

**CALL TO ORDER - 2:00 PM**

**EXECUTIVE SESSION**

**OPEN PUBLIC SESSION - 3:00 PM**

1. Adoption of Minutes: April 30, 2020

**Chair's Report**

**President's Report**

**>> Action Items<<**

2. Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute such contracts as are necessary to implement and oversee New York City's **COVID-19 Test and Trace Corps Program** (the "Program") provided that there is an agreement with the City of New York to fund or reimburse Program expenses, including personnel expenses, that are in excess of Program revenues. Provided further, that any such contracts shall be subject to Operating Procedure 100-5 and any emergency declarations that may be in effect.  
(Directly to the Board – 05/28/2020) **Vendex: NA / EEO: NA**

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year license agreement with **Williamsburg Housing Preservation L.P.** (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric clinic (the "Clinic") managed by NYC Health + Hospitals/Gotham Health at an occupancy fee of \$5,800.86 per year, or \$3.33 per square foot plus \$3,135.60 per year for electricity and \$888.42 per year for water for a total annual occupancy cost of \$9,824.88 to be escalated by 3% per year for a total occupancy cost of \$30,367.73 over the three-year term with each party having the right to terminate on ninety days' notice without cause..  
(Capital Committee – 05/14/2020) **Vendex: NA / EEO: NA**

4. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Barbaro Electrical Company** (the "Contractor") for an amount not to exceed \$7,333,328 for construction services necessary for the relocation of the ACB switchgear at NYC Health + Hospitals /Bellevue Hospital ("Bellevue") with a project contingency of \$841,580 for unexpected changes in scope yielding a total authorized expenditure of \$8,174,908.  
(Capital Committee – 05/14/2020) **Vendex: APPROVED / EEO: APPROVED**

5. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Milcon Construction** (the "Contractor") for an amount not to exceed \$13,265,967 for construction services necessary for the reconstruction of the exterior façade and roof of the "T Building" at NYC Health + Hospitals / Kings County Hospital Center (the "Facility") with a project contingency of \$1,326,566 for unexpected changes in scope yielding a total authorized expenditure of \$14,591,967.  
(Capital Committee – 05/14/2020) **Vendex: APPROVED / EEO: APPROVED**

Mr. Pagán

Mr. Pagán

Dr. Katz

Mr. Pagan

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

<p>6. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a two-year contract with <b>Mac Fhionnghaile &amp; Sons Electrical Contracting, Inc.</b> (the “Contractor”) not to exceed \$6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals. (Capital Committee – 05/14/2020) <b>Vendex: APPROVED / EEO: APPROVED</b></p>	Mr. Peña-Mora
<p>7. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a two-year contract with <b>Jemco Electrical Contractors</b> (the “Contractor”) for not more than \$6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals. (Capital Committee – 05/14/2020) <b>Vendex: APPROVED / EEO: APPROVED</b></p>	Mr. Peña-Mora
<p>8. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a two-year requirements contract with <b>Rashel Construction Corporation</b> (the “Contractor”) at a cost not to exceed \$6,000,000 to provide heating, ventilation and air conditioning (“HVAC”) services on an as-needed basis at various facilities throughout NYC Health + Hospitals. (Capital Committee – 05/14/2020) <b>Vendex: APPROVED / EEO: APPROVED</b></p>	Mr. Peña-Mora
<p>9. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to sign a two-year requirements contract with <b>Vastech Contracting Corporation</b> (the “Contractor”) for not more than \$6,000,000 to provide heating, ventilation and air conditioning (“HVAC”) work on an as-needed basis throughout NYC Health + Hospitals. (Capital Committee – 05/14/2020) <b>Vendex: APPROVED / EEO: APPROVED</b></p>	Mr. Peña-Mora
<p>10. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to its agreement effective July 1, 2011 (the “Agreement”) with <b>Sodexo, Inc. &amp; Associates</b> (the “Vendor”) to provide laundry processing and linen distribution services the “Laundry Services”) that will extend the term of the agreement for an additional two-years with an option exercisable solely by the System to extend for one additional year at a total additional cost not to exceed \$50,438,922. (Finance Committee – 05/14/2020) <b>Vendex: APPROVED / EEO: APPROVED</b></p>	Ms. Wang
<p>11. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to the agreement dated March 3, 2008 extended by renewal made August 1, 2017 by (the “Agreement”) with <b>Cardinal Health, Inc.</b> (the “Vendor”) to provide medical and surgical distribution services (the “Med Surg Distribution Services”) that will extend the term of the Agreement for an additional year at a total additional cost not to exceed \$130,000,000. (Finance Committee – 05/14/2020) <b>Vendex: APPROVED / EEO: APPROVED</b></p>	Ms. Wang
<p style="text-align: center;"><b><u>Committee and Subsidiary Reports</u></b></p> <p>➤ Capital Committee</p> <p>➤ Finance</p> <p>➤ Governance</p> <p>➤ HHC Assistance Corporation/OneCity Health Services</p> <p>&gt;&gt;Old Business&lt;&lt; &gt;&gt;New Business&lt;&lt;</p> <p><b>Adjournment</b></p>	
	<p>Mr. Peña-Mora</p> <p>Ms. Wang</p> <p>Mr. Pagán</p> <p>Dr. Katz</p> <p>Mr. Pagán</p>

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 30<sup>th</sup> day of April, 2020, at 3 P.M., pursuant to a notice which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors were present via teleconference/videoconference:

Mr. José Pagán  
Dr. Mitchell Katz  
Dr. Vincent Calamia  
Dr. Perea Henze  
Dr. Oxiris Barbot  
Mr. Scott French  
Mr. Robert Nolan  
Ms. Helen Arteaga Landaverde  
Ms. Sally Hernandez-Piñero  
Mr. Feniosky Peña-Mora  
Ms. Anita Kawatra  
Ms. Freda Wang  
Ms. Barbara Lowe

Mr. Pagán, Chair of the Board, called the meeting to order at 3:10 p.m. Mr. Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

**SUSPENSION OF LAW ALLOWING THE ATTENDANCE OF MEETINGS TELEPHONICALLY OR OTHER SIMILAR SERVICE:**

Mr. Pagán noted that the meeting is being conducted virtually in accordance with Governor Cuomo's Executive Order 202 dated March 7, 2020, as extended, in response to the COVID 19 pandemic, the relevant text of which he read: .

**Article 7 of the Public Officers Law**, to the extent necessary to permit any public body to meet and take such actions authorized by the law without permitting in public in-person access to meetings and authorizing such meetings to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed;

Mr. Pagan asked Board Members to state any concerns or objections to proceeding with the meeting via teleconference/videoconference. No Board Member stated concerns or objections.

Mr. Pagán notified the Board and the Public that Scott French was in attendance representing Steven Banks in a voting capacity.

## **ADOPTION OF MINUTES**

The minutes of the meeting of the Board of Directors held on February 27, 2020 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 February 27, 2020, copies of which have been presented to this meeting, be and hereby are adopted.

## **CHAIR'S REMARKS**

Mr. Pagán took a moment to acknowledge the hard work and commitment of all the staff of Health + Hospitals, especially our clinical staff as true heroes who everyday go to work to provide care for everyone, particularly underserved and high-risk patients, during the worst times of their lives. He also acknowledged the loss of a number of employees during the COVID-19 crisis and expressed heartfelt sympathies to their families and acknowledged their service and sacrifice with a moment of silence.

Mr. Pagán noted that Ms. Wang, Ms. Hernandez-Piñero and himself conducted a site visit to NYC Health + Hospitals/Simulation Center at Jacobi Medical Center on March 2, 2020 where they saw first-hand the high-tech amazing teaching resources available to Staff.

Mr. Pagán noted that he participated in the Joint Commission leadership session at NYC Health + Hospitals/Woodhull on March 6, 2020, where he was impressed to see the leadership and staff demonstrate their commitment and dedication to providing safe patient care and their efforts around just culture.

## **Vendex Approvals**

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to vendex approvals, and today, there are four new items on the agenda requiring Vendex approval, of which three have vendex approvals. There are two items from previous Board meetings pending Vendex approval. Since the last meeting, three Vendex approvals have been received; the Board will be notified as outstanding Vendex approvals are received.

## **President's Report**

Dr. Katz commenced his remarks by expressing gratitude to the Board members for tremendous support for him, leadership team and frontline employees over the last two months.

He reminded the Board that the first diagnosed case of COVID-19 in New York City was identified on March 1. At the peak on April 13, our eleven hospitals were taking care of almost three thousand people with COVID. We went from zero to three thousand patients in the eleven hospitals in a period of six weeks, with a peak of approximately nine hundred sixty patients on ventilators. Health + Hospitals' normal ICU volume, not just people on ventilators but non-ventilated patients in ICUs, is three hundred thirty. At that time, we had nine hundred sixty patients on ventilators, probably around eleven hundred people getting ICU-level care, all in the six-week period. Which shows the phenomenal efforts by all of our staff.

Dr. Katz described that Health + Hospitals' resources were challenged in ways that they had never been before addressing the COVID surge. People with other diseases were mostly staying away. We tried to keep areas of the hospital for people who did not have COVID, but we had large zones in the emergency room, the ICU, and medical-surgical units dedicated solely to COVID patient care.

Staff were naturally concerned for their own personal health. We never ran out of PPEs but, as the Mayor always points out, we used it in crisis context. We followed the CDC guidelines for the reuse of N-95 masks if they were not soiled or wet during the times when supplies were low. The emotional toll on staff taking care of their co-workers was also notable.

Dr. Katz assured the Board that even facing numerous challenges the Health + Hospital System with limited resources did not collapse or fail. There were always ventilators and PPEs for people who needed them. He further expressed how incredibly proud he is of the staff of Health + Hospitals, especially the heroes on the front lines.

Dr. Katz further highlighted:

- Dr. Eric Wei and his team for organizing the inter-facility transfer of almost 600 critically ill patients. This team also managed the transfers from four other independent hospital systems to relieve stress on their systems. This was made possible due to the Board approval of the Hunter Ambulance contract last year.
- Dr. Ted Long and his team was able to conduct over 55,000 tele-visits with people having potential COVID symptoms. These tele-visits prevented emergency rooms from being overwhelmed with those 55,000 who might have come to the emergency room.
- Dr. Barbot and her team at DOHMH and expressed appreciation for the inter-agency coordination with Health + Hospitals.

- Helping Healers Heal has been working with our staff during this traumatic experience.
- The Network for Good fundraising initiative received more than \$10 million in cash donations, \$10 million in in-kind donations.

He gave a special thank you to Board member Freda Wang for helping us with these donations and also helping us with the process of making sure that the dollars are spent appropriately.

- The series of healthcare hero profiles showing, that the heroes of this are the healthcare workers.
- Facility CEOs who have tripled ICU capacity in three weeks.
- The true heroes who are the doctors, nurses, respiratory therapists, nurse's aides, physician's assistants, and nurse-practitioners who have taken care of very sick patients while managing their own risks, worried about taking the virus home with them on their clothes. Many of them have lived in hotels so as not to risk bringing home the virus.
- Our nursing homes/skilled nursing facilities have done very well. While New York State has a notable number of deaths in these facilities, our facilities managed the spread of COVID by using personal protective equipment and having enough staffing.

However, a large number of the people who survive from weeks of ventilation are going to need intense rehabilitation and our facilities are prepared to handle the influx of patients.

- Natalia Cineas, our Chief Nursing Executive and Dr. Ted Long, our SVPs Maureen McClusky, Danielle Dibari, and VP Yvette Villanueva have all done amazing work. We have on-boarded 4,000 nurses, 500 providers, 200 ancillary staff. We also received military medical staff who were of great help to the System and we value and appreciate their contribution.
- We now have 11 testing sites at many of our Gotham clinics. We are also slowly rolling out antibody testing and learning more from the results about the meaning for our staff.
- We are in the beginning phase of long-term planning. Understanding that healthcare is going to look very different post COVID, with many positive changes.

- Thanks to Christine Flaherty and her team who has done an amazing job of bring the Roosevelt Island, Javits Center and the Billy Jean King field hospitals on-line and expanding capacity at all of our facilities.
- Our phenomenal Chief Medical Officer, Dr. Allen, is going to be working with all of the Chief Executive Officers to figure out what our service array looks like going forward. It will be different but maybe there will be ways to make it better.
- Another major star has been Kendra Ford for coordinating a high volume of testing capacity on-line quickly.

Dr. Katz then notified the Board that in order to accomplish this huge volume of work in a very limited amount of time, H+H has had to contract with critical external vendors on an emergency basis. On March 1, 2020, NYC Health + Hospitals' President issued a Declaration of Emergency, pursuant to which the System is authorized to award contracts necessary to respond to the threatened spread of the virus without complying with the standard System's Operating Procedure 100-5.

Under this authority and to meet emergency needs, the System has entered into a total of 68 new contracts to support the COVID-19 response effort. There have been a wide range of agreements made, ranging from agency staffing, hotels, medical equipment, pharmaceutical, telemedicine, and transportation. In addition, emergency purchase orders have been issued against existing contracts to obtain additional medical equipment and supplies needed in our hospitals as well as with new vendors.

Further, the Office of Facilities Development has managed emergency construction in every one of our hospitals to increase bed capacity through task orders issued against existing contracts and through the award of several key new contracts.

Through April 27, 2020, H+H has expended a total of \$206.3M related to COVID-19. These expenditures included \$125.8M for agency staffing, \$11.1M for hotels, \$36.8M for medical equipment, pharmaceuticals, supplies, and telemedicine, and \$0.1M for transportation. Please note that there are additional purchasing commitments in these categories but payment have not yet been made.

Dr. Katz again assured the Board that only necessary actions were taken to provide quality patient care. He then deferred to John Ulberg, Chief Financial Officer, to provide a financial update.

Mr. Ulberg reported that there are many unknowns going forward and that he is actively working on the FEMA application. He is also following closely different Federal relief packages.

Dr. Katz reported that Rikers is at a historic low population. While there are positive cases in the incarcerated population, we have been able to keep that number relatively low.

Board Members recognized and commended Dr. Katz, the Leadership Team and staff, especially front-line workers, for their dedication and commitment during Health + Hospitals' response to the COVID-19 pandemic.

Dr. Oxiris Barbot, Commissioner of the Department of Health and Mental Hygiene, commended Dr. Katz and his leadership for his partnership in the citywide response. She provided an overview of where we are currently with the pandemic and what we anticipate moving forward with the ongoing collaboration between Health + Hospitals and the Department of Health and Mental Hygiene.

#### **ACTION ITEM 2:**

Dr. Calamia read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Language Fundamentals, Inc.** (the "Vendor") to provide speech language pathology services at the System's post-acute care facilities over a three year period commencing April 1, 2020 with two one-year options to renew exercisable only by the System at a total cost not to exceed \$5,282.101.

He noted that this item is being presented directly to the Board.

Susan Sales, Chief Executive Director, Gouverneur Skilled Nursing Facility and Maureen McClusky, Senior Vice President, Post-Acute Care presented a historical overview, background, RFP criteria and procurement process, cost analysis, and rationale for the selection of the vendor.

Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

#### **ACTION ITEM 3:**

Ms. Wang read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Verisma Systems, Inc.** ("Verisma") to provide release of information services for the System over an



initial term of three years with two one-year options to renew solely exercisable by the System and with an expense over the combined five-year term, not to exceed \$5,229,920 net of fees collected from patients and others to process their record requests.

This item was presented to the Finance Committee - 03/12/2020

Marji Karlin, Chief Revenue Officer and Lisa Perez, Assistant Vice President, Revenue Cycle presented an overview of the release of information, current state, procurement overview and RFP criteria, MWBE plan, volume, vendor highlights, and implementation plan.

Following discussion and upon motion made and duly seconded, the Board unanimously approved the resolution.

**ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:49 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

### Governance Committee - February 27, 2020

As Reported by José Pagán

**Committee Members** - José Pagán; Helen Arteaga Landaverde; Vincent Calamia; Mitchell Katz

The meeting was called to order at 2:45 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on January 30, 2020. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

#### **Open Session**

During the executive session, the Committee considered the appointment of Kim Mendez as Senior Vice President, Chief Information Officer, the Committee unanimously approved the recommendation to be presented to the Board of Directors for consideration. There being no further business, the meeting adjourned at 3:03 p.m.

### Community Relations Committee - March 3, 2020

As Reported by Robert Nolan

**Committee Members Present:** Robert Nolan, José A. Pagán, Machel Allen, M.D, representing Mitchell Katz, M.D., in a voting capacity

Mr. Nolan noted that a quorum had been established and called the meeting to order at 5:39 p.m. He requested a motion for the adoption of the minutes of January 7, 2020. A motion was made and seconded. The minutes were adopted.

#### **CHAIRPERSON REMARKS:**

Mr. Nolan began his report by thanking NYC Health + Hospitals' CAB advocates, and particularly Legislative Committee members, for a successful NYC Health +Hospitals Week of Action that concluded, February 14<sup>th</sup> to 21<sup>st</sup>. Mr. Nolan added that during the Week of Action, CAB members across the system made enthusiastic plea to local Assembly and Senate members in their New York District Offices to oppose the Governor proposed cuts. Mr. Nolan continued and noted that CABs continue to advocate against to Governor's proposed cut by hosting their annual legislative breakfast.

Mr. Nolan informed members of the Committee, CAB Chairs and invited guest, that he had the honor of attending the Jacobi CAB Legislative forum on Wednesday, February 19<sup>th</sup>. Mr. Nolan added the event was well attended by: Assemblyman Michael Benedetto, Councilmember Mark Gjonaj and Vanessa Gibson who were in attendance. Mr. Nolan announced Legislative Forums and Breakfasts are being hosted thru mid-March.

Mr. Nolan reported that the Governor early in the year implemented a 1% across the board cut to Medicaid reimbursement rates, which represents a \$30M annual reduction in Health + Hospitals revenue. Mr. Nolan added that federally, there is an additional delay of the pending Medicaid DSH cuts until May 22 of this year. He noted that there reportedly continues to be widespread bipartisan opposition to the cuts.

- Mr. Nolan announced that NYC Care Program launched in Brooklyn and Staten Island in January. Mr. Nolan added that enrollees would have access to a dedicated primary care provider, receive preventive care and routine screenings, enhanced access to pharmacy services, specialty care service and the ability to make appointments and navigate health care needs through a new 24/7 customer service center. Mr. Nolan noted that more than 13,000 in the Bronx were already enrolled in the program since its' launched in August 2019.
- Mr. Nolan reported that the U.S. Supreme Court in late January determined that the Trump administration could move forward with the "public charge" rule that would deny permanent legal status to certain immigrants who do not meet income thresholds or if they use public benefits like Medicaid, food stamps and housing vouchers for a period of time. Mr. Nolan added that it does not penalize people for enrolling in Emergency Medicaid, Medicaid for Pregnant Women, the Essential Health Insurance Plan, or NYC Care. Mr. Nolan noted that Dr. Katz continues to reinforce NYC Health + Hospitals commitment to help patients no matter where they came from, no matter their insurance status and no matter their income.

Mr. Nolan concluded his remarks by announcing the Board's Annual Borough Public Meetings would commence at NYC Health + Hospital/Harlem on Tuesday, March 31<sup>st</sup> and conclude at Sea View on Tuesday, June 2<sup>nd</sup>. Mr. Nolan encouraged CAB Chairs and members participation.

#### **NYC Health + Hospitals/Cumberland**

Mr. Nolan introduced Ms. Jacqueline Narine, Chairperson of NYC Health + Hospitals/ Cumberland and invited her to present the CAB's annual report.

Mr. Nolan thanked Ms. Narine for a very detailed report and directed her attention to page five (5) of the Cumberland CAB's report, regarding capital investment needed to improve the façade of the facility and the second phase of external signage.

Ms. Narine explained that the community would like to see improvements made within the facility and visible signage outside of the building. Ms. Narine continued and stated, "That if you were to approach North Portland Avenue no signage is visible". Ms. Narine added that there are two (2) pillars in the front of the building that needs to be painted, as well as an interior paint job for the facility to make it more people friendly.

Mr. Nolan invited Mr. Oscar Gonzalez, Assistant Vice President, Facility Development to address the Cumberland CAB's concerns.

Mr. Gonzalez reported that these two items had been ongoing issues because there are specific laws and requirements that is tied to the City process when it comes to local laws, public safety and sprucing up a facility. Mr. Gonzalez noted the architect have a design that is complete and procured a contractor. Mr. Gonzalez added that as of today a work order had been completed for the contractor to mobilize onsite. Mr. Gonzalez noted that by the fall of this year the work is expected to be completed. He added that the façade would be done first before they can begin with the signage. Mr. Gonzalez continued and added there are some structural eliminates with the signage and canopy. He stated "we want to make sure that all the structural components are in place then will proceed with something more realistic for signage."

Ms. Narine thanked Mr. Gonzalez for a positive report.

Ms. Narine concluded her report by acknowledging Michel Clarke, Associate Executive Director, Mervin DeCosta, CAB Liaison, CAB and Auxiliary members for their ongoing support and commitment.

Mr. Nolan moved the agenda and invited Dr. Machel Allen to provide an update on the Coronavirus.

**PRESIDENTS REMARKS:**

**Machel Allen, M.D.**

Dr. Allen reported that up until now there had been no reported case of the coronavirus in New York City. Dr. Allen noted that there has been one reported case in Westchester County. Dr. Allen continued and reported on "what you need to know about COVID-19:

- Reported commonly reported symptoms include fever, cough, and shortness of breath. Most people (80%) with COVID-19 will feel like they have a bad cold or the flu. Some people will require hospitalization. People who are at most risk for severe illness are elderly or have other health conditions.
- New Yorkers should go about their daily lives, but take certain precautions: Cover your coughs and sneezes with a tissue or your sleeve (not your hands).
- Wash hands often with soap and warm water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Do not touch your eyes, nose, or mouth with unwashed hands. If you feel sick, stay home. If you have fever, cough and/or shortness of breathe, and recently traveled to an area with ongoing spread of coronavirus, or have been in close contact with someone who has recently traveled to any of those areas, go to your doctor.
- Reported one Person Under Investigation (PUI). Bucket (1) contact with a person who travelled. Bucket (3) no history of travel but have the symptoms. If you have these symptoms, but no travel history, stay home and call your doctor.

Dr. Allen concluded her report by informing members of the Committee, CAB Chairs and invited guests that this is a rapidly changing situation and NYC Health + Hospitals are working very closely with the NYCDOHMH and taking every step possible to ensure public safety. Dr. Allen noted that NYC Health + Hospital are using 'secret shoppers' to ensure staff are following the appropriate protocols.

#### **NYC Health + Hospitals/Coney Island**

Mr. Nolan introduced Ms. Rosanne DeGennaro, Chairperson of NYC Health + Hospitals/ Coney Island and invited her to present the CAB's annual report.

Ms. DeGennaro began her report by thanking Dr. Katz for his support of Coney Island Hospital and informing Committee members that after the resignation of Bill Brown, former CEO, the CAB welcome and support the new CEO Svetlana Lipyanskaya. Ms. DeGennaro added that it is very important for the staff to see stability at the leadership level.

Ms. DeGennaro reported that at Coney Island hospital there had been two (2) major clinical improvements during the past two years: the return of the blood bank and the approval by the state for performing PCI treatment. Ms. DeGennaro explained that when a patient is having chest pains due to a heart attack, the PCI treatment restores blood flow to the heart muscle to prevent the heart from failing.

Ms. DeGennaro reported that in March 2019, Coney Island hospital had a ground breaking ceremony for the new building Critical Service Structure (CSS).

Ms. DeGennaro informed members of the Committee, CAB Chairs and invited guests that the Coney Island CAB participated in this year's NYC Health + Hospitals Week of Action. She added that both Senator Diane Savino and Assemblywoman Mathylde Frontus pledged to support NYC Health + Hospitals in all endeavors. She continued that Coney Island CAB would host its annual legislative breakfast on Friday, March 13<sup>th</sup> all are invited to attend.

Ms. DeGennaro concluded the CAB's report by noting the CAB's top priority is to see the Coney Island Hospital designated as a Level I Trauma Center. Ms. DeGennaro added that this has been the CAB's and community first priority for past years and will remain so until the designation is approved.

#### **NYC Health + Hospitals/Elmhurst**

Mr. Nolan introduced Mr. Carlos Cortez Chairperson of NYC Health + Hospitals/ Elmhurst and invited him to present the CAB's annual report.

Mr. Nolan thanked Mr. Cortez for his report and directed his attention to page three (3) of the Elmhurst CAB's report, regarding most frequent complaints.

Mr. Israel Rocha, CEO explained that the overcrowding in the ED has to do with size and capacity. He added that the emergency department is the oldest in the health system and built to service forty (40) patients. Currently Elmhurst service over 300 patients at any one-time and 150,000 visits per year. Mr. Rocha noted that Elmhurst would be breaking ground on a new emergency department soon.

Mr. Rocha addressed the complaints in regards to cold meals. He noted that Elmhurst administration is working with Sodexo Cook Chill to address the quality of food service.

Mr. Rocha reported that Elmhurst hospital recently upgraded its OB suite to private rooms, which was a big success with the Elmhurst community. He added that Elmhurst rates 99% percentile in the country for overall patient satisfaction up from 10% with the old rooms.

Mr. Rocha concluded his remarks by informing members of the Committee, CAB Chairs and invited guests that over the year's Elmhurst had raised over \$100M in capital and that money would be used to upgrade the facility infrastructure, which will address many of the patient's complaints over the next 36 months.

Mr. Cortez reported that one of his proudest achievements was when Elmhurst Hospital received the Joint Commission's triennial reaccreditation immediately at the conclusion of the Commission's survey. Mr. Cortez noted that usually the Commission deliberates for several weeks before notifying a hospital about its accreditation. He added that he attended Elmhurst's Leadership meeting with the Commission and spoke about the Hospital's CAB close working relationship with the Hospital's administration team. Mr. Cortez continued and noted that he indicated that the Elmhurst CAB gives its full support to the entire hospital staff in its commitment to provide the highest quality and safest care to the hospital's patients. He noted that at the meeting, the Commission's leaders gave its highest compliments to all the hospital staffs for their commitment and dedication to ensuring that all patients receive the best medical care possible and especially noting and acclaiming Elmhurst's nurses. Mr. Cortez added that the Commission's compliments were palpable.

#### **NYC Health + Hospitals/Sea View**

Mr. Nolan introduced Mr. Matthew Levy, CEO NYC Health + Hospitals Sea View and invited him to present the Sea View CAB's annual report.

Mr. Levy began his remarks by bringing greetings on behalf of George Marino, CAB Chair. Mr. Levy noted that he was extremely happy to report that currently Sea View's has 304 patients who are all healthy, productive and pleased with the services.

Mr. Levy concluded his remarks by announcing Sea View received its Department of Health (DOH) recertification survey and received two low level deficiencies.

#### **Old Business:**

#### **New Business:**

Ms. Gloria Thomas, Kings County CAB member/consumer asked if there are any consumers on NYC Health + Hospitals Board of Directors.

Mr. Nolan responded that the Mayor appoints the members of the Board. Mr. Nolan added that he himself is a consumer of Health + Hospital patient services.

Ms. Thomas informed members of the Committee that the EPIC form includes too much information such as patients' name, address and date of birth. Ms. Thomas suggested the form be revised. Dr. Allen will work with the EPIC to find a resolution.

**Adjournment:** Mr. Nolan adjourned the meeting at 6:40 p.m.

**Medical and Professional Affairs Committee - March 12, 2020**

**As Reported by Vincent Calamia**

**Committee Members Present-** José Pagán, Vincent Calamia, Barbara Lowe. Dr. Eric Wei representing Dr. Mitchell Katz in a voting capacity.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:04 AM. On motion the Committee voted to adopt the minutes of the January 9th, 2020 Medical and Professional Affairs Committee.

**CHIEF MEDICAL OFFICER REPORT**

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

**CORONA VIRUS UPDATE**

**1. NYC H+H Updates**

- Central Office Emergency Management virtually activated its Emergency Operations Command starting on 1/21/2020 at 1700 to monitor the ongoing outbreak on the 2019 Novel Coronavirus (COVID-19) originating in Wuhan, Hubei Province, China and maintain an appropriate level of vigilance on a system-level to manage preparedness and response efforts. High level information on local, state, and national updates is discussed. This activation is combined with the weekly Seasonal Influenza Activation.
- Novel Coronavirus Outbreak "Tiger Team" was established on 2/3/2020 and includes subject matter experts (SME) from various departments. The team meets weekly, at which time each Subject Matter Experts reports on current situational facts, activities to date, accomplishments, and barriers related to COVID-19. The system wide preparedness occurs here as well as decisions pertaining to system wide communication and messaging to the unions and other stakeholders.
- The Special Pathogens Program and the Institute for Medical Simulation and Advanced Learning (IMSAL) have conducted Mystery Patient Drills at all 11 acute care facilities. Mystery patient drills at Gotham Health sites are planned to start the beginning of March.

- The Special Pathogens Program provides brief in-service trainings on screening, isolation, and notification of infectious diseases to the DOHMH ("Identify, Isolate and Inform") to staff upon request.
- All sites will conduct a tabletop exercise in relation to COVID19 surge management (scenario: 50 respiratory distress patients and 6" snow). A system-wide tabletop exercise will occur in mid-March.
- Continued collaboration with multiple city and state partners to ensure H+H guidance aligns with public health recommendations.

## 2. NYC Updates

*\*\*Please note, this is a rapidly evolving situation. All guidance is subject to change as additional information becomes available\*\**

## 3. CDC/National Updates

- Although categorized as a serious public health threat, at the present moment, the overall risk to the American public is low.
- Person-to-person spread of COVID-19 also has been seen among close contacts of returned travelers from Wuhan. And the epidemiology of this virus in the United States is evolving.
- CDC has issued the following travel guidance for the following countries related to COVID-19: China, South Korea, Japan, Iran, Italy.

4. International Update - numbers of infected and numbers of deaths change daily.

## System Chief Nurse Executive Report

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, OPCC Operational Programs activities.

## Care Experience

A Care Experience Task Force was convened in July 2019 with Dr. Natalia Cineas as Executive Sponsor and Dr. Albert Belaro as project director. Membership included Care Experience leaders from all hospitals and sites, including Post-Acute, Ambulatory Care (Gotham), Community Care and Correctional Health Services. A charter and current state assessment was completed, and opportunities for gap reduction identified to collectively meet or exceed the system goal of 73.7% in Nurse Communication.

- ICARE Values Education and Socialization learning module that includes a crowd sourced video of staff across the system is in review and ready to be launch in March 2020.
- Design of Professional Practice Model and Care Delivery Model was completed in October 2019. Implementation began in January 2020. Design of Shared Governance structure completed in November and in continued discussion with senior nurse leadership and NYSNA. Implementation planned to begin in January 2020. System wide Shared Governance Retreat on February 19, 2020.



## **RN Residency Program**

- RN residents are newly hired staff nurses to NYC Health + Hospitals who enter the system with one year or less in-hospital experience as a registered nurse. The goal of the residency program is to help the new nurse in transitioning from academic to professional role, increase skill and confidence, organize and prioritize work, and demonstrate strong unit leadership and ultimately decide to stay in the system beyond one year from date of hire.
- There are four (4) active cohorts, total of 199 residents (35,36,48,83). Current retention rate is above 95%.
- Gap analysis completed to expand in 2020 to 1200 eligible residents (6x expansion). Plan to have bigger cohorts running 8 seminars every month starting in June 2020. Added resources to run the 6x expansion.
- First graduation (n=21) on March 10, 2020 producing 8 EBP posters.

## **NP Mentorship**

- The Mentorship program is aimed at supporting newly hired nurses in their professional development by matching them with experienced nurses who recently retired from NYCHH. The goal is to support the newly hired nurses in a mentorship, coaching or preceptorship role to meet the needs of professional development and transition from academia to the work environment and help them stay beyond the first year from the date of hire.
- A total of 70+ potential mentors were identified and vetted in partnership with Human Resources and the Chief Nursing Officers from each site. A process for interviewing, matching, mutual goal-setting and regular periodic check-ins with both the mentor and mentee and their progress towards goals is in review.
- A pilot group of mentors will be matched with mentees in March 2020.

## **NP Fellowship**

- A fellowship program for incumbent and newly hired Nurse Practitioners is in the design phase to support nurse practitioners in their new roles or to transition into a different role. The goal is to support the nurse practitioners' transition from the academic to professional role to better actualize their scope of practice.
- A team was formed with Dr. Natalia Cineas as Executive Sponsor and include Dr. Eric Wei (CQO), Dr. Ted Long, Dr. Andrew Wallach, Dr. Melanie Applegate, FNP (NP Fellowship faculty), Dr. Albert Belaro (OPCC Sr. Director, Professional Practice) and Ms. Deborah Als (Program Coordinator, OPCC).
- A recurrent meeting has been set to discuss and strategize on program development.

- Data analytics on volume of specialty consults, time to be seen, time to fill vacancies in progress. To include other data points for comprehensive review.

## **Clairvia**

- Implementation was completed for all sites in November 2019- 11 Acute Care Hospitals, 5 Post-Acute Hospitals and 6 Gotham sites.
- End user Web Self-Scheduling training is in progress at all sites with a target completion date of March 2020.
- PeopleSoft Absence Management/Time & Labor will go-live in September 2020, and will replace SR70's. Time Capture Device implementation will be a rolling go-live from September 2020 to February 2021, and will replace the paper timesheet. Interface testing of the systems is in progress.

## **Nursing Education**

- Standardized the Systems Nursing Orientation (SNO) adapting the teaching philosophy of concept-based learning. Titled, "Why we do what we do," the emphasis placed on integrating safety, quality and patient experience using case-based scenarios. Integrated the Office of Patient-Centered Care Model for professional practice and Care Delivery. SNO orientation reduced from 2 days to 1 day. Evaluation is favorable for content, teaching team, methodology and increased in knowledge (>95% favorable).
- Standardized facility-based core orientation to integrate 1-day local HR (eliminate duplicity), and EPIC classes in the new nursing mode for orientation.
- Piloted the universal agency orientation on February 10, 2020. Agency nurses will now have a seamless onboarding process in orientation, EPIC, and unit-based training. Evaluation is favorable for content, teaching team, methodology and increased in knowledge (>95% favorable).
- Developed a Preceptor-Mentor-Coach Model - that will utilize retired nurses and Masters students in Nursing Education (in collaboration with CUNY) was piloted on February 24, 2020. The academic model of clinical instruction will be adapted as a model. The Preceptor-Mentor-Coach will precept a maximum of 4 new hires per shift for a 4-week cycle until they are released from orientation.
- Revitalized the collaboration with NUCHE (Nurses Improving Care of Healthcare Elders) to increase utilization of evidence-based resources in the care of the elderly population.

- Conducted facility visits to disseminate innovations and development in nursing education including activities of the Council of Nurse Educators Workgroup projects.

### **MetroPlus Health Plan, Inc.**

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan report on the following:

#### **Membership**

MetroPlus Health has ended the 2019 year with a total of 514,436 members, essentially unchanged compared to year end of 2018. Medicaid Membership in NYS is trending down, NYC Metro region saw an overall reduction of 5%, or 126,378 members in 2019. MetroPlus Health experienced a -3% overall reduction to Medicaid membership from December 2018. Growth was documented in Essential Plan (5%) and Child Health Plus (6%). MetroPlus Health Medicaid represents 68% of our overall population, with Essential plan at 16% and Child Health Plus at 5%, hence the net flat trend in membership.

#### **New York State \$4 billion Medicaid Shortfall and Across the Board (ATB) Cuts**

Due to the NYS's large Medicaid shortfall, Medicaid payments are being reduced across the board (ATB) by 1%. The Medicaid Redesign Team (MRT II) is convening to find additional savings of \$2.5 billion by March 31<sup>st</sup>.

The ATB reduction has a projected \$24.5 million annual impact to the Plan, of which \$22.5 million will fall to medical expenses. \$21.4 million of the \$22.5 million are in the Medicaid, HARP and SNP, which are lines of business covered in the Value Based (VBP) contract. The impact to the MLTC, which is not part of the VBP contract, is \$1.1 million (after admin) resulting in a net loss of \$1.0 million. NYS has advised that the Medicaid fee schedules will not be updated to reflect this 1% reduction.

Although a formal announcement has not been made yet, there is discussion that the State quality pools might be defunded for State fiscal year 2020, starting April 2020. Quality pool has been reduced by 25% for State fiscal year 2019, impacting the Plan's budget. Through the NYS Medicaid Managed Care Quality Incentive Program, MetroPlus Health received an additional \$24 million dollars in 2019. \$10 million is passed through to our providers in the form of quality awards.

MetroPlus Health is preparing contingency administrative budget reductions to offset these reductions through administrative underspending.

#### **MLTC Nursing Home Carve Out**

CMS recently approved the MLTC three-month nursing home benefit limit. The State anticipates savings of \$175 million. Approximately 400 MetroPlus Health MLTC members who have been in a nursing home for three months or more will be disenrolled from the MLTC line of business, transitioning to Fee-For-Service Medicaid on April 1<sup>st</sup>, 2020. MetroPlus Health anticipates a rate adjustment in a future rate package. Since the MetroPlus Health spend for

this cohort of individuals is higher than the reimbursement, we anticipate a positive net financial impact on our bottom line with this shift.

## **New Benefits**

### Medicaid Coverage of Limited Infertility Benefit

Effective October 1<sup>st</sup>, 2019, Medicaid Managed Care (MMC) benefits include medically necessary ovulation enhancing drugs and medical services related to prescribing and monitoring the use of such drugs for individuals 21 through 44 years of age experiencing infertility. This applies to MMC plans, including mainstream MMC plans, HIV Special Needs Plans (HIV SNPs), and Health and Recovery Plans (HARPs). MMC infertility benefits include office visits, hysterosalpingograms, pelvic ultrasounds, blood testing, and ovulation enhancing drugs included in the Medicaid formulary. MMC infertility benefits is limited to coverage for three (3) cycles of treatment per lifetime. Consistent with the NYS's limited infertility benefit for Medicaid enrollees, other procedures used for the treatment of infertility such as intrauterine insemination (IUI) and in-vitro fertilization (IVF) are not covered.

### Infertility Coverage for Gold and GoldCare members

Coverage of diagnostic and treatment procedures, including prescription drugs, used in the diagnosis and treatment of infertility are provided for persons whose ages range from 21 - 44 years. However, the regulation as outlined by DFS does not permit the total exclusion of individuals whose age is below or above such range. Coverage is subject to co-payments, coinsurance and deductibles consistent with other Gold and GoldCare benefits. Unlike the limited benefit for Medicaid enrollees, the infertility benefit is broader and as such the Plan has established a utilization management policy and prior authorization requirements. The benefit permits coverage for three (3) cycles of in-vitro fertilization used in the treatment of infertility.

### New Medicare Benefit: Acupuncture

Medicare patients with chronic low back pain will have acupuncture as a covered benefit beginning in 2020. The Center for Medicaid and Medicare Services (CMS) will cover up to 12 visits in 90 days for Medicare beneficiaries under certain conditions. This change requires the Plan to contract with providers, update system configuration, member materials, and develop UM policies. This benefit is an attractive offering to many Medicare beneficiaries and is particularly helpful in attracting Asian members to enroll in the Plan.

## **New Provider and Member Portal**

### Provider Portal

MetroPlus Health's beta launch for our new Provider Portal occurred on January 16<sup>th</sup>, 2020. During the beta period, both current and new provider portals are available for use. The goal of the beta launch is to obtain provider feedback to ensure the new portal meets our provider community needs and is user friendly. In the first 3 days, we had 120 providers login to the new portal

and received feedback from 30%. In addition, the MetroPlus Health Network Relations team is providing 1:1 training and feedback sessions with 40 of our top providers and facilities. In March, after the provider feedback has been received and developed in the portal, MetroPlus Health will send an official announcement to all providers to register for the new portal and sunset the current portal. New Provider Portal functionality includes:

- Direct access to P4P dashboards, gaps in care, utilization reports
- Online authorization requests with built in diagnosis/service code lookups and clinical criteria check (InterQual)
- Secure messaging
- Online claim submission (alternative to paper claim submission)
- Plus, all current portal functions (claim status, authorization status, etc.)

Next up for development in the Provider Portal are live chat and real-time clinical determinations for authorizations slated for the summer of 2020.

#### Member Portal

MetroPlus Health is also launching our new Member portal in March 2020. The new member portal will provide tailored health information and resources as well as self-service tools that will improve member satisfaction and increase MetroPlusHealth efficiency. Members will be able to:

- View gaps in care
- Complete health risk assessments online
- View, print, and order insurance cards
- View and pay invoices
- Request PCP changes
- Single-sign-on to CVS, Healthplex and Finity Rewards
- Secure messaging
- Plus, all current portal functions like checking claim and authorization status

Our Phase 2, summer 2020, rollout for the member portal includes live chat, a mobile app and the ability to view and download explanation of benefits.

#### **MetroPlusHealth Plan Provider Gala**

MetroPlus Health held its 4<sup>th</sup> Annual MetroPlus Health Plan Provider Appreciation/QARR HEDIS Awards Gala on January 21<sup>st</sup>, 2020. The Plan honored top performing individual providers, practice groups and H+H facilities, whose performance in each of the pay for performance (P4P) measures was the "best in class." There were fifteen quality awards given to Community and H+H providers during the 2019 MetroPlusHealth Provider Gala. Five awards went to H+H facilities, including Overall Top Performer going to Lincoln and 3 awards going to Gouverneur. Moreover, H+H facilities made up the top three overall performers in the 2019 P4P program, including Lincoln, Elmhurst and Metropolitan Hospitals.

#### **INFORMATION ITEM:**

Eric Wei, MD, Vice President, Chief Quality Officer presented to the committee the ET3 (Emergency Triage, Treat, and Transport) Telemedicine America Well.

There being no further business, the meeting was adjourned 9:50 AM.

**Equity, Diversity and Inclusion Committee - March 12, 2020**

**As Reported by Helen Arteaga Landaverde**

**Committee Members Present:** Helen Arteaga Landaverde; José Pagán; Eric Wei

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board of Directors was held on March 12, 2020 in the Board Room at 125 Worth Street, Room 532, New York City with Committee Chair, Helen Arteaga Landaverde, presiding. The meeting was called to order at 10:30 a.m. Dr. Eric Wei represented CEO/President Dr. Mitchell Katz in a voting capacity.

**CONDITIONAL APPROVAL CONTRACTS**

**ARCADIS U.S. INC.**

Arcadis has a contract for engineering and architectural services valued at \$5 million. Headquartered in Colorado, the company has seven New York locations (Buffalo, Clinton Park, Fairport, Long Island City, Melville, Syracuse, and White Plains) which is the basis of the workforce analysis. Arcadis had two areas of workforce underrepresentation for minorities: JG-15 Office and Clerical II, and JG-17 Dept./Ops Mgr. II.

Although Arcadis has seven locations in the New York tristate area, most of the work for the Health and Hospitals account occurs in their Long Island City location. Mr. Peter Glus, Senior Vice President, shared that the company has made significant improvements to address the underrepresentation of women. Mr. Glus also shared Arcadis' initiatives to support diversity and inclusion within the company that included efforts by Arcadis' talent acquisition team and their Diversity and Inclusion Council to engage with external minority professional groups and the Society of Women Engineers to increase recruitment of more diverse, technical professionals. In addition, they have a college recruitment plan that includes attendance at career fairs and academic events with an emphasis on engaging women and minority students. He also shared that the company began to focus on local New York City colleges to recruit and hire clerical staff.

NYC Health + Hospitals' Board Chair, José Pagán, commended Arcadis for their work and challenged them to measure the impact of their diversity initiatives to monitor their progress. He encouraged them to think about ways to improve the scope and depth of their diversity and inclusion work going forward. Helen Arteaga Landaverde asked if the EDI Committee had any further questions. There was none. She thanked and excused Arcadis representatives.

**W.B. MASON COMPANY, INC.**

W.B Mason has a contract with NYC Health + Hospitals to provide office supplies valued at \$8.8 million., which began in 2016. Since 2018, W.B. Mason eliminated four areas of minority underrepresentation, but continues to experience female underrepresentation. The four areas of workforce underrepresentation for women are in the following job categories: 1B-First/Mid-level Managers, 4A-Sales Workers, 7A-Operatives, and 8A-Laborers and Helpers.

Trevis Hinds, Director for Human Resources, presented and stated that there are three business units that support the Health and Hospitals account: sales, customer service, and operations/distributions, which consists of drivers and warehouse personnel. Mr. Hinds recognized that W.B. Mason is challenged in hiring women in the sales and operations positions. Mr. Hinds shared that the sales position continues to be a challenge because W.B. Mason has a door-to-door sales model. Many applicants, who are predominately new college graduates or individuals that graduated college within the past two years, leave during the application process once they realize they will become a traveling salesperson. W.B. Mason works to establish relationships with the local colleges to recruit students and eliminated the four-year degree requirement in attempt to widen their talent pool for these positions.

The operation and distribution positions are especially challenging due to the labor-intensive nature of the position, and experience even highly experienced women truck drivers not interested in the position. Although the operation and distribution positions lead to promotions to mid-level manager, because there is a lack of women in these positions, there is also a lack of women in mid-level manager roles.

Helen Arteaga Landaverde mentioned the rise of women businesses in the United States, and asked Trevor Hinds to think about how W.B. Mason's sales force can partner with emerging women businesses. José Pagán asked if W.B. Mason had female employees present at college recruitment fairs that can help women candidates meet women in the field. Mr. Hinds stated that they do have diverse presenters at their college recruitment fairs. Mr. Hinds expressed that he was hopeful that their active recruitment strategy and the elimination of degree requirements would result in an increase in women applicants.

Helen Arteaga Landaverde asked if the EDI Committee had any further questions. There was none. She thanked and excused W.B. Mason representatives.

#### **NYU WAGNER CAPSTON PROJECT WITH NYC HEALTH + HOSPITALS**

Beginning in September 2019, a team from the NYU Wagner Graduate School of Public Services has collaborated with the Office of Diversity and Inclusion to identify opportunities to strengthen capacity to provide services to people with visual, hearing, or cognitive disabilities. Members of the capstone team presented the key areas of work, which included research to identify barriers to care for people with disabilities, areas for potential intervention, and offering a set of recommendations to better serve this patient population.

The capstone team outlined the key deliverables from this project, which included conducting a literature review on best practices across various health systems and organizations; performing interviews and listening sessions with key internal and external stakeholders, and issuing a survey to disability advocates and providers within the System. From their research and analysis, the team identified a number of solutions that included additional training and education – giving providers consistent in-person or web-based trainings to address the medical needs and concerns of the patients with hearing, vision and/or cognitive disabilities.

#### **REQUEST TO ESTABLISH THE EQUITY AND ACCESS COUNCIL**

Matilde Roman, Chief Diversity and Inclusion Officer, requested permission to formally establish the Equity and Access Council for NYC Health + Hospitals, an advisory group tasked with supporting the Office of Diversity and Inclusion in developing equity and access initiatives to advance racial and social justice on behalf of the System.

**Ms. Landaverde expressed that the work of the Equity and Access Council would align with the scope and mission of the Equity, Diversity and Inclusion Committee of the Board. The request to establish the Equity and Access Council was unanimously approved by the Committee.**

A motion to approve the minutes of the November 12, 2019 meeting was duly made and unanimously approved. Helen Arteaga Landaverde asked if there was old business or new business. Hearing none, she thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 11:43 a.m.

#### **Finance Committee – March 12, 2020**

##### **As Reported by José Pagán**

**Committee Members Present:** José Pagán, Eric Wei – representing Dr. Katz in a voting capacity, Sally Hernandez-Piñero delegated her vote to Helen Arteaga Landaverde

Per the By-Laws: Section 14. Committee – Attendance "If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting."

Mr. José Pagán called the meeting to order at 11:23am. The minutes of the January 9, 2020 meeting were approved as submitted.

#### **ACTION ITEM: VERISMA RELEASE OF INFORMATION SERVICES**

Ms. Marji Karlin, Chief Revenue Officer, presented a resolution:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Verisma Systems, Inc. ("Verisma") to provide release of information services for the System over an initial term of three years with two one-year options to renew solely exercisable by the System and with an expense over the**



**combined five-year term, not to exceed \$5,229,920 net of fees collected from patients and others to process their record requests.**

Ms. Karlin began by providing an overview of Release of Information (ROI) services, including providing an overview of regulations that are required to be followed for compliance. She continued by describing the current state of ROI services provided by Ciox Health, which performs ROI services on-site at NYC H+H acute care hospitals for information releases primarily to third parties. H+H pays fees to Ciox Health for any non-billable requests processed by them.

Ms. Lisa Perez provided an overview of the procurement timeline, which took place May 2019 through August 2019.

Ms. Perez gave an overview of the RFP criteria, highlighting the minimum evaluation criteria and committee representatives.

Verisma agreed to the 30% MWBE utilization plan via their partner, CPS Recruitment, who will provide staffing which will exceed 30% of the overall contract. CPS Recruitment is a NYS certified WBE.

Ms. Perez continued by reporting on the current vs. future state of ROI services at H+H. The new contract will allow expansion of services from acute only to acute care, Gotham, and post-acute care sites. It will also allow the ability to accept online electronic requests for multiple sites. In terms of staffing, the vendor staff will be remote and H+H staff will be onsite. Verisma will handle 90% of all billable and non-billable requests. They will also standardize services by facility type and create centralized policies and procedures. Finally, with Verisma H+H will have one repository for ROI monitoring and tracking. The contract will further enable ROI requests to be HIPAA compliance via the electronic system, tracked in an established IT infrastructure, more efficiently handled by staffing resources, and overall the ROI process will improve the patient experience through easy access.

Ms. Helen Arteaga Landaverde: Because it is not centralized, depending on person's income will the ROI fee be waived for those who cannot afford it?

Ms. Perez confirmed fees will be waived.

Mr. Pagán inquired about the 30% MWBE plan and how we will keep track of it.

Ms. Perez replied that they will be tracking this through recruitment and that it will be tracked monthly.

Mr. Keith Tallbe replied saying his team will be tracking it monthly.

Ms. Perez provided an overview of the previous vendor volume, around 135,000 in 2019 resulting in \$4.9M; whereas the new vendor will be able to handle an estimated volume of 325,000 requests, which will result in \$10.8M (numbers are estimates).

Ms. Perez spoke to Verisma's references, which include Northwell Health and New York Presbyterian.

Ms. Perez provided an overview of the phased rollout for Verisma services, which will take place April 2020 through July 2020.

Ms. Karlin read the resolution again, requesting Finance Committee Approval of the Verisma contract for consideration by the Board of Directors.

Following discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution.

**ACTION ITEM: UNDERWRITING AGREEMENT**

Ms. Linda Dehart, Senior Assistant Vice President - Finance, presented a resolution:

**Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve and appoint Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, Hilltop Securities (formerly First Southwest), Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities to serve as co-managing underwriters for the Corporation's debt issuances from August 2020 through July 2021 (a 12-month extension to the 2015 Resolution), to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition.**

**Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.**

Ms. Dehart described that the underwriting teams are the firms that actually sell H+H bonds to investors or clients when H+H has a bond issuance. There is a group of Senior Managing Underwriters who serve as H+H partners for planning and implementing bond issuances. Between any issuances H+H has an ongoing relationship with these firms to monitor H+H debt, bring ideas to H+H, and then H+H chooses one of the Senior Managing firms to serve as the underwriter for any issuance H+H pursues. This resolution extends an authorization that was approved in 2015. Typically, the agreement has a roster of firms to approve for a five-year term but given uncertainty at the State and Federal level, this resolution is only seeking a one-year extension of previously authorized group. H+H's independent financial counseling firm reviewed the groups that were previously authorized and confirmed they all continue to be appropriate. This is not a contract, but an authorized list of approved firms. Any future debt activity would have to come before the Board.

Mr. Pagán asked why the extension was only one year.

Ms. Dehart said because they wanted to be respectful of the Board's authority.

Mr. Wei asked how the three Senior Underwriters were chosen.

Ms. Dehart said during the selection, an RFP was issued and the firms were evaluated based on their experience, share of this type of business in the market, knowledge of H+H, and interviews with firms.

Mr. Wei asked each of the Senior Underwriters charge.

Ms. Dehart said the fee is negotiation at the time of the transaction.

Following discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration to Board of Directors.

#### **INFORMATIONAL ITEM: OVERVIEW OF JANUARY FINANCIAL PLAN**

Mr. John Ulberg began by stating that he and Mr. Matthew Siegler presenting the January Financial Plan to City Council during the Preliminary Budget Hearing on March 09, 2020, highlighting that he financial plan is stable and transformation is on target, but that H+H is facing external pressures on the out-years of the financial plan. The main concern is in regards to the State's January cut, which are not currently factored into the plan because the Medicaid Redesign Team (MRT) II work is still underway. The plan-to-plan has not changed drastically; however, a big gap in the out-years of the plan include the Disproportionate Share Hospital (DSH) cuts.

Mr. James Cassidy provided an overview of our five-year financial plan, which is done in conjunction with the City of New York and counts as the basis of H+H's submission to the Public Authority Accountability Board. FY20 and FY21 H+H has very strong cash balances, \$790M and \$868M respectively. After FY21, the plan cash balances decreases slightly with small but manageable gaps, which is largely due to the DSH cuts. H+H is optimistic that the DSH cuts will continue to be delayed, but as a manner of prudent financial management, the cuts are shown in the out-years.

Ms. Arteaga Landaverde asked how long the DSH cuts would be delayed for.

Mr. Ulberg said he is hopeful they will be pushed for two years especially in the wake of COVID-19.

Mr. Cassidy continued by pointing out the transformation plan items on the plan, which include the revenue-generating initiatives and expense-reducing initiatives. In some out-years, you will see higher State payments due to rolling-cash delays from prior years.

Mr. Pagán asked if H+H rolls payments in conjunction with the City.

Mr. Cassidy said the payments are rolled in conjunction with the City.

Mr. Pagán asked what the City's response to the out-year gaps is.

Mr. Ulberg replied emphasizing the complexity of managing H+H cash flow given the dependence on supplemental payments. He described working with the State to create more predictable payment schedules.

Mr. Pagán reiterated that more predictable payment schedules will be helpful, but asked how the City views the out-year gaps and why they leave them as gaps.

Mr. Fred Covino replied stating the out-years of the plan are used to identify gaps and come up with contingency plans for solving the gaps.

Mr. Ulberg replied stating that if the DSH dollars were in the chart the numbers would look very different.

Ms. Arteaga Landaverde asked if we are advocating for the DSH dollars.

Mr. Ulberg replied saying it is GNYHA number one priority.

Mr. Pagán asked if we are hearing about resources that could come to H+H because of COVID-19.

Mr. Ulberg stated that H+H is tracking this daily. The H+H emergency management administrative team is tracking and monitoring financial implications of COVID-19, including Federal and State policy. Congress enacted an \$8B relief plan; the House has another plan proposed to increase Medicaid FMAP payments by 8% - meaning any claim will have an 8% boost, which is an effective way to infuse cash into the system during a crisis.

#### **SENIOR VICE PRESIDENT'S REPORT**

Mr. John Ulberg began his report discussing the Medicaid Redesign Team (MRT) II efforts, highlighting the key provisions of the March 10, 2020 MRT meeting that H+H submission were accepting, including UPL conversion and special population's proposal. There are items in the package related to safety net hospital funding that H+H is watching closely.

Mr. Matthew Siegler added H+H is cautiously optimistic but worried about the short time frame that the MRT has.

Dr. Wei asked if in the wake of COVID-19, we had to shut down elective surgeries or clinics, would the proposed funding out of the House be able to make up for this or would it come through only in things that H+H bills for?

Mr. Ulberg replied saying he is thinking through how H+H wants to receive the relief funding. H+H is in discussions with GNYHA on how we can infuse relief funding in a lump sum from the proposed House bill that would increase the FMAP by 8% FMAP. He continued by emphasizing the importance of business continuity, reflecting on and praising lessons learned during Hurricane Sandy.

#### **ADJOURNMENT**

There being no further business to discuss, Mr. Pagán adjourned the meeting at 11:57am.

**Mitchell H. Katz, M.D.**  
**NYC HEALTH + HOSPITALS**  
**PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**April 30, 2020**

## **CORONAVIRUS UPDATE**

We are so proud of how well the healthcare heroes across NYC Health + Hospitals performed. While the health care systems in Wuhan, China and in parts of Italy collapsed, we did not, even though our public hospital infrastructure is aged, our resources are limited compared to some private hospital systems, and the needs of our patients, even in non-COVID times, is great due to the effects of living in poverty, institutional racism, poor nourishment, chronic stress, and higher prevalence of chronic disease. Not only did we meet the challenge of patients coming to us, but we were able to accept transfers from several independent hospital systems that became overwhelmed at a moment in time.

### **Support for Our Health Care Heroes**

Our Behavioral Health and 18 Helping Healers Heal teams across the system have teamed up to provide emotional and psychological support to our 42,000 staff through a hotline, wellness rounds, 26 respite/wellness rooms within the facilities, 1:1 and group debriefs, and connecting staff to other immediate mental health resources where indicated. We know that none of us will be the same after going through this crisis but leaning on each other will help us heal and come out stronger on the other side of this pandemic.

Under the leadership of Dr. Eric Wei, we organized a fundraising operation like no other in the recent history of our public health care system. We have experienced an outpouring of support from the local, national and global communities to support our healthcare heroes. We have received more than \$10 million in cash donations and over \$10 million more from in-kind donations to lighten the load for our frontline staff responding to the COVID-19 crisis. This includes sending meals and food trucks to the facilities and providing transportation, grab and go groceries, relax packs, Girl Scout cookies and much more.

Our Communications and Marketing team has been touting the amazing work of our staff with a series of Health Care Heroes profiles that have been featured in our internal employee newsletter, the public website and on social media. They were able to secure a very special photo documentary tribute in The New York Times Magazine. And now are working on a unique multi-platform storytelling project featuring written testimonials, photos, video, statistics and audio podcasts to document the behind the scenes stories of preparedness and response, as well as the stories of bravery and compassion from the frontlines.

### **Status of Long-Term Care/Nursing Homes**

The COVID-19 pandemic has caused extreme challenges to facilities

for the elderly and most frail across the state and the country. Fortunately, our five public nursing homes in the NYC Health + Hospitals system are holding their own and are stable.

Our post-acute providers haven't been excluded from the negative effects of the crisis. However, we have lessened their impact by leveraging the shared resources of our integrated system: staff, supplies, clinical leadership, expertise and technology. This has allowed our facilities to control the spread of COVID through a secure supply of personal protective equipment (PPE) and skilled infection control staff. In fact, each post-acute care facility in our health system has 1-2 Infection Control certified nurses. They work closely with the Chief Medical Officers and Infection control physicians in our post-acute and acute care facilities. They oversee all infection control practices, train our workforce, and coordinate training and implementation of infection control quality improvement projects. We've never had to compromise on quality and compassionate care for our residents and their families.

All post-acute sites are following PPE guidelines and continue to follow State Department of Health (DOH) guidance for treating symptomatic patients who are suspected to have the virus. They monitor all staff entering our sites and do not allow visitors, per these mandates. However, they continue to focus on connecting patients and families via phone, FaceTime and other technology, and letters. It is our priority to keep families connected and engaged, even if they cannot visit in-person.

In addition to keeping staff and residents safe throughout this crisis, our nursing homes have also played an important role in helping our hard-hit hospitals. Each post-acute facility has expanded their bed capacity to help COVID-19 patient surge. We opened two wings at NYC Health + Hospitals/Carter to take patients requiring vent care. They have a great program to help patients wean off ventilators. We also opened additional beds at NYC Health + Hospitals/Coler and plan to open more beds at NYC Health + Hospitals/Gouverneur. Post-Acute Central Admission extended their hours to 7 days a week to admit patients from our hospitals 24/7 days a week.

### **Staff, Supplies and Equipment**

Under the leadership of Dr. Natalia Cineas, Dr. Ted Long, Maureen McClusky, Danielle Dibari and Yvette Villanueva, we have partnered with over 30 additional staffing agencies to bring on board needed temporary/supplemental staffing, including 4,000 nurses, 500 providers (doctors, physician assistants, nurse practitioners), 250 environmental health workers (housekeeping) and 200+ other ancillary personnel such as respiratory therapists and pharmacists.

We have found it critically important to maintain ongoing communications with our workforce on PPE. Our facility CEOs and their executive teams have taken the lead to do so, working in concert with our Central Office leadership team. To counter any confusion borne of conflicting press and social media reports, NYC Health + Hospitals has published guidelines for PPE use that have been widely distributed and posted at the facilities for easy reference.

This communication helps advance the diligent work our supply chain team has done to keep our health care heroes safe and properly equipped, under the leadership of Dr. Danielle Dibari and in constant partnership with our facility leaders.

Though we placed orders in January to properly safeguard against any potential crisis, most manufacturers and distributors were unprepared for a huge increase in demand and thus placed our health system and all consumers on delayed deliveries. To navigate this shortage, we had to creatively source products from non-traditional or non-contracted vendors by talking with colleagues, placing cold calls, and following leads on potential sources, all while prioritizing product quality and safety. We placed 300 emergency purchase orders to these vendors and will continue to protect our supply and our staff vigilantly

Anticipating that the traditional Supply Chain processes will not right themselves anytime soon and that demand levels will remain high, we have secured an external warehouse that has proved very beneficial to receive and catalog our needed supplies. Our team remains focused not just on PPE but also on associated supplies that have been in greater demand for ventilators, dialysis machines, catheters, laboratory supplies and other procedures. As we move into the next potential phase of a pandemic, we will continue to work closely with our clinical leadership and business partners to assess adequacy. Crucially, we will also continue to work closely with our facility-based Materials/Inventory Management Teams, a vital link that experienced severe pressure based on increase demand and staff losses due to the pandemic, for a further enhanced partnership.

### **Ambulatory Care/Testing**

Our Gotham Health community health centers and hospital ambulatory care departments have continued to see patients throughout COVID. We have completed more than 60,000 televisits since the beginning of COVID, and have walk-in assessment and testing at many of our sites. We have also continued to accept new patients, through having initial visits through televisits with the ability to address any urgent issues that new patients might have.

NYC Health + Hospitals is also serving on the front lines of the City's pandemic suppression and reopening efforts, setting up testing centers in a variety of high need communities. As of April 29, we have added 11 new testing sites associated with our Gotham clinics and acute care facilities across all 5 boroughs, including 3 new locations opened today in NYCHA facilities. We are working collaboratively with the Mayor's office to acquire testing supplies, and we have had adequate personnel to complete more than 100 tests per day in our sites.

This week we also rolled out staff testing using new COVID-19 antibody tests to assess for prior exposure to COVID-19. We are focusing first on staff that have worked in high risk areas.

### **Long-term Planning**

In recent weeks, system leaders have been able to dedicate more attention to medium and long-range planning for the system. The overriding priorities are to learn from our successes and challenges in this crisis, to play a meaningful role in the broader public health and social service responses to this crisis, and to prepare for future surges of patients. Key strategic efforts include:

- providing the highest quality care for long-term COVID-19 patients,
- safely open spaces in our facilities for non-COVID-19 patients and preparing to treat more patients with telehealth,
- offering the new rehabilitation and other ambulatory care services that individuals recovering from COVID-19 will require
- expanding our testing capacity and our ability to help monitor and care for individuals who test positive and need to isolate
- helping address the anticipated health and social needs of patients harmed by the major economic challenges expected in the months ahead

Clinical and physical infrastructure master planning efforts are also under way. Led by Christine Flaherty, SVP of Facilities and Real Estate, Milton Nunez CEO of Lincoln Hospital, and Maureen McClusky SVP of Post-Acute Care, facilities are reviewing the changes to physical infrastructure during the crisis and other lessons learned from the major ramp up in ICU capacity and other changes in hospital operations.

Led by Dr. Machel Allen, leadership across clinical disciplines – intensive care, pulmonary care, ambulatory care, and behavioral health among others – are reviewing clinical evidence to plan for future staffing, clinical services and protocols.

John Ulberg, SVP and CFO, Deborah Brown SVP of External and Regulatory Affairs, and Matt Siegler SVP of Managed Care and Patient Growth are evaluating the strategic and financial implications of recent policy changes and broader economic trends.

While the epidemiological modeling is highly uncertain, we are preparing for additional surges of patients in the future. We expect those surges will be driven by potential seasonality of the virus, the fall/winter flu season, and changes in social distancing guidelines. The scale of the system's surge of ICU and medical surgical beds was enormous. Preparing to replicate that expansion more efficiently and effectively in the future will be a guiding principle of our planning.

### **Field Hospitals and Hospitals Capacity**

All NYC Health + Hospitals facilities began preparing for a surge in patients in respiratory distress in January and February. This included using non-traditional hospital space as medical surgical, ICU and observation beds. Following the Governor's directive in late March, facilities provided specific plans to increase total bed capacity by at least 50%, our system creatively added beds both within our facilities and in new surge spaces. Within our acute-care facilities alone, we had over 1500 ICU level beds for use, from a starting point of 320 certified ICU



beds. In addition to increasing capacity, we transferred resources and patients across our system as patient volume increased at key facilities and subsequently at key receiving facilities as internal transfer volume increased. Among the most notable ICU-level capacity increases were Lincoln Hospital increasing from 80 to 250; Kings County from 40 to 165; and Bellevue from 70 to 270.

To protect our staff and assure quality patient care, Eric Wei's group did almost 600 patient transfers from one of our hospitals to another. Bellevue also took in 349 internal transfer patients, the most of any facility in our system. Impressively, the second largest transfer destination was North Central Bronx, which accepted 158 transfer patients and is in the process of adding 150 new ICU beds alone. Some hospitals both received transfers and then later needed help. For example, COVID-19 came later to Brooklyn so Coney Island and Woodhull received transfers and then later needed help from their sister hospitals.

The most impactful new hospital capacity that came on-line was Roosevelt Island Medical Center (RIMC) in unused space on the campus of Coler. RIMC was stood up in three weeks with a capacity of 350 beds and its current census is 180. RIMC will continue to serve as an important resource throughout the next phases of this epidemic. Other facilities like the Javits Center and the UNS Comfort took in fewer of our patients and the federal and state governments are likely winding operations down in the coming weeks and months. NYC Health + Hospitals and contractor SLS stood up 470 beds at Billy Jean King tennis center in a two-week period. Thankfully, that capacity was largely not necessary, as the census has stayed below 50 patients. SLS has been an excellent partner in re-deploying clinical staff to our public hospitals. We are evaluating the utility of these sites in this post-surge period. We also secured 1,000 hotel rooms for patients post discharge from the hospital or otherwise needing isolation. The hotel census has been low thus far but we are taking steps to increase it and expect to sustain, in partnership with the city, meaningful hotel capacity with medical and behavioral health staffing in the future.

### **Lab preparedness**

Over the course of the H+H response to covid19, the laboratories - under the leadership of Kenra Ford, SAVP for laboratories - we were able to test our patients and staff for COVID- 19 with turnaround times often ahead of those generally available. Early on, our labs brought COVID-9 PCR testing in-house. In addition, as soon as the FDA granted "emergency use approval" (EUA) of the rapid COVID-19 test, H+H was able to offer this to patients in our emergency rooms, on labor and delivery and wherever an immediate test result was needed.

And with the same swiftness, due to our early internal validation of the test system, H+H was able to offer the Abbott antibody test immediately after the FDA granted EUA approval of that test. Today, all 11 of our facilities are offering COVID-19 antibody testing to our health care workers.

In addition, our laboratories have registered H+H with the Mayo Clinic expanded access IRB approved "convalescent plasma as treatment" protocol.

The ability of H+H to offer not only timely staff and patient testing, as well as participation in a national clinical trial, requires not only capacity and competence, but foresight, diligence and preparedness.

### **Emergency Contracting**

In order to accomplish this huge volume of work in a very limited amount of time, H+H has had to contract with critical external partners and vendors on an emergency basis. On March 1, 2020, NYC Health + Hospitals' President issued a Declaration of Emergency, pursuant to which, the System is authorized to award contracts necessary to respond to the threatened spread of the virus without complying with the standard System's Operating Procedure 100-5 or New York State General Municipal Law. Measures, reasonable under the circumstances, must be taken to ensure fair and competitive pricing and the selection of well-qualified contractors free of any improper influence.

Under this authority and to meet emergency needs, the System has entered into a total of 68 new contracts to support the COVID-19 response effort. There have been a wide range of agreements made, ranging from agency staffing, hotels, medical equipment, pharmaceutical, telemedicine, and transportation. In addition, emergency purchase orders have been issued against existing contracts to obtain additional medical equipment and supplies needed in our hospitals as well as with new vendors, given the need to source scarce supplies more broadly. Further, the Office of Facilities Development has managed emergency construction in every one of our hospitals to increase bed capacity through task orders issued against existing contracts and through the award of several key new contracts.

Through April 27<sup>th</sup>, 2020, H+H has expended a total of \$206.3M related to COVID-19. These expenditures included \$125.8M for agency staffing, \$11.1M for hotels, \$36.8M for medical equipment, pharmaceuticals, supplies, and telemedicine, and \$0.1M for transportation. Please note that there are additional purchasing commitments in these categories but payment have not yet been made.

### **Financials**

**To manage the spread of COVID-19, NYC Health + Hospitals took actions to prepare facilities for the anticipated increase in patients and reduce the need for non-COVID patients to come in-person to facilities.** Per the Governor's and Mayor's mandate, we cancelled elective surgical procedures, contributing to an initial reduction in inpatient admissions of 12% compared to the baseline period prior to COVID. The reassignment of ambulatory care providers and staff to inpatient settings resulted in a decline in outpatient clinic volume of 48%, with approximately 1/3 of the remaining volume converted to telehealth.

As the COVID-19 crisis ramped up, inpatient admissions increased to more than 12% above the baseline, with COVID admissions making up 70% of all admissions. However, Emergency Department volume declined dramatically, despite the increase in admitted patients, driven by steep declines in

treat and release visits. Estimated revenue follows these workload trends, with an initial dip of 13% in the beginning of the COVID period, followed by expected increases due to the higher volume and complexity of the COVID admissions. However, as COVID volumes begin to drop, we are anticipating that revenue could decline again until non-COVID workload rebounds and our system regulates. We are planning for that rebound across our system.

**Concurrently, NYC Health + Hospitals has been proactively tracking the COVID-related expenditures and submitted a reimbursement claim to FEMA for \$650M on March 27<sup>th</sup>.** To-date, FEMA has conceptually approved \$532M, and the system has spent over \$200M on the following:

- Contracted clinical and support staff (\$200-300M estimated, \$126M spent to-date)
- Infrastructure and equipment (\$200-300M estimated, \$34M spent to-date)
- Personal Protective Equipment (PPE) (\$150-250M estimated, \$38M spent to-date)
- Lab testing (\$100-150M estimated, \$9M spent to-date)

**To help combat the pandemic, Congress has passed multiple "stimulus" bills.** The most direct financial support for healthcare providers was included in the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act and in the bill referred to as Stimulus 3.5. In total, these bills created a \$175B Provider Relief Fund. To date, \$70.4B has been allocated. An additional to-be-determined portion is set aside for treatment of the uninsured; the remainder is still to be allocated. NYC Health + Hospitals received \$117.7 million from the Provider Relief Fund to-date. Another relief bill, Stimulus 4, is expected in May. We believe that existing, unallocated funds and new funds should prioritize high-Medicaid and safety-net hospitals.

**In this period, the SFY20-21 State budget was passed** In this period, the SFY20-21 State budget was passed which included many of the recommendations proposed by the Medicaid Redesign Team (MRT) II panel. Based on pre-budget actions by the Executive and the enacted State budget, H+H estimates cuts of over \$100M annually, most notably due to a 1.5% across-the-board rate reduction and reduction/elimination of quality pools and capital reimbursement. The final budget also included positive actions, including the acceptance of the MRT II proposal allowing for the UPL Conversion and Coordinated Care for Special Populations, as well as the increasing Indigent Care Pool equity (elimination of the transition collar). Given the uncertainties of the pandemic, the Governor was afforded additional superpowers to adjust the State budget during the year based on overall revenues. NYS released a report last week stating that they are projecting a \$13.3B deficit for the current year.

**Overall, NYC Health + Hospitals has approximately \$400 Million (18 days) cash on hand at the end of April.** To stabilize and ensure ongoing financial health, the system is seeking the following funding streams:

- Bolstering regular patient revenue: \$1B
- Expediting State and Federal approval for owed Supplemental Medicaid payments: \$800M
- FEMA reimbursement advance for expenses to-date: \$200M
- CARES Act/Stimulus Funds: \$ To Be Determined

Through these efforts, NYC Health + Hospitals is focused on identifying revenue to offset the increased costs the system incurred related to COVID, as well as longer-term revenue streams to support us during the uncertain times ahead.

## HEALTH SYSTEM NEWS

- [NYC Health + Hospitals Marks Progress for ICU Bed Expansion in the Bronx](#)
- [City Opens 6 Additional COVID-19 Testing Sites at or Near NYCHA Developments](#)
- [NYC Health + Hospitals Opens 5 New COVID-19 Testing Sites](#)
- [NYC Health + Hospitals Launches Streamlined Credentialing, Signs Up 2K Volunteer Providers to Help in COVID-19 Response](#)
- [Bloomberg Philanthropies and World Central Kitchen Provide 1M Meals to Public Health System](#)
- [NYC Health + Hospitals Launches COVID-19 Text Message-Based Symptom Monitoring Program](#)
- [In Response to COVID-19, NYC Health + Hospitals Opens New 350-Bed Temporary Hospital On Roosevelt Island](#)
- [NYC Health + Hospitals Receives More Than \\$8.2 Million In Donations To Support Health Care Workers On The Front Lines Of The COVID-19 Pandemic](#)
- [NYC Health + Hospitals to Triple ICU Capacity, Expand Personnel](#)
- [NYC Health + Hospitals Will Offer Free COVID-19 Tests to Its Health Care Workforce](#)
- [Mayor Creates Hospital at Billie Jean King Tennis Center to Relieve Need at Elmhurst](#)
- [Mayor Provides Supplies, Resources to Elmhurst to Continue Combatting COVID-19](#)
- [NYC Health + Hospitals Announces Fundraising Campaign to Provide Personal Comfort Items for Health Care Workers](#)
- [NYC Health + Hospitals Completes Transition to Electronic Medical Records System](#)
- [Statement About NYC Health + Hospitals/Elmhurst](#)
- [Mayor De Blasio And NYC Health + Hospitals Expand Appointment-Only Covid-19 Testing](#)
- [Public Health System Partner with BioReference to Expand COVID-19 Testing Capacity](#)
- [32BJ Health Fund Partners with Health System to Provide Affordable Maternity Care to Members](#)
- [NYC Health + Hospitals Eliminates All Sugary Drinks from Its Facilities System-Wide](#)
- [Julie Myers, MD, MPH Appointed Associate Medical Director of MetroPlus Health Plan](#)
- [NYC Health + Hospitals/Metropolitan Recognizes Rare Disease Day 2020 with Publication of \*You Are Extraordinary\*](#)

## RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “System”) to negotiate and execute such contracts as are necessary to implement and oversee New York City’s **COVID-19 Test and Trace Corps Program** (the “Program”) *provided* that there is an agreement with the City of New York to fund or reimburse Program expenses, including personnel expenses, that are in excess of Program revenues. *Provided further*, that any such contracts shall be subject to Operating Procedure 100-5 and any emergency declarations that may be in effect.

**WHEREAS**, the System’s President issued a Declaration of Emergency on March 1, 2020 (renewed April 1 and May 1) brought on by the spread of COVID-19; the Mayor of the City of New York issued a Declaration of Emergency dated March 12, 2020 on the same basis; the Governor of New York issued a Declaration of Emergency dated March 7, 2020 on the same basis, and the President of the United States issued a Declaration of Emergency on March 13, 2020 due to the COVID-19 crisis; and

**WHEREAS**, as part of the System's and New York City’s emergency response to the epidemic there is a need urgently to launch New York City’s COVID-19 Test and Trace Corps Program, test large numbers of City residents, contact those who tested positive for COVID-19, trace other individuals who were in contact with a person who tested positive for COVID-19, counsel such individuals to isolate or quarantine themselves, provide assistance in so isolating or quarantining, and follow up on all who tested positive; and

**WHEREAS**, the System has been asked by the Mayor of New York City to take the lead organizing and implementing the Program, working in close collaboration with and relying on the expert input of the New York City Department of Health and Mental Hygiene; and

**WHEREAS**, in view of the great urgency of implementing the Program in enhancing the safety of New Yorkers and avoiding a “second wave” of hospitalizations and deaths that would risk extreme harm to New Yorkers, the System has begun to put in place contracts and agreements with vendors and New York City agencies to launch the Program and has begun to hire employees to execute the Program; and

**WHEREAS** in the future, in order to implement the Program, the System will have to execute additional contracts to do additional hiring, and incur substantial expenses under existing and new contracts;

**NOW, THEREFORE**, be it **RESOLVED** that New York City Health and Hospitals Corporation (the “System”) is authorized to negotiate and execute such contracts as are necessary to implement and oversee New York City’s COVID-19 Test and Trace Corps Program (the “Program”) *provided* that there is an agreement with the City of New York to fund or reimburse Program expenses, including personnel expenses, that are in excess of Program revenues. *Provided further*, that any such contracts shall be subject to Operating Procedure 100-5 and any emergency declarations that may be in effect.

### RESOLUTION - 03

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year license agreement with **Williamsburg Housing Preservation L.P.** (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric clinic (the "Clinic") managed by NYC Health + Hospitals/Gotham Health at an occupancy fee of \$5,800.86 per year, or \$3.33 per square foot plus \$3,135.60 per year for electricity and \$888.42 per year for water for a total annual occupancy cost of \$9,824.88 to be escalated by 3% per year for a total occupancy cost of \$30,367.73 over the three-year term with each party having the right to terminate on ninety days' notice without cause.

**WHEREAS**, the Licensed Premises is within a housing project the ("Project") owned and previously managed by the New York City Housing Authority ("NYCHA"); and

**WHEREAS**, for many years the System has occupied the Licensed Premises under an old lease that had expired many years ago but which continued on a month to month basis and has paid nothing to NYCHA for its occupancy; and

**WHEREAS**, NYCHA has leased the Project to the Licensor for a term of ninety-nine years during which time the Licensor will operate and manage the Project; and

**WHEREAS**, currently, NYCHA has not leased other parts of its portfolio in which the System operates a clinic to the Licensor or any other private operator and so it remains under NYCHA's management; and

**WHEREAS**, the Licensor wishes to regularize the System's occupancy of the Licensed Premises by documenting the System's occupancy and charging a below-market occupancy fee; and

**WHEREAS**, the proposed rates for the System's occupancy at \$3.33/ft., \$1.80/ft. and \$0.51/ft. per year for occupancy, electricity and water, respectively are each well below market rates; and

**WHEREAS**, responsibility for the operation of the Clinic will be with Gotham Health and the Vice President for Ambulatory Care.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a three-year license agreement with Williamsburg Housing Preservation L.P. (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric clinic (the "Clinic") managed by NYC Health + Hospitals/Gotham Health at an occupancy fee of \$5,800.86 per year, or \$3.33 per square foot plus \$3,135.60 per year for electricity and \$888.42 per year for water for a total annual occupancy cost of \$9,824.88 to be escalated by 3% per year for a total occupancy cost of \$30,367.73 over the three-year term with each party having the right to terminate on ninety days' notice without cause.

## EXECUTIVE SUMMARY

### GOTHAM HEALTH FQHC PEDIATRIC CLINIC 333 ROEBLING STREET BOROUGH OF BROOKLYN

- OVERVIEW:** The System seeks authorization from its Board of Directors to execute a three-year license agreement with Williamsburg Housing Preservation L.P. (the "Licensor") for use and occupancy of approximately 1,742 rentable square feet of space located on the first floor at 333 Roebling Street, Brooklyn (the "Licensed Premises"), to operate a pediatric clinic (the "Clinic") under the NYC Health + Hospitals/Gotham Health structure. The Clinic is within the New York City Housing Authority ("NYCHA") owned Jonathan Williams Houses Project (the "Project"). Until recently, NYCHA both owned and operated the Project. NYCHA has leased the Project to the Licensor. For many years the System has occupied the Licensed Premises under an old lease that had expired many years ago but which continued on a month to month basis and has paid nothing to NYCHA for its occupancy. The Licensor wishes to regularize the System's occupancy of the Licensed Premises by documenting the System's occupancy and charging a below-market occupancy fee.
- NEED/PROGRAM:** The Clinic has been providing services to the Project and surrounding community at this site since 1992. The program provides pediatric care. The Clinic sees approximately 850 patients each year with approximately 1,150 annual visits.
- TERMS:** The System will occupy approximately 1,742 rentable square feet of space. It will pay an occupancy fee of \$5,800.86 per year, or \$3.33 per square foot plus \$3,135.60 per year for electricity and \$888.42 per year for water for a total annual occupancy cost of \$9,824.88 to be escalated by 3% per year for a total occupancy cost of approximately \$30,367.73 over the three-year term. The proposed rates for the System's occupancy at \$3.33/ft., \$1.80/ft. and \$0.51/ft. per year for occupancy, electricity and water, respectively are each well below market rates.
- The proposed license agreement is terminable by either party without cause on ninety days' notice.
- It is not expected that any substantial work by the System will be needed to permit the System's continued occupancy of the Licensed Premises since the Licensor has committed to making previously neglected repairs as part of an overall rehabilitation of the Project.

## **RESOLUTION – 04**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Barbaro Electrical Company** (the “Contractor”) for an amount not to exceed \$7,333,328 for construction services necessary for the relocation of the ACB switchgear at NYC Health + Hospitals /Bellevue Hospital (“Bellevue”) with a project contingency of \$841,580 for unexpected changes in scope yielding a total authorized expenditure of \$8,174,908.

**WHEREAS**, during Super storm Sandy Bellevue suffered extensive flood damage to the electrical and mechanical systems in its basements; and

**WHEREAS**, the Federal Emergency Management Agency (“FEMA”) granted the City of New York and NYC Health + Hospitals \$1.723 billion to repair the damages caused by Sandy across the NYC Health + Hospitals system and to mitigate against future flooding; and

**WHEREAS**, the FEMA grant is provisionally divided into four parts: Bellevue, NYC Health + Hospitals/Coney Island Hospital, NYC Health + Hospitals/Metropolitan Hospital and NYC Health + Hospitals/Coler Hospital; and

**WHEREAS**, the amount provisionally allocated to Bellevue totals \$498.69 Million; and

**WHEREAS**, an important part of the Bellevue work is the relocation of the ACB switchgear to a higher more protected location (the “Project”); and

**WHEREAS**, NYC Health + Hospitals issued a public invitation to bid, reviewed the bids and determined that the Contractor was the lowest responsible bidder for the Project; and

**WHEREAS**, this Capital Project totals \$9,015,462 of which \$7,333,328 is allocated for the proposal contract; and

**WHEREAS**, the balance of the \$9,015,462 budgeted will be spent on other contracts associated with this project including construction management services, and a project contingency of \$841,580; and

**WHEREAS**, the Project will be completed in the spring of 2021.

**NOW THEREFORE be it**


**RESOLVED**, the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Barbaro Electrical Company (the “Contractor”) for an amount not to exceed \$7,333,328 for construction services necessary for the relocation of the ACB switchgear at NYC Health + Hospitals /Bellevue Hospital (“Bellevue”) with a project contingency of \$841,580 for unexpected changes in scope yielding a total authorized expenditure of \$8,174,908.



**EXECUTIVE SUMMARY**  
**ACB SWITCHGEAR RELOCATION**  
**HEALTH + HOSPITALS / BELLEVUE HOSPITAL**

<b>OVERVIEW:</b>	NYC Health + Hospitals seeks authorization to enter into a contract with Barbaro Electrical Company to relocate the ABC switchgear at NYC Health + Hospitals/Bellevue from the cellar to the fifth-floor.
<b>NEED:</b>	<p>Bellevue is located adjacent the East River and is partially located in both the FEMA 100-year flood plain and 500-year flood plain per FEMA Preliminary Flood Insurance Study data.</p> <p>Super Storm Sandy, caused Bellevue extensive flood damage from both storm surge from the East River and storm water runoff from First Avenue along 26<sup>th</sup> and 28<sup>th</sup> Streets. The most extensive damage occurred in Bellevue's 200,000 square foot basement, which was flooded at depths varying from 3 feet to 8 feet damaging critical building infrastructure and rendering dependent systems inoperable. The flooding caused failure of the normal and emergency power systems. Bellevue sustained extensive damage to its electrical and mechanical/HVAC systems.</p>
<b>SCOPE:</b>	Electric power for the ACB and Administration building is currently distributed from an electrical switchgear room in the cellar of the building. The critical components of Bellevue's electrical systems infrastructure will be moved from the basement of the ACB and relocated to elevated areas, including the conductors, switchboards, transfer switches, and alternate feeder. Some equipment, such as junction boxes, will remain in the cellar to feed power from the Con Edison transformer vault to the new, elevated switchgear room and shall be protected via watertight / submersible enclosures / fittings. The switchgear is being relocated, with the exception of junction boxes which will remain in their existing location in the basement, to a new location on Level 5 in the Penthouse of the ACB with the risers being approximately 5,000 square feet.
<b>PROCUREMENT:</b>	NYC Health + Hospitals issued a public invitation to bid, received bids, reviewed the bids and determined that the Contractor was the lowest responsible bidder for the Project.
<b>COSTS:</b>	Full project budget is \$9,015,462. Base bid of \$7,333,328. \$841,580 in project contingency. The balance of the full project budget will be spent on other contracts associated with the project.
<b>FINANCING:</b>	FEMA Section 428 PAAP grant and General Obligation bonds.
<b>SCHEDULE:</b>	The combined project is scheduled for completion by April 2021.
<b>MWBE:</b>	31.6% subcontractor utilization plan presented.

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Barbaro

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

31.6% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Barbaro Electrical Company**

## **NYC H+H Bellevue**

### **Relocation of Switchgear**

**Board of Directors Meeting**  
**May 28, 2020**

Christine Flaherty, Senior Vice President, Office of Facilities Development



## FEMA Program

- H+H was awarded a FEMA 428 Grant totaling \$1.723B
- Bellevue was awarded a total of \$498.69M from the \$1.723B
- FEMA 428 Grant via approved CP New York City H+H Capital for \$19,545,926\*
  - Air Handling Unit project budget of \$10,530,464
  - Relocation of Switchgears project budget of \$9,015,462

\*Excludes design fees that were expense funded and reimbursed by FEMA



# Relocation of Switchgear

- The critical components of Bellevue's electrical systems infrastructure will be relocated from the basement of the ACB building(s) to elevated areas. This includes conductors, switchboards, transfer switches, and alternate feeder(2).
- Some equipment, such as junction boxes, will remain in the cellar to feed power from the Con Edison transformer vault to the new, elevated switchgear room and shall be protected via water-tight / submersible enclosures / fittings.
- Work consists of relocating switchgear (with the exception of junction boxes which will remain in their existing location in the basement) to a new location on Level 5 in the Penthouse of the ACB and the risers are approximately 5,000 square feet. The equipment to be replaced and relocated shall include, but not be limited to, the following list of existing equipment: conductors, utility operating power, emergency power, and priority emergency power.



# Construction Contract

- Sourced via public bid
- Barbaro Construction was the lowest responsible bidder
- MWBE 31.6% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
ACS System Associates	MBE	Services	7.5%
DMB Construction	WBE	Services	.245%
Mid City Electrical	MBE	Supplies	13.63%
ASH Contracting Corp.	MBE	Supplies	10.25%

- Contract amount is \$7,333,328.00
- MWBE amount is \$2,317,331.65
- Projected completion in April 2021



## Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Barbaro Electrical Company (the “Contractor”) for an amount not to exceed \$7,333,328 for construction services necessary for the relocation of the ACB switchgear at NYC Health + Hospitals /Bellevue Hospital (“Bellevue”) with a project contingency of \$841,580 for unexpected changes in scope yielding a total authorized expenditure of \$8,174,908.
- Full project budget is \$9,015,462. Base bid of \$7,333,328. \$841,580 in project contingency. The balance of the full project budget will be spent on other contracts associated with the project.



## RESOLUTION - 05

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with **Milcon Construction** (the "Contractor") for an amount not to exceed \$13,265,967 for construction services necessary for the reconstruction of the exterior façade and roof of the "T Building" at NYC Health + Hospitals / Kings County Hospital Center (the "Facility") with a project contingency of \$1,326,566 for unexpected changes in scope yielding a total authorized expenditure of \$14,591,967.

**WHEREAS**, the T Building was constructed in 1933 and its facades are currently classified as "unsafe" requiring the installation of an extensive side walk shed until the façade, window and roof rehabilitation work is completed; and

**WHEREAS**, the existing clay roof tiles are broken and dislodged creating unsafe conditions; and

**WHEREAS**, the existing flat roofs are deteriorated leading to significant water infiltration; and

**WHEREAS**, there is spalling and cracking of face brick throughout the T Building and roof parapets creating unsafe conditions; and

**WHEREAS**, the T Building windows have loose frames and sash components and broken glass creating unsafe conditions and leading to air and water infiltration;

**WHEREAS**, to comply with the requirements of the City's Façade Safety & Inspection Program and to maintain safety for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible; and

**WHEREAS**, completion of the exterior façade reconstruction will remove the listed unsafe conditions; and

**WHEREAS**, this Capital Project for roof and façade work totals \$16,209,589 of which \$13,265,967 is allocated for the proposed contract; and

**WHEREAS**, the balance of the \$16,209,589 budgeted will be spent on other contracts associated with this project including engineering services, and a contingency of \$1,326,566 for construction; and

**WHEREAS**, this project will be completed during 2022.

**NOW THEREFORE, be it**


**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Milcon Construction for an amount not to exceed \$13,265,967 for construction services necessary for the reconstruction of the exterior façade and roof of the "T Building" at NYC Health + Hospitals / Kings County Hospital Center with a contingency of \$1.326M for unexpected changes in scope yielding a total authorized expenditure of \$14,591,967.



**EXECUTIVE SUMMARY**  
**"T BUILDING" EXTERIOR RESTORATION AND ROOF REPLACEMENT**  
**NYC HEALTH + HOSPITALS / KINGS COUNTY HOSPITAL**

<b>OVERVIEW:</b>	NYC Health + Hospitals seeks to reconstruct the exterior façade of the T Building at NYC Health + Hospitals / Kings County. The exterior façade rehabilitation and roof replacement project was designed, estimated and bid in accordance with the NYC Health + Hospitals' Operating Procedure 100-5. The contract is for an amount not-to-exceed \$13,265,967.
<b>NEED:</b>	<p>The T Building was constructed in 1933. The facades of the T Building are currently classified as "unsafe" and an extensive sidewalk shed had been required to be installed and maintained until the façade, window, and roof rehabilitation work is completed. The facades of the T Building are comprised of solid three-wythe brick masonry walls with building-original wood framed single glazed hung windows in punched openings. The T Building has a history of various repair campaigns related to problems with brickwork. Completion of the façade rehabilitation and window replacement will remove the listed unsafe conditions and will meet the requirements of the City's Façade Safety &amp; Inspection Program.</p> <p>Additionally the roof of the T Building has severely deteriorated and must be replaced. Because the T Building must undergo the above described façade repairs for safety's sake, this is an opportune time to also replace the roof.</p>
<b>PROCUREMENT:</b>	Publicly bid.
<b>SCOPE:</b>	Work shall consist of: replacement of sloped Spanish tile roof and; flat roofs; reconstruction of brick pier, engaged columns, brick corners, and parapets; brick replacement; masonry pointing; spandrel restoration; steel lintel replacement and restoration; stone sill replacement; stone repairs; concrete repairs; window replacement; mosque window and door replacement; terrace door replacement; window security screen replacement and restoration; roof railings replacement; replacement of perimeter flashings; brick masonry cleaning; finial replacement; gutter replacement; steel coating; repair of steel fences and gates; ACM abatement and air-monitoring; lead remediation; and site safety supervision.
<b>COSTS:</b>	Full project budget is \$16,209,589. Base bid of \$13,265,967. \$1,326,566 in project contingency. The balance of the full project budget will be spent on other contracts associated with the project.
<b>FINANCING:</b>	General Obligation Bonds.
<b>SCHEDULE:</b>	The project is scheduled for completion in 2022.
<b>MWBE:</b>	33.5% subcontractor utilization plan.

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Milcon

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

33.5% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Milcon Construction**

## **NYC H+H Kings County**

### **“T” Building Exterior Façade Restoration & Re-roofing**

**Board of Directors Meeting**  
**May 28, 2020**

Christine Flaherty, Senior Vice President, Office of Facilities Development



# Project Background

- The “T” Building was constructed in 1933. The facades of this building are currently classified as “unsafe” and an extensive side walk shed has been installed until the façade, window and roof rehabilitation work is completed.
- Existing clay roof tiles are broken and dislodged creating unsafe conditions.
- Existing flat roofs are deteriorated leading to significant water infiltration
- There is spalling and cracking of face brick throughout the building and roof parapets creating unsafe conditions.
- There is deteriorated building-original windows with loose frame and sash components and broken glass creating unsafe conditions and leading to air and water infiltrations.



## Project Background, cont.

- In order to comply with the requirements of Façade Safety & Inspection Program (FISP), and to maintain a safe environment for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible
- Completion of the exterior façade reconstruction will remove the listed unsafe conditions
- In conjunction with the code correction project, the facility's 29,000 sq. ft. roof has severely deteriorated to a state that it must be replaced



# Construction Contract

- Sourced via public bid
- Milcon Construction was the lowest responsible bidder
- MWBE 33.5% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
RIZZO ENVIRONMENTAL	WBE	Services	10.00%
PARK AVE SUPPLIES	MBE	Services	7.00%
SANDHU ENTERPRISE	MBE	Services	4.50%
ADMIRE CONSTRUCTION	MBE	Services	2.50%
CRYSTAL WINDS & DOOR SYS	MBE	Services	1.50%
GREEN DEPOT	WBE	Services	1.50%
GATEWAY DEMO	MBE	Services	1.00%
ANIL K. AGRAWAL	MBE	Services	0.50%
ACTIVE PLUMBING & HEATING	MBE	Services	0.50%
B & S IRON WORKS	MBE	Supplies	3.50%
PRESTIGE STONE & PAVERS	MBE	Supplies	1.00%

- Contract amount is \$13,265,967.00
- MWBE amount is \$4,444,098
- Projected completion in 2022



## Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Milcon Construction (the “Contractor”) for an amount not to exceed \$13,265,967 for construction services necessary for the reconstruction of the exterior façade and roof of the “T Building” at NYC Health + Hospitals / Kings County Hospital Center (the “Facility”) with a project contingency of \$1,326,566 for unexpected changes in scope yielding a total authorized expenditure of \$14,591,967.
- Total project budget is \$16,209,589, including \$13,265,967 for the subject contract, \$1,326,566 in project contingency, with the balance to be spent on other contracts associated with the project.



## **RESOLUTION - 06**

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year contract with **Mac Fhionnghaile & Sons Electrical Contracting, Inc.** (the "Contractor") not to exceed \$6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

**WHEREAS**, the facilities of NYC Health + Hospitals may require electrical work; and

**WHEREAS**, NYC Health + Hospitals determined that the need for such services can be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

**WHEREAS**, a competitive solicitation was issued, bids were publicly opened on February 25, 2020 when NYC Health + Hospitals determined that the Contractor was one of the two lowest responsible bidders; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the administration of the proposed contract shall be under the purview of the Senior Vice President, Facilities Development.

**NOW, THEREFORE**, be it

**RESOLVED** that the New York City Health and Hospitals Corporation be and hereby is authorized to sign a two year contract with Mac Fhionnghaile & Sons Electrical Contracting, Inc. for not more than \$6,000,000 to provide electrical work on an as-needed basis throughout New York City Health and Hospitals Corporation.




**EXECUTIVE SUMMARY  
REQUIREMENTS CONTRACT**

**MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING, INC.**

**ELECTRICAL SERVICES**

<b>OVERVIEW:</b>	NYC Health + Hospitals seeks authorization to sign a two-year contract for electrical work on an as needed basis at a cost not to exceed \$6,000,000.	
<b>NEED:</b>	NYC Health + Hospitals' facilities may need electrical work. Due to fluctuating demands, NYC Health + Hospitals has determined that such needs can often best be met by utilizing outside firms on an as-needed basis through requirements contracts.	
<b>PROCUREMENT:</b>	A request for bids was issued, bids received, bids were opened publically and the Contractor and Jemco Electric were the two lowest responsive and responsible bidders	
<b>SIMILAR EXPERIENCE:</b>	Dormitory Authority Electrical Work Amount: \$497,517	Dormitory Authority Electrical Work Amount: \$1,086,878
<b>H+H EXPERIENCE:</b>	NYC H+H Electrical Work Amount: \$6,000,000	
<b>EVALUATION SCORE:</b>	99% rating - MacFhionnghaile & Sons Electrical Contracting is the current JOC contractor and the rating is for work provided throughout NYC Health + Hospitals (rated by 5 facilities on 9 projects)	
<b>MWBE UTILIZATION:</b>	30% subcontractor utilization plan presented	
<b>VENDEX APPROVAL:</b>	Approved.	
<b>EEO APPROVAL:</b>	Approved.	

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Mac & Sons

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

## **RESOLUTION - 07**

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year contract with **Jemco Electrical Contractors** (the "Contractor") for not more than \$6,000,000 to provide electrical work on an as-needed basis at various facilities throughout NYC Health + Hospitals.

**WHEREAS**, the facilities of NYC Health + Hospitals may require electrical work; and

**WHEREAS**, NYC Health + Hospitals determined that the need for such services can be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

**WHEREAS**, a competitive solicitation was made and responsive bids were publicly opened on February 25, 2020 when NYC Health + Hospitals determined that the Contractor and Mac Fhionnghaile & Sons Electrical Contracting, Inc. were the lowest responsible bidders; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the administration of the proposed agreement shall be under the purview of the Senior Vice President, Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED** that the New York City Health and Hospitals Corporation be and hereby is authorized to sign a two year contract with Jemco Electrical Contractors for not more than \$6,000,000 to provide electrical work on an as-needed basis throughout New York City Health and Hospitals Corporation.


## EXECUTIVE SUMMARY

### JEMCO ELECTRICAL CONTRACTORS

#### ELECTRICAL CONSTRUCTION SERVICES

OVERVIEW:	NYC Health + Hospitals seeks authorization to sign a two-year contract for electrical work on an as needed basis at a cost not to exceed \$6,000,000. The Contractor is an incumbent which has performed well for NYC Health + Hospitals in the past.	
NEED:	NYC Health + Hospitals' facilities may need electrical work. Due to fluctuating demands, NYC Health + Hospitals has determined that such needs can often best be met by utilizing outside firms on an as-needed basis through requirements contracts.	
PROCUREMENT:	A request for bids was issued, bids were received and publicly opened with the Contractor and Mac Fhionnghaile & Sons Electrical Contracting, Inc. being the two lowest responsive and responsible bidders	
SIMILAR EXPERIENCE:	MTA - TBTA Provide Backup Power Generator Amount: \$3,895,000	Dept. Veterans Affairs Generators & Panels Upgrade Amount: \$2,590,000
H+H EXPERIENCE:	NYC H+H Electrical Work Completed: Amount: \$5,611,000	
PERFORMANCE:	92.5% rating – Jemco is the current JOC contractor and the rating is for work provided throughout NYC Health + Hospitals (rated by 6 facilities on 9 projects)	
MWBE UTILIZATION:	30.17% subcontract utilization plan presented	
VENDEX APPROVAL:	Approved	
EEO APPROVAL:	Approved	

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe  
Senior Counsel   
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Jemco

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Jemco Electrical Contractors and Mac Fhionngnaile & Sons Electrical - Job Order Contracts**

**Board of Directors Meeting  
May 28, 2020**

**Christine Flaherty, Senior Vice President, Office of Facilities Development**



## Background / Current State

- JOC Construction Contracts are awarded based on public bid, whereby bidders use a multiplier, against an itemized catalog of services, to establish their base bid. Solicitation and award in alignment with NYC Health + Hospitals Operating Procedure 100-5.
- Current Electrical contracts were awarded in 2018 will expire in August 2020.

Contractor	Original Contract Award	Increase to Contract	Work Issued to Date	Remaining	Contract Expiration
Jemco	\$6,000,000	\$0	\$2,522,576	\$3,477,424	8/1/2020
MacFhionnghaile & Sons	\$6,000,000	\$6,000,000	\$8,860,788	\$3,139,212	8/7/2020

- Jemco used for Point Click Care (PCC) make ready work
  - PCC Is the long term care electronic patient record software
- Mac Fhionngnaile & Sons used for EPIC make ready work
  - EPIC is the acute and ambulatory care electronic patient record software
  - An increase of \$6M to the Mac Fhionngaile contract was approved by the Capital Committee and the Board of Directors on September 2019, bringing the contract amount to \$12M.



## Procurement

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- Public bids opened on February 25, 2020 for two contracts, each for \$6M, to provide Electrical related construction services. The contracts will be for a two year term.
- **Jemco Electrical Contractors was the lowest responsible bidder for EL1**
  - **Lowest multiplier submitted by Jemco – 0.9950**
  - Previous EL1 low bid multiplier was 1.0493 (Jemco)
  - Bids submitted by Jemco, Mac Fhionnghaile & Sons, and Laser Electrical
  - Jemco user rating – 92.5% rating – Jemco is the current JOC contractor and the rating is for work provided throughout the system (rated by 6 facilities on 9 projects)
- **Mac Fhionnghaile & Sons was the lowest responsible bidder for EL2**
  - **Lowest multiplier submitted by Mac Fhionnghaile – 0.9950**
  - Previous EL2 low bid multiplier was 1.1495 (Mac Fhionnghaile & Sons)
  - Bids submitted by Mac Fhionnghaile & Sons, and Laser Electrical
  - Mac Fhionnghaile & Sons user rating – 99% rating - MacFhionnghaile & Sons Electrical Contracting is the current JOC contractor and the rating is for work provided throughout the system (rated by 5 facilities on 9 projects)





# MWBE

➤ **Jemco: 30.17% MWBE subcontractor Utilization Plan**

Subcontractor	Certification	Supplies/Services	Utilization Plan %
LB Consulting, Inc.	WBE	Services	0.17%
Grand Supplies	WBE	Supplies	6%
Turtle & Hughes	MBE	Supplies	6%
Park Ave Supplies	MBE	Supplies	6%
Lauren T. Enterprises	WBE	Supplies	6%
Tomex Electronics	MBE	Supplies	6%

➤ **Mac Fhionngnaile & Sons: 30% MWBE subcontractor utilization plan**

➤ **Mac Fhionngnaile & Sons is a NYC certified MWBE and will self perform services bringing their MWBE total to 100%**

Subcontractor	Certification	Supplies/Services	Utilization Plan %
Bell Electric	MBE	Supplies	20%
Montana Datacom	WBE	Supplies	10%



## Board of Directors Request

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- Seeking the approval of the Board to execute Job Order Contracts with Jemco Electrical Contractors and Mac Fhionngnaile & Sons (the Contractors) in the amount of \$6,000,000 each, to provide construction services for Electrical related construction work on an as-needed basis at various facilities throughout NYC Health + Hospitals.



## **RESOLUTION - 08**

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a two-year requirements contract with **Rashel Construction Corporation** (the "Contractor") at a cost not to exceed \$6,000,000 to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis at various facilities throughout NYC Health + Hospitals.

**WHEREAS**, NYC Health + Hospitals' facilities may require HVAC services; and

**WHEREAS**, NYC Health + Hospitals has determined that the need for such services can often best be met by utilizing outside firms, on an as-needed basis through a requirements contract; and

**WHEREAS**, a competitive solicitation was made and bids were publicly opened on December 10, 2019 when NYC Health + Hospitals determined that the Contractor and Vastech Contracting Corporation were the lowest responsible bidders for the proposed contract; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the proposed contract shall be under the purview of the Senior Vice President, Facilities Development.

**NOW, THEREFORE**, be it


**RESOLVED** that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a two year contract with Rashel Construction Corporation at a cost not to exceed \$6,000,000 to provide heating, ventilation and air conditioning services work on an as-needed basis at various facilities throughout New York City Health and Hospitals Corporation.

## EXECUTIVE SUMMARY

### RASHEL CONSTRUCTION CORPORATION HVAC SERVICES

OVERVIEW:	NYC Health + Hospitals seeks to sign a two-year contract not to exceed \$6,000,000 to provide heating, ventilation and air conditioning services on an as needed basis.	
NEED:	NYC Health + Hospitals' facilities may require/need heating, ventilation and air conditioning services. Due to fluctuating demands, NYC Health + Hospitals determined that such needs can often best be met by utilizing outside firms on an as-needed basis through requirements contracts.	
PROCUREMENT:	A competitive solicitation was issued, bid were publicly opened and the Contractor and Vastech Contracting Corporation were determined to be the lowest responsive and responsible bidders.	
SIMILAR EXPERIENCE:	DASNY General Construction Completed: 2018 Amount: \$3,461,168	NYCHHC General Construction Completed: 2018 Amount: \$10,000,000
EVALUATION SCORE:	94.33 rating on a current JOC contract from contract users throughout the System (rated by 8 facility on 23 projects).	
MWBE UTILIZATION:	Self-performing MBE	
VENDEX APPROVAL:	Approved	
EEO APPROVAL:	Approved	

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Rashel

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

NYC MBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

## **RESOLUTION - 09**

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to sign a two-year requirements contract with **Vastech Contracting Corporation** (the "Contractor") for not more than \$6,000,000 to provide heating, ventilation and air conditioning ("HVAC") work on an as-needed basis throughout NYC Health + Hospitals.

**WHEREAS**, NYC Health + Hospitals' facilities may require HVAC work; and

**WHEREAS**, NYC Health + Hospitals determined that the need for such services can often be best met by utilizing outside firms, on an as-needed basis through a requirements contract; and

**WHEREAS**, bids were publicly opened on December 10, 2019 and the System determined that the Contractor and Rashel Construction Corporation were the lowest responsible bidders for this contract; and

**WHEREAS**, the Contractor has met all, legal, business and technical requirements and is qualified to perform the services as required in the contract documents; and

**WHEREAS**, the overall responsibility for the proposed contract shall be under the purview of the Senior Vice President, Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to sign a two year contract with Vastech Contracting Corporation for not more than \$6,000,000 to provide heating, ventilation and air conditioning work on an as-needed basis throughout New York City Health and Hospitals Corporation.

## EXECUTIVE SUMMARY

### VASTECH CONTRACTING CORPORATION

#### HVAC SERVICES

**OVERVIEW:** NYC Health + Hospitals seeks authorization to sign a two-year contract for heating, ventilation and air conditioning ("HVAC") work on an as needed basis at a cost not to exceed \$6,000,000.

**NEED:** NYC Health + Hospitals' facilities may need HVAC work. Due to fluctuating demands, NYC Health + Hospitals has determined that these needs can often best be met by outside firms on an as-needed basis through requirements contracts.

**PROCUREMENT:** A solicitation for bids was issued, bids were received and publicly opened. NYC Health + Hospitals determined that the Contractor and Raschel Construction were the two lowest responsive and responsible bidders.

**SIMILAR EXPERIENCE:**

NYCHHC	NYCHHC
General Construction	General Construction
Completed: 2016	Completed: 2009
Amount: \$ 6,000,000	Amount: \$3,000,000


**PERFORMANCE SCORE:** 92.1 rating by contract users throughout the system (rated by 10 facilities on 51 projects). Vastech completed 59 projects at 10 facilities.

**MWBE UTILIZATION:** 30% utilization plan presented.

**VENDEX:** Approved

**EEO APPROVAL:** Approved

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Vastech

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



# **Rashel Construction Corporation Vastech Contracting Corporation**

## **Heating, Ventilation, Air Conditioning (HVAC) Job Order Contracts**

**Board of Directors Meeting  
May 28, 2020**

**Christine Flaherty, Senior Vice President, Office of Facilities Development**



## Background / Current State

- JOC Construction Contracts are awarded based on public bid, whereby bidders use a multiplier, against an itemized catalog of services, to establish their base bid. Solicitation and award in alignment with NYC Health + Hospitals Operating Procedure 100-5.
- Current HVAC contracts were awarded in 2018 will expire in August 2020.

Contractor	Original Contract Award	Increase to Contract	Work Issued to Date	Remaining	Contract Expiration
Volmar	\$6,000,000	\$2,340,000	\$5,702,265	\$2,637,735	8/7/2020
AWL	\$6,000,000	\$0	\$48,198.55	\$5,951,801.45	8/23/2020

- Volmar used for EPIC make ready work
  - EPIC is the acute and ambulatory care electronic patient record software
  - Kings County infrastructure and scope of work requires substantial upgrades to accommodate EPIC
  - Due to the extensive work being performed for EPIC make ready, the Volmar was granted an increase of \$2,340,000, in October 2019, increasing the contract value to \$8,340,000
- AWL is slated to perform HVAC construction work to ensure the system's compliance with USP 797 and USP 800 standards
  - USP 797 & 800 are standards relating to appropriate conditions for mixing medication (i.e. chemotherapy drugs, IV solutions, etc.)
  - Project scoping to begin in the coming weeks



## Procurement

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- Public bids opened on December 10, 2019 for two contracts, each for \$6M, to provide HVAC construction services. The contracts will be for a two year term.
- Vastech Contracting Corporation was the lowest responsible bidder for HVAC1
  - **Lowest multiplier submitted by Vastech – 0.9692**
  - Previous HVAC1 low bid multiplier was 1.0848 (AWL)
  - Bids submitted by Volmar, Rashel, Jemco, AWL, RAMS Mechanical, Pen Enterprises, and Cooling Guard Mechanical
  - Vastech user rating – 92.1 rating by contract users throughout the system (rated by 10 facilities on 51 projects). Vastech completed 59 projects at 10 facilities.
- Rashel Construction Corporation was the lowest responsible bidder for HVAC2
  - **Lowest multiplier submitted by Rashel – 0.9188**
  - Previous HVAC2 low bid multiplier was 1.0510 (Volmar)
  - Bids submitted by Volmar, Jemco, AWL, Cooling Guard Mechanical, and RAMS Mechanical
  - Rashel user rating – 94.33 rating on a current JOC contract from contract users throughout the System (rated by 8 facility on 23 projects).



➤ Vastech: 30% MWBE Utilization Plan

Subcontractor	Certification	Supplies/Services	Utilization Plan %
EOS Electrical	WBE	Services	6%
A-San Piping	MBE	Services	5%
D-Parker & Sons	MBE	Services	5%
Elite Construction	MBE	Services	5%
First Choice Mechanical	MBE	Services	5%
Grand Supplies	WBE	Supplies	2%
Green Depot	WBE	Supplies	2%

➤ Rashel: 8.17% MWBE Utilization Plan

- Rashel is a certified MBE who will self perform 76.83% of the work bringing their total to 85%

Subcontractor	Certification	Supplies/Services	Utilization Plan %
Alfa Piping	No	Services	15%
Hailey Insulation	WBE	Services	6.25%
AV Steel, LLC	MBE	Services	1.92%



## Board Approval Request

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- Seeking the approval of the Board to execute Job Order Contracts with Rashel Construction Corporation and Vastech Contracting Corporation (the Contractor) in the amount of \$6,000,000 each, to provide construction services for Heating, Ventilation and Air Conditioning (HVAC) work on an as-needed basis at various facilities throughout NYC Health + Hospitals.



## **RESOLUTION - 10**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to its agreement effective July 1, 2011 (the “Agreement”) with **Sodexo, Inc. & Associates** (the “Vendor”) to provide laundry processing and linen distribution services the “Laundry Services”) that will extend the term of the agreement for an additional two-years with an option exercisable solely by the System to extend for one additional year at a total additional cost not to exceed \$50,438,922.

**WHEREAS**, the System entered into the Agreement with the Vendor to provide the Laundry Services; and

**WHEREAS**, the Agreement was for an initial term of five years with two two-year options to extend, which the System has exercised resulting in a current term to expire June 30, 2020; and

**WHEREAS**, the System had intended to issue a Request for Proposals (“RFP”) for the Laundry Services to re-procure the Laundry Services; and

**WHEREAS**, due to the COVID-19 pandemic it was determined that switching vendors would destabilize the mission critical services currently being provided; and

**WHEREAS**, the Vendor has produced a proposal that will provide greater value than the current state through capital investments, increased technology, additional management personnel, cost reduction guarantees, and quality enhancements; and

**WHEREAS**, the Contract Review Committee approved a “best interest” extension of the Agreement to allow for stabilized Laundry Services during the COVID-19 pandemic and time to evaluate the outcomes of the proposed contract deliverables; and

**WHEREAS**, the Sr. Vice President of Business Operations will be responsible for the administration of the proposed amended agreement.

### **NOW THEREFORE, BE IT:**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an amendment to the agreement effective July 1, 2011 with Sodexo, Inc. & Associates to provide laundry processing and linen distribution services that will extend the term of the agreement for an additional two-years with an option exercisable solely by New York City Health and Hospitals Corporation to extend for one additional year at a total additional cost not to exceed \$50,438,922.

**EXECUTIVE SUMMARY**  
**Extension Agreement with Sodexo, Inc. & Associates**  
**Laundry Processing and Linen Distribution Services**


**BACKGROUND:** Since 2011, the System has used a vendor to provide laundry processing and linen distribution services. At that time, the System contracted with the Vendor for such services. That contract, after an initial five-year term and two, two-year extensions, is due to expire on June 30,2020. The System seeks a two-year best interest extension with a one-year option to extend so that continuity of critical services during the COVID-19 pandemic is ensured. The Vendor has produced a proposal that will provide greater value than the current state through capital investments, increased technology, additional management personnel, cost reduction guarantees, and quality enhancements;

**PROCUREMENT:** The Sodexo agreement was originally awarded on the basis of an RFP. The System is unable to competitively re-procure during the COVID-19 pandemic. The incumbent Vendor has developed a proposal to extend the term for two years with the option to extend for one year. The Contract Review Committee approved a “best interest” extension of the Sodexo agreement.

**TERMS:** The terms of the existing agreement will remain in effect during the proposed extension term. However, the Vendor has committed to making further investments in capital equipment using updated technology and has committed additional management staff assigned exclusively to the System’s account. The total cost of the contract extension will not exceed \$50,438,922.

**MWBE:** Sodexo has submitted an MWBE Utilization Plan of 31% exceeding the 30% goal.

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Sodexo, Inc.

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

31% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.



# **Sodexo Inc. & Associates Laundry & Linen Services**

## **Application to Enter into Contract (*Best Interest Extension*)**

**Board of Directors Meeting  
May 28, 2020**

**Paul Albertson – Vice President Supply Chain  
Mercedes Redwood, AVP, Supply Chain**



## Background

- Current Laundry/Linen services are provided through Sodexo, with partnerships with Unitex for laundry/linen, and Nexera for data management
- Sodexo was selected as NYC Health + Hospitals' partner as an outcome of an RFP
  - Contract since July 1, 2011
  - Facilitated closure of Brooklyn Laundry plant/transition to union labor linen plant
  - 5 year contract with two 2-year extensions
  - Current spend is approximately \$17.3 million per year
  - Contract expires June 30, 2020
- This item was brought before the CRC on 2/4/20 for a best-interest extension for 6 months in order to conduct an organizational assessment of current state and to issue RFP
- Due to the COVID-19 pandemic, it became impossible to finalize the operational assessment or to conduct a solicitation.
- In March 2020, Sodexo's new VP of Operations for H+H, came on board. While simultaneously managing the Food & Nutrition Operations, current Laundry/Linen services, and the expanded H+H need in response to COVID-19 (RIMC, Javits, and overall greater demand), he led development of a proposal that will help H+H realize much greater value than the current state.



## Contract Overview

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- Sodexo provided a robust and compelling opportunity to improve service, management, staffing, processes, and achieve savings, through this proposed 2 year agreement with one year extension (exercisable by H+H).
- The improvements in the structure, staffing, and technology are justified by Sodexo on the basis on the two year term.
- With that commitment, Sodexo is able to move forward now with the staffing reorganization, hiring several staff at their expense, and acquiring/installing the equipment and technology to change processes.
- These enhancements address the operational assessment 'opportunities for improvement' findings that were identified and summarized by Sodexo and presented / accepted by the H+H Laundry / Linen work team.
- These changes will result in significant improvement, with end-to-end ownership/accountability via Sodexo, and will provide assistance to the H+H staff.



## Contract overview, continued

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- Over the next year, the plan is to work through the pandemic linen/laundry needs, and have the improvements rolled out immediately.
- We have established performance measures (KPIs) for on-going monitoring to evaluate the work efforts with Sodexo in this enhanced partnership.
- Not proceeding with this proposal de-stabilizes the Laundry/Linen service (we have ramped up considerably more service to our facilities as part of the response with high patient census, the addition of RIMC, and Javits Center).
- This proposal meets H+H's needs – uninterrupted service; a commitment from a known partner to invest in H+H and make improvements through a standardized program; and the opportunity to make a change in the not-distant future if needed, while preserving vital services for patients and staff in these unprecedented times.



# NYC HEALTH+ HOSPITALS Linen/Laundry Analysis Summary

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## ➤ Strengths

- Strong Linen/Laundry Vendor with detailed contingency plans
- Organized Linen Distribution Program
- 98% Daily Linen Fill Rate
- Established Policies/Protocols
- Routinely Adjust Utilization to Mirror Patient Days
- Linen Helper Software for determining needed daily linen distribution

## ➤ Weaknesses

- Linen Helper Mobile Units are not in all Locations
- On-site Managerial leadership skill set uneven across System
- Linen Loss Higher than benchmarks
- Data Report is not given to Nursing consistently
- Other Local Hospitals using aLex Machines in Emergency Departs – Causing more loss to H+H via EMS teams

## ➤ Opportunities

- Soil Linen Collection by Linen Personnel Team only
- Install ED aLex Machines (Reduce Linen Costs)
- Provide Real-time Reporting/Dashboards
- Provide on-going consistent Linen Awareness Education
- Implement Centralized Call Center
- Provide and Launder Uniforms for Support Departments for consistency
- Partner with Environmental Services staff to Sustain Bed Making Policy



# Contract Highlights

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## Key Program Milestones and Deliverables

- Address Opportunities for Improved Utilization Efficiencies
  - Reduce utilization cost/pound from \$0.68 to \$0.617 - projected savings of \$945k
  - Reduce ED utilization by 15% per visit through implementation of ED aLex machines – projected savings of \$345k
  - Engage key stakeholders through linen awareness education
  - Implement linen committees at each site to establish standardized protocols
- Investment in Program Expansion
  - Organizational Structure – Investment of \$543k
    - Restructuring of site leadership with addition of 2 General Managers
    - Upgrade of existing supervisors to managers
    - Addition of 7 FTEs to manage soiled collection
  - Technology
    - aLex machine lease agreement on behalf of NYC H+H
    - aLex machine installation in all acute care EDs – investment of \$348k
    - Staff accountability through real-time dashboards
    - Implementation of Linen Helper handheld technology – investment of \$5,500
- End-to-End Program Management
  - Linen loss reduction while achieving par level requirements
  - Improved linen delivery flow process
  - Ownership of linen collection
  - Establishment of bed making protocol and standards
  - Develop key user satisfaction tool



# Contract Highlights, cont'd

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## Contract Renewal Highlights

### Program Guarantee

- Reduction of \$0.03/pound in linen replacement cost
  - Savings compared to 2019 baseline of \$0.68/pound
  - Utilization savings realization expected 60 days after install of aLex machines; 30 days after install of Scrubex machines
  - *15% decrease in pounds per ED visit*
- Daily fill rate of 95% or greater
  - 95% fill rate is a measure of accountability
  - Costs not reduced by supplying less linen and sacrificing patient comfort and care.

### Program Summary

- Additional management and front line staff
- Enhanced technology and equipment
- Structured performance management program
- Standardized program across the System
- COLA for all staff
- Guaranteed reduction in spend



# Key Performance Indicators

#	CATEGORY	INDICATOR	MEASURE
1.	Employee Engagement	Employee Engagement	<ul style="list-style-type: none"> <li>Percentage of employees who complete Employee Engagement Survey</li> </ul>
2.	Productivity/ Utilization	Pounds per Adjusted Patient Day	<ul style="list-style-type: none"> <li>Volume of pounds divided by Adjusted Patient Day</li> <li>Linen delivered divided by volume of ordered linen</li> <li>Replacement cost compared to processing cost</li> <li>Ratio of linen weights delivered vs. weight of linen being returned</li> </ul>
3.		Daily Fill Rate	
4.		Linen Replacement/ Loss	
5.		Soil Factor	
6.	Budget	Labor Expense	Actual vs. established annual budget





## MWBE Plan

- Sodexo has partnered with four diverse vendors to reach a Utilization Plan of 31%

Name	Certification	Scope	Value	% of Total Contract
SigmaTex	NYS MBE	Linen supplier	\$13,410,049	25%
Eastern Bag and Paper	NYC WBE	Paper products	\$1,633,323	3%
Calderon	<i>Pending*</i>	Cleaning solutions	\$897,199	2%
Magnus	<i>Pending*</i>	Laundry machine services	\$474,190	1%
Total	-	-	\$16,414,761	31%

\*Pending: Both of these vendors have submitted applications for diversity certification with NYC. Based on discussions and experience the vendors meet the certification criteria and we expect they will be certified.



# Board of Directors Approval Request

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- We are seeking approval for a 2 year Best Interest Renewal with Sodexo Inc. & Associated, with a 1 year optional extension, for Laundry & Linen Services:
  - Effective July 1, 2020
  - Total contract extension value of \$50,438,922
  - MWBE Utilization Plan of 31%



## **RESOLUTION - 11**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an extension to the agreement dated March 3, 2008 extended by renewal made August 1, 2017 by (the “Agreement”) with **Cardinal Health, Inc.** (the “Vendor”) to provide medical and surgical distribution services (the “Med Surg Distribution Services”) that will extend the term of the Agreement for an additional year at a total additional cost not to exceed \$130,000,000.

**WHEREAS**, the System entered into the Agreement following an RFP process and pursuant to authorization given by the System’s Board of Directors to provide the Med Surg Distribution Services; and

**WHEREAS**, a 3-year best interest extension was executed effective August 1, 2017 and the Agreement will expire July 31, 2020; and

**WHEREAS**, the Vendor is the prime distributor of medical, surgical and laboratory products for the System; and

**WHEREAS**, there are 3 major distributors in the US similar to the Vendor the synergy and efficiency provided by such vendors is their forward purchasing of products, warehousing, and shipping that permits them to provide customers with one comprehensive supply delivery platform; and

**WHEREAS**, prior to the COVID-19 pandemic, Supply Chain was negotiating a best interest extension of three years to include additional savings and added-value; and

**WHEREAS**, due to the COVID-19 pandemic it is necessary to stabilize the distribution relationship for supply and inventory management and continue to manage the COVID-19 pandemic response, which relies on receipt of supplies acquired through the Vendor; and; and

**WHEREAS**, the terms of the Agreement will remain in effect during the proposed extension term and will result in a continuation of \$1.9 million savings during this year, similar to the last 3 years; and

**WHEREAS**, the Sr. Vice President of Business Operations will be responsible for the administration of the proposed amended agreement.


### **NOW THEREFORE, BE IT:**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an amendment to the agreement dated March 3, 2008 extended by renewal made August 1, 2017 with Cardinal Health, Inc. to provide medical and surgical supply distribution services that will extend the term of the agreement for one additional year at a total additional cost not to exceed \$130,000,000.

**EXECUTIVE SUMMARY**  
**Extension Agreement with Cardinal Health, Inc.**  
**Medical and Surgical Distribution Services**

- BACKGROUND:** Cardinal Health, Inc. (“Cardinal”) currently provides NYC Health + Hospitals with medical and surgical distribution services including nationally branded and private label products. Cardinal is the prime distributor of medical, surgical and laboratory products for the System. There are 3 such principal distributors in the US. The synergy and efficiency provided by such vendors is their forward purchasing of products, warehousing, and shipping that permits them to provide customers with one comprehensive supply delivery platform.
- PROCUREMENT:** Cardinal currently provides the System with medical and surgical distribution services including nationally branded and private label products. These services have been provided under an agreement dated March 3, 2008 as a result of a Request for Proposal released on January 28, 2008 and extended effective August 1, 2017. The current agreement will expire July 31, 2020.
- TERMS:** The terms of the existing agreement will remain in effect during the proposed extension term. The total cost of the contract extension will not exceed \$130,000,000.
- MWBE:** Most of the costs of this agreement are for the distribution of goods provided by third-parties, as well as some Cardinal branded products. Since the goods are highly regulated clinical goods there are very few diverse vendors that are able to provide such goods. The current NYS and NYC MWBE spend is 7.93%. Consistent with State and City practices, MWBE opportunity for this category was analyzed utilizing the historical spend categories and products against the offering of certified vendors in the NYS and NYC certified vendor directory. As a result of this analysis, a 8.34% MWBE goal has been set.

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Keith Tallbe   
Senior Counsel  
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Cardinal Health, LLC

Date: May 4, 2020

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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

8.34% Utilization Plan

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

# **Cardinal Health, Inc.**

## **Medical Surgical Distribution**

**Application to Enter into Contract**  
*(Best Interest One Year Renewal)*

**Board of Directors Meeting**  
**May 28, 2020**

**Paul Albertson – Vice President Supply Chain**  
**Joe Wilson – Senior AVP Strategic Sourcing**



## Background

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- Cardinal Health is the prime distributor of Medical, Surgical and Laboratory products for the System. There are 3 such principal distributors in the US; the synergy provided by such a vendor includes their:
  - forward purchasing of products,
  - warehousing, and
  - trucking them to our facilities,
- This provides customers with one comprehensive supply-delivery platform.
- NYC H+H uses medical/surgical supplies that are provided by more than 500 manufacturers delivered to us by Cardinal.
- These supplies are all on either 1) contracts that have been negotiated by the Group Purchasing Organization (GPO) that H+H utilizes, which is Premier, which works with hundreds of hospitals/health systems across the country, or 2) locally negotiated agreements.
- Premier provides tiered pricing to health systems based on volume purchasing; H+H usually gets best pricing due to this.



## Background – Cont'd

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- 100% of the supplies that Cardinal delivers to H+H are supplies for which H+H has contracts.
- Cardinal charges H+H the prices H+H negotiated with each of those vendors. Cardinal obtains those products in advance, warehouses them on our behalf, and distributes to each of our facilities based on our ordering. Those deliveries happen 5 days a week.
- Cardinal bills us for those deliveries 30 days after they have been delivered – not in advance – in an all-inclusive invoice.
- Additional Synergies through Cardinal Health relationship
  - Lab Distribution
  - Pharmacy Distribution
  - Gotham Inventory Management
  - Optifreight
  - Acute Care Perioperative inventory services
  - Cardinal Health also manages \$5M Custom Pack program within the Operating Rooms





## Background – Cont'd

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- NYC Health + Hospitals has an agreement with Cardinal Health for Medical/Surgical supply distribution. It expires 7/31/20. The original agreement was awarded by RFP in 2008.
- 3 year best interest extension executed on August 1, 2017
  - \$10+ million contract savings
    - 1.1% Markup on National Brand Products, down from 2.85% in previous agreement
    - 0% Markup on Cardinal Brand Products, down from 1.1% in previous agreement
    - \$4,250,000 in rebates realized on Cardinal Brand products
  - ValueLink just in time delivery program – supports Logical Unit of Measure on the supply shelves with next day deliveries - lowers on hand supply costs
  - Deliveries 5 days per week, weekend courier service available
  - 7 Cardinal employees dedicated specifically to H+H providing support around inventory management, PO submission, backorders, shipping, billing, product conversions, clinical education, etc., at no cost to H+H
  - These contract savings and rebates result in a negative cost of goods for H+H.
- NYC Health + Hospitals has a 75% national brand and 25% Cardinal brand product distribution.
- This is a request for a one-year extension, which includes continuation of the \$1.9M in cost-of-good mark-up savings.



# Extension Justification

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- Supply Chain recommends extending the current agreement with Cardinal Health for one year, through July 31, 2021, to stabilize the distribution relationship through the immediate COVID-19 response for supply and inventory management.
- Emergency Management
  - Cardinal Health has been instrumental in providing 24/7 logistics and sourcing support through Hurricane Sandy, Ebola, and now COVID-19.
  - Proactive efforts created new supply channels in times of need working with global and domestic supply partners to shift distribution channels in order to procure product safer and faster.
  - Creation and management of pandemic supply area specific to H+H within their own warehouse where supplies can be sequestered, stored, and distributed to facilities as needed.
- H+H has integrated these med/surg products into our electronic ordering system and use bar-coding readings, like you see in grocery stores for touchless re-ordering in several hospitals and just-in-time deliveries.
- If H+H was to move distributors this would potentially zero out our allocations with manufacturers exacerbating an already difficult supply market, e.g., PPE, IV solutions.
- Since this is negative cost of goods with all pricing negotiated by H+H, a small pool of qualified vendors, and service/support being the largest driver of distribution choice, the Negotiated Acquisition is the best sourcing process for choosing a Med/Surg distributor.



## Extension Justification – Cont'd

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- All current prices and services outlined here will remain through July 31, 2021.
- Justification:
  - Current relationship is mission critical for COVID-19 supply efforts
  - Cardinal Health offers 24/7 response to immediate supply needs
  - Greater access to global manufacturing capabilities for essential PPE supply
  - Management of pandemic stockpile that is distributed to NYC H+H facilities daily
  - Continuity of Supply Chain support through COVID-19 recovery
  - Continued planning and implementation of the transformed inventory management system
  - Cardinal Health has been an integral part of supply chain and hospital operations for the past 12 years and is very familiar with supply chain and operational needs of the system
  - There will be no increase in pricing



# Vendor Diversity

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- Most of the costs of this agreement are for goods NYC Health + Hospitals has contracted for, with 500+ third-parties, as well as some Cardinal branded products. Cardinal Health does the advanced purchasing, warehousing, and delivery of these goods to NYC Health + Hospitals facilities.
- The goods are highly regulated clinical goods. There are very few diverse vendors that are able to provide such goods.
  - Historically, NYC Health + Hospitals has excluded this contract from MWBE participation based on the lack of availability of diverse vendors able to provide clinical goods.
- Consistent with State and City practices, MWBE opportunity for this category was analyzed utilizing the historical spend categories and products against the offering of certified vendors in the NYS and NYC certified vendor directory.
  - Total opportunity with NYS/NYC vendors: 0.41%, representing twelve vendors.
  - Of those twelve vendors, NYC Health + Hospitals is utilizing four of the vendors. H+H has discussed opportunities with all of the identified diverse vendors with the support and participation of Cardinal. Based on clinical needs and standardization, however, H+H has not been able to move any further spend towards these diverse vendors.
  - In addition, 4.52% of the annual contract spend is with certified diverse vendors other than NYC or NYS.



## Vendor Diversity – Cont'd

- Despite there being close to zero MWBE opportunity, however, through the partnership of Cardinal and NYS Industries for the Blind, H+H has been able to create 7.93% of preferred source spend, which counts toward our NYS MWBE goal.
  - Cardinal provides incontinence products and gloves to the Blind, which in turn packages the products for distribution to our facilities.
- Based on the NYS/NYC MWBE opportunity of 0.41% and the 7.93% achievement through NYS Industries for the Blind Supply Chain recommends an MWBE Goal of 8.34%
- Cardinal has committed to NYC Health + Hospitals, in writing, to analyze and explore opportunities with diverse suppliers as well as with its own internal business opportunities for subcontracting.
- Cardinal Corporate Supplier Diversity:
  - 2,700+ Diverse Supplier Partner Relationships Inclusive of small businesses, HUB zone-based businesses and businesses owned by minorities, women, veterans, service-disabled veterans, lesbian, gay, bisexual or transgender individuals
  - Globally, \$847 million annual spend with diverse suppliers
  - National Minority Supplier Development Council (COE)
- Of further note Cardinal's EEO workforce analysis has never had any under-representations



# Board of Directors Approval Request

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- Supply Chain Services is seeking approval to enter into contract with Cardinal Health, Inc. for Medical/Surgical Distribution services:
  - 1 year
  - Effective 8/1/20
  - Not-to-exceed \$130M
  - MWBE Goal of 8.34%

