

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

Mr. Pagán

**Executive Session | Facility Governing Body Report**

Mr. Pagán

- NYC Health + Hospitals | Woodhull

**2020 Performance Improvement Plan and Evaluation (Written Submission Only)**

- NYC Health + Hospitals | Cumberland Diagnostic & Treatment Center- Gotham

**Semi-Annual Governing Body Report (Written Submission Only)**

- NYC Health + Hospitals | Lincoln
- NYC Health + Hospitals | Gouverneur Nursing Facility

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

1. Adoption of Minutes: July 29, 2021

Mr. Pagán

**Chair’s Report**

**President’s Report**

Dr. Katz

**Fiscal Year 2021 Annual Public Meeting Responses**

Ms. Brown

2. Authorizing funding for New York City Health and Hospitals Corporation (the “System”) **to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“PAGNY”) made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY** to be as indicated below:

Dr. Calamia

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center;

With an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

(Presented to the Medical and Professional Affairs Committee: 09/13/2021)

**VENDEX: Pending / EEO: Approved**

3. Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue (“Bellevue”) as a pediatric trauma center.** Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma. (Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia

**VENDEX: NA / EEO: NA**

4. Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons for NYC Health + Hospital/Bellevue as a trauma center.** Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the appropriate officer of the System to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma. (Presented to the Medical and Professional Affairs Committee: 09/13/2021)

Dr. Calamia

**VENDEX: NA / EEO: NA**

<p>5. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst (“Elmhurst”) as a trauma center.</b>  Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and  Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.  (Presented to the Medical and Professional Affairs Committee: 09/13/2021)  <b>VENDEX: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>
<p>6. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem (“Harlem”) as a trauma center.</b>  Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and  Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.  (Presented to the Medical and Professional Affairs Committee: 09/13/2021)  <b>VENDEX: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>
<p>7. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi (“Jacobi”) as a pediatric trauma center.</b>  Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and  Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.  (Presented to the Medical and Professional Affairs Committee: 09/13/2021)  <b>VENDEX: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>
<p>8. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi (“Jacobi”) as a trauma center.</b>  Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and  Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through  (Presented to the Medical and Professional Affairs Committee: 09/13/2021)  <b>VENDEX: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>
<p>9. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County (“Kings County”) as a trauma center.</b>  Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and  Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.  (Presented to the Medical and Professional Affairs Committee: 09/13/2021)  <b>VENDEX: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>
<p>10. Approving the application of New York City Health and Hospitals Corporation (the “System”) <b>for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln (“Lincoln”) as a trauma center.</b>  Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and  Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.  (Presented to the Medical and Professional Affairs Committee: 09/13/2021)  <b>VENDEX: NA / EEO: NA</b></p>	<p>Dr. Calamia</p>

11. Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) for Fiscal Year 2021** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).  
(Presented Directly to the Board of Directors : 09/30/2021  
**VENDEX: NA / EEO: NA**

Mr. Pagán

**Committee and Subsidiary Reports**

- Community Relations Committee
- Medical and Professional Affairs Committee
- Equity Diversity and Inclusion Committee
- Information Technology Committee
- Capital Corporation Subsidiary Semi-Annual Meeting
- MetroPlus Health

Mr. Nolan  
Dr. Calamia  
Mr. Peña-Mora  
Mr. Peña-Mora  
Ms. Wang  
Ms. Piñero

>>Old Business<<  
>>New Business<<  
>>Adjournment<<

Mr. Pagán

## **NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 29<sup>th</sup> day of July, 2021, at 2:00 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 participated via teleconference/videoconference:

Mr. José Pagán - virtually in a viewing capacity only  
Dr. Mitchell Katz - joined at 2:10  
Dr. Vincent Calamia  
Dr. Michelle Morse  
Dr. Myla Harrison  
Mr. Phillip Wadle  
Mr. Scott French - left at 4:48  
Ms. Barbara Lowe  
Mr. Robert Nolan  
Ms. Sally Hernandez-Piñero  
Ms. Freda Wang  
Mr. Feniosky Peña-Mora

Freda Wang, Vice Chair of the Board, called the meeting to order at 2:04 p.m. Ms. Wang chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Ms. Wang notified the Board that Mr. French would be representing Mr. Banks, Dr. Harrison would be representing Dr. Cunningham, Dr. Morse would be representing Dr. Chokshi and Mr. Wadle would be representing Deputy Mayor Hartzog - all in a voting capacity during the executive session.

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding personnel, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:05

Ms. Wang gave notice that Mr. French would be representing Mr. Banks, Dr. Harrison would be representing Dr. Cunningham, Dr. Morse would be representing Dr. Chokshi and Mr. Wadle would be representing Deputy Mayor Hartzog - all in a voting capacity.

### **ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on June 24,

2021 were presented to the Board. Then on motion made and duly seconded, the Board adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Board of Directors held on June 24, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

#### **CHAIR'S REPORT**

Ms. Wang, Vice Chair of the Board, advised that during the Executive Session, the Board received and approved governing body oral and written reports from NYC Health + Hospitals/Queens.

The Board received and approved the 2020 Performance Improvement and Evaluation written governing body report from NYC Health + Hospitals/Segundo Ruiz Belvis Diagnostic and Treatment Center - Gotham.

The Board also received and approved semi-annual written governing body reports from NYC Health + Hospitals/Kings County and Susan Smith McKinney Nursing and Rehabilitation Center.

**Committee Assignment** - According to Article VI Section C of the By-Laws - Appointment. "The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees."

Ms. Wang proposed a motion to appoint Dr. Chinazo Cunningham to the Medical and Professional Affairs Committee.

Upon motion made and duly seconded Dr. Chinazo Cunningham was appointed as a member of the Medical and Professional Affairs Committee.

#### **VENDEX APPROVALS**

Ms. Wang noted that NYC Health + Hospitals began the process of approving some contracts prior to Vendex approval. There are 17 new items on the agenda requiring Vendex approval of which 14 have already been received. There are eight items from previous Board meetings pending Vendex approval. Since the last Board meeting, no Vendex approvals were received. The Board will be notified as outstanding Vendex approvals are received.

In the interest of time, the meeting advanced to the presentation of the action items.

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

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of **MetroPlus Health Plan, Inc.** ("MetroPlus" or the "Plan"), to negotiate and execute a contract with each of **Prager Creative LLC, Bellweather LLC, and Milton Samuels Advertising Agency, Inc.** ("MSA") to provide media buying, creative advertising & marketing, digital content & social media, and public relations services. Each agreement shall be for an initial term of three years with two one-year options to renew, each solely exercisable by MetroPlus, for a cumulative annual amount not to exceed \$4,000,000 for a total contract cost not to exceed \$20,000,000 to the three vendors over the potential five-year term (Presented to the MetroPlusHealth Executive Committee: 07/08/2021)

Lesleigh Irish-Underwood, MetroPlus, Chief Brand and External Relations Officer, presented background and the current state of media services, information on the current spend of competitors, the RFP development criteria, and goals, the contract success measurements, an overview of the procurement, vendors management plan, selected vendors expertise, evaluation and references, key outcomes, and MWBE status.

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

**ACTION ITEM 3:**

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign 2-year agreements with each of **Approved Storage and Waste Handling, Inc. ("ASWH") and Action Carting Environmental Services, Inc. ("Action")** for waste management services with options to renew each agreement for 2 years held exclusively by the System subject to expenditure limits not to be exceeded on the ASWH agreement of \$10,058,560 for the initial term, \$6,902,000 for the Action agreement during the initial term, \$10,058,560 on the ASWH agreement during the renewal term and \$7,322,332 for the Action agreement during the renewal term (Presented to the Finance Committee: 07/21/2021)

Paul Albertson, Vice President of Supply Chain, presented background information on the current state of services, scope of services, an overview of the procurement process, selection and summary of the selected vendors, and an MWBE participation goal.

In response to questions, Mr. Albertson clarified the vendor role in educating and providing regulatory information regarding the

appropriate use of the varied of waste containers, and the criteria of the selection of the vendors included their contributions to climate change.

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

**ACTION ITEM 4:**

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign 11-month agreements with each of the **12 vendors listed in Annex A attached to this Resolution (each a "Vendor" and together, the "Vendors") to perform COVID testing both in schools and in the community** on an as-needed basis for an amount for all Vendors not to exceed \$250,480,410  
(Presented to the Finance Committee: 07/21/2021)

Chris Keeley, Chief Operating Officer for Test and Trace Corp presented the background/current state of school and community mobile COVID-19 testing, metric of community and school testing prior performance, the six current vendors' MWBE provisional performance through July 2021, the contracts' development goals, the RFP criteria, procurement and selection summary, and a management performance action plan.

In response to questions, Mr. Keeley confirmed that management is comfortable with the vendors' capacity to appropriately address community needs, including active engagement with the schools, teachers and parents. There are borough specific responses that are tailored to school or community needs. He further explained that continuous engagement is needed with the Department of Education and all stakeholders including parents, unions and teachers to facilitate a seamless process in the schools. There will be no cost for testing in communities or schools, the funding is covered under the T2 Memorandum of Understanding with the City Office of Management and Budget. The current ask is a conservative estimate of budget needs as work is assigned on a per test basis for schools and a per-team basis for the community, and includes full in-person school attendance in September.

The Board commended the team on its flexibility in addressing the changing needs of the communities and the exceptional engagement of the community-based organizations.

After discussion, upon motion made and duly seconded, the Board

unanimously approved the resolution.

**ACTION ITEM 5:**

Mr. Peña-Mora read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") **to rename NYC Health + Hospitals/Coney Island Hospital (the "Hospital") as "NYC Health + Hospitals/South Brooklyn Health"** and designating the 11-story Critical Services Structure Building now under construction and the existing **Tower Building both at the Hospital as the "Ruth Bader Ginsburg Hospital"** in honor of the late United States Supreme Court Justice, Ruth Bader Ginsburg (Presented to the Capital Committee: 07/26/2021)

Svetlana Lipyanskaya, Chief Executive Office NYC Health + Hospitals/Coney Island Hospital presented historical background on Coney Island hospital services in the community and the impact of Super Storm Sandy to the infrastructure, including the investment funded by FEMA to build a flood-proof emergency and inpatient facility. Ms. Lipyanskaya then presented the rationale, the family and community engagement work regarding the proposal to rename the facility, and the preliminary approval granted by the State Department of Health with a new vision for community inclusiveness.

Ms. Lipyanskaya received compliments from the Board regarding her innovative and forward thinking for the facility image and community. She assured the Board that she has engaged and will continue to engage Community Boards in the area and that there was no negative community feedback regarding the perceived distinction between the South verses Southern Brooklyn identity.

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

**ACTION ITEM 6**

Mr. Peña-Mora read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a 5-year revocable license agreement with the **Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island** (the "Licensee") for its continued use and occupancy of 4,284 square feet in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of **NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center** (the "Facility") at an



occupancy fee of \$7,951/year to be escalated annually by 2.5% for a five year total of \$41,793

(Presented to the Capital Committee: 07/26/2021)

Matthew Levy, Executive Director, NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center presented an overview of the various community programs being offered on the Sea View Campus, a description of the Licensee and the valuable services it provides in the community and its historical relationship with Sea View.

Christine Flaherty, Senior Vice President - Office of Facilities Development presented the lease terms and schedule.

Dr. Calamia - Staten Island City Council representative on the Board, assured the Board that the Licensee is a valued contributor to the Staten Island community. Ms. Flaherty also told the Board that the Licensee offers volunteer opportunities to young adults.

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

#### **ACTION ITEM 7**

Mr. Peña-Mora read the resolutions

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a thirteen-month lease extension with **Hazel Blue Plaza LLC** (the "Landlord") for the use of approximately 2,000 square feet of ground floor space at 49-02 Queens Boulevard, Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by **NYC Health + Hospitals/Bellevue Hospital Center ("Bellevue")** at a base rent of \$92,168.00 per year, or \$46.08 per square foot, for a total of \$99,848.58 for the thirteen month extension; provided the System will hold an option to extend for an additional five years with the rent for the thirteen-month extension and five-year option term together totaling \$596,425.50

(Presented to the Capital Committee: 07/26/2021)

Christin Flaherty, Senior Vice President - Office of Facilities Development, Helen Howe - Director of the WIC Program and Marcia Peter, Chief Operation Officer, NYC Health + Hospitals/Bellevue presented background information on the Women, Infant and Children (WIC) programs operated by Bellevue and a map showing the geographic distance of the proposed programs from Elmhurst hospital. The lease terms and schedule were also discussed.

Upon motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEM 8**

Mr. Peña-Mora read the resolutions

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a **Customer Installation Commitment ("CIC") with New York City Department of Citywide Administrative Services ("DCAS") and New York Power Authority ("NYPA")** for an amount not-to-exceed \$35,469,158.74, including a 7.5% contingency of \$2,022,938, for the planning, design, procurement, construction, construction management and project management services necessary for the installation of a 4 megawatt ("MW") Cogeneration System ("CHP") (the "Project") at **NYC Health + Hospitals/Bellevue ("Bellevue")**

(Presented to the Capital Committee: 07/26/2021)

Christine Flaherty, Senior Vice President and Oscar Gonzalez, Assistant Vice President - Office of Facilities Development presented the current state of NYC Health + Hospitals' energy and carbon emission reduction initiative and its historical relationship with DCAS and NYPA, the project's goals and scope, the CHP plant features, project objectives and annual energy savings, funding and capital delivery, project budget, NYPA procurement and MWBE utilization plan.

Ms. Flaherty clarified that this project began three to four years ago with a 24-month construction completion timeline.

Upon motion made and duly seconded, the Board unanimously approved the resolution.

**ACTION ITEM 9**

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute **an extension of its affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH")** (the "Affiliation Agreement") through June 30, 2023, for a cost of \$22,435,966 prior to a 10% contingency for a total not-to exceed of \$24,679,563

(Presented Directly to the Board)

Dr. Machelles Allen, Senior Vice President and Chief Medical Officer and James Cassidy, Director of Fiscal Affairs presented a historical overview of Downstate Health Sciences University (aka SUNY) relationship with NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coney Island. They also presented the cost of the agreements from FY 2016 - FY 2022. The reason for the extension request is due to a requirement of the union contract to provide its employees with one-year's notice of termination and this extension would allow Health + Hospitals reasonable time to negotiate a new contract with the termination notice and provided uninterrupted provision of some services to NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coney Island. They further presented the proposed cost of the contract extension.

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

#### **PRESIDENT'S REPORT**

Dr. Katz commenced his remarks by noting that his written report was included in the materials provided to the Members and that he would be available for questions. However, he highlighted that vaccination numbers are increasing which results in a steady decline of infections. He further explained that the Delta variant is present in New York City and is proving to be very contagious with the unvaccinated being mostly affected. He stressed the efficacy of the vaccine, including its effectiveness in treating the variant. Health + Hospitals continues to counteract misinformation regarding the vaccination on social media.

Health + Hospitals' staff will have to be vaccinated or submit to weekly testing of COVID, which is being guided by Kenra Ford under the supervision of Dr. Allen. The goal is to have a safe workplace and a positive implementation process for all staff.

#### **CONTRACTS, PURCHASE ORDERS AND WORK ORDERS**

Dr. Katz also informed the Board that given the time sensitivity, he have recently approved two contracts that would otherwise have been brought to the Board.

The first is a contract amendment with Rapid Reliable Testing NY, LLC (RRT) for emergency COVID mobile units for testing and vaccination, for a nine-month period, with funding from the City's Office of Management and Budget (OMB). RRT is the only laboratory in contract with NYC Health + Hospitals, which also operates a fleet of ambulances and the only ambulance company in contract with us with

laboratory capacity. RRT is uniquely qualified to administer overdose care, COVID vaccinations, and rapid, on-site COVID testing as well as to scale up capacity as needed. The contract amendment has a not-to-exceed value of \$9M.

The second exception is a contract amendment with Optum Insight, Inc. to expand their emergency call center work to include calls to the public to encourage vaccination. The original agreement was limited to telephone work to identify the contacts of people who tested COVID positive, and to encourage them to get tested and isolate. This was a re-purposing of \$18.5M of allocated contract funding, and involves no new costs. This work is also funded through OMB.

In response to questions, Dr. Katz clarified that the testing requirement does apply to employees who have a hybrid tele-commuting arrangement, including non-clinical staff who will be required to report to a facility if the needs arises.

#### **Committee and Subsidiary Reports**

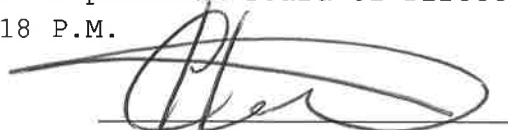
Ms. Wang noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. She welcomed questions or comments regarding the reports.

In response to questions and as noted in the Capital Committee report, Ms. Hercules confirmed that the September Board meeting would be convened at 50 Water Street.

#### **OLD BUSINESS/NEW BUSINESS**

#### **ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 5:18 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

### AUDIT COMMITTEE TALKING POINTS - July 12, 2021

**As Reported by: Sally Hernandez-Piñero**

**Committee Members Present:** Ms. Sally Hernandez-Piñero, Eric Wei, Feniosky Peña-Mora, Freda Wang - in a viewing capacity only by video conference

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 10:00 A.M.

Ms. Hernandez-Piñero announced that Dr. Eric Wei is representing Dr. Mitchell Katz in a voting capacity and Ms. Freda Wang is present in a view-only capacity by video conference.

Ms. Hernandez-Piñero asked for a motion to adopt the minutes of the Audit Committee meeting held on May 10, 2021. A motion was made and seconded with all in favor to adopt the minutes.

Mr. Chris Telano, Chief Internal Auditor provided an Internal Audit update and informed the Committee that:

1. The final audit report by the NYC Comptroller's Office of NYC Health + Hospitals Auxiliaries was issued on June 16, 2021. Health + Hospitals officials took exception to two of the Findings (b & c) noted as part of this audit - Outdated Policies & Procedures and Untimely Completed Financial Statements - as they were previously mentioned on Page 5 of the COB final report. Health + Hospitals also disagreed with the other two findings (a & d) discussed in the final report regarding executing separate agreements for each of the 22 Auxiliaries and expanding the oversight of the Auxiliaries. Health + Hospitals officials responded that this was an overreach as the Auxiliaries are independent not-for-profit corporations.
2. A review by the NYC Comptroller's Office of NYC Health + Hospitals controls over nursing homes began in August 2020. Since the last Committee meeting, the Auditors from the Comptroller's Office decided to visit each of the 5 nursing homes within the System. Their goal was to observe all of the areas that are utilized by the warehouse staff and obtain and review documents related to the inventory process. This included the Fiscal Year inventory counts and cycle counts conducted during the last quarter of the fiscal year. In addition, the Auditors will be meeting with a PeopleSoft inventory expert from the Corporate Supply Chain Department of Health + Hospitals to learn about the processing and reporting functions of the inventory system.

3. Internal Audits conducted a review of the Vehicles Owned and Leased by NYC Health + Hospitals. This audit is a follow-up of a follow-up. The original audit report was issued on May 14, 2018. The first follow-up report was issued on January 7, 2020. Because the first follow-up revealed minimal progress, our audit process for the current review was similar to the one practiced during the original audit. Overall, our audit revealed that the monitoring of vehicle usage, and fuel and maintenance expenses needs to be improved. In addition, we recommended that a more standardized approach to the oversight of the Transportation Units at the facilities would help to address the audit observations we found during our review.

**Follow-up:** the Committee requested the total dollar amount of excessive gas purchased using gas cards to fill gas cans.

**Follow-up:** the Committee requested future updates on the process of implementing the corrective action plan

4. Auxiliaries - the CPA firm, Bonadio, hired in June 2020 to evaluate the financial statements of the Auxiliaries, has been issuing many reports in accordance with NYS Charities Bureau regulations. Final reports for Calendar Year 2020 have been completed and reviewed by the Office of Internal Audits for 10 of the 22 Auxiliaries. Nine (9) reports were Compilations as revenues were below \$250,000; one was a Review as revenues were between \$250,000 and \$750,000.

Ms. Catherine Patsos, Chief Corporate Compliance Officer provided an update on the monitoring of excluded providers, privacy incidents and related reports, the Office of Civil Rights reports regarding HIPAA incidents, compliance reports, status update on OneCity Health independent assessor audit and compliance attestation, OP 50-3 Policy on Gift Exchange Receipt, OP 50-1 Corporate Compliance & Ethics Program, Biomedical Device Governance, Records Management Governance, HHC ACO shared saving funds, FY22 Risk Assessment, HIPAA risk analysis and security assessment.

#### **Executive Session - 10:39**

Ms. Hernandez-Piñero asked for a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters. A motion was made and seconded with all in favor.

The Committee reconvene in open session at 10:59

There being no other business, the meeting was adjourned at 11:00 A.M.

#### **Strategic Planning Committee Meeting - July 12, 2021**

**As Reported by: Feniosky Peña-Mora**

**Committee members present:** Feniosky Peña-Mora, Sally Hernandez-Piñero, Dr. Machelles Allen representing Dr. Mitchell Katz, and Freda Wang (via WebEx in a viewing capacity only - left at 11:18).

Mr. Feniosky Peña-Mora, called the July 12<sup>th</sup> meeting of the Strategic Planning Committee (SPC) to order at 11:08 am.

Due to quorum not being realized the approval of the minutes of the April 12, 2021 Strategic Planning Committee Meeting was deferred to the next meeting.

#### **INFORMATION ITEMS**

Dr. Eric Wei, Senior Vice President, Chief Quality Officer turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the key external landscapes, Federal, State and City that are affecting our system's FY-21 performance and going into FY-22.

#### Federal Update

Ms. Brown reported that as the Biden Administration and people are taking their seats, the beginning of their regulatory priorities are beginning to be seen. The steps taken thus far are essentially, towards a more progressive vision of healthcare provision, which is beneficial for us.

In the coming months we will be informing and educating the Federal administration on our special population's proposal. This is something that the City and State will be working on, as well as the Feds who will be a supportive and important partner.

In terms of legislation, the big issue right now is the infrastructure package. Unfortunately, hospitals are not a part of infrastructure at this point, other than the VA, and this is something that we and many others have continued to advocate for and will continue to seek infrastructure and capital project support. The good news is that our "Earmark" proposals are progressing for at least four of our facilities; Jacobi, Elmhurst, Queens, and Coney Island.

#### State Update

Ms. Brown reported that the Albany sessions have concluded and there was an increase of bills this year relative to last year. Some areas were identified of significant concern or interest for us. Most of the bills were related to staffing provisions, which have been discussed previously. New York City Health + Hospitals is well-positioned by our work prior to the development of these legislative mandates.

Currently, we are working with a number of stakeholders on the creation of a suicide prevention hotline, a "988" number, that we are very pleased to be a part of. The big priorities for next year are

Indigent Care Pool restructuring. Unfortunately, this and telehealth parity is something that did not happen this year. \$250 million of cuts was averted on the budget side, and we are currently working with the State, and a number of other stakeholders on their ongoing State waiver activity.

### City

Ms. Brown reported that we are looking forward to working with the incoming elected officials. The city budget has been adopted, and John Ulberg, Senior Vice President, Finance and his team are doing an analysis.

Mr. Peña-Mora opened up for discussion by asking if there are any questions. The participation of Leader Schumer, Senator Gillibrand, the AOC, and others seems very important. Mr. Peña-Mora thanked Ms. Brown for her efforts on making sure that New York City Health + Hospitals is able to be there at the table, ensuring that the resources we need are available.

The meeting was then turned over to Dr. Wei to present the third quarter of fiscal year 2021, January 1st through March 31st, 2021 Performance: Positive Trends. Dr. Wei stated that the report is organized with positive trends, negative trends, and stable trends, as well as organized around our strategic pillars, which was a recommendation from the Chair of the Committee.

Dr. Wei and Krista Olson, Senior Assistant Vice President, reported on FY-21 Q3 (January 1 to March 31, 2021) Performance: Positive Trends:

### Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **55.7%** from 37.97% (target: 66%)
  - The data capture method for this metric has improved since last quarter's reporting. Staff continue to be trained on the workflow for appropriate, full documentation of these follow-up appointments in Epic. Encounters are only considered fully complete when there is full documentation in the electronic health record.

### Care Experience

7. Ambulatory care - recommend provider office **86.97%** from 82.88% (target: 87%)



8. MyChart Activations: **66%** from 55% (target: 75%)
- This measure remains as an essential goal, and activations have consistently increased through this portal, allowing patients access to pertinent medical information while ultimately improving patients' experience with their care teams and access to health information in a simple, secure manner. The target has been increased to 75% (originally was 30%, but we've far surpassed that target).

#### Financial Sustainability

9. Patient care revenue/expenses: **74%** from 72.6% (target: 60%)
- Patient Care Revenue/Expense ratio continued to improve during this reporting period, mostly attributed to an increase in patient service revenue related to the COVID-19 pandemic, as well as because of revenue generating initiatives being implemented.
10. % of Uninsured patients enrolled in health insurance coverage or financial assistance; **72%** from 58% (target: 76%)
- Performance is still below the target, though has improved since the previous quarter and is approaching the target. We anticipate continued improvement due to ongoing ramp-up of efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED or inpatient areas are approaching or exceeding the target.
12. Total AR days per month: **60** from 62.6 (target: 45)
- Includes both inpatient and outpatient for the acute care facilities (lower is better for this measure). The target for the current fiscal year ('21) is 45 days, representing a move toward best practice. The days are significantly below last year at the same time period, though remains inflated with significant self-pay balances related to the COVID-19 pandemic.
13. Post-Acute Care Total AR Days (12 months): **48.2** from 51 days (target: 55)
- (lower is better for this measure). This measure has improved since last quarter, and is better than the target of 55 days.

#### Access to Care

16. # of e-consults completed: **82,226** from 71,793 (target: 46,000)
- This continues to be a top priority initiative and measure of specialty access. Visits have consistently recovered from the start of the COVID-19 pandemic. The overall system-wide focus is on improving referral review, scheduling, and follow-up time.

The target of 46,000 will be updated, based on the growth in this area.

17. NYC Care enrollment: **65,788** from 46,460 (target: 50,000)
  - Enrollment is steadily growing, with focus on efforts to improve primary care capacity and continuity. NYC Care continues to provide low- or no-cost access to New Yorkers who don't qualify or can't afford health insurance. This remains a top priority and has surpassed the target.

#### Culture of Safety

18. Total Wellness Encounters: **916** from 737
  - This number includes the following, in aggregate: Number of 1:1 Debriefs: 264; Number of Group Debriefs: 498; Number of Combined Support Debriefs (mix of 1:1 and group debriefs): 50; and Number of Wellness Events: 104. Wellness encounters are of the highest priority, as clinicians and staff need these critically important resources to heal from the tremendous burden and impact from the COVID-19 pandemic.

Dr. Wei reported on FY-21 Q3 (January 1 to March 31, 2021) Performance:  
Negative Trends:

#### Quality and Outcomes

4. % Left without being seen: **3.0%** from 1.8% (target: 4.0%)
  - During this reporting quarter, overall ED utilization increased, although not quite at pre-pandemic levels. Because of this increase, there have been concomitant increases in the % of patients who left the emergency departments without being seen.
1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.85 per 1,000 care days** from 1.55 per 1,000 care days (target: 1)
  - Hospitalizations from post-acute facilities at NYC Health + Hospitals increased during this reporting period, at 1.85, compared to 1.55 per 1000 care days in the prior period. Strategies to improve this measure include opening a telemetry unit at one of the post-acute facilities, supporting providers to treat in place, adding new diagnostic tools, and improving communication and coordination of care with acute care hospitals.

#### Care Experience

6. Inpatient care: overall rating: **64.96%** from 66.65% (target: 66.3%)

- Although the overall rating has decreased from the prior period, the actual for this period has improved as compared to the prior year same period (Jan 1-Mar 31, 2020) of 63.00%.

#### Access to Care

15. Unique Primary Care Patients seen in last 12 months: **370,878** from 376,558 (target: TBD)
- The definition for this measure has been modified to account for the most accurate departments, visit, and encounter types that should be part of the count. It includes visits occurring at primary care clinics, as follows: family medicine, adult medicine, geriatrics, HIV, pediatrics. In the past, certain departments, visit, and encounter types were counted, including COVID-19 testing data, which had inflated the calculation for this metric; these encounters are no longer included.

Dr. Wei and Ms. Olson reported on FY-21 Q3 (January 1 to March 31, 2021)  
Performance: Steady Trends:

#### Quality and Outcomes

3. HgbA1c control <8: **60.7%** from 61% (target 66.6%)
- Since the pandemic, there continues to be fewer in-person clinic visits, with fewer checks of A1c labs. However, during this reporting period, this measure has remained the same as in the prior period. Chronic disease management continues to be of the highest priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self-management skills, and leveraging technology and peer mentors to support patients in managing diabetes in-between clinic visits. These continued to be critical strategies during the second surge of the pandemic.
5. Integration of Bio Medical Devices (**new measure as of FY21 Q3**): **103%** (target: 100%)
- This is a new IT measure; Current performance is at 103% (304/294) for CY21 Q1, and target is 100% (294/294) for CY21 Q1. (Note: Project goal is 2,560 Bio Medical devices integrated by December 2021. 294/2,560 = 12% of overall project goal)

#### Financial Sustainability

11. % of MetroPlus medical spend at NYC Health + Hospitals: **38.8%** from 39.1% (target: 45%)

- % has mostly remained the same since the prior quarter. It remains below the target, though NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements.
14. Data Center Migration progress **(new measure as of FY21 Q3): 90%** (target: 100%)
- This is a new IT measure; Data Center is at 90% of meeting project deliverables for CY21 Q1. Completion of 100% of the CY21 Q1 project deliverables is the quarterly goal.

Dr. Wei reported on FY-21 Q3 (January 1 to March 31, 2021) Performance:  
New Highlights:

Racial & Social Equity Measures

19. % of New Physician Hires being underrepresented minority (URM) **(new measure as of FY21 Q3): N/A**
20. % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data **(new measure as of FY21 Q3): 0%** (target: 100%)
21. % of total procurement spend on MWBE **(new measure as of FY21 Q3): N/A** (target: 30%)

Dr. Wei reported on FY-21 Q3 (January 1 to March 31, 2021) Performance:  
COVID-19 Metrics

COVID-19

22. Total # of COVID-19 Test Administered: **1,194,500**
- Includes PCR tests administered.
23. Total # of COVID-19 Positive Tests: **102,538**
- Includes PCR tests administered.
24. Post-Acute Care COVID-19 Infection Rate: **86.6**
- Rate is expressed per 1,000 residents within the post-acute facilities at NYC Health + Hospitals. The rate increased due to a surge in this reporting quarter. However, the post-acute rate continues to remain lower than the NYS COVID-19 average infection rate which was 142 per 1000 residents and the National Average remained at 219.3 per 1000 residents.
25. COVID-19 Vaccine: # 1<sup>st</sup> Dose: **366,448**
26. COVID-19 Vaccine: # 2<sup>nd</sup> Dose: **303,568**
27. % of Occupied Beds: **69%**

Dr. Wei informed the Board that the reason why the total number of positive tests and cases went up in Q3, was due to this really being the middle of the long, but flatter, curve of the second wave in New York City.

### **RECOMMENDATIONS**

Mr. Peña-Mora made the recommendation to set a target for #15 Unique Primary Care Patients seen in last 12 months, as well as see why there is a variance to target present when there is no target.

Mr. Peña-Mora thanked Dr. Wei, and the other presenters.

There being no old business, nor new business, the meeting was adjourned at 11:43 am.

### **Finance Committee Meeting - July 21, 2021**

**As Reported By: Freda Wang**

**Committee Members Present:** Freda Wang, Matthew Siegler representing Mitchell Katz in a voting capacity, Sally Hernandez-Piñero, Feniosky Peña-Mora, Barbara Lowe - arrived at 9:42 a.m.

**HEALTH + HOSPITALS Attendees:** John Ulberg, Krista Olson, Ted Long, Paul Albertson, Andrea Cohen, Chris Keeley, Sarah Lum, Michline Farag, Meg Thompson, Colicia Hercules, Machelles Allen, Eric Wei, Linda DeHart, James Cassidy, Marji Karlin

### **CALL TO ORDER**

Ms. Wang called the meeting to of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 09:33 a.m.

Upon motion passed and duly seconded the minutes of Finance Committee meeting held on June 07, 2021 were adopted.

### **ACTION ITEM: Waste Management Services**

Mr. Paul Albertson introduced the Waste Management Services action item by reading the Resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign 2-year agreements with each of Approved Storage and Waste Handling, Inc. ("ASWH") and Action Carting Environmental Services, Inc. ("Action") for waste management services with options to renew each agreement for 2 years held exclusively by the System subject to expenditure limits not to be exceeded on the ASWH agreement of \$10,058,560 for the initial term, \$6,902,000 for the Action agreement during the initial term, \$10,058,560 on the ASWH agreement during the renewal term and \$7,322,332 for the Action agreement during the renewal term.

Mr. Albertson presented on the action item background. NYC Health + Hospitals conducted a solicitation via RFP in 2015 for waste management services. Stericycle was selected as the vendor and was awarded a 6 year agreement. The agreement included both waste management and carting/disposal of all waste, with an all-inclusive flat fee. The contract expired on June 30, 2021; a 3 month extension through September 30, 2021 was executed. The total cost is \$46,042,474. Waste management includes municipal solid waste, regulated medical waste and sharps, construction and demolition debris, recyclables, confidential documents, hazardous waste, e-waste, universal waste, pathological waste, and pharmaceutical waste. Waste Management has several oversight services, including city, state and federal regulatory agencies and accrediting bodies including The Joint Commission, the State and City Departments of Health, and NYC Health + Hospitals operating procedures.

Mr. Albertson reviewed the annual aggregate waste volumes for select waste categories. Each type of waste requires a unique container for standardization of education, training and management of each waste stream for safety and regulatory purposes. Every staff person in every facility uses one or more type of container each day. There are several thousand containers in daily use across the System.

Mr. Albertson reviewed the scope of services. Priorities for the services include patient, staff and visitor safety; compliance with all regulatory requirements and accrediting standards; uniform organizational and staff communication; uniform provision of all services, programs, and cost controls throughout the System; technical expertise and required licensure/regulatory approach; full-time on-site management to work with COOs, safety environment services directors, and infection preventionists; electronic dashboard reporting; emergency preparedness plans for each waste system; and ongoing training and education.

Mr. Albertson reviewed the procurement process. A request to issue an RFP for managing all or segments of the waste stream was approved by the CRC and subsequently posted in the City Record. Minimum requirements included MWBE utilization plans, full-time office within NYC, and five years experience with waste management within healthcare.

Mr. Albertson continued to review the procurement and selection process. Six vendors responded to the solicitation request. The evaluation committee recommended Approved Storage and Waste Handling and Action Carting Environmental Services. ASWH is located in NYC, has excellent references, will provide dedicated program managers, meets

the 30% MWBE utilization plan, and provided a detailed facility based transition plan. Action had significant footprint in NYC, will provide enhanced containers for waste at their own cost, will work directly with the system through a new contract to enhance services, and meets the 30% MWBE utilization plan.

Ms. Wang polled the members for questions.

Ms. Sally Hernandez-Piñero asked why the incumbent vendor was not selected.

Mr. Albertson replied that the vendors selected offered three advantages over the incumbent which include onsite management, education and training, and their MWBE utilization plans.

Ms. Hernandez-Piñero asked what the transition plan is for waste hauling and disposal.

Mr. Albertson said the transition plan for the hauling will be easier because the vendor already subcontracts in the current arrangement. The vendor will swap out the containers.

Ms. Hernandez-Piñero asked what the transition timeline is.

Mr. Albertson replied 45-60 days.

Ms. Hernandez-Piñero asked if we are paying the previous vendor during the transition.

Mr. Albertson replied yes.

Mr. Feniosky Peña-Mora asked if ASWH has done business with any other clients in the area.

Mr. Albertson replied that they work with Montefiore.

Mr. Peña-Mora commended the vendors' MWBE utilization plan and asked what the previous vendor's MWBE utilization plan was.

Mr. Albertson replied 5%.

Ms. Wang noted the previous contract was one and asked why this iteration if being broken into two contracts.

Mr. Albertson responded there are two vendors to ensure stronger regularity of pick-up and because the new contracts will be a weight-based fee rather than a flat-fee which enables H+H to have better metrics on the waste produced.

Ms. Wang asked how the vendors will ensure the waste is being handled in compliance with regulations.

Mr. Albertson said the major way they do this is by having different types of waste containers.

Ms. Hernandez-Piñero requested Mr. Albertson add into the presentation the reason the committee decided to split the contract into two.

Mr. Peña-Mora asked what services are being added to these contracts that the previous contract did not have.

Mr. Albertson stated that the fees are based on weight and there is a not-to-exceed value.

Mr. Peña-Mora asked if we anticipate spending in this contract to be lower than the previous.

Mr. Albertson said no.

Ms. Wang brought the action item up for motion. Upon motion made and duly seconded, the Committee unanimously approved the resolution.

**ACTION ITEM: DOE and Mobile Unit Testing Expansion**

Mr. Chris Keeley introduced the DOE and Mobile Testing Expansion action item by reading the Resolution.

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign 11-month agreements with each of the 12 vendors listed in Annex A attached to this Resolution (each a "Vendor" and together, the "Vendors") to perform COVID testing both in schools and in the community on an as-needed basis for an amount for all Vendors not to exceed \$250,480,410.

Mr. Keeley reviewed the background of the contracts. T2 solicited proposals in November 2020 and awarded contracts to conduct COVID-19 testing through 1. In-school testing and 2. Community testing. In-school testing is done in all NYC public schools on a routine basis and is currently performed by several vendors, including BioReference Labs, Fulgent Genetics, SOMOS Community Care, and MedRite. The spend



averaged \$16M, ranging from \$7M and \$34M per month. Community Testing was done through mobile and sidewalk units and is executed by Rapid Reliable Testing, MedRite, and Premier Assist. The average spend is \$9M. In May 2021 the CRC approved the release of a solicitation for application to contract for both of these testing modalities starting in August 2021.

Mr. Keeley discussed the contract development goals. The scope of work is based on both the current and anticipated needs. Service level agreements included requirements around turnaround time and number of teams deployed daily. The fee structure for both in-school and community testing vendors proposed budgets with a per test fee and/or a per team per day fee. Testing was priced at \$75 per test based on prior experience under existing contracts.

Mr. Keeley reviewed the RFP criteria. The minimum criteria included proven success in providing large scale COVID-19 testing in relevant settings, ability to begin work and scale quickly, and MWBE certification or utilization plan.

Mr. Keeley reviewed the procurement and selection summary. T2 issued the RFP in May 2021 and 29 vendors applied and 12 vendors were selected to enter into contract. Work will be assigned at T2 discretion based on testing needs and vendor capabilities. Five of the vendors are able to do both in-school and community-based testing and seven can do only school testing. Of the six incumbent vendors, two met or exceeded MBE targets, two made progress through good faith effort, and two must take considerable and immediate strides to receive assignment of work under the new contracts. The contracts allow for cost savings with existing vendors and new testing capabilities include saliva testing. The not to exceed amount is \$250,480,410, with \$150,802,946 dedicated to in-school testing and \$99,677,463 dedicated to community testing.

Mr. Keeley asked the finance committee for approval to enter into contract with 12 vendors beginning August 1, 2021 through June 30, 2022. The not to exceed amount is \$250,480,410. The funds spent will be agreed upon with OMB in advanced and covered under the T2 MOU with OMB. The chart on the slide reviews each of the 12 vendors MWBE goals. BRL, Fulgent, and DayBreak vendors did not include a list of MWBE subcontractors in their proposals. However, since the time the proposals were submitted Mr. Keeley met with the vendors and received a list of their subcontractors. For BRL, they propose to subcontract with Olympic Glove and Safety Company, Redstream Technology, A+ Tape and Packaging Supply Co., and East West Systems. Fulgent has identified Cure Staffing, Cen-Med Enterprises, Globe Scientific Inc., and the Olympic Glove and Safety Company. Daybreak has identified Deluxe Delivery and Joanna Franklin.

Ms. Hernandez-Piñero asked if Fulgent and BRL will have 30% MWBE utilization plans going forward.

Mr. Keeley replied yes.

Ms. Barbara Lowe asked how many vendors have previously worked in schools.

Mr. Keeley replied that 4 of the 6 incumbents have been working in schools and all of the new vendors that will be doing in-school testing have at least some school testing experience and that all new vendors will begin with testing in the community before moving into schools.

Ms. Wang asked if the 4 vendors that have experience in the schools have sufficient capacity to cover school testing if the other vendors are not able to adequately perform on the community testing.

Mr. Keeley replied that it depends on the policy decisions around how much testing and how frequently but the 4 vendors probably could handle the demands.

Mr. Peña-Mora asked if all the vendors from the original contract were selected for the new contract.

Mr. Keeley replied yes.

Mr. Peña-Mora requested to see the performance results of the selected vendors and the criteria that was used to evaluate each vendor.

Mr. Peña-Mora asked about the MWBE utilization plans for the vendors that were in the previous contract. As noted, only 2 of the 6 actually achieved the MWBE utilization goals. Mr. Peña-Mora expressed significant concern over BRL and Fulgent, who did a significant volume of work and did not demonstrate good faith efforts to MWBE and yet we are contracting with them again. Further, the vendors did not provide names in their proposals for MWBE subcontractors. Mr. Peña-Mora expressed concern that Mr. Keeley and his team were not taking the Board's MWBE utilization goals seriously.

Mr. Keeley first spoke to BRL. BRL failed to provide names in their proposal but under the existing contract they have had a 39% MWBE utilization achievement (\$16M out of \$41M).

Mr. Peña-Mora asked if the subcontractors that BRL has been using are the same subcontractors they have used in the existing contract.

Mr. Keeley said yes, they are the same subcontractors and that the timing of the proposal submission did not allow for the names to be include in the presentation.

Mr. Keeley then spoke to Fulgent's failure to meet the MWBE utilization goals. Fulgent did not put in a good faith effort to meet the MWBE utilization goals. Mr. Keeley has emphasized to their team that if they do not have a concrete plan to achieve the MWBE utilization goal they will not be given work in the new contract. Mr. Keeley's team has made contingency plans in the event that we do not move forward with Fulgent. Mr. Keeley assured the Committee that

Fulgent understands clearly that they will not be awarded work if they do not meet the goals. Mr. Keeley looked at Fulgent's spend with their current staffing subcontractor, who is not MWBE, and the spend is 34%. Because of this, Mr. Keeley feels confident that Fulgent will meet the MWBE goals with their replacement staffing subcontractor Cure Staffing, which is an MWBE firm. Though Fulgent has not performed in good faith on MWBE, Mr. Keeley emphasized that they were one of the strongest performers in other areas and that we are working to move this publicly-traded company into the MWBE space.

Mr. Peña-Mora asked what Fulgent's MWBE spend is to date.

Mr. Keeley replied that is 2% to date and that he believes the July data will show the numbers around 30% due to the transition from their existing staffing vendor to Cure Staffing.

Mr. Peña-Mora again stated his concerns over selecting a vendor that did not make a good faith effort to our goals and Mr. Keeley and his team for not pressing harder on this. Mr. Peña-Mora asked Mr. Keeley to answer two questions. 1. That he believes that even with a reluctance on Fulgent's part, they have gotten the message and they will perform.

Mr. Keeley said yes on both counts and that he is confident they have gotten the message and that they know they must perform if they are to be awarded work going forward.

Mr. Peña-Mora asked his second question - if Mr. Keeley and his team have gotten the message about how important this is and whether he will stay on top of the vendor's performance and if they are not performing to our standard he will take appropriate actions.

Mr. Keeley confirmed yes.

Mr. Peña-Mora asked if it would be possible to request a monthly report on the performance of the vendors in all the measure categories and including MWBE realizations. In the monthly report, if any of the vendors are falling behind Mr. Peña-Mora requests that Mr. Keeley include an action plan to get the vendors on track or to take the actions necessary to reallocate work.

Ms. Wang agreed and confirmed that it is appropriate to request a monthly report on all the vendor's performance.

Ms. Lowe asked who the partners are at the sites and mentioned parents as stakeholders.

Mr. Keeley responded, they are partnering closely with DOE who are responsible for the parent relationships and collecting consents.

Ms. Lowe asked about school based clinics.

Dr. Ted Long replied that he has worked closely and directly with parents to understand their concerns. School-based clinics operate separately from the testing.

Ms. Hernandez-Piñero echoed Mr. Peña-Mora's concerns with Fulgent and asked how much Fulgent has made under the existing contract.

Mr. Keeley replied around \$31M.

Ms. Wang stated that in the first monthly report they should see Fulgent meeting and exceeding the 30% requirement given their change in staffing vendors and other vendors that you previously mentioned.

Mr. Keeley asked if it is expected that they over perform the benchmark set.

Ms. Wang said this is a good faith effort discussion. We would not require them to have higher than 30% but they should meet and exceed our expectation.

Mr. Peña-Mora wants the resolution to include monthly reporting of the vendors.

At the advice of Legal - Ms. Wang called for a vote to move the finance committee into executive session which was duly seconded and approved.

The Finance Committee then went into executive session at 10:45 a.m.

Executive session ended at 10:59 a.m.

Ms. Wang brought the action item up for motion, contingent on the monthly reporting requested. Upon motion made and duly seconded, the Committee unanimously approved the resolution.

#### **FINANCIAL UPDATE**

Ms. Freda Wang asked Mr. John Ulberg to hold the full financial update and report on time-sensitive or urgent items. Ms. Wang appreciated the revenue cycle updates in the deck.

Ms. Hernandez-Piñero asked for what accounted for our successes related to coverage of the eligible uninsured.

Mr. Ulberg replied that we have improved due to our ongoing work with MetroPlus, better data and analytics, changes in workflows, and exchange/enrollment work.

Mr. Peña-Mora asked for an update on FEMA reimbursement.

Mr. Ulberg said we are working closely with Senator Schumer's office to advocate to FEMA to move our package forward.

#### **ADJOURNMENT**

There being no further business the meeting was adjourn at 11:06 a.m.

Capital Committee Meeting - July 26, 2021  
As reported by Feniosky Peña-Mora  
Committee Members Present: Feniosky Peña-Mora, Sally Hernandez-Piñero,  
and Freda Wang

Mr. Peña-Mora called the meeting to order at 2:06 p.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on June 7, 2021 were unanimously approved.

### **Senior Vice President's Report**

Mrs. Flaherty, Senior Vice President, Office of Facilities Development presented her report.

Mrs. Flaherty noted that as the fiscal year closed on June 30th, she would be reflecting on the accomplishments of the Facilities Development team over the past year. She said she looked forward to the educational session in September to fully debrief the committee and members on the Board on all the team's efforts in capital and real estate over this last year, but would look to highlight some of the key accomplishments of the team.

On the capital front, there had been a tremendous effort in partnership with colleagues in finance.

The budget and payments teams facilitated the commitment of over \$450M in capital contracts, representing over 1,300 purchase orders. Of those contracts, over \$200M was City Capital, and the infrastructure commitment rate increased to 83%, compared to last year's 74% commitment rate. Our payments team processed a high volume of payments supporting the system and saw an 8% increase in transactions - from over 1,900 to over 2,000 vouchers. The budget team was able to authorize over \$450M in budget expenditures as well - a substantial increase from last year.

With the partnership of the New York City Office of Management and Budget (OMB) the System secured additional capital dollars during the January and Executive Plan cycle and teams were working through the new dollars brought into the capital plan through the support of local elected officials.

Through partnership with the Department of Citywide Administrative Services the System secured additional energy grant funding for much needed capital projects at Harlem and North Central Bronx and would continue to identify and apply for additional energy and carbon reduction projects to support the System - like the resolution today for Bellevue's Combined Heat and Power Project.

The 50 Water Street Office Consolidation project was wrapping up and the next Board meeting would be at the new location in September.

Reporting on status of the bond portfolio, one project was in construction, 12 projects in the procurement phase, 22 projects in the design phase and 2 projects going through the design selection process. Based upon timing, one project was redirected to City Capital funding.

Mrs. Flaherty advised that all CARES funded projects were substantially complete and the team was working on reporting and administrative completion. This work enhanced surge locations, improved air quality and critical infrastructure concerns such as oxygen, gas and electric systems.

The Facility Management team put a large number of COVID related improvements in place, from 1000's of barrier protections and bedside dialysis quick connects to enhancements in the emergency departments and improvements to air circulation and filtration in dental clinics. Teams completed a detailed space inventory and preparing to solicit and secure a facility management information system to further support the ongoing preventative maintenance and improvement work happening throughout the facilities by the Directors of Engineering and union trades every day.

Over this past year, the senior director of finance and emergency management oversaw the creation, physical plant operations and maintenance on over 45 test and trace and vaccination sites, and OFD would continue to support our T2/vaccination teams.

In the coming year we will be working on restarting the Facilities Council, establishing a Project Management and Facility Management Information System and further refining the 10-year capital plan and delivery strategy so as to maximize infrastructure resiliency and create equitable modern care environments for patients and staff that meet the needs of the community.

That concluded her remarks.

Mr. Peña-Mora thanked Mrs. Flaherty and her team for all their hard work and accomplishments while navigating the COVID crisis.

Mrs. Flaherty noted that working with Finance and OMB contributed to the successes and acknowledged that there is more investment to be made in the System.

Deborah Brown, Senior Vice President, External and Regulatory Affairs, agreed that the collaborative effort was key to the many

accomplishments and streamlining processes would continue and was expected to move critical work forward in order to benefit the System.

Ms. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a 5-year revocable license agreement with the Volunteer Heart Resuscitation Unit and Ambulance Corporation of Staten Island (the "Licensee") for its continued use and occupancy of 4,284 square feet in the Surgical Pavilion to house the administrative functions of an ambulance service and 500 square feet of space for parking on the campus of NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center (the "Facility") at an occupancy fee of \$7,951/year to be escalated annually by 2.5% for a five year total of \$41,793.**

Ms. Flaherty was joined by Matthew Levy, Executive Director, NYC Health + Hospitals / Sea View to present the rationale for this licenses agreement and discussed Sea View's other community partners, provided background information on the proposed Licensee and their history with Sea View, current terms and new terms and schedule.

The Committee requested clarification on the numbers of volunteers working with the Licensee, since the resolution states 50 and the presentation indicates 60. Ms. Flaherty promised to clarify for the Board Meeting.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Ms. Flaherty read the resolution into the record:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a thirteen-month lease extension with Hazel Blue Plaza LLC (the "Landlord") for the use of approximately 2,000 square feet of ground floor space at 49-02 Queens Boulevard, Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Bellevue Hospital Center ("Bellevue") at a base rent of \$92,168.00 per year, or \$46.08 per square foot, for a total of \$99,848.58 for the thirteen month extension; provided the System will hold an option to extend for an additional five years with the rent for the thirteen month extension and five year option term together totaling \$596,425.50.**

Ms. Flaherty was joined by Marcia Peters, Chief Operating Office, NYC Health + Hospitals / Bellevue provided background information on the history of the WIC program at Bellevue, a map showing the distance of the program from the facility, the lease terms, and rental schedule.

Staff responded to questions on the rationale for Bellevue to operate a WIC site in Queens not too far from Elmhurst - this site serves Queens residents that are patients of Bellevue and operationally the funding from the State is through Bellevue.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Ms. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with New York City Department of Citywide Administrative Services ("DCAS") and New York Power Authority ("NYPA") for an amount not-to-exceed \$35,469,158.74, including a 7.5% contingency of \$2,022,938, for the planning, design, procurement, construction, construction management and project management services necessary for the installation of a 4 megawatt ("MW") Cogeneration System ("CHP") (the "Project") at NYC Health + Hospitals/Bellevue ("Bellevue").**

Ms. Flaherty was joined by Oscar Gonzalez, Assistant Vice President, Office of Facilities Development to present the current state of NYC Health + Hospitals energy and carbon emission reduction initiatives, the projects goals and scope, CHP plant features, objectives of the project, annual energy savings, overview of the relationship with NYPA, funding and capital delivery, project budget, NYPA procurement path and MWBE utilization plan.

In response to questions, staff explained that there are similar energy projects across the System including Kings, Jacobi and Harlem. Staff clarified that the contingency interest of 2.4% or \$815,502.74 is basically a late payment fee, and that historically Health + Hospitals has never incurred these fees and would continue to work diligently to prevent them on this project. Staff also discussed their plan to discuss with NYPA the construction manager - Guth DeConzo capacity, since they have a number of other on-going projects.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.



Ms. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to rename NYC Health + Hospitals/Coney Island Hospital (the "Hospital") as "NYC Health + Hospitals/South Brooklyn Health" and designating the 11-story Critical Services Structure now under construction and the existing Tower Building both at the Hospital as the "Ruth Bader Ginsburg Hospital" in honor of the late United States Supreme Court Justice, Ruth Bader Ginsburg.**

Ms. Flaherty was joined by Svetlana Lipyanskaya, Chief Executive Officer, NYC Health + Hospitals / Coney Island presented the transitioning demographic of Coney Island area and its background, provided details on the investment in hospital care and the flood-proof emergency and inpatient services project, rationale to remain the hospital and to name in-patient building after Ruth Bader Ginsburg and the outpatient building the Health and Wellness Institute. They explained the community engagement, values of Ruth Bader Ginsburg and compliance with operating procedure 100-08.

Staff responded to concerns regarding the value of inclusivity of all within the community and the importance to the current branding of New York City Health + Hospital uniformity.

After discussion and upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 3:40 pm.

## SUBSIDIARY REPORT

**MetroPlus Health Plan, Inc.**

Executive Committee Meeting - Thursday, July 8, 2021

**As Reported By: Ms. Sally Hernandez-Piñero**

Draft minutes subject to adoption at the next MetroPlus Board of Directors meeting on Tuesday, August 3<sup>rd</sup>, 2021.

Ms. Sally Hernandez-Piñero, Chair of the Committee, called the meeting to order at 4:38 P.M.

### **ACTION ITEM**

The resolution was introduced by Ms. Hernandez-Piñero.

*Authorizing the submission of a resolution to the Board of Directors of NYC Health + Hospitals ("H+H"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan"), to negotiate and execute a contract with each of Prager Creative LLC, Bellweather LLC, Milton Samuels Advertising Agency, Inc. ("MSA") to provide media buying, creative advertising & marketing, digital content & social media, and public relations services. Each agreement shall be for an initial term of three years with two one-year options to renew, each solely exercisable by MetroPlus, for a cumulative annual amount not to exceed \$4,000,000 to the three vendors.*

Ms. Lesleigh Irish-Underwood read through the PowerPoint presentation.

Ms. Irish-Underwood described the background, compared MetroPlus' activities compared to competitors, request for proposal (RFP) development, RFP goals, and overview of the procurement timeline for advertising & marketing, digital & social, media buying, and public relations.

Ms. Irish-Underwood explained how the Plan would manage the three selected vendors for the respective services they were selected to provide.

Ms. Irish-Underwood highlighted each chosen vendor's expertise, services they were selected to provide, and experience working with NYC clients and other industry leaders.

Ms. Irish-Underwood reported on each selected vendor's Minority & Women-owned Business Enterprises (MWBE) status and subcontractors.

Committee Members asked about the annual budget, the split across multiple vendors, future expansion, and the timeline for the work.

Ms. Irish-Underwood responded that the increase in budget will help the Plan be more competitive. She explained how each vendor would be

working within their designated lane and that would influence the distribution of the funds based on the services they were selected to provide.

Dr. Schwartz added the importance of investing in media and television which influenced the increase in the annual budget from previous years.

Ms. Irish-Underwood discussed the requirement for timely reporting from the vendors and Dr. Schwartz added the importance of reporting on each campaign to determine its level of success and how that would impact future campaigns.

Ms. Irish-Underwood responded that the Plan has already started to develop an overall marketing plan for certain LOBs, including conducting focus groups.

Dr. Schwartz discussed the use of online search engines.

There being no further questions or comments. On a motion by the Chair of the Committee and duly seconded, the Committee unanimously approved the resolution.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 5:03 P.M.

**Mitchell H. Katz, MD**

**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**

**July 29, 2021**

### **CORONAVIRUS UPDATE**

COVID Cases - Positive COVID-19 cases have increased throughout New York in the past week as vaccinations slow. The highly transmissible Delta variant has been the most dominant COVID-19 strain in New York City -- and virtually every important infection metric in the city is moving in the wrong direction. At NYC Health + Hospitals, the steady declines in COVID-19 hospitalizations and ICU admissions that we saw over the last few months have also begun to turn. Fortunately, our patient load is relatively small, but we have seen a slow increase - with hospitalizations in the 50s and about 15 ICU cases system wide. The hospitalizations we are seeing are overwhelmingly among the unvaccinated. We continue to promote vaccinations and testing as our best tools to fight the epidemic. And all our health care facilities continue to require face masks for all staff, patients and visitors.

Vaccine or Test Requirement for all City Workers - I am so proud of the role NYC Health + Hospitals has played during the COVID-19 pandemic. Our dedicated staff came together as a system to serve, help, and save New Yorkers. Now it is time for us to take additional steps to keep our patients and each other safe.

As the mayor announced last week, starting Monday, August 2, we will ask all our staff to protect their patients and each other by taking one of two steps: Get a COVID-19 vaccine if they are not already vaccinated or go for weekly COVID-19 testing to be certain that they do not transmit this virus. The City went a step further this week and announced that starting this fall, all City workers who have not received a COVID-19 vaccine must also test weekly for the virus.

Although we all wear masks at NYC Health + Hospitals facilities, we know that the Delta variant is incredibly contagious. And we know that vaccines work in preventing people from getting sick with this strain. We also know some of our patients are at risk for COVID-19 because of underlying illness; some of those illnesses such as immunosuppression may prevent them from mounting an adequate response to the vaccine.

That's why we must do everything possible to protect our patients and each other. We are working collaboratively with all our staff, facility leadership and labor partners to make it easy to be vaccinated or tested weekly. We will continue to offer walk-in vaccination and testing across our health system sites, and we will make testing available for all shifts.

We've come a long way from once being the 'epicenter of the epicenter' of COVID-19, but this pandemic is not over yet. We have a moral responsibility to take every precaution possible to ensure we keep ourselves, our colleagues and loved ones safe. Our City's new testing requirement for City workers provides more piece of mind until more people get their safe and effective COVID-19 vaccine

NYC Test & Trace Corps - Our NYC Test & Trace Corps team has continued to provide a strong layer of protection for NYC. We are currently reaching more than 90% of all new cases. We have also served nearly 21,500 total guests in our Take Care hotel program. To date, NYC Health + Hospitals has completed more than 3.5 million COVID-19 diagnostic tests at all of our sites, including our hospitals, Gotham Health centers and Test & Trace locations.

## **NYC HEALTH + HOSPITALS CELEBRATES**

### **TWO-YEAR ANNIVERSARY OF NYC CARE WITH MEMBERSHIP DRIVE**

It's hard to believe it's been two years since we launched NYC Care - our health care access program for New Yorkers who cannot afford or are not eligible for health insurance. We marked the milestone moment this week by teaming up with our partner community-based organizations (CBOs) for a 'Week of Action' and City-wide membership drive. We launched the Week of Action with our partners in BronxWorks as part of the City Hall in Your Borough series of community events.

We have been able to enroll more than 80,000 New Yorkers to NYC Care - many of them have accessed health care for the first time. And now we are stepping up enrollment efforts all across the five boroughs to help get us to 100,000 members. By connecting people in a permanent way to quality health care, we have begun seeing improvements in chronic diseases among this group of patients, and so much more. This important milestone would not have been possible without the work of our trusted CBOs who are helping us reach New Yorkers who need us most.

In addition to this membership drive, NYC Care recently released video testimonials featuring four immigrant New Yorkers who shared their personal tales of struggles without health insurance and how the public health system's NYC Care program got them back on track to live their healthiest life. [Click here to view the videos.](#) To enroll in NYC Care, New Yorkers can call 1-646-NYC-CARE or visit [nyccare.nyc](http://nyccare.nyc) for more information.

### **METROPLUS RANKS #1 in 2020 MEDICAID QUALITY INCENTIVE PROGRAM, OUTPERFORMS ALL NEW YORK INSURANCE PLANS**

In a year that saw unprecedented challenges within the entire health care community, our health plan MetroPlus Health, was ranked number

one among all 15 New York State Medicaid plans in overall quality, according to the New York State Department of Health's 2020 Quality Incentive results. Key factors contributing to the top ranking, where MetroPlus Health scored above 90% of State benchmarks, included care related to diabetes, hypertension, substance abuse disorders and mental illness.

While our health plan has consistently scored high in quality, having achieved the #1 spot during a global pandemic speaks volumes about our dedicated team and their focus on our members. Just like our front-line clinical staff sacrificed their own needs to put patients first, our MetroPlus staff prioritized member needs, directed them to COVID-19 testing and vaccine, and provided other supports to help with day-to-day essentials. Even through this difficult time, more New Yorkers chose MetroPlus - we grew membership by 15% to more than 620,000 members.

#### **EXTERNAL AFFAIRS UPDATE**

Federal - The House Appropriations Committee recently approved the FY-22 Labor, Health and Human Services, Education and Related Agencies (LHHS) funding bill. The bill includes the five NYC Health + Hospitals Community Project Requests, otherwise known as earmarks, that were selected by the NYC House delegation. There is still a long and competitive road ahead, as these proposals need to make it into the Senate bill, and then through negotiations between the House and the Senate. We reiterate our thanks to both of our Senators and so many of our Representatives for supporting and shepherding these initiatives. As the Biden Administration and Congress consider infrastructure funding, NYC Health +Hospitals and our industry partners continue to reinforce the importance of funding for hospitals and health care facilities, if not in the initial developing "hard" infrastructure package then in subsequent vehicles. The COVID-19 pandemic has brought into stark relief how much we need infrastructure support both to continue battling COVID-19 and for the unknown future.

City - We are grateful to our City representatives for the support they provided through capital awards for FY-22. The Borough Presidents collectively awarded us \$16M, the City Council awarded us \$13M, and the Mayor's Office supported us with \$5M. Our individual facilities and our health system will benefit from this support for critical capital investments. Many thanks.

Community - On July 23, 2021, NYC Health + Hospitals hosted the 17<sup>th</sup> Annual Marjorie Mathews event to honor our Community Advisory Boards and Auxiliaries who devote so much of their time and talent to support our facilities. The event was primarily conducted over WebEx, though we were lucky enough to welcome our special award winners and their guests at NYC Health + Hospitals/Queens in a COVID-safe way. The event recognized Dr. Anthony D. Andrews, Chairperson of the Council of Community Advisory Board, with a lifetime achievement award for his dedication and service to NYC Health + Hospitals over the last 20

years. Also honored were the Co-Chairs of the Central Council of Auxiliaries, Ms. Judith Berdy and Nicole Shearman, two CAB members, Gloria Thomas (Kings County CAB) and Theresa Scavo (Coney Island CAB), for their exemplary work on behalf of NYC Health + Hospitals during these extraordinary times. We are grateful to the Board members who joined us remotely, several of our facility CEOs and leaders who joined us, and Council Members Selvena Brooks-Powers and Adrienne Adams for attending and supporting us.

## **FINANCE UPDATE**

FEMA Reimbursement - New Yorkers are tough and resilient by nature and we will eventually contain the COVID-19 virus—but at a personal cost and expense. To date, NYC Health + Hospitals has incurred approximately \$2 billion in expenses fighting the pandemic and will likely have to spend more if the Delta Variant is not addressed. As a safety-net health care delivery system we cannot absorb this level of expenses -- Federal assistance is needed. Over 18 months ago NYC Health + Hospitals was one of the first hospital systems in the country to seek assistance from FEMA and to date only \$266 million has been received.

On June 11<sup>th</sup> I sent a letter to FEMA Administrator Criswell seeking immediate attention to our outstanding request. In the letter we ask for FEMA to approve \$1.19 billion in outstanding documented expenses— which we believe fully meet the regulatory requirements for a FEMA claim and the intent of Congress who appropriated these funds for this purpose. We are very optimistic that FEMA will respond expeditiously to our request. We sent a follow up on Friday the 23<sup>rd</sup>, reiterating our needs and the urgency of our request.

I would also like to thank Senator Schumer Representative Ritchie Torres and the rest of the New City Congressional delegation who sent to FEMA a letter advocating on the behalf of the NYC Health + Hospitals' request and recently held a press conference to broadcast this issue at NYC Health + Hospitals/Lincoln on Friday, July 23<sup>rd</sup>. We are very grateful for the support of our delegation because without it we would not be able to continue with our mission of providing health care to low incomes New Yorkers and immigrants. We are also very thankful for our partners in City government at the Mayor's Office of Federal Legislative Affairs and the Office of Management and Budget, who are side by side with our Offices of External Affairs and Finance in this advocacy.

Budget - The system had an FY-21 closing cash balance of \$737M (33 days cash-on-hand). This is right in line with the System's target from the Executive 2022 Financial Plan. We had a net budget variance of -\$10.9M, through May FY-21. The variance excludes T2 revenue and includes about \$630M in COVID costs that we have not received Federal relief for yet. Our direct Patient Care Receipts came in \$459M higher than YTD May FY-20 continuing the pace of positive performance that we experienced during FY-20, where direct patient care revenue came in

\$500M over the prior year. Our patient care volume is returning to pre-COVID levels in Q3 of FY-21 but is still below Q3 FY-20. Revenue base is strong and resilient primarily driven by Medicare rate increases and the stability of VBP/sub-cap contracts.

Overall, our Strategic Financial Initiatives remain on track with our post-COVID strategies, generating \$604M with a line of sight of \$662M. Strong areas of performance include:

- Value Based Payment Initiatives (e.g., HARP conversions & panel management)
- Managed Care Contract Negotiations
- Revenue Cycle Improvement

We have made staffing investments consistent with our overall system needs with additional RN and targeted nursing support positions to help support COVID surge needs and stabilize ongoing services.

#### **CONTRACTS, PURCHASE ORDERS AND WORK ORDERS**

Given the time sensitivity, I have recently approved two contracts that would otherwise have been brought to the Board.

The first is a contract amendment with Rapid Reliable Testing NY, LLC (RRT) for emergency COVID mobile units for testing and vaccination, for a nine-month period, with funding from the City's Office of Management and Budget (OMB). RRT is the only laboratory in contract with NYC Health + Hospitals, which also operates a fleet of ambulances, and the only ambulance company in contract with us with laboratory capacity. RRT is uniquely qualified to administer overdose care, COVID vaccinations, and rapid, on-site COVID testing as well as to scale up capacity as needed. The contract amendment has a not-to-exceed value of \$9M.

The second exception is a contract amendment with Optum Insight, Inc. to expand their emergency call center work to include calls to the public to encourage vaccination. The original agreement was limited to telephone work to identify the contacts of people who tested COVID positive, and to encourage them to get tested and isolate. This was a re-purposing of \$18.5M of allocated contract funding, and involves no new costs. This work is also funded through OMB.

#### **HEALTH SYSTEM NEWS**

- [NYC Care Celebrates Two-Year Anniversary with Membership Drive](#)
- [Family Health Program Provides Enhanced Health Services to Children in Foster Care](#)
- [Annual Farmers Markets Helps Expand Access to Affordable Healthy Food Options](#)
- [MetroPlusHealth Ranks #1 in 2020 Medicaid Quality Incentive ProgramUninsured New](#)



- [Yorkers Share Personal Stories About Benefits Of NYC Care Membership](#)
- [Skilled-Nursing Facilities Participate in Long-Term Care Equality Index](#)
- [Elmhurst Hospital Launches Pet Therapy Program for Behavioral Health Patients](#)
- [MetroPlusHealth To Provide Health Insurance Coverage to Kids in Foster Care](#)
- [Bellevue Hospital Receives Renewed Grant for Chaplain Residency Program](#)
- [Clinical Leadership Fellowship Application Live for 2022-2023](#)
- [America's Essential Hospitals Honors Public Health System with 2021 Gage Awards](#)
- [At-Home Vaccinations Now Available for All New Yorkers Ages 12 and Older](#)

# **Fiscal Year 2021 Annual Public Borough Meetings Responses**

**Board of Directors Meeting  
September 30, 2021**

**Deborah Brown  
Senior Vice President, External and Regulatory Affairs**

# Fiscal Year 2021 Annual Public Meetings

In accordance with §7384(10) of the HHC Enabling Act the Board of Directors of the New York City Health + Hospitals facilitated the Fiscal Year 2021 Annual Public Meetings in all five boroughs of NYC:

- Staten Island - March 16, 2021 via teleconference/videoconference
- Manhattan - April 20, 2021 via teleconference/videoconference
- Queens - May 25, 2021 via teleconference/videoconference
- Bronx - June 8, 2021 via teleconference/videoconference
- Brooklyn - June 15, 2021 via teleconference/videoconference

The President and CEO informed the public on the programs and plans of the NYC Health + Hospitals and afforded the public an opportunity to present oral and/or written testimony concerning the NYC H+H performance to the Board of Directors.

# Compilation of questions and responses

- NYC H+H recorded the individual questions/ concerns from each of the public meetings.
- This deck contains a comprehensive listing of questions/ concerns and responsive information.
- We will provide an overview today.
- The full deck will be posted for public review:  
<https://www.nychealthandhospitals.org/public-meetings-notice/>
- Each slide is identified with the name of the borough in which the question/ concern was raised.
- When a specific facility was referenced in the question/ concern, it is also included on the slide.

# Main Focus of Concerns Raised by the Public

COVID-19  
vaccinations

Facility  
funding,  
projects

Inequities

Behavioral  
health

CAB questions

## Public Concern:

- Community member asked about provisions being made to address vaccine hesitancy in the African American community.

## Response:

- NYC Health + Hospitals is working along with our partners in government to get accurate, respectful, nonbiased information out to the community. We are grateful to the community and faith-based leaders who have taken on these efforts as well.
- For our staff, NYC Health + Hospitals has provided as much information as possible through live webinars, FAQs, posters and written materials, a resource center on our intranet, and one-on-one conversations. We've initiated our Vax Champs program, which allows our team members to see their colleagues and leaders receiving the vaccine to allay some of their concerns.
- For our community, we have made vaccine as accessible as possible through our facilities, additional brick-and-mortar sites, and mobile and pop-up sites. We have provided videos encouraging vaccination with our community leaders, including our NYC H+H/ Harlem CAB Chair. We have worked to partner with all of our CAB leaders to spread accurate information respectfully.
- NYC Health + Hospitals is also participating in City-wide efforts to deter vaccine hesitance like the Taskforce on Racial Inclusion & Equity and partnering with DOHMH, City Hall, and other governmental leaders to encourage vaccine acceptance.

Response (Cont'd):

- NYC Health + Hospitals leaders and other City health professionals participate in panels, community events, and informational seminars on a constant basis and are able to deploy doctors into the field to discuss vaccine concerns with the general public.
- NYC Health + Hospitals produced a series of videos featuring NYC Health + Hospitals Community Advisory Board Chairs encouraging staff, patients, and everyone to get vaccinated.
- NYC Health and Hospitals is happy to provide speaker at any events when requested.

**Public Concern:**

- Community member inquired about efforts being made to vaccinate staffs at health care facilities.

**Response:**

- We have engaged in significant efforts including our Vax Champ campaign, incentives for staff members, pre-scheduling appointments for our staff, and reminding them through signage, webinars, and direct communication. We are thrilled that our staff vaccination rate has risen to over 80%
- NYC Health + Hospitals continuously conducts townhalls, webinars and many other outreach activities on the Covid-19 vaccine to help educate staff on the benefits of the COVID-19 vaccine.
- NYC Health + Hospitals Our COVID-19 Vaccine Ambassador Program has over 500 Vaccine Ambassadors. These are fully vaccinated staff members who have been trained on how to communicate effectively on the covid-19 vaccines and are encouraged to help educate friends, family and colleagues on the benefits of the COVID-19 vaccine.

### **Public Concern:**

- Community member inquired about the quarantine of residents at Coler during the lockdown.

### **Response:**

- We recognize the difficulties faced by many of our long-term care residents and acknowledge that this was a particularly challenging time period for them. Coler acted at all times pursuant to State requirements, CDC guidance, and infection prevention best practices. We are delighted that Coler is increasingly able to relax restrictions for our residents and their loved ones.



## Public Concern:

- Community member is seeking to understand why NYC Health + Hospitals or the state cannot mandate nursing home staffs be vaccinated. Residents have complained that staff are bringing COVID back into the units.

## Response:

- There is now a State vaccine mandate in place, which NYC Health + Hospitals is implementing across our system.

## Public Concern:

- Metropolitan CAB chair spoke about the need for a transparent and open administration that will not penalize members for speaking their mind.

## Response:

- We are grateful to our CAB members and all volunteers for the time and talent they devote to our system and our mission. We are committed to mutually respectful dialogue and partnership, and we appreciate the various points of views our CABs represent.

## Public Concern:

- Metropolitan CAB member would like the administration to comply with the HHC guidelines to communicate with the advisory board when hiring a new facilities CEO.

## Response:

- The CAB is an important partner and advisor in our critical search process. When we conduct a full search for a new facility CEO, the facility's CAB Chair is part of that process. When we are able to promote one of our internal health care heroes to a new level of responsibility and leadership, the CAB chair is advised before a public announcement is made. We appreciate all that our CABs bring to our community and welcome their points of view.

## Public Concern:

- The Bellevue CAB is concerned about planning for a crisis, doing more with less, and expanding revenues for Bellevue.

## Response:

- NYC Health + Hospital/ Bellevue's CEO William Hicks will continue to address pressing issues with the CAB, including crisis management, resources, and budget allocations at the CABs monthly meetings. In addition, the facility's senior leadership will also continue to provide regular updates on events and initiatives at the facility.

### Public Concern:

- Community member is seeking information on emergency room expansion and renovations to accommodate the volume of patients

### Response:

- Renovations completed and certain sections already in use. Official ribbon-cutting ceremony is 10/14/21

### Public Concern:

- Community member is seeking repairs to the facade to improve the physical plant and safety.

### Response:

- Work has started and should be completed by 12/31/22

## Public Concern:

- Community member request repair and upgrade to the elevators, which they fear are now unreliable and dangerous.

## Response:

- Renovation of elevators 7, 8 and 9 has been completed. They're back in service.

## Public Concern:

- Community member request upgrades to the medical equipment include the MRI, security monitoring system and HVAC system.

## Response:

- Upgrades are ongoing. The facility's old MRI is currently being replaced with state-of-the-art MRI, with the intent of completion by late fall.

## **Public Concern:**

- Community member seeking the continuity of behavioral health services.

## **Response:**

- We understand the importance of behavioral health services. There are no changes/reduction planned for behavioral health services at NYC Health + Hospitals/Woodhull.



## Public Concern:

- Community member seeking an update on Level I Trauma Center at Coney Island Hospital

## Response:

- The cost associated with becoming a designated Trauma Center are prohibitive due to the requirement of 24/7 specialty and trauma surgery coverage. However, Coney Island Hospital is prepared to care for hundreds of trauma patients per year in our fully prepared resuscitation rooms. The hospital has a trauma response team on standby for any incoming codes and performs multiple drills to be ready for patients that are brought in for care.
- To that end, the Emergency Department appointed an EMS and Disaster Fellowship trained Director for Trauma and Prehospital Medicine to ensure preparedness and quality.
- Additionally, the hospital is now a New York State certified percutaneous coronary intervention (PCI) Center, which means we can now care for South Brooklyn residents who are having acute heart attacks – they no longer need to have ambulances travel 20+ minutes to the next nearest hospital that offers comprehensive cardiac services.
- We are also now an Advanced Primary Stroke Center, which means we can provide state-of-the-art care for patients with acute onset of a stroke.



## Public Concern:

- Community member seeking an update on Coney Island Hospital's Primary Stroke Center and Disease Management Program certification.

## Response:

- In July, Coney Island Hospital was officially certified by the Joint Commission as an Advanced Primary Stroke Center. The designation is offered in collaboration with the American Heart Association and the American Stroke Association, and will help our hospital be recognized both locally and nationally for our exceptional care of stroke patients and implementation of a stroke disease management program.
- Since January 2021, Coney Island Hospital's process improvement initiatives have reduced median administration time from 105 minutes to 33 minutes. Nationally, only 40% of patients are treated within 45 minutes of arrival and fewer than 10% are treated with 30 minutes.

## Public Concern:

- Community member request that H+H keep providing Kings County with funding, personnel and staff, so they can continue the upward trend for the hospital.

## Response:

- NYC Health + Hospitals/ Kings County is a critical part of our system.
- NYC Health + Hospitals/Kings County work with our corporate partners to establish staffing patterns that will match the patient's demand. This is an ongoing process as patient demand ebbs and flows due to the seasonal changes.
- NYC Health + Hospitals/Kings County forecast staff attrition on an annual basis for positions at the hospital
- NYC Health + Hospitals/Kings County does not have roadblocks in the approval/hiring process as it has been streamlined to meet the needs of the hospital.

## **Public Concern:**

- Community member commended Kings County Hospital and offered the support of Community Board 9, pledging to work together to increasing access across its continuum of care.

## **Response:**

- Thank you! Community Boards are such important partners in supporting our facilities and building a better New York City

### **Public Concern:**

- Community member seeking funding for outpatient dialysis center at Queens Hospital for improvement to the system and address inequity.

### **Response:**

- NYC Health + Hospitals/ Queens is actively working towards such a center.
- In April 2021, NYC Health + Hospitals/Queens submitted a Community Project Funding request to the House Labor, Health and Human Services Appropriations Subcommittee (through Representative Grace Meng's office) to build an Outpatient Dialysis Center. Rep Meng and other elected officials are critical champions for this work. This request is still pending.
- The project involves renovating existing hospital space (a retired swimming pool room) to build an Outpatient Dialysis Center.
- The Outpatient Dialysis Center would serve a significant medical need in the community given the high volume of patients with End-Stage Renal Disease (ESRD) Chronic Kidney Disease Level 4 (CKD4), access to chronic renal dialysis or in need of kidney transplant) due to the complications of diabetes, which is a significant healthcare concern in the community.
- This would allow Queens Hospital to further close the gap in delivering services and address disparities in healthcare delivery and access.

### **Public Concern:**

- Community member seeking a systemwide investment on healthcare resources in the Rockaway Peninsula.

### **Response:**

- NYC Health +Hospitals is with local leaders to assess specific need and identify the best way we can serve this important community.

**Public Concern:** Community member seeks opening up vaccination sites geographically so as to serve large number of residents

### **Response:**

- Vaccination is available at all H+H facilities, at large citywide locations, and through various targeted and community-based programs.
- NYC H+H facilities were amongst the first places to provide public vaccinations in NYC, ensuring that staff and their most vulnerable patients were able to get vaccinated at a familiar, community location.

## Queens: NYC Health + Hospitals/Queens & Elmhurst

### Response(Cont'd):

- NYC Test and Trace operates three mass vaccination sites at CITI Field, Brooklyn Army Terminal and Bathgate that operates 24/7 to ensure that people can get vaccinated at any hour of the day.
- NYC Test and Trace also works with MedRite to offer at-home vaccinations, so people can get vaccinated without ever leaving the house!
- To view all vaccination sites, visit <https://vaccinefinder.nyc.gov/>

### Public Concern :

- Community member asks how H+H seeks to address the root causes of poverty that afflicts the African- American communities – which has resulted in said community disproportionately affected by COVID

### Response:

- This is a thoughtful and important question. At NYC Health + Hospitals, we are deeply invested in the social determinants of health that impact so many of our communities negatively
- Our Population Health team is focused on this work, developing partnerships and services for legal, housing, and food supports, among others.
- We are also lucky to partner with our colleagues in government that are specifically focused on economic development and with on-the-ground CBOs.

## **Public Concern (continued):**

- Community member seeking improvement from the system to address inequity and the lack of Black males aspiring to be doctors.

## **Response:**

- Thank you for raising this point. H+H is in the process of developing a program specifically to support underrepresented medical students and doctors. This work is evolving, but we are deeply committed to investing in the future of our health care heroes and our community members.

**Public Concern:**

- Community member seeks additional mental health services at Jacobi

**Response:**

- Due to the ongoing pandemic, NYC Health + Hospitals/Jacobi has seen an increase in patients seeking to access mental health services. In response, we plan to open a new Outpatient Behavioral Health space in January and are recruiting providers to expand mental health services.
- Our Stand Up to Violence (SUV) Program, which works to reduce violence among at-risk youth in the community, has seen a sharp increase in young people seeking mental health services due to an increase in violence in our communities during the pandemic.
- The program recently received Congressional funding to add mental health services to their outreach and hospital-based team to offer a comprehensive treatment plan for patients and participants.



**Public Concern:**

- Community member touched on the importance of continuing the annual NYC Health + Hospitals lobby day for CAB members

**Response:**

- We agree wholeheartedly and are grateful to our CABs for their participation in advocacy, whether in-person or virtually.

**Public Concern:**

- Community member spoke on the need for NYC Health + Hospitals to do more Covid vaccination outreach in the Bronx.

**Response:**

- NYC Health +Hospitals/Test and Trace has done numerous events the Bronx in the following neighborhoods: Fordham Heights, Parkchester, Allerton, Highbridge, South Bronx, Crotona, Westchester Square

**Public Concern:**

- Community member seeks to improve the interview process for CAB members at Lincoln.

**Response:**

- The process for interviewing prospective CAB members at NYC Health and Hospitals/Lincoln has been enhanced.
- Recruitment has been expanded through working with community partners to make sure that prospective candidates are reflective of the diversity of the community
- CAB applicants go through a three-prong process: screening by the referring partner with submission of application and supporting documentation, screening through Public Affairs Committee with final approval based upon Interview with CEO of NYC Health and Hospitals/Lincoln Christopher Roker and his sign off on the applicant.
- When these steps are completed, the recommendations are submitted to the President and CEO of NYC Health and Hospitals Corporation, Dr. Mitchel Katz/ his designee at the Office of External and Regulatory Affairs for appointment.

### Public Concern (Cont'd)

- The portion of patient candidates for the CAB is handled by staff recommendations and submitted directly to the CEO for final review and ultimately submitted to Dr. Katz /his designee for appointment.
- NYC Health+Hospitals/Lincoln maintains a very healthy and positive relationship with Bronx Borough President's office and will continue to seat the CAB appointees.

### Public Concern:

- Community member would like the hospital to address rodent infestations and pesticide use in the Bronx, contributing to adverse health outcomes.

### Response:

- At NYC Health and Hospitals/Lincoln only healthy products that have been approved by authorized vendors are used within our system.
- NYC Health and Hospitals /Lincoln would welcome a Task Force established by the Bronx Borough President to further address these issues. NYC Health and Hospitals/Lincoln would be happy to serve on such a Task Force.

**Public Concern:**

- Community member would like the hospital to address the heavy truck traffic in the Bronx as it is associated with adverse health effects such as asthma.

**Response:**

- NYC Health + Hospitals/Lincoln has a robust advance clinical practice for Asthma care staffed by highly qualified, board certified pulmonary specialists and a state-of-the-art respiratory therapeutic care program with a designated section within the Emergency Department for treating Asthma patients.
- Currently, construction of a bridge is underway that will remove the heavy traffic from the local streets, which will reduce the level of pollution.
- The creation of several open-spaces that has been funded by New York City and the federal government as a means of corrective action.
- The Department of Transportation is better positioned to address the issue of heavy truck traffic within the Bronx borough.

**Public Concern:**

- Community member wants to ascertain the possibility of building a diabetic center on the grounds of Seaview campus.

**Response:**

- We are delighted that we are opening such a center in September! We are grateful to Borough President James Oddo and our colleagues at City Hall for making this a reality with us.

**Public Concern:**

- Community member asked about Staten Island being the only borough without a public hospital and what can be done to remedy that?

**Response:**

- Staten Island is a critical part of the City and the H+H family. NYC Health + Hospitals/Gotham Health

Vanderbilt provides the full spectrum of care for children and adults in Staten Island. Our clinicians are experts in primary and preventive care, helping Staten Islanders to achieve their health goals.

## RESOLUTION - 02

Authorizing funding for New York City Health and Hospitals Corporation (the “**System**”) to continue to operate under the terms of its affiliation agreement with **Physician Affiliate Group of New York, P.C. (“PAGNY”)** made for the provision of **general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY** to be as indicated below:

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center

with an overall cost of the extension not to exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.

**WHEREAS**, the System has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided general care and behavioral health services at System facilities; and

**WHEREAS**, the current Affiliation Agreement with PAGNY (the “PAGNY Agreement”) was approved by the System’s Board of Directors at its meeting held on June 18, 2015 for a term to expire on June 30, 2020; and

**WHEREAS**, the System’s Board of Directors at its meeting held in June 2020 approved an extension of the PAGNY Agreement through December 31, 2020; and

**WHEREAS**, the System’s Board of Directors at its meeting held in December 2020 authorized funding for the further continuation of the PAGNY Agreement for an additional three months, to approximately March 31, 2021; and

**WHEREAS**, the PAGNY Agreement provides that its terms will continue on a month-to-month basis until the parties enter into a new affiliation agreement; and

**WHEREAS**, the System is continuing to negotiate a multi-year renewal of the PAGNY Agreement; and

**WHEREAS**, the proposed funding authorization will keep substantially the current terms of the PAGNY Agreement in place for approximately six (6) months to provide sufficient time to conclude negotiations of a new agreement for authorization and execution prior to the expiration of funding authority.

**NOW, THEREFORE, BE IT:**

**RESOLVED**, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to continue to operate under of the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“PAGNY”), made for the provision of general care and behavioral health services at the System facilities served by PAGNY: Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center, for an amount not to exceed \$392,684,315.

**EXECUTIVE SUMMARY  
MEDICAL AFFILIATION AGREEMENT  
WITH  
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.**

**BACKGROUND:** The System has long obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations, including Physician Affiliate Group of New York, P.C. (“PAGNY”). The System’s Board of Directors approved the agreement with PAGNY (the “PAGNY Agreement”) at its June 2015 meeting, approved an extension of the PAGNY Agreement through December 31, 2020 at its June 2020 meeting, and authorized funding to continue the PAGNY Agreement through March 31, 2021 at its December 2020 meeting. The System and PAGNY are continuing to negotiate the terms of an amended and restated affiliation agreement in good faith, but require additional time to finalize its terms. Accordingly, the System seeks authorization to extend funding to continue the PAGNY Agreement on a month-to-month basis for approximately six months to allow time for the conclusion of such negotiations.

**TERMS:** The PAGNY Agreement will remain in place during this negotiation period. The following System facilities are serviced by PAGNY:

- Lincoln Medical & Mental Health Center
- Morrisania D&TC
- Segundo Ruiz Belvis D&TC
- Jacobi Medical Center
- North Central Bronx Hospital
- Harlem Hospital Center
- Renaissance Health Care D&TC
- Metropolitan Hospital Center
- Coney Island Hospital
- Kings County Hospital Center

<b>FUNDING NOT-TO-EXCEED AMOUNTS</b>	Money to pay the costs of extending the PAGNY Agreement will come from the System’s general operating funds and the costs of the extension will not exceed \$392,684,315, which includes a 10% general contingency and an additional 5% COVID-19 related contingency.
--------------------------------------	---



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

From: Keith Tallbe Tallbe, Keith  
Senior Counsel  
Office of Legal Affairs

Digitally signed by Tallbe,  
Keith  
Date: 2021.03.22  
11:42:17 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Physician Affiliate Group of New York (PAGNY)

Date: March 22, 2021

---

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

**Vendor Responsibility**

Pending

**EEO**

Approved

**MWBE**

Not applicable

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.



# **Authorizing Funding for PAGNY Affiliation Agreement Thru March 2022**

**Dr. Machelles Allen, Senior Vice President and Chief Medical Officer**

**Deborah Brown, Senior Vice President, External and Regulatory Affairs**

**Andrea Cohen, Senior Vice President and General Counsel**

**John Ulberg, Senior Vice President and Chief Financial Officer**

**Board of Director Meeting**

**September 30, 2021**

# PAGNY Next Steps

Negotiations have progressed at difference paces across Affiliates.  
H+H discussions with PAGNY are ongoing.

## PAGNY Continues to Operate Under the Terms of its Current Agreement

- Good faith negotiations proceed for a multi-year renewal
- Regular communication continue
- Resolution expected in the coming months
- Funding authorization needed for 6 months to continue the existing contract

# PAGNY Contract History

Period Covered	Extension Length	Contract Value	Contingency	Total NTE
July 1, 2015 – June 30, 2020	5 years	\$2,562,175,665	\$640,543,916 (Up to 25%)	\$3,202,719,581
July 1, 2020 – December 31, 2020	6 months	\$325,093,974	\$32,509,397 (10%)	\$357,603,371
January 1, 2021 – March 31, 2021	3 months	\$171,333,018	\$25,699,953 (10% + 5% for COVID)	\$197,032,971
April 1, 2021 – September 30, 2021	6 months	\$331,761,878	\$33,176,188 (10%)	\$364,938,066
October 1, 2021 – March 31, 2022	6 months	\$341,464,622	\$51,219,893 (10% + 5% for COVID)	\$392,684,315

**Current Request**

\*Approved not-to-exceed amount prior to including any contingency



# Board of Directors Approval Request

Authorizing funding for New York City Health and Hospitals Corporation (the “**System**”) to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“**PAGNY**”) for the provision of general care and behavioral health services at the System facilities served by PAGNY for a period of six months from October 1, 2021 to March 31, 2022 [...] as indicated:

<b>Proposed Funding For PAGNY October 2021 - March 2022</b>	
<b>Total Contract Value</b>	<b>\$341,464,622</b>
<b>10% Contingency Value</b>	<b>\$34,146,462</b>
<b>5% Contingency COVID</b>	<b>\$17,073,231</b>
<b>Total Not-to-Exceed Value</b>	<b>\$392,684,315</b>

## **RESOLUTION - 03**

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a pediatric trauma center.**

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System's Board of Directors fully supports the continued provision of pediatric trauma services at Bellevue; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Bellevue as a pediatric trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Pediatric Trauma Center, by the American College of Surgeons.

## EXECUTIVE SUMMARY

### Designation of NYC Health + Hospitals/Bellevue as a Pediatric Trauma Center

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

## **RESOLUTION - 04**

Approving the application of New York City Health and Hospitals Corporation (the “System”) for **verification by the American College of Surgeons for NYC Health + Hospitals/Bellevue ("Bellevue") as a trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officer of the S y s t e m to execute any and all documents necessary to verify Trauma Center designation for Bellevue through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors fully supports the continued provision of trauma services at Bellevue; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the “System”) hereby approves the application for verification of NYC Health + Hospitals/Bellevue as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Bellevue, as a Trauma Center, by the American College of Surgeons.

**EXECUTIVE SUMMARY**  
**Designation of NYC Health + Hospitals/Bellevue, as a Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.



## **RESOLUTION - 05**

Approving the application of New York City Health and Hospitals Corporation (the "System") for **verification by the American College of Surgeons for NYC Health + Hospitals/Elmhurst ("Elmhurst") as a trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Elmhurst through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System's Board of Directors fully supports the continued provision of trauma services at Elmhurst; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Elmhurst as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Elmhurst, as a Trauma Center, by the American College of Surgeons.

## **EXECUTIVE SUMMARY**

### **Designation of NYC Health + Hospitals/Elmhurst, as a Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

## **RESOLUTION - 06**

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons for NYC Health + Hospitals/Harlem ("Harlem") as a trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Harlem through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System's Board of Directors fully supports the continued provision of trauma services at Harlem; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Harlem as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Harlem, as a Trauma Center, by the American College of Surgeons.

## **EXECUTIVE SUMMARY**

### **Designation of NYC Health + Hospitals/Harlem as a Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

## **RESOLUTION - 07**

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a pediatric trauma center.**

Committing to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Pediatric Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of pediatric trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors fully supports the continued provision of pediatric trauma services at Jacobi; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the “System”) hereby approves the application for verification of NYC Health + Hospitals/Jacobi as a pediatric trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all pediatric trauma patients, and that the multidisciplinary pediatric trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Pediatric Trauma Center, by the American College of Surgeons.

## **EXECUTIVE SUMMARY**

### **Designation of NYC Health + Hospitals/Jacobi as a Pediatric Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

## **RESOLUTION - 08**

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons for NYC Health + Hospitals/Jacobi ("Jacobi") as a trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Jacobi through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System's Board of Directors fully supports the continued provision of trauma services at Jacobi; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Jacobi as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Jacobi, as a Trauma Center, by the American College of Surgeons.

## **EXECUTIVE SUMMARY**

### **Designation of NYC Health + Hospitals/Jacobi as a Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.



## RESOLUTION - 09

Approving the application of New York City Health and Hospitals Corporation (the "System") **for verification by the American College of Surgeons for NYC Health + Hospitals/Kings County ("Kings County") as a trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Kings County through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System's Board of Directors fully supports the continued provision of trauma services at Kings County; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the "System") hereby approves the application for verification of NYC Health + Hospitals/Kings County as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Kings County, as a Trauma Center, by the American College of Surgeons.

## **EXECUTIVE SUMMARY**

### **Designation of NYC Health + Hospitals/Kings County, as a Trauma Center**

- Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.
- Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

## **RESOLUTION - 10**

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of Surgeons for NYC Health + Hospitals/Lincoln (“Lincoln”) as a trauma center.**

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the appropriate officers of the System to execute any and all documents necessary to verify Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

**WHEREAS**, the System has played a significant and needed role in the provision of trauma services in New York City; and

**WHEREAS**, in 2021 the American College of Surgeons is the verifying authority for trauma centers; and

**WHEREAS**, the System’s Board of Directors fully supports the continued provision of trauma services at Lincoln; and

**NOW THEREFORE**, be it

**RESOLVED**, that the Board of Directors (the "Board") of the New York City Health and Hospitals Corporation (the “System”) hereby approves the application for verification of NYC Health + Hospitals/Lincoln as a trauma center; and

**FURTHER RESOLVED**, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

**FURTHER RESOLVED**, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Lincoln, as a Trauma Center, by the American College of Surgeons.

## **EXECUTIVE SUMMARY**

### **Designation of NYC Health + Hospitals/Lincoln, as a Trauma Center**

**Background:** The American College of Surgeons (“ACS”) is the nationally recognized body that certifies hospitals as being trauma centers at various levels of proficiency, capability and capacity. State and Federal regulators look to ACS. In this way, ACS functions much as Joint Commission does.

**Program:** Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States.

# How to be an American College of Surgeons Verified Trauma Center

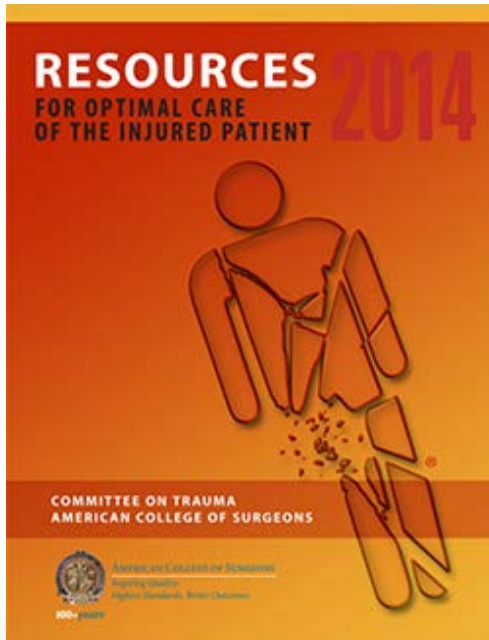
**Sheldon Teperman MD FACS**  
**NYC Health + Hospitals Trauma Service Line Lead**

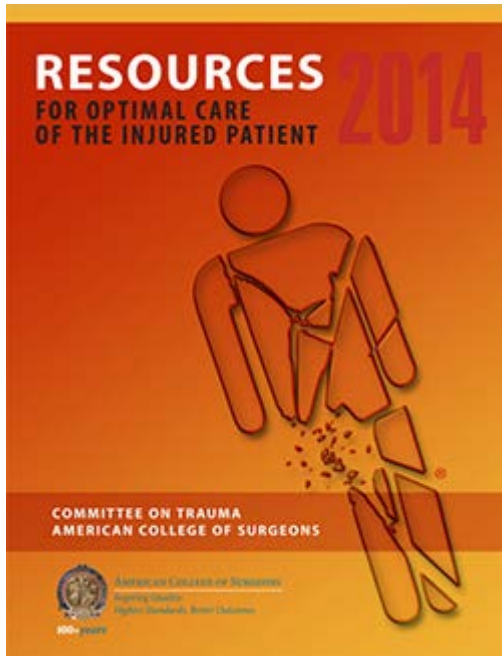
**Board of Directors Meeting**  
**September 30, 2021**

In approximately 2011 the NYS DOH adopted the American College of Verification System for Trauma Centers

This “Optimal Resources” document is now codified “by reference” in the NYS 408 health code regulations

The College of Surgeons has a rigorous on-Site Survey and Verification Process

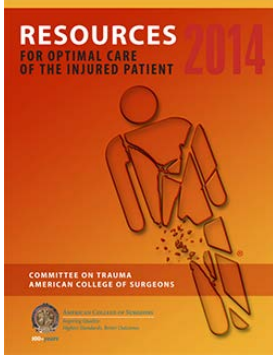




The College Verifies and the State DOH stamps that Verification with “Designation”  
-Three Year Cycle

Health + Hospitals has two levels of ACS  
Verified Trauma Centers

We have five Level One Adult Centers and  
one Level Two Center



The College of Surgeons- for the last decade-has been seeking to make **the clinical** capabilities of Level One and Level Two Centers the same-Important differences remain

Both Levels must have the entire array of dedicated Clinical specialists and resources

Examples: In house 24/ 7 Board Certified Trauma Expert Surgeon

-Trauma SICU run by same

-Extensive lists of Trauma Subspecialists, who must be available instantly

A dedicated Trauma Program office:

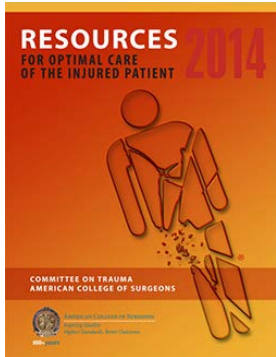
**Performance improvement**

Trauma Registry

Injury Prevention



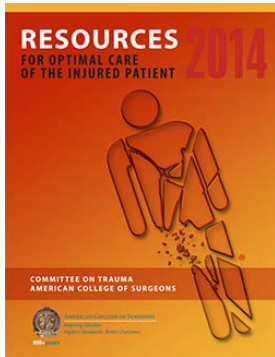
# The Difference Between and ACS Verified Level One and Level Two Centers?



# Research Education Leadership

# American College of Surgeons Verified Pediatric Trauma Center

- Volume Requirements-Between 100 and 200 Pediatric ( Less than 15 years of age) Trauma Admissions
- Immediate Response of a Board -Certified Surgeon
- Excellence in Pediatric Emergency Medicine
- Dedicated and Extensive Pediatric Critical Care Services(PICU)
  - Dedicated Pediatric Surgeon(s)
  - Extensive list of Pediatric Surgical Subspecialists
  - Most Importantly Peds Ortho



Pediatric Trauma Program Office:  
PI/Registry/Injury Prevention



# Board of Directors Approval Request

Approving the applications of the New York City Health and Hospitals Corporation (the “System”) for verification by the American College of Surgeons for the trauma Center designations of:

- Bellevue Hospital
- Bellevue Hospital Pediatric Center
- Elmhurst Hospital
- Harlem Hospital
- Jacobi Hospital
- Jacobi Hospital Pediatric Center
- Kings County Hospital
- Lincoln hospital

## RESOLUTION - 11

Adopting the attached **Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) for Fiscal Year 2021** to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).

**WHEREAS**, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

**WHEREAS**, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

**WHEREAS**, the ABO requires reporting of NYC Health + Hospitals’ mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

**WHEREAS**, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

**WHEREAS**, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

**NOW, THEREFORE**, be it

**RESOLVED** that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller’s Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

**AUTHORIZATION TO MAKE ANNUAL FILING  
PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT**

**Executive Summary**

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the “PARA”) to adopt and to report to the New York State Office of the State Comptroller’s Authority Budget Office (the “ABO”) each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board’s adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. There have been minor variations in the Mission Statement over these years but all have been refined versions of the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals’ website.

**AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS**

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect; To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York; To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

## ADDITIONAL QUESTIONS:

- 1. Have the board members acknowledged that they have read and understood the mission of the public authority?**

Yes.

- 2. Who has the power to appoint the management of the public authority?**

Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

- 3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

- 4. Briefly describe the role of the Board and the role of management in the implementation of the mission.**

In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly and or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

- 5. Has the Board acknowledged that they have read and understood the responses to each of these questions?**

Yes.

**AUTHORIZATION TO MAKE ANNUAL  
FILING  
PURSUANT TO THE PUBLIC AUTHORITIES  
REFORM ACT**

**Board of Directors Meeting  
Thursday, September 30, 2021**

**Jeremy Berman – Deputy General Counsel**

## AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect; To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York; To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.



# System Dashboard – July 2021

REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

		DESCRIPTION
<b>QUALITY AND OUTCOMES</b>		
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
5	Integration of Bio Medical devices	Integration of strategic biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Our staff will be freed from data entry and able to spend more time on clinical care.
<b>CARE EXPERIENCE</b>		
6	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
8	MyChart Activations	Number of patients who have activated a MyChart account
<b>FINANCIAL SUSTAINABILITY</b>		
9	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	
11	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
12	Total AR days per month (Outpatient ,inpatient)	Data source: Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13	Post Acute Care Total AR days(12 months)	Total accounts receivable days
14	Data Center Migration progress	
<b>ACCESS TO CARE</b>		
15	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
16	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
17	NYC Care	Total enrollees in NYC Care program
<b>CULTURE OF SAFETY</b>		
18	Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events
<b>COVID-19</b>		
19	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
20	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 <sup>th</sup> )
21	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
22	1 <sup>st</sup> dose vaccinations Administered	Total number of 1 <sup>st</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
23	2nd dose Vaccinations Administered	Total number of 2nd dose vaccinations administered by NYC Health + Hospitals Facilities
24	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

# System Dashboard – July 2021

REPORTING PERIOD – Q3 FY21 (January 1 through March 31 | 2021)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
<b>QUALITY AND OUTCOMES</b>								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	CQO+SVP PAC	Quarterly	1	1.85	-0.85	1.55	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP CQO	Quarterly	66%	55.70%	-10.30%	37.97%	56.82%
3	HgbA1c control < 8	SVP AMB + VP CPHO	Quarterly	66.60%	60.70%	-5.90%	61%	66.10%
4	% Left without being seen in the ED	SVP CMO + SVP CQO	Quarterly	4.00%	3%	2.19%	1.8%	7.84%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100.00%	103%	+3.00%	-	-
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CQO + SVP CNE	Quarterly	66.30%	64.96	0.35%	66.65%	63.00%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CQO + SVP AMB	Quarterly	87.00%	86.97	-4.12%	82.88%	84.50%
8	MyChart Activations	SVP CQO + SVP AMB	Quarterly	75%	66%	-20%	55%	17%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14.00%	72.60%	61.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	72%	-4%	58%	-
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	38.80%	-5.90%	39.10%	-
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	60	-15	62.6	72
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	48.2	6.8	51	-
14	Data Center Migration progress	SVP CIO	Quarterly	100%	90%	-10%	-	-
<b>ACCESS TO CARE</b>								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	TBD	370,878	-5,680	376,558	-
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	46,000	82,226	36,226	71,793	51,890
17	NYC Care	SVP AMB	Quarterly	50,000	65,788	16,460	46,460	20,000
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters *	SVP CQO + SVP CNE	Quarterly	N/A	916	N/A	737	-
<b>RACIAL AND SOCIAL INEQUITY</b>								
19	(New Measure) % of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		N/A		-	-
20	(New Measure) % Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	0%	100%	-	-
21	(New Measure) % of Total Procurement spend on MWBE	SVP SUPPLY CHAIN + SVP OFD	Quarterly	30%	N/A		-	-
<b>COVID-19</b>								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	1,194,500	N/A	1,010,840	-
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	102,538	N/A	54,049	-
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	86.6	N/A	26.5	-
25	Number of 1 <sup>st</sup> dose vaccinations	SVP AMB	Quarterly	undefined	366,448	N/A	199,882	-
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	303,568	N/A	100,363	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	69%	N/A	54.00%	N/A

# ADDITIONAL QUESTIONS:

**1. Have the board members acknowledged that they have read and understood the mission of the public authority?**

- Yes.

**2. Who has the power to appoint the management of the public authority?**

- Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

**3. If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

- The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

**4. Briefly describe the role of the Board and the role of management in the implementation of the mission.**

- In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly and or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

**5. Has the Board acknowledged that they have read and understood the responses to each of these questions?**

- Yes.