mr. Peña-Mora, Ms. Arteaga-Landaverde and Mr. Pagàn stressed the importance of expressing these values not just in how we hire staff but also contractors and how we treat staff and patients.

Additional discussion ensued, and upon motion duly seconded, the resolution was unanimously approved.

RESOLUTION

Electing Sally Hernandez-Piñero as Chairperson and Christopher Roker and Tamira Boynes as members of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity for a five-year term or until her successor has been duly elected and qualified, or as otherwise provided in the MetroPlus Bylaws.

There being no discussion, after being duly seconded, Mr. Pagàn called the question and the resolution was unanimously approved.

RESOLUTION

Electing Dr. Vincent Calamia as a member and the Chair of the Board of Directors of Physicians Purchasing Group, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("PPG"), to serve in such capacity for a two-year term or until his successor has been duly elected and qualified, or as otherwise provided in the Physicians Purchasing Group, Inc., Bylaws.

There being no discussion, after being duly seconded, Mr. Pagàn called the question and the resolution was unanimously approved.

RESOLUTION

Electing Dr. Vincent Calamia as a member and Chair of the Board of Directors of HHC Insurance Company, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("Ins Co."), to serve in such capacity for a two-year term or until his successor has been duly elected and qualified, or as otherwise provided in the Ins. Co. Bylaws.

There being no discussion, after being duly seconded, Mr. Pagàn called the question and the resolution was unanimously approved.

RESOLUTION

Electing Freda Wang, as Chair, and Robert Nolan, Feniosky Peña-Mora, José A. Pagán and Dr. Mitchell Katz as members of the Board of Directors of HHC Capital Corporation, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("Cap Corp"), to serve in such capacity for a one-year term or until their successors have been duly elected and qualified, or as otherwise provided in the Cap Corp Bylaws.

There being no discussion, after being duly seconded, Mr. Pagàn called the question and the resolution was unanimously approved.

RESOLUTION

Electing Israel Rocha, Chair, Dr. Mitchell Katz, John Ulberg, Sheldon McLeod, Dr. Michael Stocker, Matthew Siegler, and Jeremy Berman to the Board of Directors of HHC Assistance Corporation Centralized Services Organization, (CSO) d/b/a OneCity Health Services, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("OneCity"), to serve in such capacities for a one-year term or until his/her successor has been duly elected and qualified, or as otherwise provided in the HHC CSO/OneCity Health Services Bylaws.

There being no discussion, after being duly seconded, Mr. Pagàn called the question and the resolution was unanimously approved.

Dr. Calamia read the resolution into the record, which had been approved unanimously at the medical and professional affairs committee on February 14, 2019.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Hunter Ambulance, Inc. ("Hunter") to provide the management and provision of patient transportation services for the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$12,070,896.

Mr. William Brown, Executive Director of NYC Health + Hospitals/Coney Island, Dr. Sheldon Tepperman, Director of Trauma and Critical care at NYC Health + Hospitals/Jacobi and the head of the System Trauma Council and Ms. Svetlana Lipyanskaya, Senior Assistant Vice President, for Managed Care Administration, jointly presented the proposed Resolution. Mr. Brown provided an update on the inter-facility transfer process. Currently, NYC Health + Hospitals initiates approximately 40,000 ambulance calls annually. 5,500 of those 40,000 are considered emergency trips. The System has experienced significant variability in service levels. For example, emergency trips, door to door, take on average three and a half hours between facilities and non-emergent trips take approximately six hours on average. These long periods result from both internal process issues as well as the contractual relationships with ambulance vendors. The delays lead to concerns about patient safety, quality, patient satisfaction and provider frustration. A leakage of high complexity patients transferred to non-H+H facilities causes significant loss of revenue, especially due to leakage of surgical patients amounting, conservatively, to \$25 million annually in incremental net revenue.

Mr. Brown said that the group pursued two pathways for process improvement. One of them led to recommendations for streamlining internal processes and workflows at the sending and receiving facilities. The second

track focused on the transport vendor. An RFP seeking a single vendor was issued to streamline service delivery.

Dr. Tepperman gave the perspective of trauma surgeons who seek to get patients into trauma centers from outlying centers as quickly as possible. For patients with serious injury, it is critical to shorten as much as possible the time it takes to bring the patient to the emergency department. The standard that the selected vendor has accepted is to get the patient to the Emergency Department within 20 minutes. That is very dynamic. It is above the industry standard and he said he was comfortable that the company that has been chosen is committed to such standard. Dr. Tepperman thanked his colleagues in the group and, speaking for the trauma community, expressed optimism that Health + Hospital will see significant improvement in the time it takes to get sick patients to treatment.

Ms. Lipyanskaya identified several reasons for the poor past service. One is the expiring contracts. They were set at the Medicaid level, which was far below industry standard. A second is that NYC Health + Hospitals is historically late paying its bills. She said that, in a service driven industry that is very people focused, those two factors create a significant challenges. Additionally there was no assignment of any particular vendor to a particular facility and therefore there was no guarantee of business to the vendors. Because of these factors, the System has never been a priority for the vendors.

Ms. Lipyanskaya identified several elements as keys to improved future service. One is to move to Medicare rates, which are closer to industry standards. A payment model will be used to ensure that the System will pay vendors on time. Payments will be managed centrally so they can be effectively monitored instead of having 11 different facilities, paying 9 or 10 different vendors. Vendors will be assigned to particular facilities, which is important to ensure the vendors a minimum volume so that they can, in return, guarantee a level of service.

An account of the RFP process was then given by Ms. Lipyanskaya. She related that the process started in October of 2017 under Bill Foley. A performance improvement team decided to seek a single vendor solution to have one place for monitoring of the service level agreements -- one partner who will bill resulting in a more manageable payment process. More specifically, the plan developed is to have a primary vendor with sub vendors. Therefore,

NYC Health + Hospitals can continue its relationships with companies that the System has been working with and which have provided good service in the past.

The decision to go with a single prime vendor was reflected in an RFP addendum, which was approved by the Contract Review Committee in September of 2018. After the RFP Addendum shifting to a single vendor solution, six responsive proposals were received and evaluated. The three highest-ranking proposers, Empress, Hunter and AMR, were invited to present. The Selection Committee selected Hunter by unanimous vote. Among the criteria considered were cost and the System's and the City's history with Hunter. The choice of Hunter was approved by the CRC in February.

Both Ms. Hernandez-Piñero and Ms. Wang asked for more information about the RFP process. Ms. Lipyanskaya clarified that previously the System had nine vendors. One, AMR, is a national vendor. Ms. Wang asked if the nine vendors that responded to the RFP prior to the RFP Addendum included only one not previously working with the System. Ms. Lipyanskaya said that after the addendum changing the solicitation of a single prime vendor, six vendors responded including the national vendor. Ms. Hernandez-Piñero asked if the System would select the sub-contractors and would monitor their performance as well as the overall performance of Hunter. Ms. Lipyanskaya responded that the statement was correct and that there would be monthly review.

Some background about the vendor was provided. The System has had a good experience with Hunter in the past, primarily in Manhattan and Queens. They also provide a single vendor solution to Catholic Health Services on Long Island and to Mount Sinai. Both health systems are happy with the service. Those two systems have preapproval rights on the subcontractors they use. Thus, there has been lots of experience with Hunter in the City. NYC Health + Hospitals will have preapproval rights as to sub-vendors and the right to terminate them in order to maintain quality. Hunter will be the single source of all invoicing and payment. Health + Hospitals will pay Hunter and they will pay their subcontractors and they will provide the System a detailed report on all services performed against the contract SLS. Hunter will also participate in a monthly council meeting, with representatives from each one of the System facilities.

Ms. Lipyanskaya then provided details about the negotiated terms. Hunter will provide five on-site transport coordinators. Where they will be

located is still to be decided although there will be at least one in each borough. Hunter will manage all payer of last resort billing. The subs will not bill the System directly and that should streamline the process significantly. Each facility will have a dedicated provider that will have to adhere to the service level agreements and ambulances will be stationed nearby. Hunter will procure and brand 26 ambulances to be dedicated to Health + Hospitals' service in addition to their own current fleet and to help serve as backup to the subcontractors. In response to a question from Mr. Peña-Mora, Ms. Lipyanskaya clarified that the branded ambulances will have the Health + Hospitals name and logo

Considerable discussion followed. Mr. Peña-Mora and Ms. Wang asked a number of questions about cost. Ms. Lipyanskaya explained, that Hunter will bill the patient's insurance when they are insured and will not bill the System anything beyond that. When there is no insurance, then Health + Hospitals will be the payer of last resort. This has been the case in the past as well. Under the proposed contract, Health + Hospitals will pay at Medicare rates rather than Medicaid rates to more closely match the market rate. The total cost of the program will not increase, because it is expected that the System will take advantage of the increased insurance information that will be available through EPIC. Dr. Katz explained, Health + Hospitals had already started to shift to a Medicare rate standard but that still did not solve the problem because the System was not paying in a timely way. Ms. Lipyanskaya noted that, instead of having 11 facilities pay multiple invoices, each to the same set of vendors, there will be one invoice being paid by one group.

Mr. Peña-Mora asked what assurances there will be that Hunter's subcontractors will be promptly paid. Dr. Katz noted that some sub-contractors are small businesses and so late payment was a prohibitive problem in the past. Ms. Lipyanskaya explained that the contract with Hunter would specify a short period within which to pay the subs from the time payment is received from Health + Hospitals. With centralized payment, Health + Hospitals will be able to see how quickly Hunter pays the subs so that the payment terms would be enforced.

Ms. Lipyanskaya also described Hunter's familiarity with Epic from work with other hospital systems. H+H will work on getting Hunter read only access, which will help them and help the System with collecting the insurance

information, which should reduce the amount the System pays because of reducing the number of denied claims.

Ms. Hernandez-Piñero asked for more detail concerning the concept of a dedicated provider. Ms. Lipyanskaya explained that, while Hunter would be the primary vendor, either Hunter or a sub would keep a specified number of ambulances at each facility.

Ms. Lipyanskaya then offered details of the implementation plan. The hope was to execute a contract on March 1st. Once the contract is executed, a council will be formed, which will have representation from each facility as well as Hunter. Also represented will be an internal team of the ambulance services. A borough-by-borough rollout will be planned to begin in the Bronx and then move to other boroughs shortly thereafter. Once the services are rolled out at all of the acute care facilities, the System will begin to work with the post-acute care facilities. Finally, the Gotham sites will be added within six months thereafter. Within 18 months after the contract signing, Hunter will operate an inter-facility transfer center to coordinate calls for ambulances.

Ms. Wang asked what the goal of the service level agreements was. Ms. Lipyanskaya described a system of monthly reviews by the council. The facilities will be invited to bring forward operational issues. Ms. Lowe interjected that maintaining and enhancing quality was key. She encouraged the use of measurements of timeliness as well as those "wonderful" CMS indicators that we have to meet. Ms. Lowe encouraged the measurement of the satisfaction in the emergency departments. Mr. Brown agreed that the Emergency Department satisfaction together with timeliness should be reflected in the metrics used to judge the service.

Dr. Katz then offered a big picture view. He stressed the importance of listening to the service providers and held up the transportation initiative as a result of discussions with doctors, nurses, and administrators about their frustration with not being able to get patients where they need to go. And the interesting clue, he said, was that they could call another hospital and they would send an ambulance immediately. The other hospitals, were glad to have the patients needing the higher level of service because in general they pay better. Health + Hospitals also wants those patients and so one has to ask why is it that the System cannot serve those patients if it is not about money? It was not that the System was not

necessarily paying enough, it was that it took too long to pay which is fatal because many of these are tiny companies that ca not make payroll if Health + Hospitals takes nine months to pay. The System was losing money and delaying the transport of outpatients simply because it could not pay fast enough. The staff came up with an incredibly elegant solution to the problem that, while the System wants one company to pay, it also did not want to lose the small companies that are geographically focused. Those smaller companies could not possibly serve the whole city, but they were effective in their geographic area. This is just a really elegant way of meeting the needs of our patients and our providers. This is not any more expensive. It is just a better model of how to provide services. He stated his hope that there are a number of areas where the System can follow this model.

Ms. Hernandez-Piñero inquired further about the goal of going from a three hours patient transport time to 20 minutes. Mr. Brown confirmed that such is the goal. This not only includes cutting the travel time for the ambulances, it is also tasked with streamlining our internal processes. A sub-group of physicians and other clinicians studied all the policies and procedures currently in place. As a result a number of changes are being made from the use of Epic to ensure the patient is ready to go the moment the ambulance arrives.

There being no further discussion, after being duly seconded, Mr. Pagàn called the question and the resolution was unanimously approved.

Dr. Calamia read the resolution into the record, which had been approved unanimously at the medical and professional affairs committee on February 14, 2019.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Sedgwick Claims Management Services, Inc. ("Sedgwick") to supplement the Office of Legal Affairs/Claims and Litigation in the management of the medical malpractice claims against the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$30,703,360.

Ms. Andrea Cohen, Senior Vice President and General Counsel, read the resolution. Ms. Cohen presented on the resolution together with David Cheung, Deputy General Counsel and head of the Office of Claims and Litigation within the Office of Legal Affairs.

Ms. Cohen started by giving the history of the Office of Claims and Litigation. She noted that the City of New York, through an agreement with Health + Hospitals, indemnifies Health + Hospitals and its employed physicians, affiliate physicians and other professionals for professional liability incurred while they are working at the System. Those persons also benefit from the defense of any such claims. Historically that defense was provided by the New York City Law Department where much of the System's litigation is handled. In 2008 that function, through an agreement with the City, was transfer over to Health + Hospitals. Generally, that transfer has gone very well. As one might imagine, Ms. Cohen said, the System has a high volume of medical malpractice claims because it is such a large system, although the volume is actually declining somewhat. At any time, the Office of Legal Affairs is managing about 1,500 matters. This includes cases that are handled by in-house attorneys who work for Mr. Cheung as well as those assigned to outside counsel. The decision of what cases are handled in-house or referred is made based on considerations of internal capacity and complexity. Some of the outside counsels are very highly specialized in certain parts of the body, etc., etc. To manage this very financially consequential and large body of work, NYC Health + Hospitals would use, as do many similar large healthcare systems, a third party administrator to help manage the claims. The System is seeking to enter into a contract again with a third party administrator to do this for the next three to five years. Sedgwick has been the System's third party administrator since 2002 and the System wishes to contract with them again.

Ms. Cohen stated the nature of the Sedgwick services. Sedgwick conducts the earliest investigation following an incident in the hospitals or when a notice of claim is received. If there was an adverse outcome that Mr. Cheung thought might potentially result in a claim, almost immediately he can have Sedgwick nurse investigators and others on the ground doing interviews and helping to investigate what happens right away. At times this help determine whether or not the case should be settled early. Early settlement has been a very successful approach at times. Sedgwick also provides claims management

and outside counsel supervision under the overall supervision at the Office of Legal Affairs. Sedgwick also tracks, monitors and reports on all of the System's claims, payouts, status of active litigations and many other related services. Sedgwick manages the System's electronic database that handles all of the claims and maintains all of the information about investigations and litigation. They help with regulatory compliance and reporting. There are requirements for reporting certain kinds of awards against specific providers to the National Practitioner Data Bank and Sedgwick performs that function. They help to maintain and calculate the System's indemnity and expense reserves.

The Sedgwick contract expired the day of the meeting Ms. Cohen said but she assured the Board that if it were to decide not to approve the proposed resolution or request additional information, it would be possible to extend the contract briefly and return with more information or an alternative if that was what the Board requested.

Ms. Cohen then gave the procurement background. She explained that RFPs for the TPA function were issued in 2002 when the function was at the Law Department and then again in 2007. Sedgwick was awarded the contract in both instances. Then in 2012, Sedgwick was awarded the contract by Health + Hospitals as a sole source. In April 2018, Health + Hospitals wanted to test the market and see if there were other providers out there that should be considered. So a Request for Expressions of Interest was issued to the top 10 largest TPA vendors in the country. She noted that none of them was MWBE firms. Only two vendors provided a written response: Sedgwick and York. However, York lacked some of the key capacities that were need and rely on a TPA.

Ms. Wang asked if there were any insights as to why only two firms responded. Ms. Cohen noted that the Power Point Presentation described the dominant market position that Sedgwick occupies. Only a large TPA would be equipped to handle the System's volume. Sedgwick has 60% of the market in healthcare. With many other large healthcare systems, the TPA function is provided by the insurance carrier. Among those that do not rely on their insurer, Sedgwick has a very large market presence. They service many municipal health systems. Dr. Katz noted that Sedgwick has both the San Francisco and Los Angeles accounts, which he thought indicated its dominance for public systems. Ms. Cohen added that Sedgwick was the only vendor that

had a nurse investigator team and that creates a much more cost effective model. Otherwise, the investigations would probably have to be handled by outside counsel who might perform the function at a higher cost. Sedgwick produced 700 investigative reports over the last five years.

Mr. Peña-Mora asked if there was an assessment of the FTE equivalent for the Sedgwick services. Ms. Cohen explained that from the time the function was transferred from the New York City Law Department, the costs of settlements have steadily declined from approximately \$145 million in FY 2008 to \$123 million for FY '19 which is a slight increase from \$121 million in FY' 18. The management of this area has been successful and Sedgwick has been part of this success. She noted that the cost of outside counsel has not increased over the last 10 years and that remained true through 2018 notwithstanding substantial inflation in the legal services market over that time. While these are not low numbers, they are relatively low compared to the liability that we are facing.

Next, Ms. Cohen turned to the terms of the proposed agreement. She observed that the procurement was made as a negotiated acquisition because, after the RFEI, no other capable vendors were identified. The expiring contract has a flat fee of \$6.14 million per year. The proposed contract, which is a three-year contract with two one-year options to renew would have an annual cap of \$6.14 million, but would be actually based on hours worked. Based on the observed trend of claims volume and how the contract is managed the expectation is that the actual total cost of the contract may be below \$6.14M per year. Another important feature is that, there is a termination clause that allows termination on 30 days' notice if the System wanted to end the whole contract. Perhaps more realistically, it allows the System to adjust over the five-year period, the services that Sedgwick provides. Ms. Cohen said that Mr. Cheung and his team have been looking at services that they think might be able to brought in house more cost effectively. The proposed contract allows the System to pull back any portion of the contract that it determined to be handled better internally or in another way also with 30 days' notice. That is an important feature of this contract.

Ms. Hernandez-Piñero asked for clarification of the roles of the in-house and outside counsel together with Sedgwick. Mr. Cheung said that Sedgwick handles all investigations initiated following an adverse incident or before a claim has actually been filed. Even after a Notice of Claim has

been filed, the practice is to wait until a litigation has started before assigning outside counsel to avoid the more costly investigation they would perform. More importantly, Sedgwick has been key in the "fast track program," that deals with incidents that occur, which will clearly be challenging to defend. Many of these involve media exposure and cases where the family has already spoken out. These are the kinds of claims under the fast track program that the System tries to resolve before the statute of limitations and before a plaintiff legally has to file a lawsuit that will lead to higher cost. Among the in-house attorneys, four primarily work to oversee strategically the work of the outside attorneys. They enforce certain defense counsel guidelines that are prepared and required for defense counsel to follow. Those are the kinds of things that Sedgwick has helped develop although the supervisory work dose on a routine basis by the Office of Legal Affairs.

Ms. Cohen offered the following summary. The System has internal legal capacity, internal management capacity, external legal capacity and Sedgwick. Sometimes it is more cost effective to engage one or another at a particular point in time. The earlier that the System can settle a claim, the less the settlement amount will be due to the reduce litigation cost. Sedgwick allows the System to not engage expensive outside legal counsel in civil cases where an early settlement is possible. Mr. Cheung added the goal is to raise the roles of the in-house attorneys. There are about 20 litigators and negotiators that actually handle cases that go to court with jury trials. The aim is to keep as many of the claims in house as possible. Often retained in house are cases where multiple providers are named. There are certain kinds of cases that are better handled using a team approach as opposed to an assignment to a one single attorney.

Mr. Peña-Mora requested clarification of the Sedgwick fee. Mr. Cheung explained that it might be less than \$6.14 million but could not be more.

Ms. Wang asked what kinds of services might be brought in house. Mr. Cheung identified certain day-to-day supervision of the outside counsel. While his team supervised on a high level now they want to perform a cost benefit analysis to see whether they should take in-house the day-to-day supervision. Ms. Wang asked if that would require additional staff and Mr. Cheung replied that it would.

There being no further discussion, after being duly seconded, the resolution was adopted unanimously.

At this point, Mr. Nolan asked permission to make some comments on matters not on the agenda in his capacity as the former Chair of the EEO Committee. He stated his appreciation for the work of Ms. Roman, Ms. Villeneuve, Mr. Albertson and Ms. Greenfield as well as others. He acknowledged their work in providing informative and open briefings of the Committee members. He said that it has been the goal of the EEO Committee during his Chairmanship to push for additional active measures that the Committee and NYC Health + Hospitals might take to increase the diversity of the vendors and their staffs. He applauded the new name of the Committee and the renewed and increased focus of the Committee.

Mr. Pagán informed the Board Members that the committee and subsidiary reports are in their folders for submission into the record. Mr. Pagán asked if there are any questions or comments about the reports. Hearing none,

Mr. Pagán received the Board's approval to convene an Executive Session to discuss privileged matters of quality assurance, matters of potential or threatened litigation, and confidential medical information about particular patients.

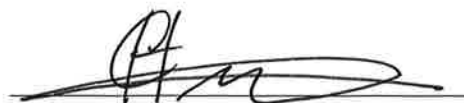
FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. During the executive session, the Board received oral governing body submissions from NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/Gouverneur. The Board received and approved semi-annual governing body report (written submissions) from NYC Health + Hospitals/Queens.

The Board also considered and unanimously approved the recommendation of the Governance Committee Corporate Officer appointment of Dr. Natalia Cineas as the Senior Vice President, Chief Nurse Officer.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 6:10 P.M.



Colicia Hercules
Corporate Sectary

COMMITTEE MINUTES

Medical and Professional Affairs Committee - February 14th, 2019 Meeting As Reported by Vincent Calamia

Committee Members Present- Vincent Calamia, Mitchell Katz, Barbara Lowe

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:03AM. On motion, the Committee voted to adopt the minutes of the November 8th, 2018, Medical and Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, SVP/Chief Medical Officer, reported on the following initiatives.

Behavioral Health

Integration Efforts:

Office of Behavioral Health (OBH) has implemented collaborative care in all acute care primary care sites and several Gotham sites. Behavioral Health is also integrating primary care into behavioral health at five sites - Bellevue, Elmhurst, Lincoln, Kings, and Cumberland. OBH is working with Jacobi, Metropolitan and other sites to develop integrated services. In addition, there is continued expansion of collaborative care with the addition of substance-use disorder screening and treatment in primary care sites. Maternal health also provides screening and referrals for depression, and the addition of pediatric/well-baby sites is ongoing.

Opioid Crisis:

OBH is a major part of the Mayor's initiative, *Healing NYC* - a program that focuses and addresses the current opioid crisis in NYC. Special substance abuse/opioid consultation teams (CATCH) are being established at six facilities: Bellevue, Metropolitan, Lincoln, Woodhull, Coney Island, and Elmhurst. Substance abuse specialist peers are deployed to all emergency departments to identify and engage in the treatment of opioid users and other substance users. H+H is increasing access to buprenorphine in primary care and emergency departments. To date, 371 physicians have received X-waiver training and we have scheduled three additional training sessions coming up in March. We are also increasing distribution of naloxone kits to reduce fatal overdose.

Homeless mentally ill:

Two programs are being developed that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter, located in the Meyer Building on Ward's Island, specifically for those with mental illness. We will provide a full range of services including screening, assessment, pharmacological treatment, therapy, and support services.

The second program is the development of extended care inpatient units for those who are homeless and need an extended stay to stabilize, which will prepare them to live in an independent setting. The unit's goal is to prevent readmissions and engage the patients in ongoing ambulatory treatment for both mental and physical disorders. The initial site will be at Woodhull with another site potentially at Kings County.

Patient/Staff safety:

OBH is working with all facilities to advance safety for 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. Also, in collaboration with Quality, Nursing, and Security, we are looking into providing additional support and training for the Emergency Departments. 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 in process of developing a system-wide environmental risk assessment.

Pharmacy Services - Retail Pharmacy

- Activity related to the "Go Live" of the retail pharmacy expansion at Harlem Hospital:
 - o Three Technicians have been hired
 - o Back up staffing plan established to support the expansion
 - o Order entry technician model implemented

- Pharmacy technicians are the backbone of brick and mortar retail pharmacy.

They serve to support the pharmacist by collecting the patient specific prescription information and entering into the Retail Pharmacy Information System. As retail pharmacy has expanded to include more clinical activities by the pharmacist, such as, medication therapy management, adherence counseling, and vaccine administration. The pharmacy technician takes on an ever more important role of facilitating the clinical activities within the retail space. Ultimately, the Pharmacy technician is essential team member to the Pharmacist to support improving the quality of care to patients. NYC H+H retail pharmacies are implementing this successful model to support the patient centered care that will be delivered through the retail pharmacy enhancement project.

- o Board of Pharmacy inspection date for Sydenham Pharmacy's license application to be scheduled
- o Design layouts, construction and board of pharmacy licensing submission in progress for all remaining sites

EPIC Cutover for the Bellevue / Harlem Go Live

- M&PA is working with IT and affected sites to prepare for the EPIC go live on March 30, 2019
- 100 Pharmacists are being requested for the Bellevue and Harlem cutover
- 70 Pharmacists for the Bellevue cutover and 30 for the Harlem cutover

USP 797/800 Standards for "clean rooms"

- In preparation for USP 797/800 standards we are purchasing the web based Simplify 797/800 software
- This software will add on the new 797 policies and procedures and the 800 module related to handling, storing, compounding hazardous drugs within the facility
- The USP 800 module will include acknowledgements by clinicians of their handling of hazardous drugs and required personal protective equipment needed to prevent risk of exposure

Ambulatory Care Diabetes Care

- Bellevue, Morrisania, and Queens have hired a pharmacist for the Diabetes Titration Clinic
- Logistics for referral, scheduling, and collaborative drug therapy management protocol are being worked on by central office to support the sites
- Recruitment for Ambulatory Care Pharmacists: we have expanded marketing of the job description to include more pharmacist friendly search engines
- Expedited approval for Ambulatory Care Pharmacist

Ambulatory Care Pharmacist in Behavioral Health

- Bellevue, Elmhurst, and Lincoln has hired pharmacists for the Behavioral Health Primary Care Integration Clinic
- Pharmacists are conducting outreach to patients and addressing the DSRIP metrics associated with this initiative

The DSRIP metrics include the following:

- Antidepressant medication management
- Screening for clinical depression and follow-up plan
- Initiation of alcohol and other drug dependence treatment
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Cardiovascular monitoring for people with schizophrenia or bipolar disorder who are prescribed antipsychotic
- Adherence to antipsychotic medications for individuals with schizophrenia

- Follow-up after hospitalization for mental illness Care Coordination

Clinical Pharmacy Cost Savings initiatives in collaboration with the facility pharmacists and the system P&T committee

- 8 clinical cost savings initiatives have been implemented
 1. Purchase of a generic Depakote and avoid purchase of Brand name product
 2. Purchase of Sevelamer Carbonate phosphate binder salt over the hydrochloride salt
 3. Move to IV push of Famotidine from IV Piggy back
 4. Moved to a fixed dose of Rasburicase as opposed to a weight based dosing regimen for Tumor lysis syndrome
 5. Moved to a two day duration hard stop of Calcitonin compared to no hard stop for Hypercalcemia of Malignancy
 6. Therapeutic interchange of select antifungals (to go live with EPIC)
 7. Move to purchase and administer Ipratropium Nebulization over the aerosol (M&PA-Supply Chain initiative)
 8. Restricted use of IV Ofirmev (Acetaminophen) (M&PA and Supply Chain Initiative)
- 2018 annualized savings is \$2,141,292.00
- 2019 annualized savings is 1,713,389.00

Laboratory Services

- Cerner Laboratory Information Systems- has officially launched the implementation planning process for Lincoln, Metropolitan, Jacobi, North Central Bronx and Kings County laboratories. Bellevue and Harlem continue to be on track for a coordinated implementation with EPIC in March 2019. All laboratories are working together for joint decision-making related to the use of the system.
- Laboratory Equipment- As planned, all laboratories have completed the implementation of the new chemistry equipment with Bellevue targeted for completion in 2019. Our hematology equipment is the second line of equipment for replacement and is on track for completion this year. The system wide standardization of equipment has allowed us to benefit in financial savings but also how we use our laboratory computer system, which is important as we move towards a single EMR.
- In support of our Gotham services, we continue to implement POC testing services so changes to patients care can be made during the patients visit.

Clinical Services Planning

To support alignment of clinical services across the system, the Clinical Services Planning group continues to review all initiatives. Most recent reviewed and approved initiatives includes:

- Child and Adolescent Psychiatry at Bellevue
- Percutaneous Coronary Intervention (PCI) at Coney and Jacobi
- System plan for Advanced Stroke Certification

Flu Update

On November 20, 2018, Central Office Emergency Management (COEM) began its protracted activation of its Emergency Operations Center, which brings together all three service lines and key areas of flu response (e.g., supply chain, pharmacy, finance, and communications/marketing). On a weekly basis to maintain appropriate level of vigilance on a system-level to manage seasonal flu: impact to availability of flu medications, potentially ventilators and IV fluids; bed and possibly staff limitations; impacts to ED/facility status; ongoing flu vaccination efforts; local, state and national seasonal flu surveillance updates; and activation of system and state flu regulations/policies. All system flu data is collected weekly via an electronic seasonal flu dashboard managed by COEM and shared with H+H leadership via weekly incident briefings for awareness. As part of this seasonal flu activation, key local public health entities including NYC Department of Health and Mental Hygiene (DOHMH) and NYC Emergency Management provide weekly seasonal flu updates. The Centers for Disease Control and Prevention (CDC) also participates in H+H's Seasonal Flu Activation on an as-needed basis to provide any pertinent national updates.

On December 20, 2018, the New York State Department of Health officially declared flu season in the New York Region. Flu preparation efforts and the campaign to increase staff vaccination rates for the 2018-2019 flu season began long before this declaration. I am pleased to report that as of the end of January 2019, 74% of employees across our health system have been vaccinated compared to 69% in January 2018.

Interim System Chief Nurse Executive Report

Mary Anne Marra, RN, Interim Chief Nurse Executive reported to the committee on the following:

NYC Health + Hospitals 2018 Nurse of Excellence-

On October 30, 2018, NYC Health + Hospitals held the 2018 Nurse of Excellence Awards at Jacobi Medical Center. One hundred and seventy nurses from across the system were nominated. Six finalist were recognized in six categories.

- Excellence in Clinical Nursing, Inpatient, Antonina Sharmarina, RN

- Excellence in Management, Tsae Jiang Su, RN
- Excellence in Education and Mentorship, Maria Fox, RN
- Excellence in Advancing and Leading the Profession, Manjinder Kaur, RN
- Excellence in Home, Community or Ambulatory Care, Carol Stewart, RN
- Excellence in Volunteerism and Service, Teresita B. Pido, RN
- Hunter-Bellevue School of Nursing was recognized as the NYC Health + Hospitals Nursing Champion.

System Nurse Practice Council (SNPC)

The Shared Governance Retreat held on January 9, 2019, received outstanding reviews by staff nurses and nurse leaders in attendance. The theme of the retreat was *Nursing Shared Governance: Building Relationships for Success*. Over 150 nurses from the system attended the event. Dr. Mitchell Katz provided opening remarks to the assembly. The half-day event consisted of presentations of shared governance models and nursing autonomy in changing practice. Two panel discussions presented on council activities to address nursing practice in behavioral health units and on recruitment and retention initiatives. Posters prepared by many facilities and breakout sessions provided additional opportunity for staff to network and learn from one another.

The System Nurse Practice Council continues to meet monthly. Council members focus on a review of the charter of the council with discussion of the future work of the group.

The Retention sub-committee meets monthly following the Nurse Practice Council and is co-led by the interim system chief nurse executive and Judith Cutchin, RN, NYC Health + Hospitals NYSNA President. The subcommittee continues to explore opportunities for joint initiatives to improve retention of nurses employed throughout the system. Discussions explored:

- o Identifying retention strategies
 - Career Ladder vs. Clinical Ladder
 - Tuition forgiveness/reimbursement
 - Any opportunity to have CUNY tuition decreased for NYC Health + Hospitals FT employees with two or more years of employment.
 - Preceptor program for new students & leadership; Educator pool
 - Behavioral interviewing skill development
 - Promoting NYC Health + Hospitals and what we offer

- Increasing NYC Health + Hospitals image through advertisement, publication, etc.
- Recognition
 - Annual performance award
 - Daisy Award seen as positive
 - Incentive bonus at years 3 & 6
 - Incentive for perfect attendance. Suggested sick time conversion; financial bonus.
 - Ability to buy-out annual leave
 - Specialty differential e.g. ICU, ED

Nurses4NYC

The Office of Patient Centered Care is working with the departments of Communications/Marketing and Human Resources to develop the Nurses4NYC campaign. The new web page Nurses4NYC was launched on January 18, 2019. [NURSES4NYC page - https://www.nychealthandhospitals.org/nurses4nyc/](https://www.nychealthandhospitals.org/nurses4nyc/). The page includes links to employment opportunities, highlights of nursing recognition and benefits for employees of NYC Health + Hospitals and NYSNA members. Development of video testimonials from nurses working for NYC Health + Hospitals is still in development and will be added to the page.

Operational Updates

Agency utilization for the system continues to be coordinated with oversight of the Vizient vendor:

- Effective February 1, 2019, the Central Office verification initiated through OPCC for all new on boarded agency staff and extension of agency assignments.
- Piloted with EPIC hires for wave four sites, first quarter 2019.

Implementation of the Nursing Model for staffing:

- The OPCC is working with the acute care service line to finalize nursing in-patient budget according to staffing model.

Safe Patient Handling System Program

- Joint Steering & Champion meeting held January 30, 2019.
- Committee working to finalize the standardization of transfer devices.
- Patient mobility assessment tool - Bedside Mobility Assessment Tool (BMAT) - is to be used across the health system as agreed upon by the SPH Steering & Champion committee.

New Post-Graduate Nurse Practitioner Fellowship

- Two Bellevue Nurse Practitioners (NPs) credentialed - awaiting start date from HR

- One Nurse Practitioner for Kings slated to start another three NPs are in credentialing process.
- Program is slated to begin February. All program schedules and logistics close to completion. The curriculum is based upon the Yale and John Hopkins clinical case curriculum.
- An interim Program Coordinator identified, to provide support for the program during the pending six-month maternity leave of current Coordinator.
- Steering Council meeting held on January 29, 2019. Group discussed work to pursue funding opportunities and IRB approval, to allow for the data collection that will lead to submission for publication.

RN RESIDENCY PROGRAM

- NYC Health + Hospitals in a consortium of 24 health care facilities in NYC have worked to acquire premium pricing on a well-developed RN residency curriculum from vendor Vizient.
- The Mayor's Office - New York Alliance for Careers in Healthcare (NYACH) has agreed to cover the cost of the Vizient contract/curriculum for the first year.
- Office of Patient Centered Care meets regularly with the Mayor's office/SBS and consortium members on program components.
- NYC H+H will be able to offer the program to all newly graduated nurses entering the health system beginning January 2019. Nurses will be entered into one of six cohorts based upon the date of hire, beginning with December 2018 and January 2019. The first cohort will meet beginning in April for nurses hired in these two months.
- An advisory board for the NYC Health + Hospitals residency program is developed. The first meeting is scheduled for February.
- Program logistics/curriculum being developed.
- Monefa Anderson of the OPCC will attend the Vizient conference in March to represent the NYC consortium.

Nursing Education and Centralized NYC Health + Hospitals Nursing Orientation

- In January 2019, a second day of the System Nursing Orientation was added to the curriculum. This provides standard nursing orientation on certain nursing topics for all nurses.
- Working with IT/EPIC to schedule EPIC training for all new nursing staff/employees to coincide with the System level orientation to ensure readiness for unit based work
- Currently reviewing the education and training needs for on boarding agency nursing staff to assess for gaps and opportunities for possible inclusion in system orientation.
- Wound Care & Pressure Injury Council - working with EPIC team on documentation edits and development; meeting monthly

Nursing Informatics

- **Clairvia Nurse Scheduling Application Implementation Project:**

- o Currently in the validation of people soft and cost center data and training phase for the first five facilities that will go live with Nurse Scheduling on March 31, 2019. The first five facilities are Kings County Hospital, Coney Island Hospital, Seaview Hospital, Susan B. McKinney and Gotham East New York DT&C.

LiveOnNY

- In 2017-2018, NYC Health + Hospitals took part in the Workplace Partnership for Life (WPFL) initiative. This is a national program, created in 2001, that unites the Health Resources and Services Administration (HRSA) with the organ and tissue donation community and businesses, organizations, and associations. The purpose of WPFL is to spread the word about the importance of organ, eye, tissue, blood, and bone marrow donation and to encourage the American public to register as donors. The shared goal is to promote a "donation-friendly America" by fostering donation education and creating opportunities for individuals to sign up to save lives through organ and tissue donation. This program took place in several hospitals in the five Boroughs; Long Island; and the Northern Hudson Valley region of New York. Each participating hospital accumulated points based on their hospital activities; events; educations; hospital and social media announcements; among other things. Based on the number of points each hospital accumulated, they were awarded the status of Bronze; Silver; Gold; or Platinum; and they were recognized on a national scale as a supporter of organ, eye, and tissue donation.

NYC Health + Hospitals facilities status are as follows:

Bellevue - Platinum

Coney Island - Bronze

Elmhurst - Silver

Harlem - Silver

Jacobi - Gold

Kings County - Silver

Lincoln - Platinum

NCB - Silver

- A Performance Improvement project has been instituted at four hospitals (Bellevue, Kings, Harlem and Elmhurst) to monitor the rate of timely tissue referrals. These referrals are being called in by the bedside/charge nurse and monitored on a daily basis. The Nursing Leadership and nursing unit supervisor are notified of any late referrals from their units and additional education is being provided.

System Patient Experience Conference scheduled for March 14, 2018 - SAVE the DATE attached.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan presented to the committee on the following:

Total plan enrollment as of January 1, 2019 was 515,040. Breakdown of plan enrollment by line of business is as follows:

Medicaid	361,680
Child Health Plus	18,858
MetroPlus Gold	15,679
Partnership in Care (HIV/SNP)	4,122
Medicare	7,903
MLTC	2,017
QHP	11,618
SHOP	959
HARP	12,845
Essential Plan	77,499
GoldCare I	1,203
GoldCare II	659

Source: RDS Report MHP686A Report Run Date 01/25/19

Membership/Growth

MetroPlus has seen a 7% increase in the number of new enrollment gross application submissions in the month of December 2018 which represents 1,367 additional applications versus the same month one year prior in 2017.

Month	Gross Members
December 2017	18,786
December 2018	20,153
Difference	1,367
Growth	7%

The MetroPlus Gold, HARP, EP, and CHP lines of business have seen the greatest increase in membership from January 2018 to January 2019. MetroPlus Gold increased by 3,630 members (30%), HARP increased by 2,219 members (21%), EP increased by 2,196 members (3%), and CHP increased by 1,707 members (10%).

MetroPlus CHP and MetroPlus Gold lines of business continues to grow year over year and has seen a 55% increase in CHP and a 332% increase in

MetroPlus Gold from January 2015 to January 2019. A contributing factor to the decline in the Medicaid Managed Care LOB is partly due to members transitioning to the HARP and EP LOBs. Two-thousand more members transferred from Medicaid to EP during 2018.

The MetroPlus Gold Product continues to see growth with a total membership of 15,679, with an effective date of January 1st, 2019. Below are the top five city agencies with the highest contribution to enrollment growth and represents 77% of the total:

- H+H (6,909)
- NYPD (2,556)
- DOE (1,558)
- HRA/Dept. of Social Services (723)
- Dept. of Corrections (507)

Updates

- We are adding Telehealth (Telemedicine) services that will be available to all MetroPlus members. The availability of Telemedicine is expected to improve access to care, timeliness, patient satisfaction, quality metric rates as well as lowering the cost of care through Emergency Departments and Urgent Care centers. Telemedicine services will be available 24/7, 365 days a year. Patients will have the ability to contact a Telemedicine provider (i.e., adult primary care providers, ER physicians, pediatricians as well as behavioral health practitioners), licensed to practice medicine and prescribe non-controlled medications in NYS. The communications will be conducted via phone, smartphone video, PC or tablet from any location the member might be in, including the convenience of their home. The service will be available on demand for non-emergent medical care and by scheduled appointments for behavioral health needs. It will be offered free of charge to the membership.
- Starting March 1st, 2019, New York State will be requiring a Doula pilot that will require Plans to reimburse Doulas in certain zip codes (Brooklyn and Erie County) with high maternal morbidity and mortality rates. To be admitted into the pilot, the Doulas have to submit an attestation that they have received training in pregnancy and delivery, breastfeeding, cultural competency and HIPAA and must enroll as a NYS Medicaid provider. Doulas will be eligible to bill for up to three prenatal visits, support during labor and delivery, and up to four postpartum visits. The state will perform an evaluation aimed to determine reach, effectiveness and satisfaction. They will specifically be looking at breastfeeding rates, member attendance at postpartum visits and member experience. The Plans are expected to provide the

State with a monthly roster of their members who are receiving Doula services along with their expected date of delivery. The Plans participating in the pilot in NYC include MetroPlus, Affinity, Empire, Fidelis, HIP, Health First PHSP, United Healthcare Community Plan, and WellCare of New York.

- New York City is planning to transition Medicaid membership from WMS to NYSoH beginning April 2019. The old process of recertification utilizing WMS was a paper based renewal application. The new process using the NYS of Health requires our members to create online accounts and to recertify online to maintain benefits. We are outreaching to our members who may need assistance in this process
- MetroPlus is creating our own legal department with ongoing communication and supervision from H+H legal affairs. This will allow us to develop expertise on more areas specific to managed care business and will hopefully allow us to reduce our dependence on outside counsel.
- The state roll out of the new Children's Behavioral Health became effective as of January 1, 2019. The plan is now responsible to manage three new Children and Family Treatment Support Services (CFTSS). These include:
 - OLP - Other Licensed Psychoanalyst Services, which includes therapy, individual counseling, family counseling and crisis intervention.
 - CPST - Community Psychiatric Supportive Treatment - provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals. Services address the individualized mental health needs.
 - PSR - Psychosocial Rehabilitation - designed to help children with psychiatric disabilities increase their functioning so they can be successful and satisfied in the environment of their choice with the least amount of ongoing professional intervention.
- Since August 7th, 2018, MetroPlus' Facilitated Enrollment staff (MFE) began screening H+H uninsured patients. Below is a summary production of the MetroPlus MFE Marketing efforts as of 1/5/2019:

ACTION ITEMS:

MS. Svetlana Lipyanskaya, Senior Assistant Vice President, of Manage Care Administration presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Hunter Ambulance, Inc. ("Hunter") to provide the management and provision of patient transportation services for the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$12,070,896.

The resolution, which was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Mrs. Andrea Cohen, General Counsel, Office of Legal Affairs, present to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Sedgwick Claims Management Services, Inc. ("Sedgwick") to supplement the Office of Legal Affairs/Claims and Litigation in the management of the medical malpractice claims against the System over a three-year term with two one-year options to renew solely exercisable by the System and with a total cost over the combined five-year term not to exceed \$30,703,360.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

There being no further business, the meeting was adjourned 10:07 AM.

AUDIT COMMITTEE MEETING - February 14, 2019

As Reported by - Helen Arteaga Landaverde

COMMITTEE MEMBERS PRESENT: Helen Arteaga Landaverde, Mitchell Katz, MD

Call to Order

Ms. Helen Arteaga Landaverde, Audit Committee Chair, called the meeting to order at 10:12 A.M. Ms. Arteaga Landaverde stated that since we do not have a quorum, we will not move to adopt the minutes of the Audit Committee meeting held on December 13, 2018.

INTERNAL AUDITS UPDATE

A. EXTERNAL AUDITS

1. Controls Over Equipment - Office of the State Comptroller

The objective of the audit included a physical verification of assets, and the review of the Fixed Asset System and asset disposal procedures. Testing was conducted at the following nine (9) facilities:

- NYC Health + Hospitals/Bellevue
- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Jacobi

- NYC Health + Hospitals/Harlem
- NYC Health + Hospitals/Gotham Health, East New York
- NYC Health + Hospitals/Gotham Health, Belvis
- NYC Health + Hospitals/Gotham Health, Roberto Clemente
- NYC Health + Hospitals/Gotham Health, South Queens
- NYC Health + Hospitals/Sea View

They found that as of June 30, 2017, NYC Health + Hospitals had 203,659 assets with a net book value of \$319 million. Pursuant to the audit of controls over movable equipment conducted by the NYS Comptroller's Office, which tested 338 pieces of movable equipment, only 18 pieces of equipment were not located (7%). These pieces of equipment had a total net book value of \$17,924 as of June 30, 2017 (.006% of total net book value). Despite an audit revealing such a low number of equipment at issue, NYC Health + Hospitals agreed that some areas of tracking inventory could be strengthened and, as such, implemented a new mass retirement policy as well as committed to providing additional training to employees to mitigate any issues resulting from human error in recordkeeping.

2. Compliance with Federal Tax Requirements - Internal Revenue Service

After being on-hold during the government shutdown, this audit re-started on January 28, 2019. The objective of the audit is to ensure compliance with federal tax requirements as an exempt organization. All requested documents have been sent to the IRS. We are waiting their feedback.

B. OTHER AUDIT ACTIVITIES

a) Mayor's Office Communications

Periodically, the Office of Internal Audits receives status requests from the Audit Services function within the NYC Mayor's Office of Operations regarding audits being conducted by regulatory agencies of Health + Hospitals. OIA is responsible for regularly advising the individuals within Audit Services of the audits in progress, sending them draft/final reports and responses and inviting them to entrance and exit conferences.

A request regarding a Medicaid Audit was received and adequately responded to in January 2019.

b) Anonymous Letters

During Calendar Year 2018, 15 accusation letters were received by the Office of Internal Audits for their review, 5 alone in December. Most of the letters were found to be without merit or forwarded to other parties for review. Independent investigations were conducted of two anonymous letters received by the Office of the Chair. Internal Audits issued reports to the Chairman, President and Chief of Staff to the Board addressing the allegations within each letter.

c) Auxiliary Audits

An outside CPA firm (BKD, previously known as Loeb & Troper) conducts these financial statement certifications. The objective of these audits is to enable the auditors to express an opinion on the financial statements and provide reasonable, not absolute assurance, that the financial statements taken as a whole are free from material misstatement. Internal Audits responsibilities include:

- Meeting with BKD to develop the audit plan, issue notification letters to the Auxiliary representatives, and to assist the Auditors with any problems they may encounter.
- Reviewing the draft report, which includes comparing the numbers to the prior year's audit, requesting documentation to support certain financial information and inquiring about questionable numbers.
- Reviewing the final report to ensure it compares favorably to the draft report and issuing to the appropriate individuals at the Auxiliaries and NYC Health + Hospitals.

Twenty-one of twenty-two final reports were issued in 2018. The only audit not completed was of NYC Health + Hospitals/Queens. This was due to the Auxiliary not providing timely financial records needed to conduct the audit.

d) FOIL Request

A request for documents under the Freedom of Information Law was forwarded to Internal Audits on January 17, 2019. The New York Times made the initial request. The following documents were requested:

- 1) The results of any audits of spending by Health + Hospitals that were performed by outside agencies or third parties since 2014;
- 2) The conclusions of any internal investigations conducted by Health + Hospitals related to spending by the agency.

Five final reports from the NYC and NYS Comptroller's Offices were sent to H+H's FOIL Office in response to the first request. Only two were considered to be about Health + Hospitals spending.

The second request was not applicable as there were no internal investigations conducted.

CORPORATE COMPLIANCE UPDATE

I. Monitoring of Excluded Providers

Exclusion and Sanction Screening Report December 1, 2018 through January 31, 2019

During the period December 1, 2018 through January 31, 2019, there were no excluded individuals or providers.

As previously reported, on July 31, 2018, the OCC learned that a human resources administrator at NYC Health + Hospitals/Kings ("Kings"), who was provided to NYC Health + Hospitals through a staffing agency, was an excluded individual. She worked at Kings from April 2018 through the end of July 2018. The OCC investigated the possibility of an overpayment for this individual and reported an overpayment to the OMIG, and the possibility of an overpayment to National Government Services. It was ultimately determined that an overpayment amount of approximately \$9,000 was owed to the Medicaid program. That amount was fully repaid as of, December 24, 2018.

Death Master File and National Plan and Provider Enumeration System Screening

No providers were identified on the DMF or NPPES during the period December 1, 2018 through January 31, 2019.

II. Privacy Incidents and Related Reports

Reported Privacy Incidents for the period of December 1, 2018 through January 31, 2019

During the period of December 1, 2018 through January 31, 2019, seventeen (17) privacy incidents were entered into the RADAR Incident Tracking System. Of the seventeen (17) incidents, eight (8) were found after investigation to be violations of NYC Health + Hospitals HIPAA Privacy and Security Operating Procedures ("OPs"); six (6) were found not to be a violation of NYC Health + Hospitals HIPAA Privacy and Security OPs; and three (3) are still under investigation. Of the eight (8) incidents confirmed as violations, four (4) were determined to be breaches.

Reported Breaches for the Period of December 1, 2018 through January 31, 2019

NYC Health + Hospitals/Bellevue - December 2018

Incident: This incident was brought to our attention on December 24, 2018, and occurred when a patient contacted the Bellevue Administrator on Duty ("AOD") alleging that staff in the Comprehensive Psychiatric Emergency Program ("CPEP") had inappropriately provided medical records to an Administration for Children's Services' ("ACS") worker who subsequently used those records in a child custody court hearing.

Breach Determination: The OCC determined that a breach did occur, and that records were provided to the ACS worker without patient authorization. The staff involved in providing the records to the ACS worker was counseled and provided with targeted HIPAA remediation training, and administration distributed reminders regarding patient privacy to all staff within the department.

NYC Health + Hospitals/Kings - December 2018

Incident: This incident was brought to the attention of the OCC on December 27, 2018, when a patient reported that a Kings' employee videotaped her and her mother (who was also a patient) on October 29, 2018, while they were in a waiting area at Kings. The employee then posted the video on Facebook.

Breach Determination: After an investigation, it was determined that the employee took the video in the hospital waiting area; the patients' were identified in the video by name; and the information had been made available to thousands of people via Facebook. Breach notification will be sent to the affected individuals. The employee involved was counseled on the HIPAA privacy rights of patients. Labor Relations plans formal disciplinary action against the employee and Kings' management would like to terminate the employee. Kings will also intensify HIPAA training for its staff.

NYC Health + Hospitals/Kings - December 2018

Incident: This incident was discovered on August 30, 2017, and occurred between December 20, 2014, and March 26, 2018. It involved a Kings employee who was misappropriating patient information and selling it to third parties. During the pendency of a joint investigation conducted by the United States Federal Bureau of Investigation ("FBI") and the NYC Health + Hospitals' Inspector General ("IG"), a law enforcement hold prevented NYC Health + Hospitals from providing notice to the affected individuals. As a result of the joint FBI and IG investigation, it was determined that the PHI of 419 patients was improperly disclosed by the Kings employee. This employee was terminated on April 9, 2018, and is being criminally prosecuted in Federal district court. The PHI disclosed included patients' names and telephone numbers. To the OCC's knowledge, no other information was disclosed. Although this incident occurred several months ago, the law enforcement hold was only lifted in December 2018, after which the System could send breach notifications to the affected individuals.

NYC Health + Hospitals/At Home - January 2019

Incident: This incident was brought to the OCC's attention on January 16, 2019, and involved a Health Home care coordinator who logged onto a non-secure web portal and shared PHI of a patient with the city's the Department of Homeless Services ("DHS"). Specifically, the care coordinator posted a complaint on DHS' web portal in an attempt to switch shelter accommodations for a patient, and in the process, shared the patient's PHI on the portal. The care coordinator had not been authorized to share that information, and had not informed her supervisor that she was making a complaint on the web portal. The patient information in the complaint included the patient's name, date of birth, and mental health and medical condition.

Mitigation: The Health Home care coordinator will be retrained on HIPAA, the importance of maintaining the confidentiality of patient information, and the need to safeguard such information. Further disciplinary action may be taken against the care coordinator based on additional information.

Office for Civil Rights ("OCR") Inquiries Regarding Privacy Incidents

There were no inquiries initiated by the OCR during the period December 1, 2018 through January 31, 2019.

III. Compliance Reports

Summary of Reports for the Period of December 1, 2018 through January 31, 2019

For the period December 1, 2018 through January 31, 2019, there were fifty-six (56) compliance reports, none of which were classified as Priority "A," fifteen (15) (27%) were classified as Priority "B," and forty-one (41) (73%) were classified as Priority "C" reports. For purposes here, the term "reports" means compliance-based inquiries and compliance-based complaints.

Priority B Report of Note: The OCC received a complaint filed by an employee at Gouverneur, who alleged inappropriate and unprofessional behavior, up to and including fraud, by NYC Health + Hospitals leadership, including a lack of monitoring of document verification by the Office of Medical and Professional Affairs ("OMPA"), missing signatures, falsified information on credentialing documents, and an inappropriate use of signature stamps for document approvals. The employee also alleged that there was targeted harassment toward her by the OMPA, resulting in her transfer to a different position and location at Gouverneur. Following an investigation by the OCC, however, it was discovered that this employee had in fact knowingly submitted unverified and possibly incorrect credentialing information on her report to the OMPA, which detailed provider profile listings of the approval dates for the Gotham Health transitioned providers indicating that their credentialing files were verified as complete, when they were not. The employee admittedly altered the "Date" field in the electronic credentialing system (IntelliCred) so that it appeared that all of the required providers for that time period had been fully vetted. She further reported that not only was the credentialing information in the electronic record incomplete, but in some cases inaccurate.

In addition, the employee reported that she completed certain training courses for a physician, which were required for the physician's credentialing. The OCC's investigation revealed that the physician's assistant instructed the employee to "handle" certain credentialing items, including one of the training courses, on behalf of the physician. The investigation also revealed that the employee obtained additional credentialing information on the physician's behalf.

Based on the findings of its investigation, the OCC recommended that the employee be suspended or terminated. The OCC submitted its findings and recommendation to Human Resources, and the employee was subsequently terminated.

IV. Status Update - HHC ACO, Inc.

- 1) As reported at the June 2018 Audit Committee meeting, on October 5, 2017, HHC ACO, Inc. ("HHC ACO") submitted an application to the New York State Department of Health ("DOH") seeking approval for an "all payer" Accountable Care Organization ("ACO"), which includes Medicaid, commercial insurance, and Medicare Advantage. In December 2018, HHC ACO finally received a Certificate of Authority from DOH authorizing it to operate as an all payor ACO.
- 2) Prior to issuing the final rule, CMS announced that ACOs might elect to extend their participation agreements for six months. CMS permitted this extension to allow ACOs more time to implement two-sided risk arrangements. HHC ACO, therefore, elected to extend its participation agreement with CMS through June 30, 2019.
- 3) Currently, HHC ACO is applying to CMS for a contract to adopt the enhanced track of the MSSP, beginning July 1, 2019, which will involve potential shared losses, as well as shared savings. The shared savings, however, could potentially be as much as 75% of the savings to the Medicare program. Although the enhanced track provides for enhanced savings, it also carries the most risk - amounting to 40% to 75% of the losses to the Medicare program. The losses, however, are adjusted by HHC ACO's quality scores, and capped at 15% of the benchmark.

Aetna Desk Review

- 1) As previously reported, on January 31, 2018, the OCC received notification from Aetna of a Notice of Compliance Program Audit (the "Notice"), requesting information from NYC Health + Hospitals relating to its compliance with Medicare Parts C and D compliance program elements as required by CMS. The Notice stated that the review would include functions performed by the System (particularly the OCC) which are related to Aetna's Medicare Advantage, Prescription Drug Plans and/or Medicare - Medicaid Plan product lines. Aetna performs such reviews to ensure that the entities it contracts with, such as the System, meet their compliance program obligations. These reviews are conducted under the auspices of their "Delegated Vendor Oversight" responsibilities, as required by CMS.
- 2) On April 30, 2018, the OCC received Aetna's Compliance Program Elements Audit Report (the "Audit Report"), which included Aetna's

conclusions regarding NYC Health + Hospitals' compliance with its audit. According to the Audit Report, NYC Health + Hospitals satisfied eight of the compliance requirements, but failed to satisfy four compliance requirements. The Audit Report also required NYC Health + Hospitals to submit corrective action plans to Aetna for the failed compliance requirements, which the OCC did on May 25, 2018.

- 3) On November 15, 2018, the OCC received an email from Aetna regarding its further review of the System's corrective action plans, stating that the System needs to revise its policies to meet a record retention requirement that the OCC believes does not apply to the System. The OCC conferred with the Office of Legal Affairs regarding the System's obligation to comply with this requirement, and responded that it continued to maintain its position that such requirement does not apply to the NYC Health + Hospitals.
- 4) On January 31, 2019, the OCC received another email from Aetna requesting that the OCC provide documentation to demonstrate the System's adherence to the CMS requirement related to retaining existing employee training records for a 10-year period. In addition, Aetna provided a random selection of five System employees with hire dates of 2009 and prior, which were identified from the System's original employee universe. Aetna requested that the OCC provide the necessary evidence demonstrating completion of these employees' Code of Conduct and Compliance training for the past ten years, by February 15, 2019.

Records Management

Prior Situation

- 1) As previously reported, in May 2018, a Records Task Force was formed to address the issue of more than 621,000 boxes of paper-based files in off-site storage at Iron Mountain, at an annual storage rate of more than \$4,024,080.
- 2) In total, therefore, approximately 138,700 boxes were identified to be slated for destruction, which would save the System approximately \$74,898 monthly and approximately \$898,776 annually.

Next Steps & Future State of Records

1. The NY State Archives, which provides guidelines for the retention schedules for public agencies, such as NYC Health + Hospitals, published guidance in 2014 on imaging, including image resolution requirements for different types of documents, color and pixel depths, quality check methods and indexing procedures. The guidelines require a minimum of 300 Pixels Per Inch ("PPI") for most types of records. Over the years, however, the System has scanned its on-site

records at a lower resolution than the required 300 PPI. Re-scanning these records to meet the 300 PPI requirement would be extremely cost-prohibitive. Also, given that the System's priority now is to implement digitization as a go-forward solution to the extent possible, expending resources toward this goal would be of the most benefit for its records management agenda.

2. Thus, for those documents scanned at the lower resolution, NYC Health + Hospitals needed to request a waiver from the NY State Archives of the 300 PPI resolution requirement and their approval to destroy all paper records that have been scanned at a lower resolution and thoroughly checked for quality issues.
3. Therefore, the RMO spoke with a representative of the NY State Archives to request such waiver and approval to destroy such paper records. The representative advised the RMO that, as long as the scanned records are operational and can be used for the System's business functions, and there is a documented memorandum in the System's policies and procedures manual that includes the System's current state of digitized records with a strategy to approach digitization per NY State Archives' guidelines, the System would be able to destroy records scanned at the lower resolution. The Office of Legal Affairs concurred with this approach, in addition to memorializing the phone conversation with and emails received from the NY State Archives. Accordingly, the RMO has documented such memorandum
4. In early September, the RMO along with the Office of Supply Chain met with EITS to plan for digitization of records. In subsequent meetings, EITS presented the software solution OnBase to the Records Task Force, which can be used as an enterprise content management ("ECM") application. Among other things, an ECM application provides functionality such as indexing and labelling of digitized records, recording meta-data pertaining to the records, and manual or auto-purging of records past their retention period. Currently, OnBase is being used as an ECM application for Epic to store scanned patient records
5. On November 15, 2018, the RMO presented to the EITS Intake Meeting NYC Health + Hospitals' records digitization initiative as its future state for record retention. At the meeting, the EITS project management committee voted to advance the digitization initiative to the Health Information Technology ("HIT") Prioritization Committee, and assigned a project manager to the initiative. If the digitization initiative is accepted and voted upon as a "high priority" project at the upcoming HIT Prioritization Committee meeting, the initiative

will become an "IT Project" which will be tracked and assigned technology resources.

There being no other business, the meeting was adjourned at 10:33 A.M.

SUBSIDIARY REPORT

HHC ACO INC. BOARD OF DIRECTORS - FEBRUARY 11, 2019 As Reported by Dr. Mitchell Katz

The Board of Directors of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization ("ACO"), convened on February 11, 2019, to give an update on the 2017 performance shared savings distribution and discuss the Medicare Shared Savings Program ("MSSP") contract renewal process and recommendation.

Among other matters, the Board discussed the following:

- ACO Chief Medical Officer, Lana Vardanian, MD updated the Board on the ACO's Medicare Shared Savings Program (MSSP) final 2017 Distribution amounts and the timeline of when Corporate Affiliates and Other Shared Savings Distributees can expect to receive the distribution they earned during the 2017 Performance Year.
- ACO Chief Executive Officer, Dave Chokshi, MD presented the proposed contract renewal option for the Medicare Shared Savings Program. The proposal recommended that HHC ACO Inc. apply and execute contracts to participate in the Enhanced Track for the agreement period starting on July 1, 2019 and ending December 31, 2024.

The Board approved the following resolutions:

- Authorizing the Chief Executive Officer of HHC ACO Inc., (the "ACO") to submit to the Centers for Medicare & Medicaid Services ("CMS") a renewal application. If approved by CMS, execute an agreement with CMS to extend the ACO's participation in the Medicare Shared Savings Program ("MSSP"), from July 1, 2019 through December 31, 2024, under the MSSP Enhanced Track risk arrangement. Authorizing the Chief Executive Officer of the ACO to execute agreements with ACO Participants and Collaborators either to extend their participation or collaboration in the MSSP from July 1, 2019 through December 31, 2024, or to initiate their participation or collaboration in the MSSP effective as of any January 1 during such period, as applicable.
- Authorizing that each of the following persons be elected to serve in the offices of the Corporation set forth opposite their respective names below, subject to such person's earlier death, resignation or removal, in accordance with the laws of the State of New York and the By-Laws of the Corporation until such person's successor is duly elected and qualified:

<u>Name</u>	<u>Office</u>
Mitchell Katz, M.D.	Chairman
Dave A. Chokshi, M.D.	Chief Executive Officer
Israel Rocha, Jr.	Secretary
John Ulberg	Treasurer

Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

February 27, 2019

NYC CARE UPDATE

As you know, Mayor de Blasio last month announced exciting plans to guarantee health care for all New Yorkers in all five boroughs, and NYC Health + Hospitals, along with MetroPlus, the City's public health insurance option, will be at the heart of those plans. Our goal is to serve the 600,000 New Yorkers without insurance by strengthening MetroPlus and guaranteeing anyone ineligible for insurance - including undocumented New Yorkers - direct access to NYC Health + Hospitals primary care doctors and specialists, pharmacies and mental health and substance abuse services through a new program called NYC Care.

Having led two similar efforts in California, I can tell you that NYC Care will be different in a number of ways. The sheer size and scale of what we will do in New York City reflects a true commitment to universality. NYC Care will have more expansive services -including outpatient mental health treatment, a wider variety of addiction treatment, psychotherapy, extended pharmacy hours and access, nurse first visits, and social determinants screening and connection to services. And it will be fully funded by City government, and neither limited nor reliant on an employer tax or subsidies from the state.

There's been a lot of work happening behind the scenes and we are on track to launch NYC Care this summer in the Bronx. As we mentioned last month, all services will be affordable on a sliding scale based on income, and eligibility will be limited to NYC residents. We are identifying existing patient care sites where screening and enrollment will take place, and are ramping up the call center operation to offer 24/7 membership support, appointment scheduling and the navigation that most of us are accustomed to getting from our health insurance customer service reps. We're also developing a staffing plan based on the two year roll out citywide, to ensure we are ready to expand the primary care teams we will need to meet the increased demand for our services. And we are working on all the marketing materials we need to engage the community and welcome our members - including the new NYC Care membership card, welcome packet and materials in multiple languages.

CITY, STATE, FEDERAL UPDATE

City

- On February 25, I testified before the City Council Committee on Hospitals at a hearing entitled "Oversight: Access to Specialty Care at NYC Health + Hospitals" where I discussed Health + Hospitals unique role in providing outpatient specialty care for the uninsured as well as progress in improving wait times and customer experience. The system's progress in implementing eConsult and the importance of the EPIC electronic health record system in improving scheduling were key topics of discussion.
- Following the Mayor's Executive Order to require city agencies to boost their efforts to enroll all New Yorkers into health coverage, MetroPlus has been actively partnering with the Mayor's office and a number of city agencies. MetroPlus and the Mayor's Public Engagement Unit expect to announce the early success in forming these partnerships in the coming weeks.
- On February 7, the Mayor released his preliminary budget for Fiscal Year 2020. The plan includes the additional \$25m in funding for Health + Hospitals associated with the new NYC Guaranteed Care initiative.

State

- On February 12, eighty-three Health + Hospitals Community Advisory Board members, Auxiliary members and staff traveled to Albany and connected with nearly 50 Assembly members, Senate members and/or their representatives to advocate for Health + Hospitals' legislative priorities. Due to an incoming winter storm, several meetings were canceled and travel was difficult, but these community members' advocacy was well informed and powerful.
- In an attempt to close a budget gap associated with declining state revenues, the Governor released 30-day amendments to the state budget, which includes health care cuts totaling over \$1 billion statewide. Most notably, the budget reverses a previously announced increase in Medicaid reimbursement rates and makes changes to the state's distribution of the Indigent Care Pool (ICP) funds. Health + Hospitals and a variety of health care stakeholders around the state are strongly opposing the cuts to Medicaid rates. While the Governor's ICP proposal would eliminate some of the unfairness of distributing these funds to well-resourced hospitals, Health + Hospitals continues to advocate for the community coalition proposal to adjust the ICP as a more fair and efficient way to support care for the uninsured and Medicaid populations in the state.

Federal

- On February 22, the Department of Health and Human Services released a final rule related to the Title X family planning program. The so-called "gag rule" makes any entity that provides or refers patients for abortion services from receiving Title X funding. Health + Hospitals believes the full range of family planning and women's health services is critically important and strongly opposes the rule. Health + Hospitals is evaluating the financial impact of the rule and will not reduce the essential women's health services we provide to our patients.

ONECITY HEALTH UPDATE

- The One City Health Central Services Organization (CSO) Board and OneCity Health PPS Executive Committee, comprised of community partners and providers, passed a resolution supporting OneCity Health and NYC Health + Hospitals to take the steps necessary to explore and negotiate an extension of the Delivery System Reform Incentive Payment (DSRIP) Program with the New York State Department of Health. The extension would enable the PPS to maximally achieve the purposes of the program and support future sustainability.
- OneCity Health presented at the 2019 New York State Department of Health DSRIP Learning Symposium in Saratoga Springs, New York. OneCity Health hosted a discussion on the impact of the PPS for CMS, NYSDOH, health plan, and provider audiences, and presented the following workshops: Creating Sustainability in Community-Based Organizations in a Value-Based Payment Environment ; Scaling New Care Models: Standardizing and Implementing ExpressCare across a Large Health System ; Addressing Barriers to Learning: How Schools and Community Partners are Supporting NYC Youth; Implementation of Opioid Addiction Intervention Services in 11 Public Emergency Departments; and Improving Follow-Up after Psych Hospitalization.

ORGANIZATIONAL NEWS

New eConsult System Creates Quicker, Easier Access to Outpatient Specialty Services

The Rehabilitation Medicine and Infectious Disease clinics at NYC Health + Hospitals/Lincoln this month became the 100th and 101st specialty clinics in the city to adopt our new eConsult system that facilitates enhanced communication between primary care providers and specialists and creates quicker, easier access to outpatient specialty services. Depending on the diagnosis, the guidance from specialists can empower the primary care provider to treat the patient in the primary care setting, avoiding the

visit to the specialist completely, which frees up valuable appointment times for patients who really need to see the specialist.

Our expanding eConsult system lets primary care doctors like me send an electronic referral directly to a specialty clinic. I can include all the necessary clinical information, any scans or other images, and any information a specialist needs to provide an initial consult. My eConsult will then be promptly reviewed by a clinical expert. If the specialist thinks I can handle the patient in primary care, they will share their guidance back with me, giving me suggestions such as a change of medicine. If the specialist believes the patient needs to be seen by a specialist, the patient will be contacted with an appointment. Today, eConsult is live in over 100 clinics across 10 facilities, including adult medical and surgical subspecialties, behavioral health, and pediatric subspecialties. Nearly 8,000 referrals per month are managed by eConsult clinics, which is up from 2,300 per month in 29 clinics in January 2018. And our average review and response time is under three days. For a set of 14 specialty clinics using eConsult for over a year, we saw a 23% reduction in overall wait time for new patient visits.

NYC Health + Hospitals and Northwell Health Open Joint Lab in Queens

Northwell Health and NYC Health + Hospitals celebrated the opening of a \$47.7 million shared, centralized laboratory in Little Neck, Queens. The new Clinical Laboratory of New York – the largest nonprofit, hospital-operated lab in the nation – will enhance quality and patient services, while reducing costs for both health systems and their hospitals. The pooled expertise from our two health systems, combined with staff having the latest technology at hand, will benefit all our patients. The high volume of testing combined with greater efficiency from the overhead costs of operating just one large facility will save significant money for both our health systems. Such an endeavor is possible only with a partner like Northwell that shares a vision for and commitment to the highest quality of care. Northwell made the upfront investment to build the Little Neck facility, which will provide enhanced service levels to physicians and patients in the community, while also bringing additional jobs to the city. The joint project is expected to save NYC Health + Hospitals more than \$20 million annually.

\$1.5m Grant for Arts in Medicine

Yesterday, I joined New York City First Lady Chirlane McCray and philanthropist Laurie M. Tisch to announce a \$1.5 million grant we are receiving through the Laurie M. Tisch Illumination Fund's Arts in Health initiative and the Mayor's Fund to Advance New York City to launch our system's Arts in Medicine program. The generous grant will support innovative arts initiatives to help health care professionals reduce stress

and support their emotional health. The Arts in Medicine program will introduce new initiatives such as:

- "HHArt of Medicine, an art-observation initiative that guides clinicians through intensive art viewing designed to enhance focus, improve communication, and encourage active listening, which in turn improves their ability to serve patients;
- SoulCollage®, workshops that facilitate self-discovery through collage composition to help staff express and share their experiences and emotions; and
- Communal Murals, collaborative projects of hospital artists in residence, staff, and community members to create stunning works of art inside and outside facilities.

The Arts in Medicine program will also support broader adoption of patient-targeted initiatives that have worked at a single site. Engaging in the arts makes for happier patients and less stressed staff, and we want our care community to benefit from a substantive and accessible Arts in Medicine program. We are enormously grateful to Laurie Tisch and the Illumination Fund for their generosity and for having the appreciation and foresight to encourage the arts as a tool for fostering wellness and making it a priority for our patients and staff.

Jay Russell Appointed CEO of NYC Health + Hospitals/Sea View

Jay Russel, MHA, LNHA, was appointed chief executive officer at NYC Health + Hospitals/Sea View, our five-star, top-ranked skilled nursing facility on Staten Island that provides high-quality long-term care and short-term rehabilitation services. Mr. Russel served as a licensed nursing home administrator for the Cassena Care Group, an owner and operator of 15 skilled nursing facilities throughout the five boroughs, Nassau and Suffolk counties, and Connecticut. Mr. Russel holds a bachelor's degree in human biology from SUNY and a master's degree in healthcare administration from Hofstra University. We welcome Jay to NYC Health + Hospitals family.

NYC Health + Hospitals/Jacobi Expands Access to HIV/AIDS Services

NYC Health + Hospitals/Jacobi marked the expansion of the newly renamed Health and Empowerment Center, a multi-service clinic that will expand access to comprehensive, state-of-the-art HIV treatment, education, and prevention services for adults and adolescents in the Bronx. NYC Health + Hospitals is investing \$1.1 million to expand staff and create a one-stop service model to offer on-site nutrition counseling, mental health services, and more. The center will be able to serve an additional 100 patients annually, offer same-day appointments, and give the city's public option health plan, MetroPlus, an opportunity to enroll more patients in its specially designed plan for patients with HIV. Having provided care and support to so many people living with HIV and AIDS throughout my clinical

career, I'm especially proud of everyone who helped re-imagine this one-stop service model. Projects like this help us better serve the community, grow our health system, and achieve greater fiscal stability.

NYC Health + Hospitals/Lincoln Dispenses 1,084 Live-Saving Naloxone Kits

NYC Health + Hospitals/Lincoln this month reached a milestone in its work to address the opioid epidemic in the South Bronx. The hospital has distributed 1,084 naloxone kits to members of the community since February 2018 and trained some 859 individuals on how to identify an overdose and how to administer naloxone. It's great to see how our naloxone distribution has gained traction in the community. Every kit that's out there has the potential to save another life.

NYC Health + Hospitals/North Central Bronx Launches Mentoring Program to Introduce Preteens and Teens to Health Science Careers

NYC Health + Hospitals/North Central Bronx launched a new program to inspire children from diverse backgrounds to pursue careers in health care. The mentoring program will offer elementary and middle school students an opportunity to learn about human anatomy, physiology, pathology, and biomedical careers in a fun and interactive format. A partnership with the national non-profit Mentoring in Medicine, the Youth Academy will launch its first series next month, with an age-appropriate curriculum that will cover health science topics through hands-on activities.

NYC Health + Hospitals/Jacobi Announces New Prevention Measures to Reduce Complications Following Surgery

Fewer patients at NYC Health + Hospitals/Jacobi now have post-surgery blood clots thanks to protocols undertaken by clinicians to identify and reduce the threat of deep vein blood clots, or venous thromboembolism. In the first year following the protocols' implementation, the number of cases of deep vein blood clots following surgery declined by half, and in the second year by an additional 15 percent. The team improved post-surgical safety by identifying patients at highest risk and introducing special monitoring and new preventive measures into their care. In addition to the life-saving interventions, the hospital also noted an improvement in patient satisfaction. The early results from this work were published in the December issue of the peer-reviewed *Journal of Patient Experience*.

New Cooling Towers at NYC Health + Hospitals/Lincoln Protect Community and Save Energy

NYC Health + Hospitals/Lincoln completed the installation of state-of-the-art antimicrobial cooling towers that support the heating, ventilation, and

air conditioning system. The new towers include antimicrobial features that prevent or impede the potential growth of bacteria, including Legionella, which can cause a type of pneumonia commonly known as Legionnaires' disease. The modern towers are also expected to reduce energy consumption by about 40 percent, and are resistant to corrosion from salt air, industrial gasses, and chemicals required for use in treating the recirculating water and cleaning the towers.

New Inpatient Behavioral Health Unit at NYC Health + Hospitals/Elmhurst Designed for the Elderly and Frail

NYC Health + Hospitals/Elmhurst opened a newly renovated Behavioral Health unit designed to meet the special needs of geriatric and frail patients. Located on the hospital's 11th floor, the new unit can serve up to 11 inpatients, providing a warm and welcoming atmosphere in a setting designed for individualized care and enhanced safety for a particularly vulnerable population. The new unit features a number of design elements to address the physical challenges of a geriatric or otherwise frail population, including skid-free flooring to decrease the risk of falls, handrails in the lounge/day area, chairs that help lift patients to a standing position, and more. The new unit will help us provide care for our elderly and frail patients as they undergo treatment for mental and physical health issues in a safe, modern, and supportive environment.

Claudia Aristy of NYC Health + Hospitals/Bellevue Has Won the Annual Joan H. Tisch Community Health Prize for Excellence in Urban Public Health

Claudia Aristy, director of Children of Bellevue's Reach Out and Read Program at NYC Health + Hospitals/Bellevue, was awarded the prestigious Joan H. Tisch Community Health Prize for her work that encourages children to read and parents to read to their children from the time they are infants. Through Reach Out and Read, children and their families receive not only books but health information, as well as improving literacy. As a young mother, Ms. Aristy used Bellevue's Pediatric Clinic and has a keen understanding of the many challenges the parents face. We thank Ms. Aristy for her service and commitment to patients and their family.

NYC Health + Hospitals Clinicians Selected for Prestigious Quality Fellowship

Eleven NYC Health + Hospitals clinicians have been selected as Fellows for The Clinical Quality Fellowship Program (CQFP) by the United Hospital Fund and Greater New York Hospital Association. The 11 physicians and nurses were selected for their commitment to advance quality and safety programs across NYC Health + Hospitals. The CQFP is a 15-month intensive training

program designed to expand the number of medical professionals with the skills needed to lead quality improvement and patient safety efforts in their hospitals and other health care settings. They will participate in learning retreats and webinars, benefit from mentoring by expert faculty, and develop a "capstone" project to plan and implement a major quality improvement project at their patient care locations. Congratulations to the new Fellows:

Marie Estelle Lejarde MBA, BSN, CWOCN, NYC Health + Hospitals/Bellevue
Zachary Rosner MD, NYC Health + Hospitals/Correctional Health Services
Anjali Hulbanni MD, NYC Health + Hospitals/Harlem
John E. Arbo MD, NYC Health + Hospitals/Jacobi
Marguerite Anne Tirelli MSN, BSN, RN-C, IBCLC, NYC Health + Hospitals/Jacobi
Josephine Johnson RN, MSN, MPH, NYC Health + Hospitals/Lincoln
Usha Venugopal MD, NYC Health + Hospitals/Lincoln
Rajnish Jaiswal MD, NYC Health + Hospitals/Metropolitan
Daran Kaufman MD, MBA, NYC Health + Hospitals/North Central Bronx
Vimala Ramasamy MD, NYC Health + Hospitals/North Central Bronx
Valanie Lezama MS, RN, CCRN, NYC Health + Hospitals/Woodhull

NYC Health + Hospitals Leaders Graduate from Year-Long Fellowship Program

I would like to extend congratulations to three senior leaders in our health system who this week graduate from the 12-month America's Essential Hospitals Fellows program. Kenra Ford, Sr. AVP Clinical Laboratories, Chief of Staff to the System CMO; Stephen Catullo, Deputy Executive Director, NYC Health + Hospitals/McKinney; and Geralda Xavier, Chief Quality Officer, NYC Health + Hospitals/Kings County completed this intensive training, which brings essential hospitals leaders together to look at the enormous challenges they face, provide the tools necessary to meet those challenges, and become champions and advocates for excellence in health care for all. The program includes a network of more than 650 alumni, some of whom have become CEOs of essential hospitals, C-suite leaders, and national health care thought leaders.

#

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with the Sleep Disorders Institute ("SDI") for its use and occupancy of 1,038 square feet of space to operate a diagnostic and treatment center on the 7th floor of the "H" Building at NYC Health + Hospitals/Bellevue (the "Facility") at an occupancy fee of \$60,204 per year or \$58 per square foot to be escalated by 2.75% per year for a five year total of \$318,038.

WHEREAS, the Centers for Disease Control and Prevention reports that a third of US adults usually get less than the recommended amount of sleep, which can lead to chronic disease and conditions such as type 2 diabetes, heart disease, obesity and depression; and

WHEREAS, SDI is a full-service diagnostic and treatment center that provides sleep medicine services to adults and children with sleep and wakefulness disorders; and

WHEREAS, SDI is accredited by the American Academy of Sleep Medicine and has been recognized as a "Center of Excellence" for over 20 years; and

WHEREAS, SDI is staffed with doctors board certified in sleep medicine who approach sleep disorders with a disease-management model that provides medical care of the highest quality; and

WHEREAS, the Facility has adequate space to house SDI's program and anticipates the Facility's patients will benefit from SDI's sleep medicine services; and

WHEREAS, while SDI will accept referrals from the Facility, from other NYC Health + Hospitals facilities and from outside of the NYC Health + Hospitals system, NYC Health + Hospitals patients will be given first priority for appointments; and

WHEREAS, NYC Health + Hospitals will not be required to perform any work to outfit the space that SDI will occupy to prepare it for occupancy;

WHEREAS, the proposed license agreement will be administered by the Executive Director of the Facility.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with the Sleep Disorders Institute for its use and occupancy of 1,038 square feet of space to operate a diagnostic and treatment center on the 7th floor of the "H" Building at NYC Health + Hospitals/Bellevue at an occupancy fee of \$60,204 per year or \$58 per square foot to be escalated by 2.75% per year for a five year total of \$318,038.

EXECUTIVE SUMMARY

LICENSE AGREEMENT SLEEP DISORDERS INSTITUTE BELLEVUE HOSPITAL CENTER

- BACKGROUND:** New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board to execute a five year revocable license agreement with Sleep Disorders Institute ("SDI") for 1,038 sq. ft. to operate a sleep disorder clinic on the 7th floor of the "H" Building on the NYC Health + Hospitals/Bellevue ("Bellevue") campus. Bellevue has adequate space to house SDI's program.
- NEED:** The CDC reports that a 1/3 of US adults usually get less than the recommended amount of sleep, which can lead to chronic disease and conditions such as type 2 diabetes, heart disease, obesity and depression. Bellevue currently does not have a sleep medicine clinic and its patients suffering from sleep disorders are referred to other providers, including SDI, however, such providers often are not available for referrals. Thus Bellevue patients with sleep disorders are often not being treated for the disorder. Bellevue anticipates its patients will benefit from SDI's sleep medicine services. Bellevue currently refers its patients needing sleep therapy to SDI's main location. 692 such patients were referred in 2018. Having a location within Bellevue will make such referrals easier particularly for patients in the forensic unit.
- SDI:** SDI currently operates a full-service sleep disorder clinic for adults and children at 423 W. 55th Street in Manhattan where it specializes in treating sleep apnea, insomnia, restless leg syndrome, and excessive sleepiness. SDI is accredited by the American Academy of Sleep Medicine and has been recognized as a "Center of Excellence" for over 20 years and its doctors are board certified in sleep medicine who approach sleep disorders with a disease-management model that provides medical care of the highest quality.
- PROGRAM:** SDI will obtain its own, license to operate under Article 28 of the NY Public Health Law and will have sole responsibility for patients whom it treats. The Facility will make referrals of its patients to SDI but once referred, the patient will become an SDI patient with respect to SDI treatment. SDI will also care for patients that come to SDI independently or through other referrals. SDI will accept referrals from NYC Health + Hospitals of uninsured patients for which NYC Health + Hospitals will pay the Medicaid rate. SDI will be in operation 24 hours per day and 7 days per week. The program is expected to be staffed with five doctors and two physicians' assistants. In 2018 SDI saw approximately 3,000 patients at its West 55th Street location including the 692 referred Bellevue patients. Based on the 2018 experience, it is anticipated that in its first full year of operation at Bellevue, SDI will treat more than 1,000 patients referred by Bellevue.
- TERMS:** SDI will pay an occupancy fee of \$60,204/year or \$58/sf to be escalated by 2.75% per year for a five year total of \$318,038. The occupancy fee is the fair market value of the space as assessed by the System's consultant, Savitt and Partners, in its attached report. The cost of security, utilities, and housekeeping are included in the occupancy fee. The term of the license will be 5 years and shall be revocable by either party on 90 days' notice. It is anticipated that the term of the license will start on or about June 1, 2019.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an agreement with the New York Power Authority ("NYPA") together with Customer Installation Commitments covering six energy efficiency upgrades (the "Projects") for the planning, design, procurement, construction, construction management and project management services necessary at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Elmhurst (the "Facilities") at a cost not-to-exceed \$42,407,088 which includes a 10% contingency.

WHEREAS, in September 2014, the City of New York (the "City") mandated an 80% reduction in greenhouse gas emissions in City-owned properties by 2050 under its PlaNYC initiative; and

WHEREAS, the City, through its Department of Citywide Administrative Services ("DCAS") allocated funds under the Accelerated Conservation and Efficiency ("ACE") program for improvements to increase energy efficiency and cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

WHEREAS, in March 2005, NYC Health + Hospitals and the City, through DCAS signed an Energy Efficiency-Clean Energy Technology Program Agreement (the "ENCORE Agreement") with NYPA that established NYPA's ability to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, NYC Health + Hospitals wishes to address six energy conservation Projects at five Facilities (see Executive Summary), to enhance the comfort and safety of the building's occupants and to produce annual energy savings to the Facilities of approximately \$2,995,293 due to improved efficiency and reliability; and

WHEREAS, NYPA has bid the Projects and determined their cost to be \$42,407,088 which includes a 10% contingency; and

WHEREAS, due to DCAS and NYPA delays in finalizing an extension of the ENCORE Agreement, NYC Health + Hospitals wishes to enter into a direct agreement with NYPA for the Projects that will incorporate the terms of the prior Encore Agreement for only the Projects; and

WHEREAS, the cost of the Projects will be funded through the PlaNYC initiative through DCAS (\$32,467,996) and NYC Health + Hospitals' City capital funds (\$9,939,092); and

WHEREAS, the overall management of the initiative will be under the direction of the Vice President - Corporate Operations.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be authorized to execute an agreement with the New York Power Authority together with Customer Installation Commitments covering six energy efficiency upgrades for the planning, design, procurement, construction, construction management and project management services necessary at NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Elmhurst at a cost not-to-exceed \$42,407,088 which includes a 10% contingency.

**EXECUTIVE SUMMARY
ENERGY EFFICIENCY UPGRADES
NYC HEALTH + HOSPITALS/LINCOLN**

OVER-VIEW: NYC Health + Hospitals seeks authorization for energy efficiency upgrades at five facilities through a City of New York energy efficiency funding program and using New York Power Authority ("NYPA") as manager. NYPA has fully designed and bid out the Projects. The summary below concerns the NYC Health + Hospitals/Lincoln project.

NEED: During the latest Comprehensive Energy Efficiency Audit mandated by Local Law 87, it was determined that several energy conservation measures flagged be addressed. These include upgrades of the existing air handling unit controls and LED lighting upgrades to enhance the reliability, as well as increase the comfort and safety of buildings occupants.

Lincoln's main building has thirty-nine air-handling units ("AHU"s) that were installed in 1972 and are beyond their useful lives. In 2006, Lincoln received a comprehensive lighting upgrade that replaced the most of the lights in the main building with T-8 fixtures with electronic ballasts. These, however, are inefficient and outdated.

SCOPE: The scope of work for this project includes but is not limited to the following:

- ❖ Retrofit existing fluorescent fixtures with T8 lamps with energy efficient LED tubes on the 1st - 3rd floors and add automatic lighting controls;
- ❖ Air handling unit upgrades to include replacing existing obsolete motors with premium efficiency motors; installing motorized dampers; replacing pneumatic steam and chilled water control valves; applying epoxy coating to unit casings; replacing induction units downstream of AC-8; and replacing steam and cooling coils;
- ❖ Provide wireless thermostats to allow monitoring and scheduled setbacks of space temperatures.

TERMS: NYPA will manage the project for a total project cost of \$13,494,023.

SAVINGS: **Electrical:**
Energy Consumption Savings (quantity): 4,616,569 kilowatts-hours (kWh)
Annual Electric Energy Savings (dollars): \$692,485

Fuel:
Gas Use Reduction Savings (quantity): 422,203 therms
Annual Fuel Savings (dollars): \$350,428

Total Annual Energy Savings: \$1,042,913
Simple Payback: 12.94 years

FINANCING: PlaNYC Capital through DCAS - \$10,894,000; and NYC Health + Hospitals' City capital funds - \$2,600,023.

SCHEDULE: Completion by December 2020

**EXECUTIVE SUMMARY
ENERGY EFFICIENCY UPGRADES
NYC HEALTH + HOSPITALS/JACOBI**

OVER-VIEW: NYC Health + Hospitals seeks authorization for energy efficiency upgrades at five facilities through a City of New York energy efficiency funding program and using New York Power Authority ("NYPA") as manager. NYPA has fully designed and bid out the Projects. The summary below concerns the NYC Health + Hospitals/Jacobi project.

NEED: During the latest Comprehensive Energy Efficiency Audit mandated by Local Law 87, it was determined that several energy conservation measures flagged be addressed to increase the occupants' comfort and safety and yield annual energy savings.

Two of the three chillers in Jacobi's Main Building have exceeded their useful lives and are limited in their operational performance.

The central plant boilers consist of four 725 BHP high-pressure steam boilers with outdated auto flame boiler controls, associated sensors and actuators in need of upgrading to optimization efficiency and reduce energy consumption.

Several buildings on the Jacobi campus have sections of steam/hot water piping that are improperly insulated resulting in loss of large quantities of thermal energy.

SCOPE: The scope of work for this project includes but is not limited to the following:

- ❖ Upgrade existing interior fluorescent lighting and fixtures at two of the buildings on the Jacobi campus with energy efficient LED fixtures and lights;
- ❖ Upgrade exterior lighting to LED for energy efficiency and visual performance;
- ❖ Replace two 250-ton chillers, refurbish cooling towers and modify pump systems.
- ❖ Upgrade boiler combustion controls to reduce energy consumption.
- ❖ Refurbish 4 air handling units with premium efficiency motors and variable frequency drive modulated fans; installing motorized dampers; applying epoxy coating to the units casings; and replacing steam heating and cooling coils;
- ❖ Insulate steam/hot water pipes per NYC Energy Code requirements.

TERMS: NYPA will manage the project for a total project cost of \$11,050,753.

SAVINGS:

<u>Electrical:</u>	
Energy Consumption Savings (quantity):	3,009,709 kilowatts-hours (kWh)
Annual Electric Energy Savings (dollars):	\$361,165
Electric Demand Savings (quantity):	3,508.2 kilowatts (KW)
Annual Electric Demand Savings (dollars):	\$101,736
Total Electric Savings:	\$462,901

Fuel:

Gas Use Reduction Savings (quantity):	124,952 therms
Annual Gas Savings (dollars):	\$103,710
Oil Use Reduction Savings (quantity):	8,853 gallons
Annual Oil Savings (dollars):	\$17,574

Total Annual Fuel Savings:	\$121,284
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Total Annual Energy Savings:	<u>\$584,185</u>
Simple Payback:	18.92 years

FINANCING: PlaNYC Capital through DCAS - \$9,207,000; and NYC Health + Hospitals' capital funds - \$1,843,753.

SCHEDULE: Completion by December 2020.

**EXECUTIVE SUMMARY
ENERGY EFFICIENCY UPGRADES
NYC HEALTH + HOSPITALS/BELLEVUE**

OVER-VIEW: NYC Health + Hospitals seeks authorization for energy efficiency upgrades at five facilities through a City of New York energy efficiency funding program and using New York Power Authority ("NYPA") as manager. NYPA has fully designed and bid out the Projects. The summary below concerns the NYC Health + Hospitals/Bellevue project.

NEED: During the latest Bellevue Local Law 87 Comprehensive Energy Efficiency Audit, it was determined that efficiencies be achieved by upgrading Bellevue's interior and exterior lighting, and air handling units ("AHU"s). Inefficient linear fluorescent 32-watt T8 lamps and T12 fixtures located sporadically throughout the Facility's five buildings, primarily the Main building, now provide most of the interior lighting.

The Facility's main building has four AHUs and associated return fans supporting the operating rooms, which are original to the building and have exceeded their useful lives.

SCOPE: The scope of work for this project includes but is not limited to the following:

- ❖ Replace and retrofit fluorescent fixtures containing T8 and T12 lamps with energy efficient LED lamps. Fixtures with high density discharge, compact fluorescent, and incandescent lamps will be replaced with new fixtures that utilize LED lamps;
- ❖ Install wireless sensors in offices and conference rooms throughout the facility;
- ❖ Upgrade four AHUs and associated return fans.

TERMS: NYPA will manage the project for a total project cost of \$14,850,638.

SAVINGS: Electrical:

Energy Consumption Savings (quantity):	8,594,576 kilowatts-hours (kWh)
Annual Electric Energy Savings (dollars):	\$1,289,186
Total Annual Energy Savings:	<u>\$1,289,186</u>
Simple Payback:	11.52 years

FINANCING: PlaNYC Capital through DCAS - \$10,863,000 (no cost); and NYC Health + Hospitals' City capital funds - \$3,987,638.

SCHEDULE: Completion by December 2020.

**EXECUTIVE SUMMARY
ENERGY EFFICIENCY UPGRADES
NYC HEALTH + HOSPITALS/ELMHURST**

- OVER-VIEW:** NYC Health + Hospitals seeks authorization for energy efficiency upgrades at five facilities through a City of New York energy efficiency funding program and using New York Power Authority ("NYPA") as manager. NYPA has fully designed and bid out the Projects. The summary below concerns the NYC Health + Hospitals/Elmhurst project.
- NEED:** During the latest Elmhurst Local Law 87 Comprehensive Energy Efficiency Audit, it was determined that efficiencies be achieved by replacing the Facility's four existing hot water tanks with energy efficient instantaneous hot water heaters. The four hot water heaters are original to Elmhurst and are beyond their useful asset lives. These units also utilize significant energy to maintain the water in the tanks at the desired temperature. Replacing the four hot water tanks with three new instantaneous hot water heaters will produce energy savings, user safety and legionella risk reduction.
- SCOPE:** The scope of work for this project includes but is not limited to the following:
- ❖ Replace four domestic hot water tanks with three instantaneous hot water heaters;
 - ❖ Remove six recirculation pumps that currently serve the existing hot water heaters with two modernize recirculation pumps for the new hot water heaters.
- TERMS:** NYPA will manage the project for a total project cost of \$1,381,017.
- SAVINGS:**
- | | |
|---|------------------------------|
| <u>Electrical:</u> | |
| Energy Consumption Savings (quantity): | 53,618 kilowatts-hours (kWh) |
| Annual Electric Energy Savings (dollars): | \$8,364 |
|
<u>Fuel:</u> | |
| Gas Use Reduction Savings (quantity): | 19,206 therms |
| Annual Gas Savings (dollars): | \$16,133 |
| Oil Use Reduction Savings (quantity): | 727 gallons |
| Annual Oil Savings (dollars): | \$1,454 |
|
Total Annual Fuel Savings: |
\$17,587 |
|
Total Annual Energy Savings: |
<u>\$25,951</u> |
| Simple Payback: | 53.21 years |
- FINANCING:** PlaNYC Capital through DCAS - \$694,000; and NYC Health + Hospitals' City capital funds - \$687,017.
- SCHEDULE:** Completion by December 2019.

**EXECUTIVE SUMMARY
ENERGY EFFICIENCY UPGRADES
NYC HEALTH + HOSPITALS/KINGS COUNTY**

- OVER-VIEW:** NYC Health + Hospitals seeks authorization for energy efficiency upgrades at five facilities through a City of New York energy efficiency funding program and using New York Power Authority ("NYPA") as manager. NYPA has fully designed and bid out the Projects. The summary below concerns the NYC Health + Hospitals/Kings County project.
- NEED:** During the latest Kings County Local Law 87 Comprehensive Energy Efficiency Audit, it was determined that existing exterior lighting relies on inefficient lighting technologies such as T12/T8 fluorescent, high pressure sodium and metal halide lights. It was also determined in the "T Building" located on the Kings County campus there are antiquated lighting system in the basement, hallway and lobby areas.
- A further inefficiency identified concerns the boiler refractory on one of Kings County's five boilers, which has exceeded its useful life. The refractory has several "hot spots" which severely impact the safe and efficient operations of the boiler.
- SCOPE:** The scope of work for this project includes but is not limited to the following:
- ❖ Replace 500 antiquated and inefficient lights throughout the exterior of the campus and the interior of the "T" building with new high efficiency and low wattage light emitting diode (LED) fixtures.
 - ❖ Install new front and rear walls, new mud drum and steam drum seals as well as new roof seals and flooring for one boiler refractory.
- TERMS:** NYPA will manage the project for a total project cost of \$999,996.
- SAVINGS:**
- | | |
|---|-------------------------------|
| <u>Electrical:</u> | |
| Energy Consumption Savings (quantity): | 251,233 kilowatts-hours (kWh) |
| Annual Electric Energy Savings (dollars): | \$39,190 |
| <u>Fuel:</u> | |
| Gas Use Reduction Savings (quantity): | 1,770 therms |
| Annual Gas Savings (dollars): | \$1,607 |
| Total Annual Energy Savings: | <u>\$40,797</u> |
| Simple Payback: | 24.52 years |
- FINANCING:** PlaNYC Capital through DCAS - \$809,996 (no cost); and NYC Health + Hospitals' City capital funds - \$190,000.
- SCHEDULE:** Completion by December 2019.

**EXECUTIVE SUMMARY
ENERGY EFFICIENCY UPGRADES
NYC HEALTH + HOSPITALS/LINCOLN**

- OVER-VIEW:** NYC Health + Hospitals seeks authorization for energy efficiency upgrades at five facilities through a City of New York energy efficiency funding program and using New York Power Authority ("NYPA") as manager. NYPA has fully designed and bid out the Projects. The summary below concerns a second NYC Health + Hospitals/Lincoln project.
- NEED:** Two elevators (#s 18 and 19) that serve Lincoln's emergency trauma units have exceeded their useful lives and experiencing significant down time.
- The elevators' ring communication system has also exceeded its useful life and is no longer supported by the vendor.
- SCOPE:** The scope of work for this project includes but is not limited to the following:
- ❖ Furnish and install new car opening panels and complete door packages for elevators #s 18 & 19.
 - ❖ Install a new ring intercom system including car sub-stations for Lincoln's 18 elevators, motor rooms, and Hospital Police Office.
- TERMS:** NYPA will manage the project for a total project cost of \$630,661.
- SAVINGS:** **Electrical:**
- | | |
|---|------------------------------|
| Energy Consumption Savings (quantity): | 78,586 kilowatts-hours (kWh) |
| Annual Electric Energy Savings (dollars): | \$12,259 |
| Total Annual Energy Savings: | <u>\$12,259</u> |
| Simple Payback: | 51.44 years |
- FINANCING:** NYC Health + Hospitals' City capital funds - \$630,661.
- SCHEDULE:** Completion by September 2019.

H+H and NYPA Encore Agreement

Cyril Toussaint
Director – Energy Management & Sustainability
Office of Facilities Development

Board of Directors Meeting
March 28, 2019



ENCORE Agreement: NYPA and DCAS

- In March 2005, New York City's Department of Citywide Administrative Services (DCAS) contracted with New York Power Authority (NYPA) to provide its services on behalf of City agencies, including NYC Health + Hospitals, titled Energy Efficiency-Clean Energy Technology Program Agreement (the "ENCORE Agreement").
- NYPA identifies energy savings opportunities, procures contracts to perform energy savings projects and manages the construction of such projects.
- The City provides capital funding for these projects as part of its PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050.



ENCORE Agreement Status

- The ENCORE agreement expired but has been extended by DCAS.
- Although the ENCORE agreement has been extended, the City's procurement rules have resulted in limited funding under the extended contract.
- A new ENCORE contract has been finalized but will not be executed for several months.
- H+H has six projects that are shovel ready but cannot move forward under the existing ENCORE agreement due to the funding limitation.
- To obtain the greatest benefit of the potential cost savings of these six shovel ready projects, and to avoid the projects being further delayed (for example, contractor unavailability) NYC Health + Hospitals wishes to enter into a direct agreement with NYPA for these projects.



Proposed Contract

- NYPA and NYC Health + Hospitals, as well as OMB and DCAS, have agreed that NYC Health + Hospitals and NYPA should enter into a separate agreement for these six shovel ready projects to avoid unnecessary delay.
- The proposed contract will incorporate the terms of the ENCORE agreement.
- The H+H projects will enhance the comfort and safety of the building's occupants and produce annual energy savings of approximately \$2,995,293.
- NYPA has bid the projects and determined their cost to be \$42,407,088.
- Other projects in the pipeline are not yet firmly designed or budgeted. It is expected that the new DCAS/NYPA ENCORE agreement will be available when these projects are ready for procurement.
- NYPA adheres to NYS MWBE mandates on all their procurements.



Six Shovel Ready Projects

Facility	Project Title	Project Description	Project Status	Project Cost	DCAS Funding City Capital Plan	H+H Capital Plan	Annual Energy Savings est.
Bellevue	<i>Energy Conservation Measures Upgrade</i>	Replace and retrofit the existing fluorescent fixtures containing T8 and T12 lamps with energy efficient LED lamps; install wireless sensors in offices and conference rooms; and upgrade four existing air handling units that serve ORs in the Facility's main building.	Bid/Award	\$14,850,638	\$10,863,000	\$3,987,638	\$1,289,186
Lincoln	<i>Energy Conservation Measures Upgrade- Phase 1</i>	Upgrade twenty-one (21) existing air handling units and LED lighting replace on three floors in the Main Building.	Bid/Award	\$13,494,023	\$10,894,000	\$2,600,023	\$1,042,914
Jacobi	<i>Energy Conservation Measures Upgrade</i>	Replace interior and exterior antiquated incandescent and fluorescent lights and fixtures; chiller and boiler plants upgrade; steam/hot water piping insulation; and the refurbishment of existing air handling units in the Facility's main building (Building 1).	Bid/Award	\$11,050,753	\$9,207,000	\$1,843,753	\$584,185
Elmhurst	<i>Domestic Hot Water Heaters Replacement</i>	Replace four (4) existing hot water tanks with three (3) instantaneous hot water heaters.	Bid/Award	\$1,381,017	\$694,000	\$687,017	\$25,951
Kings County	<i>Exterior Lighting & Boiler Refactory Upgrades</i>	Upgrade existing exterior system with high efficiency LED technology; and upgrade boiler refactory.	Bid/Award	\$999,996	\$809,996	\$190,000	\$40,797
Lincoln	<i>Upgrade Two Elevators & Elevators' Ring Communications System</i>	Furnish and install new car opening panels and complete door packages for elevators #s 18 and 19; and install new ring intercom system.	Bid/Award	\$630,661	\$0	\$630,661	\$12,259
	Total			\$42,407,088	\$32,467,996	\$9,939,092	\$2,995,293



Summary

- Permission to contract with NYPA for these six shovel ready projects
- Incorporate terms of ENCORE agreement
- Not to Exceed amount of \$42,407,088



RESOLUTION

Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") on December 6, 2016 that authorized the execution of requirements contracts with seven Architectural and Engineering ("AE") consulting firms namely DaSilva Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; and with six Mechanical, Engineering, and Plumbing ("MEP") consulting firms, namely Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and with six Local Law Inspection consulting firms, namely HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities throughout the organization with such amendment increasing the \$15,000,000 not to exceed limit by \$8,000,000 to bring the total not to exceed limit to \$23,000,000.

WHEREAS, NYC Health + Hospitals facilities require, from time to time, professional AE/MEP design services and Local Law 11 inspection and filing services and professional AE design services in connection with Local Law 11 compliance; and

WHEREAS, NYC Health + Hospitals had determined that the needs of its facilities for such services can best be met by utilizing outside firms, on an as-needed basis, the requirements contractors all of whom were procured through a Request for Proposals process; and

WHEREAS, the availability of such requirements contractors has proven to be very useful and valuable to NYC Health + Hospitals and has greatly contributed to its ability to respond promptly to construction, planning and maintenance needs; and

WHEREAS, it has proven useful for many parts of NYC Health + Hospitals to draw on the approved requirements contracts in ways that were not anticipated when the December 2016 resolution was adopted which has caused the not-to-exceed limitation on such contracts to be approach much earlier than expected; and

WHEREAS, the requirements contracts as originally awarded were for one year with two one-year options to renew exercisable solely by NYC Health + Hospitals with the contracts now being in the second and final option year.

NOW THEREFORE, it is hereby resolved that, the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation on December 6, 2016 that authorized the execution of requirements contracts with seven Architectural and Engineering ("AE") consulting firms namely DaSilva

Page Two – Resolution
Contract Amendment

Architects, PC, Francis Cauffman, Inc., Gertler & Wente Architects, Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, and TPG Architecture, to provide professional AE design services; and with six Mechanical, Engineering, and Plumbing (“MEP”) consulting firms, namely Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Jacob Feinberg Katz & Michaeli Consulting Group, LLC, Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., and R. G. Vanderweil Engineers, LLP, to provide professional MEP design services; and with six Local Law Inspection consulting firms, namely HAKS Engineers, Architects and Land Surveyors, PC, Hoffman Architects, Inc., Raman and Oudjian Engineers and Architects, PC, Ronnette Riley Architect, Superstructures Engineering + Architecture, PLLC, and Thornton Tomasetti, Inc., to provide professional Local Law 11 inspection and filing services and AE services in connection with Local Law 11 be amended to increase the \$15,000,000 not to exceed limit by \$8,000,000 to bring the total not to exceed limit to \$23,000,000.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION LIFTING PRIOR NOT-TO-EXCEED CAP ON ARCHITECT/ENGINEER POOL OF REQUIREMENTS CONTRACTS

OVER- VIEW

For many years, NYC Health + Hospitals has used requirements contracts to meet many of its needs for professional construction services. In fact, the statute that created NYC Health + Hospitals specifically allows pre-qualification of contractors. Historically, the resolutions that have approved such contracting has included a not-to-exceed limit. In December 2016, the Board approved a large set of designers and consultants to serve on a requirements basis, *i.e.*, as needed with a single not-to-exceed limit on the expenditure for the entire pool. These contractors were intended to, and have in fact, operated in three distinct spheres: professional architects and engineers ("A&E") design services; Mechanical, Engineering, and Plumbing ("MEP") consulting; and Local Law 11 (façade) assessment and repair specifications. These contracts have worked well and have been heavily drawn upon throughout the organization enabling the organization to respond quickly to a wide range of requests and needs. In fact, they have been so useful that currently \$14,826,823.03 has been expended leaving only \$173,176.97 remaining through the expiration of the contracts at the end of the year. These contracts have been used for many projects not envisioned in 2016 such as feasibility studies for the office move to 50 Water. These additional uses has pushed the expenditures close to the total allowed.

NEED:

Additional uses of the subject requirements contracts are anticipated some of which are not known. Each use of these requirements contracts is made with explicitly identified funding. Some of such funding comes from operating funds and some comes from City Capital.

PROGRAM:

The subject contracts will expire in December 2016. NYC Health + Hospitals will perform another RFP to secure a continuing pool of requirements contractors in these fields. No aspect of the current contracts will change. The only proposed change is to increase the funding cap from \$15,000,000 to \$23,000,000 subject to funding availability.

OFD Consultant Requirements Contracts

**Board of Directors Meeting
March 28, 2019**

**By Louis Iglhaut
Assistant Vice President
Office of Facilities Development**



NYC Health and Hospitals maintains a pool of requirements contracts that cover a wide range of Design, MEP, and Construction Services.

Having access to active contracts provides for more expedient service; allowing prompt attention to planning, construction, and maintenance needs throughout our system.



How are requirements contracts procured?

- Request is made through the Contract Review Committee (CRC)
- Request for Proposal is posted to the City Record and emailed to known list of vendors.
- Proposals are gathered and reviewed by selected staff throughout the system.
- Selections are based on the selected criteria – quality, experience, and cost.
- Results are presented to CRC for approval.
- Contracts presented to Capital Committee and then to the Board of Directors for approval.
- Vendors sent award letters.



Not to exceed (NTE) threshold

The following factors are considered when calculating the NTE for the pool of vendors.

- Prior spend
- Number of current projects
- Pending projects that are projected to receive funding



Contract Usage

- Approved contracts/consultants are loaded into procurement systems (CCX, PeopleSoft) for system wide accessibility. All required procurement forms and steps must be complete, i.e., Vendex, EEO, Certificates of Insurance, Tax Affirmations, etc.
- Work is authorized against the NTE by issue of individual work orders.
- Work orders are issued only when a funding source has been identified and approved.
- The NTE threshold does not approve expenditure of dollars, it authorizes work to be performed using these contracts. It approves a mechanism for spend, not spend.



31683A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Francis Cauffman**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

32086

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Gertler & Wente Architects, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

31379C

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 13, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, HAKS Engineers, Architects & Land Surveyors, PC, has submitted to the Supply Chain Services 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: Construction Management 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:srf

32090Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services**TO:** Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services**FROM:** Keith Tallbe *KT***DATE:** December 9, 2016**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, daSilva Architects/E4H Environments for Health, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

32085

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Lothrop Associates LLP**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

31658A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **MJCL Architect PLLC**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

31696AKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 9, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **R.G. Vanderweil Engineers, PC**, has submitted to the Supply Chain Services 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: MEP On - Call 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:srf

31275B

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **LiRo Engineers, Inc.**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

31661A

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 13, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Kallen & Lemelson, Consulting Engineers, LLP**, has submitted to the Supply Chain Services 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: Professional Consultant Services for
MEP Design

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:srf

31685AKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Jacob Feinberg Katz & Michaeli Consulting Group, LLC** has submitted to the Supply Chain Services 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: Engineering Design 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:srf

30508CKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services**TO:** Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services**FROM:** Keith Tallbe *KT***DATE:** December 6, 2016**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Greenman-Pedersen, Inc.** has submitted to the Supply Chain Services 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: Engineering Design 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:srf

32084Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Goldman Copeland**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

32088Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services**TO:** Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services**FROM:** Keith Tallbe *KT***DATE:** December 6, 2016**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Hoffmann Architects, Inc.**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

31694AKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services**TO:** Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services**FROM:** Keith Tallbe *KT***DATE:** December 15, 2016**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Thornton Tomasetti, Inc.**, has submitted to the Supply Chain Services 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: Construction Management 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:srf

30931BKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services**TO:** Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services**FROM:** Keith Tallbe *KT***DATE:** December 6, 2016**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **SUPERSTRUCTURES Engineering + Architecture, PLLC**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

31673AKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services**TO:** Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services**FROM:** Keith Tallbe *KT***DATE:** December 6, 2016**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Raman & Oundjian Engineers & Architects, PC, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

32087Keith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 6, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Ronnette Riley Architect**, has submitted to the Supply Chain Services 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: Engineering Design 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:srf

30505CKeith Tallbe
Associate Counsel, Director of Procurement
Legal Affairs, Supply Chain Services

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: December 9, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Perkins Eastman Architects, D.P.C.**, has submitted to the Supply Chain Services 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: Architecture/Medical
Planning/Interior Design 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:srf

32091

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

TO: Elizabeth Youngbar, Assistant Director
Office of Facilities Development
Contract Services

FROM: Keith Tallbe *KT*

DATE: January 17, 2017

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, TPG Architecture, LLP, has submitted to the Supply Chain Services 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: Construction Management 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:srf