

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

Mr. Pagán

**Executive Session | Facility Governing Body Report**

Mr. Pagán

- NYC Health + Hospitals | Woodhull

**2021 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 | Coler Nursing and Rehabilitation Center
- NYC Health + Hospitals | Gouverneur Nursing and Rehabilitation Center

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

Mr. Pagán

Adoption of Minutes: July 28, 2022

**Chair's Report**

**President's Report**

Dr. Katz

**2. Informational Item: Fiscal Year 2022 Annual Public Meetings Responses**

Ms. Brown

3. Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following **seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services** (the "Vendors") to provide infectious disease mobile response services when necessary as directed the System's President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

Dr. Calamia

(Presented to the Medical and Professional Affairs Committee: 09/12/2022)

**Vendex: Approved- (The daybreak Health Group Inc.- Pending)**

**EEO: Approved-(The daybreak Health Group Inc. and Executive Medical Service- Pending)**

4. Authorizing New York City Health and Hospitals Corporation (the "System") to enter into contracts with the following **five firms: Medrite, Rapid Reliable Testing, LLC., a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist** (the "Vendors") to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of \$156,900,000.

Dr. Calamia

(Presented to the Medical and Professional Affairs Committee: 09/12/2022)

**Vendex: Approved (Pending-Community Urgent Care P.C.)**

**EEO: Approved (Pending-Community Urgent Care P.C.)**

5. Authorizing New York City Health and Hospitals Corporation (the "System") to sign an 18-year lease with **90-02 QB Holdings LLC** ("Landlord") for approximately 40,000 square feet on the ground floor of 90-02 Queens Boulevard, Queens, New York for use by NYC Health + Hospitals/Elmhurst ("Elmhurst") and NYC Health + Hospitals/Queens ("Queens") for administrative office space at an initial rent of \$37/rentable square feet or \$1,480,000/yr which will escalate over the term to reach \$45/rentable square feet over the final seven years of the term for a total base rent over the term of \$28,520,000 after taking into account one year of free rent; provided that operating expense escalations payable to Landlord projected to total \$1,732,000 over the lease term are not included in base rent for a total payable to Landlord over the term projected to be \$30,252,004.

Mr. Peña-Mora

(Presented to the Capital Committee: 09/12/2022)

**VENDEX: NA / EEO: NA**

<p>6. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with <b>Care Free Improvements</b> (the “Contractor”) to provide construction services in connection with the repurposing of space on the 7<sup>th</sup> floor of NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”) to create a System-wide contact center for the duration of the proposed construction project for an amount, including a 10% contingency of \$624,454, not to exceed \$6,869,000. (Presented to the Capital Committee: 09/12/2022) <b>VENDEX: Approved / EEO: Approved</b></p>	Mr. Peña-Mora
<p>7. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of <b>EIA Electric Inc. (“EIA”), Jemco Electrical Contractors (“Jemco”) and Mac Fhionnghaile &amp; Sons (“McF”)</b> to provide to provide electrical construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years. (Presented to the Capital Committee: 09/12/2022) <b>VENDEX: All Approved / EEO: All Approved</b></p>	Mr. Peña-Mora
<p>8. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of <b>AWL Industries (“AWL”), Volmar Construction Inc. (“Volmar”) and WDF Inc. (“WDF”)</b> to provide HVAC construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years. (Presented to the Capital Committee: 09/12/2022) <b>VENDEX: All Approved / EEO: Pending for AWL, approved for WDF and Volmar</b></p>	Mr. Peña-Mora
<p>9. 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”) <b>for Fiscal Year 2022 to Office of the State Comptroller’s Authorities Budget Office (the “ABO”) as required by the Public Authorities Reform Act of 2009 (the “PARA”).</b> (Presented Directly to the Board: 09/29/2022) <b>VENDEX: NA / EEO: NA</b></p>	Mr. Pagán

### Committee and Subsidiary Reports

- Medical and Professional Affairs
- Capital
- Information Technology
- Community Relations Committee
- Accountable Care Organization - Subsidiary
- MetroPlus Health - Subsidiary

>>Old Business<<

>>New Business<<

>>Adjournment<<

Dr. Calamia  
Mr. Peña-Mora  
Mr. Peña-Mora  
Mr. Nolan  
Mr. Siegler  
Ms. Hernandez-  
Piñero

Mr. Pagán

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

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 29<sup>th</sup> day of July, 2022 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 in person or via teleconference/videoconference:

Mr. José Pagán - Virtual  
Dr. Mitchell Katz -In Person  
Dr. Vincent Calamia -Virtual  
Dr. Michael McRae - Virtual, Left at 4:26 pm  
Ms. Barbara Lowe - Virtual, Left at 4:33 pm  
Mr. Robert Nolan - Virtual  
Ms. Anne Williams-Isom - Virtual - left at 2:30  
Ms. Sally Hernandez-Piñero - Virtual, Joined at 2:10pm and Left at 4:27 pm  
Mr. Feniosky Peña - Mora - Virtual  
Dr. Michelle Morse, Virtual, Left at 4:05 pm  
Dr. Patricia Marthone - Virtual, Joined at 2:17 pm. Joined again at 3:18pm  
Anita Kawatra - virtual - left at 2:30

José Pagán, Chair of the Board, called the meeting to order at 2:05 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan in a voting capacity.

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 3:07 p.m.**

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan in a voting capacity.

### **ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on June 30, 2022 were presented to the Board. Then on motion duly made and seconded, the Board adopted the minutes.

**RESOLVED**, that the minutes of the meeting of the Board of Directors held on June 30, 2022 copies of which have been presented to the Board be, and hereby are, adopted.

## CHAIR'S REPORT

Mr. Pagán advised that during the Executive Session, the Board received and approved a governing body oral and written report from NYC Health + Hospitals/Metropolitan.

The Board received and approved the 2021 performance improvement plan and evaluation (written submission) from NYC Health + Hospitals/ Segundo Ruiz Belvis Diagnostic and Treatment Center - Gotham

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

## ACTION ITEM 2:

Mr. Peña-Mora read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year lease extension with **Martha Vincent (the "Landlord") for the continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health** ("Gotham Health") at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System's proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40. (Presented to the Capital Committee: 07/11/2022)

Dr. Theodore Long, Senior Vice President Ambulatory Care, provided background information on the site, services provided to the community in the Gotham Health Ridgewood clinic and a visual of the interior and exterior spaces.

Leora Jontef, Assistant Vice President of Housing and Real state explained the lease terms and confirmed that after an analysis, the rent is at the fair market value. The rent schedule includes the initial terms of 5-years with a renewal option of an additional the 5-years.

Hearing no questions from Board Members, upon motion duly made and seconded, the Board unanimously approved the resolution.

## ACTION ITEM 3:

Mr. Peña-Mora read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Jemco Electrical Contractors, Inc.** (the "Contractor") to complete an upgrade of Emergency Electrical Service Type I at NYC Health + Hospitals/Elmhurst Hospital Center ("Elmhurst") for a term to equal the duration of the proposed construction project for an amount, including a 20% contingency of \$1,258,472, not to exceed \$7,550,830.

(Presented to the Capital Committee: 07/11/2022)

Manuel Saez, Senior Assistant Vice President, Office of Facilities Development introduced his team and Milenko Milinic, Chief of Capital Design and Construction at NYC Health and Hospitals/Elmhurst and proceeded to discuss the program background, an overview of the procurement and construction contract. The MWBE subcontractor utilization plan is 31.76% Mr. Milinic explained the performance evaluation and rating. The project budget has a contingency of 20% due to potential for unforeseen field conditions related to the aging infrastructure of the building.

Hearing no questions from Board Members, upon motion duly made and seconded, the Board unanimously approved the resolution.

#### **ACTION ITEM 4:**

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following six firms: **Rapid Reliable Testing NY, LLC., a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc.** (the "Vendors") to perform COVID testing when necessary as directed the System's President with each contract to have a two-year term and with the set of having a pre-established not to exceed amount

(Presented to the Medical and Professional Affairs Committee:  
07/11/2022)

Dr. Theodore Long, Senior Vice President Ambulatory Care shared background and current state including scope, justification and ancillary costs. Dr. Long explained the RPF criteria, provided an overview of the procurement and vendor past performance, which included vendors with and without prior NYC Health and Hospitals experience. The vendors has committed to a 30% MWBE goal, with Elevation health is an NYC certified MWBE.

In response to questions from the Board, Dr. Long clarified that in order to expand the scope beyond testing for virus other than COVID-19, there would be a need for a separate contacting structure. Ms. Cohen confirmed that the contract language would need to be reviewed but if the contract is specific to COVID-19, a separate contract for other type of testing would be required.

The Board also asked about testing and capacity for Monkey Pox. Dr. Long responded that the team is doing a tremendous amount of testing, which is available at all the primary care sites. There are 3 sites with special clinics where outside referrals can be placed through EPIC for a faster experience. At this time, capacity is not an area of concern, Dr. Long feels confident the sites are equipped to sustain the testing volume now and potential increase in demand.

Mr. Peña-Mora asked about the sub-contractors' previous work and performance with NYC Health and Hospitals. Chris Keely, Chief Operating Officer, responded that the System has worked with most of the vendors and they are using sub-contractors they have worked with in the past. He further confirmed that NYC Health and Hospital has worked with most of the sub-contractors.

The Board acknowledged Dr. Long and the team for their work.

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

#### **ACTION ITEM 5:**

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following four firms: **Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing of NY, Inc., d/b/k DocGo, SOMOS Healthcare Providers Inc. and Huron Consulting Group, Inc.** (the "Vendors") to provide COVID surge project management services when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount

(Presented to the Medical and Professional Affairs Committee: 07/11/2022)

Dr. Theodore Long, Senior Vice President Ambulatory Care shared background and current state including scope, justification and ancillary costs. Dr. Long explained the RPF criteria, provided an overview of the procurement and vendor past performance, which included vendors with and without prior NYC Health and Hospitals experience. The awarded vendor's MWBE utilization plans are: QED Inc goal of 100%; Rapid Reliable Testing NY, LLC 35%; SOMOS 85%; Huron 30%.

Mr. Peña-Mora inquired about expanding the scope of this and the prior contact (action item 4) to include more flexibility in testing and management of other health emergencies. Dr. Long deferred to Ms. Cohen to respond to questions regarding the scope of work. Ms. Cohen confirmed that the scope of work in this contract is specific to COVID-19 and activities need to be in

alignment, otherwise a new contract with a wider scope of work will need to be procured. Ms. Cohen suggested that perhaps an amendment can be done.

Keith Tallbe, Chief Procurement Counsel, explained that the expanded scope of work was not included in the solicitation.

Dr. Katz agreed that having more flexibility in the scope of work is a great idea and should be considered for future procurement in this area.

Dr. Calamia asked about testing capacity for Monkey Pox outside of the System. Dr. Long agreed that vendor expertise is a factor. The existing arrangements such as outside/mobile testing for COVID-19 would not necessarily apply to Monkey Pox testing because of the complexity of the process however, these flexibilities will be considered for future contracts.

Mr. Pagan suggested to hold an informational session at a later time to better understand the surveillance process, and how data collection is incorporated into the risk assessment.

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

#### **ACTION ITEM 6:**

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest renewal of its contract with New York Legal Assistance Group ("NYLAG") under which NYLAG provides certain free legal services to the System's patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606 (Presented to the Medical and Professional Affairs Committee: 07/11/2022)

Emily Foote, Senior Director Social Determinants of Health informed the Board that NYC Health + Hospitals operates one of the country's oldest and largest medical-legal partnerships with the legal health division of NYLAG. This model allows attorneys to function essentially as an extension of the medical care team and address patient's legal needs. Ms. Foote shared a description of the current NYLAG partnership and LegalHealth medical-legal program overview highlighting the distinguishing features as well as overall program goal and objectives. She explained the metrics: matters intake, unique patients served, cold cases and language. Ms. Foote discussed the best interest renewal request and vendor performance evaluation. Ms. Foote noted that the workforce diversity is an area with room for improvement and conversations are happening to discuss common goals.

In response to questions from the Board regarding language access, Ms. Foote explained that NYLAG is able to access the System's language line for translation assistance when they work on-site/at the facilities. They use their own language access services when they work remotely or offsite.

Staff are educated on the legal services available to patients. The services are also advertised throughout the facilities and via the care teams.

Mr. Pagán recognized the team's work in the area of social determinants of health.

Mr. Peña-Mora asked about communication tools and services available to individuals with disabilities. Ms. Foote explained that this is an area of focus and improvement.

Mr. Peña-Mora thanked Ms. Foote and the team for their focus on NYLAG's diversity.

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

#### **VENDEX APPROVALS**

Mr. Pagán noted there are eleven items on the agenda requiring Vendex approval, of which ten have approval. There are three items from previous board meetings pending Vendex approval. Eight approvals were received since the Board last met.

The Board will be notified as outstanding Vendex approvals are received.

#### **BOARD ENGAGEMENTS**

Mr. Pagán thanked Ms. Hernandez-Piñero for representing the Board at the Joint Commission Leadership Exit Session on July 1st at Jacobi and NCB.

Ms. Hernandez-Piñero shared that the Joint Commission members were positive regarding their engagement and experience.

Mr. Pagán also thanked Dr. Marthone for participating in the Marjorie Matthews Volunteers event on July 21st and the Brooklyn Borough President press event the morning of July 28<sup>th</sup>, announcing his funding allocation to address maternal mortality, especially among pregnant women of color.

Dr. Marthone shared that the Marjorie Matthews event was a success and well received by the volunteers. The announcement by the Brooklyn Borough President that he was designating his full funding to NYC Health + Hospital to addressing Maternal health, especially in the underserved/minority community was very important and this issue of also a top priority for the System.

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

##### **Covid-19 Update**



NYC Test & Trace Corps launched the country's first-ever mobile-based "Test to Treat" program at a press event with Mayor Adams on June 30. The new mobile testing units managed by NYC Test & Trace Corps will now include a clinician on their team to provide instant access to prescriptions for antiviral medications at no-cost, for eligible New Yorkers who test positive at these sites. There are 30 units planned to distribute antiviral medications this summer. There are 385 testing sites in NYC. More than 37M home tests have been distributed in NYC.

All New Yorkers in the State can now connect with expert Virtual ExpressCare team and get immediate access to anti-viral medications if they test positive for COVID-19. Governor Kathy Hochul and the State Department of Health announced a dedicated hotline, 888-TREAT-NY, and online evaluation at the NYS COVID-19 ExpressCare Therapeutics Access website, to connect New Yorkers with NYC Health + Hospitals providers. The agreement with the State is an expansion of the successful 'test to treat' services already provided locally for New York City residents.

### **Monkeypox Update**

The World Health Organization declared monkeypox a global health emergency on July 23. As of July 27, NYC reported 1,148 cases. The cases have been generally mild and most people can isolate and recover at home. Monkeypox is transmitted through close contact with an infected person or with material contaminated with the virus. Symptoms include a flu-like illness followed by a characteristic rash and typically last 2-4 weeks. There is an FDA-approved vaccine, JYNNEOS, and an anti-viral agent developed for smallpox, Tecovirimat (TPOXX).

The NYC Health Department has established pre-exposure prophylaxis (PEP++) vaccine clinics to prevent further spread of the outbreak. NYC Health + Hospitals has opened two vaccine clinics at Gotham Health/Vanderbilt in Staten Island, and Lincoln Hospital in the Bronx. The vaccine will be available at Bellevue by the end of this week. NYC Health + Hospitals will continue to expand vaccination to additional sites as additional vaccine supply becomes available.

All appointments for the pre-exposure vaccines are through the city's health department online vaccine scheduler or hotline. NYC Health + Hospitals is also working with the NYC Health Department to provide post-exposure prophylaxis (PEP) for those individuals who are determined by the health department contact tracing team to have had a high-risk exposure.

### **U.S. News & World Report**

The 11 public hospitals in NYC Health + Hospitals received “high-performing” ranking in at least one category by U.S. News & World Report in their 2022-23 Best Hospitals list.

#### **NYC Health + Hospitals Loan Forgiveness**

Mayor Adams joined NYC Health + Hospitals/Harlem last week to announce the launch of a new student loan forgiveness program for behavioral health providers, funded by a \$1 million contribution to the health system from an anonymous donor. The System will be able to offer new and current staff who are eligible between \$30,000 and \$50,000 of debt relief in exchange for a three-year commitment to serve the health system.

#### **NYC Health + Hospitals Receives \$45m From Brooklyn Borough President**

Dr. Katz thanked Borough President Antonio Reynoso for allocating his entire FY-23 capital funds – a total of \$45M – to the three public hospitals in Brooklyn: Woodhull, Coney Island and Kings County Hospitals to help improve maternal health care services that will in turn reduce disparities in maternal mortality rates and improve maternal health outcomes. While racial disparities in birth outcomes are evident nationwide, the health care System is committed to reducing and eliminating these inequalities by creating safer birth experiences for New Yorkers.

#### **NYC Health + Hospitals/Metropolitan Receives \$4.9m In Funding**

Patients at NYC Health + Hospitals/Metropolitan will soon benefit from access to the latest computed tomography (CT) diagnostic technology, made possible through a \$4.9M award in Fiscal Year 2023 capital funding from Council Member Diana Ayala and New York City Council Speaker Adrienne Adams. In addition to the CT Scanner, the funds will also be used to purchase a new portable C-ARM and ultrasound machines. The new CT Scanner, C-ARM, and ultrasound machines will improve image quality, ensure faster results, and assist practitioners with devising a course of treatment that gets patients on track for healthier outcomes.

#### **NYC Health + Hospitals/Elmhurst Opens A New Mom-Baby Simulation Center**

NYC Health + Hospitals/Elmhurst opened a new Mother-Baby Simulation Center to help reduce maternal deaths and life-threatening conditions in patients during childbirth. Using a specially-designed, high-tech, full-body mannequin of color, the clinicians will participate in simulations that further help in identifying and treating potentially life-threatening conditions during labor and childbirth.

#### **Week of Action to Promote NYC Care Across the Five Boroughs**

This past Tuesday, NYC Care, in collaboration with the Mayor's Public Engagement Unit (PEU) and the Mayor's Office of Immigrant Affairs, launched a "Healthcare Week of Action" to connect New Yorkers to health care and encourage them to make primary care appointments.

### **Marjorie Matthews Event, Celebrating Cab and Auxiliary Members**

Since 2004, NYC Health + Hospitals has hosted the annual Marjorie Matthews Celebration to honor exceptional volunteers who serve on the Community Advisory Boards (CAB) and Auxiliaries. This year's special event was held in person at NYC Health + Hospitals/Kings County. Marjorie Matthews was known for her dedication to her community and to improving access to excellent health care. She served on the NYC Health + Hospital/Kings County CAB for 20 years, and her service continues to inspire long past her death.

### **"Guns Down Life Up" Program**

On July 22, NYC Health + Hospitals staff, elected officials, community partners and the "Guns Down Life Up" (GDLU) team celebrated the fifth anniversary of the program at NYC Health + Hospitals/Lincoln. The hospital-based program was established in 2017 to offer alternatives and resources to stop violence by tracking gun shots, assaults and stabbing cases that present to the emergency department, and provide alternatives and resources to interrupt the cycle of violence.

### **External Affairs Update**

**City** - Council Member Mercedes Narcisse, Chair of the City Council Hospitals Committee and a nurse, continues to tour NYC Health + Hospitals facilities this summer. Chair Narcisse is a strong supporter of NYC Health + Hospitals. Dr. Katz is grateful to partner with her.

**State** - Four System hospitals - Harlem, Jacobi, Kings County and Lincoln - were named as recipients of the first phase of the State's new abortion provider support funds. Clinicians from these facilities joined Governor Hochul at a small roundtable to discuss the needs and experiences of the System and how New York is confronting challenges and protecting access post-Roe.

**Federal** - Congress is working on a significantly reduced budget reconciliation package. A revised expanded package was announced that has the support of Senator Manchin, a key moderate. The reported package includes extending ACA Marketplace subsidies slated to expire at the end of the year and efforts to reduce prescription drug prices.

### **Financial Update**

NYC Health + Hospitals closed May with approximately \$375 million (16 days cash-on-hand) and projecting to close June with approximately \$700 million (30

days cash-on-hand). Through April, the health System has achieved a positive Net Budget Variance of \$270 million. Direct Patient Care Receipts (Inpatient and Outpatient) were \$550 million higher than the same period in FY-21.

Patient care volume in FY-22 is returning to pre-COVID levels, but still 4% below FY20 in discharges. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, the strategic Financial Initiatives remain on track with post-COVID strategies, generating over \$691 million through April of FY22. Areas of strongest net performance as of April include revenue cycle improvement (\$339 million), growth & service line improvements (\$164 million), and value-based payment/managed care initiatives (\$167 million).

## **Discussion**

The Board asked questions regarding Monkeypox. Dr. Katz responded that there are active conversations regarding level setting. So far, this has been a primarily outpatient disease which decreases the burden on the use of in-patient resources. Those who have been hospitalized are receiving pain management treatment for the lesions caused by disease.

The System follows Center for Controls and Disease Prevention (CDC) guidelines for infection control and contact precaution. Personal Protection Equipment (PPE) is readily available to staff.

The initial distribution of vaccine to states was based on objective criteria. Since then, the Federal government has changed the criteria for future distribution to the success of the state in administering the vaccines. This continues to be an area of intense study and guidelines may change over time.

Dr. Katz clarified that one of the anti-viral oral medications to treat Monkeypox is administered orally and does not require hospitalization. At this time, the drug does not have an FDA or Emergency Authorization approval therefore the prescribing physician needs to receive approval from an institutional review board (IRB) and have their own approval. NYU provides do have this approval for their doctors, therefore any NYU-doctor working at the System's sites can prescribe the medication. Dr. Allen, the System's Chief Medical Officer is in the process of getting IRB approval for all NYC Health and Hospitals doctors.

Dr. Katz confirmed there is enough treatment supply at this time, primarily because the number of people needing treatment has been manageable.

After questions from the Board, Dr. Katz confirmed that the COVID-19 anti-viral medication "PAXLOVID" can now be prescribed and administered at the mobile unit sites.

### COMMITTEE REPORTS

Mr. Pagán noted that the Committee reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

### OLD BUSINESS/NEW BUSINESS

### ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:34 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

### AUDIT COMMITTEE VIRTUAL MEETING - July 11, 2022

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

**Committee Members Present:** Sally Hernandez-Piñero, Dr. José Pagán, Feniosky Peña-Mora, Dr. Mitchell Katz, Anita Kawatra

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 12:13pm.

Ms. Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on May 9, 2022. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Patsos provided an update on Internal Audits and the Office of Corporate Compliance.

#### Internal Audits:

##### **NYC Comptroller's Office Audit:**

Ms. Patsos reported that the NYC Comptroller's Office's Draft Audit Report regarding nursing homes was received on June 7, 2022, to which NYC Health + Hospitals responded, and the Final Audit Report was issued on June 29, 2022. The Comptroller's Office made four (4) recommendations that NYC Health + Hospitals agreed with. In addition, NYC Health + Hospitals clarified some of the findings that were stated in the Draft Audit Report. The Final Audit Report incorporated many of the elements of NYC Health + Hospitals' response, and also recognized that the audit was conducted in the height of the pandemic when our facilities were significantly impacted. They also acknowledge the difficult circumstances under which we were operating at various points during the audit.

The Comptroller's Office recommendations were, first, that NYC Health + Hospitals ensure that cycle counts are conducted according to our protocols, and that all items are tracked and recorded either in PeopleSoft or manual records.

The second is that, if staffing permits, NYC Health + Hospitals should segregate responsibilities for handling and recording the issuing of items, and conduct periodic counts. If that segregation of duties is not feasible, then NYC Health + Hospitals should implement compensating controls, such as increasing the reviews of inventory-related transactions at the managerial or supervisory level.

Third, NYC Health + Hospitals should ensure that its access controls in PeopleSoft are in line with the duties and responsibilities of its users, which is making sure that the roles are properly assigned.

Finally, NYC Health + Hospitals should ensure that all inventory balance adjustments are documented and authorized by someone who does not have physical custody of the inventory.

#### **Internal Audit of the Onboarding of Nurses:**

Ms. Patsos reported that this audit will evaluate the onboarding of nurses that are direct hire, agency and temporary nurses to ensure that their backgrounds checks were conducted properly, including their licenses and fingerprinting, to make sure they have annual evaluations, and that all documents were maintained properly. In May 2022, Internal Audits received the universe of data regarding all such nurses during the audit period. The Office of Corporate Compliance checked that data and used RAT STATS to draw randomized samples for each of the agency, travel, and direct hire nurses at Lincoln, Elmhurst, Harlem, Kings County, Jacobi, and Bellevue, which were the facilities with the largest number of nurse census. On June 13<sup>th</sup>, Internal Audits met with Nursing Administration to discuss the documentation that they needed to perform the field work on the samples, and collection of that data is ongoing.

#### **Auxiliary Audits:**

The Bonadio Group has completed 22 reports for 2021. Internal Audits has reviewed 10 of them. Nine of 10 were compilations and one was a review based on the auxiliaries' revenues. There are three reports outstanding for 2020, which include Friends of North Central Bronx Hospital, Elmhurst and Queens Hospital. Finally, there is one draft report that has been completed for each of 2018 and 2019. Final reports are expected by the end of this month. These reports were delayed due to the reinstatement of the Auxiliary's 501(c)(3) status and the retroactive effect of that status.

Ms. Piñero polled for any questions.

Mr. Peña Mora asked if we see any concerns with respect of the Nurses Audit Report. As we move forward do we see any concerns?

Ms. Patsos stated that NYC Health + Hospitals agreed with all of the recommendations that were made, and is implanting them. For example, we already have separation of duties that will be reinforced, and cycle counts will be put into place this year. NYC Health + Hospitals will also put in place balance adjustments. We did point out that we performed manual cycle counts in lieu of cycle counts in PeopleSoft, and we provided 38 weeks of data on that, which the Comptroller's Office acknowledged in their report. We also emphasized that we do have separation of duties in place. The Comptroller's Office acknowledged that, but said that they found instances where that did not occur. We also made clear that we do not condone or

permit any password sharing or granting user rights to individuals who are not tasked with entering data.

Office of Corporate Compliance:

**Monthly Excluded Individuals and Vendors - April 22, 2022 - June 15, 2022** In the reporting period of April 22, 2022 through June 15, 2022, the Office of Corporate Compliance (OCC) identified two community physicians who were excluded by the Office of the Medicaid Inspector General. The OCC is still reviewing whether any repayment is required as a result of any services that they might have provided and billed by NYC Health + Hospitals. There were no providers identified on the National Plan and Provider Enumeration System or the Death Master File.

**Privacy Incidents and Related Reports: April 22, 2022 - June 15, 2022:** During the reporting period there were 43 incidents involving allegations of HIPAA violations. Of those 43, the OCC found that 12 were determined to be violations of our HIPAA Privacy and Security Operating Procedures. Six were found not to be violations, and 25 were still under investigation. Of the twelve that were violations, three were determined to be breeches. Two of those breeches resulted from registration errors, such as selecting the wrong patient records to register a patient, and one involved giving a patient the wrong after visit summary.

Ms. Patsos stated that we received one letter from the Office for Civil Rights (OCR) that was dated May 31, 2022. The letter pertained to a complaint that it had received from a former NYC Health + Hospital/Harlem employee, who was also a patient, and claimed that several staff members who were not involved in her care accessed her medical records and discussed that information with others, which she claimed led her to resign from her position with NYC Health + Hospitals. This was a follow up to the OCR's original letter that was dated February 23, 2021, which requested data regarding this complaint. The OCC responded to that letter on March 3, 2021, and provided the requested data which demonstrated that the individual's claim was unsubstantiated. In its May 31, 2022 letter, the OCR also concluded that there was insufficient evidence to substantiate the claim that NYC Health + Hospitals violated the privacy rule with regard to this particular individual.

**Compliance Reports:**

The OCC received 66 compliance reports during the reporting period. Compliance reports are color coded with a red, yellow or green flag depending on the severity of the report. The OCC received five red, 31 yellow and 30 green reports. The five red reports were characterized as patient abuse. Three of these reports were referred to the respective facility for investigation, and two were not substantiated. Three of the five reports dealt with the same individual. The reports mostly concerned the medication and care provided.



**Billing and Coding Auditing Services RFP:**

As previously reported, the OCC is in the process of selecting a billing and coding auditing vendor. The OCC received six proposals, and the Evaluation Committee selected the two highest scoring vendors to conduct presentations. Scoring on the presentations will follow and we hope to select a vendor by the middle of July.

Ms. Piñero stated that this would be a significant audit for us to follow. Although it might be expensive, she is hopeful that the revenues will be positive.

**FY2023 Risk Assessment & FY2023 Corporate Compliance Work Plan:**

With regard to the fiscal year 2023 Risk Assessment, as mentioned in the prior meeting, the OCC developed a Draft FY-2023 Risk Assessment that was presented to the Enterprise Compliance Committee (ECC) on March 24, 2022, for their review. The OCC revised the Draft FY-2023 Risk Assessment based on their comments and prioritization of the risks. The revised draft was presented again to the ECC on May 5<sup>th</sup> for further discussions. Once it was approved the OCC drafted the FY-2023 Corporate Compliance Work Plan. The FY- 2023 Corporate Compliance Work Plan will be presented to this Committee for approval.

**HIPAA Risk Analysis and Security Assessment:**

In April, Coalfire did reviews of NYC Health + Hospitals' acute care facilities and conducted onsite reviews of certain facilities in May. They will be reviewing the Diagnostic and Treatment Centers in June and throughout July. In addition to reviewing the individual facilities, Coalfire also conducts an enterprise-wide review of our HIPAA privacy and security compliance. Due to the remediation of previous high and very high risks from prior years on the System level, we were able to eliminate many of those risks. As a result, we will now start to review the moderate risks for 2022.

Ms. Piñero polled for any questions. There were no questions.

Ms. Piñero requested a motion to move to Executive Session.

All voted yes. The Committee convened in Executive Session at 12:46 pm. The Committee reconvened in public session at 1:15 p.m.

Ms. Piñero noted for the record that during the Executive Session, the Committee received, reviewed and approved the FY2023 Corporate Compliance Work plan.

Ms. Piñero asked if there was any old or new business - Hearing  
None.

Meeting adjourned at 1:19 pm.

**Capital Committee VIRTUAL Meeting - July 11, 2022 As reported by:**  
**Feniosky Peña-Mora**  
**Committee Members Present:** Dr. Mitchell Katz, José Pagán, Feniosky Peña-Mora, Robert Nolan, Sally Hernandez-Piñero, Freda Wang

Mr. Peña-Mora called the meeting to order at 10:16 a.m.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on June 13, 2022, were unanimously approved.**

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

Mr. Saez, Senior Assistant Vice President, Office of Facilities Development presented his report.

Mr. Saez shared highlights and some key accomplishments from fiscal year 2022.

Our engineers and tradesman strive consistently to support and serve the daily operations of our facilities.

Bellevue was challenged to keep critical oxygen systems available throughout the campus after experiencing a substantial vaporizer failure. The in-house team acted swiftly to keep the system from freezing and allowing the flow of oxygen to continue throughout the campus providing critical services for patients. The cooling system at Bellevue for the first time in over a decade will have full operation of all of its chillers and all cooling tower cells, thanks to the strategic actions taken by the in-house team and OFD. Thus, providing sufficient cooling to the campus.

Kings County in-house engineers, a very talented group of individuals acted swiftly over the winter to prevent the loss of our main water feed lines by making urgent repairs and replacement of critical waterlines, bypass, and direct feed valves to stabilize our heating system for the 3 million sq. ft campus.

The Harlem campus experienced a dire emergency when a major rupture of the condensate line that fed the cooling towers to the main hospital had a major impact on the cooling system. After the incredible work of the in-house team along with every division of OFD and senior administration, temporary systems were installed, stabilizing the cooling system. After a considerable amount of repair, the facility is now fully operational. Thus, removing the dependency of the temporary system which has been fully demobilized from the campus.

Finally, over the course of this past year we have conducted monthly Joint Review meetings with each of our service partners and DOE team to review service, opportunities and KPI's.

We continue to work closely with our Finance colleagues, the budget and payments team facilitated the commitment of over \$575M in capital contracts, which provided a 22% increase in dollar value compared to last year and represented over 1,000 purchase orders.

The payments team processed a high volume of payments supporting the system and saw a 22% increase in transactions - from over 2,000 to over 2,500 vouchers.

The budget team was able to authorize 122 projects valued at \$474M - a 47% increase in both numbers of projects authorized and dollars compared to last year.

Relative to the contracts, \$425M is City Capital and infrastructure commitment rate was 80%.

The contracts team bid on 50 projects totaling \$221M. The average number of bids received per project was five and the winning bidder's proposals were on average 4% below the estimates. Of the 242 total bids received, 38% were Minority and Women Owned Businesses Enterprises (MWBE), and 41% of the 50 awarded contracts were MWBE. 234 work orders were issued for Requirement Contractors totaling \$42.3M, and 130 work orders were issued for JOCS totaling \$23.1M.

Team accomplishments include; Transition of our Centers of Excellence and Demobilization of temporary clinics.

The 50 Water Office Consolidation project is complete.

Construction continues on the Bellevue OTxHU project and the Woodhull Decanting project is underway preparing for construction to begin on the OTxHU project at that site in Winter 2022.

We expect to release the Request for Proposals (RFP) at the end of this month for a pool of vendors to provide master planning services for the System, which we expect to better inform our capital strategy to better align with the System's mission and strategy to create equitable modern care environments for our patients and staff that meet the needs of our communities.

The Harlem boiler replacement and the Metropolitan flood wall projects are moving forward.

Energy and carbon reduction efforts continue System wide. This year, the System signed a pledge to the Federal Government to reduce emissions by 50% in all our facilities by 2030 and work to zero emissions by 2050. We continue to retrofit, refurbish, and modernize outdated equipment, fixtures, and utilities to reach this goal and are looking forward to working on innovative projects to reduce our greenhouse emissions and ensure all our facilities are resilient.

In the coming year we are working on restarting the Facilities Council.

The implementation of Phase I of the Project Management Information System is scheduled to begin in September 2022. This will allow the New Needs process to be completed.

We are still in the process of the evaluation for our Facility Management Information System.

Leora Jontef, Assistant Vice President, read the resolution:

**Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five year lease extension with Martha Vincent (the "Landlord") for the continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health ("Gotham Health") at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System's proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40.**

Ms. Jontef was joined by Michelle Lewis, Chief Executive Office, Gotham Health.

Ms. Jontef narrated a presentation, providing background and current state information on the lease and services provided at the site, as well as new lease terms.

Ms. Wang asked about the prior lease escalation. She noted that while the rent comparables indicate that the rate is within an average range, the letter from the consultant states that the annual rate of increase is slightly higher than average.

Ms. Jontef stated that this was a continuation of a prior agreement and that the increase was in line with prior rate increases. She noted that the relationship with the lessor had proven to be a good one and the site was a valued space for services. She and the team felt comfortable with the rates.

Ms. Wang asked how long the space had been occupied by H+H. Ms. Jontef said, since 1994. Ms. Jontef added that 3% escalation was typical and she believed that it was the escalation rate under the prior agreement.

Ms. Wang asked why real estate taxes had only been charged since 2012. Ms. Jontef explained the taxes had always been a part of the agreement

it just changed the way they are presented. They can either be included in the per square foot price or separated.

Ms. Wang mentioned a conversation from a prior Capital Committee meeting requesting a review all the real estate agreements and their respective terms. She indicated that it would be helpful in understanding the agreements since such things as fees for real estate taxes and utilities can vary. Ms. Wang said she believed that had dropped in priority as a result of COVID but would like to raise it again.

Mr. Peña-Mora agreed that a comprehensive look would be helpful. Mr.

Peña-Mora asked if utilities were included in this space. Ms. Jontef said they were separate. Mr. Peña-Mora said it would be helpful if that information was standardized. He also requested the presentation be updated for the presentation to the Board.

Mr. Peña-Mora said that he liked the signage on the exterior of the facility but would like to see the site (and others) appear inviting from the outside and the inside as well, so that patients feel they are in a welcoming space.

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

Mr. Saez read the resolution:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with Jemco Electrical Contractors, Inc. (the "Contractor") to complete an upgrade of Emergency Electrical Service Type I at NYC Health + Hospitals/Elmhurst Hospital Center ("Elmhurst") for a term to equal the duration of the proposed construction project for an amount, including a contingency of \$1,258,472, not to exceed \$7,550,830.**

Mr. Saez narrated a presentation providing project background information, a list of Elmhurst capital projects, the RFP criteria, procurement overview, solicitation results, vendor performance, references and background, rational for additional contingency, and MWBE utilization plan. Mr. Saez was joined by Erin Egan, Elmhurst - Director of Capital Budgets, Office of Facilities Development.

Ms. Wang noted that the presentation indicated that Elmhurst does not current meet the current National Fire Protection Association codes and there was a waiver in place from the NYS DOH in 2018 had expired on July 1, 2021, and requested clarification on what is the current status, and are there any ramifications from that.

Ms. Egan explained that some delays were a result of COVID, when contractors did not want to enter the facility. She said with regards to the waiver, there had been some back and forth with the NYS

Department of Health regarding a new waiver. Mr. Indar indicated that NYS DOH has stated that a citation would be required in order to issue a new waiver.

Ms. Wang said she understood but wanted to be sure that the lack of waiver would not result in any penalties. Mr. Indar said no. He indicated that if CMS or Joint Commission did cite H+H we would be able to show that work was in process and a contract is in place to bring the facility up to code.

Ms. Wang asked if the contract amount was a not-to-exceed. Mr. Indar said there would be a PO issued for the full contract amount and that PO would be amended for any increase equal to or less than 10%. For over 10% a change order would need to be processed.

Mr. Peña-Mora said he understood that this was a sealed bid and the price should not change. Mr. Indar said it was a sealed but with a guaranteed price.

Mr. Peña-Mora said he did not understand what was meant by the statement "higher costs". Is H+H taking a risk or is the contractor.

Ms. Egan explained that it is common to include contingency on a construction contract because of volatility in the market because it can take 6 months or more to formalize the contract agreement and prices can change. Ms. Egan explained that any changes would be thoroughly reviewed by H+H.

Mr. Indar confirmed that this contract is from a sealed bid but note that internal processes can take months and beyond the time that bid amounts are held and it would take extensive time to re-bid prices can change.

Mr. Peña-Mora said he understand increases when a result of internal delay but not if it were the cause of the contractor. He said he would recommend a vote for conditional approval with a request pending for clarification on how changes to construction contracts are processed and approved. Mr. Pagán agreed.

Mrs. Hernandez-Piñero asked why addressing the issue has taken some time and whether it was not considered a higher priority. Dr. Katz explained that the separation of power was not a dangerous condition but more a change in how electrical was set up within facilities. The separation provided security in that if one system went down the others would not. It was previously common practice to have everything tied together but now it is not.

Mr. Peña-Mora reiterated that he would like the resolution to reflect why the contingency was 20%, which is more than the usual project contingency, and include a description of the change order process, including who is responsible for reviewing and approving change

orders. He wanted both of those addressed prior to the Board of Directors meeting.

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

There being no further business, the Committee Meeting was adjourned at 11:04 a.m.

**Equity, Diversity and Inclusion Committee Virtual Meeting – July 11, 2022**  
**As Reported by: Feniosky Peña-Mora**

**Committee Members Present:** Feniosky Peña-Mora, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Freda Wang – left at 11:48, and Michelle Morse representing Dr. Ashwin Vasan in a voting capacity

**CALL TO ORDER**

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:00 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the May 9, 2022 meeting.

Upon motion made and duly second the minutes of the May 9, 2022 meeting was unanimously approved.

**DIVERSITY AND INCLUSION UPDATE**

Ivelesse Mendez-Justiniano, the System's Chief Learning Officer and Interim Chief Diversity & Inclusion Officer provided an overview to the Committee of the System's latest diversity and inclusion achievements and activities.

Ms. Mendez-Justiniano indicated that from January 1 – May 31, 2022 there were over 745k interpreter request calls fulfilled which resulted in 10.3 million interpretation minutes. Top language requests for interpreter services included Spanish, Bengali, and Mandarin.

There were 4,728 diversity and inclusion training completions System wide in May 2022. Ms. Mendez-Justiniano provided an ethnicity and gender breakdown of training completions, noting the top five titles who have completed 1 or more Diversity & Inclusions training modules: Staff Nurse, Patient Care Associate/ Technician, Clerical Associate, Nurse Aide/ Service Aide, and Physician.

She also noted that LGBTQ recognition ceremonies were held at facilities with highest training completion rates (Elmhurst Hospital and Coney Island Hospital).

Ms. Mendez-Justiniano reported that NYC H+H launched a website to promote the LGBTQ health care services the System offers.

Additionally, a brochure highlighting the System's Pride Health Centers was published in the top 13 languages and distributed. The brochure identifies NYC H+H as an ally to LGBTQ individuals, provides a list of health care services offered, and notes the locations of all of the Pride Health Centers.

Ms. Mendez-Justiniano went on to share additional System level achievements which include:

- Systemwide promotion of status as an HEI (Healthcare Equality Index) Leader in LGBTQ Health Care for 18 eligible sites
- Creation of guidance on Medicaid legal sex document
- Hosting various events which included "Asian Americans and Health Equity" event in commemoration of Asian Pacific American Heritage Month and "Combatting Antisemitism" event in commemoration of Jewish American Heritage Month

Ms. Mendez-Justiniano then presented updates regarding Emergency Preparedness, highlighting H+H's collaboration with Mayor's Office of Immigrant Affairs (MOIA) in the provision of language access information in Slavic languages, as well as, connecting NYCare with MOIA to secure access to funding for a language access services initiative for Ukrainian refugees.

Ms. Mendez-Justiniano continued on to highlight events the system held and participated in June 2022. Some of the key events included: National Immigration Heritage Event in conjunction with the Mayor's Office of Immigrant Affairs (MOIA), Puerto Rican Day Parade, several Juneteenth events, multicultural events, and Pride events (parades and festivals) across all five boroughs in honor of Pride Month.

The next area Ms. Mendez-Justiniano covered was Retirement Services that have supported diversity efforts through the following:

- H+H TDA program has dedicated representatives assigned to facilities who are fluent in several key languages
- Hosted the first Spanish Virtual Webinar which focused on the TDA Program features and resources
- Hosted quarterly webinar sessions regarding Women and Investing
- The TDA Program Call Center established a Language Line that assists participants in multiple languages
- H+H Participation in National Forum for Black Public Administrators (NFBPA)
- NYCERS provides translation and sign language interpreter services to pension members

Ms. Mendez-Justiniano went on to inform the Committee of recent Diversity & Inclusion Systemwide communications. These communications included the commemoration of: Asian Pacific American Heritage Month, Jewish American Heritage Month, International Day Against Homophobia, Transphobia and Biphobia, and Juneteenth.

There were also communications regarding Pride celebrations, zero



tolerance for acts of hate and violence in response to various shooting incidents (Buffalo, NY & Uvalde, TX), and reaffirmation of NYC H+H's commitment to safe and legal abortion in light of the recent Supreme Court case.

Board Chair Jose Pagán and Dr. Mitchell Katz both praised all the work the Diversity & Inclusion team has been leading. Board member Sally Hernandez-Piñero asked a question regarding the ethnicity breakdown of the training completions, as she noticed that percentage of Hispanics was not included. Ms. Mendez-Justiniano noted that she will follow up with the data.

Board member Freda Wang echoed the sentiments of Mr. Pagán and Dr. Katz by commending all of the work that has been done thus far. She also followed up with a few questions regarding the training completions – how is staff reached and asked to participate in the trainings, are the trainings mandatory, and how are we achieving such strong participation rates? Ms. Mendez-Justiniano explained that all staff communications are sent on a regular basis, trainings are always posted online and hence easily accessible by staff, and trainings are socialized and promoted during town halls and leadership meetings at the facilities. She also clarified that trainings are not mandated, but strongly recommended.

Mr. Peña-Mora also praised all of the work that has been done so far. As a follow up, he requested that for the training completions for the top five job titles, percentages be added in. He also noted that given H+H has a 5-borough strategy for the Pride Health Centers, it would be helpful to see a timeline as to when the Pride Health Centers in Queens and Staten Island will be live.

#### **EQUITY AND ACCESS COUNCIL UPDATE**

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") introduced the Council's leads for the Equity of Care workgroup, Ms. Shewon Erie and Dr. Rebecca Linn-Walton, as the presenters for their update.

Ms. Erie started with providing the Committee names of all the project leaders for each of their projects: Medical Racism, Pregnancy/Abortion Care and Behavioral Health Support, Equity and Access for Persons with Disabilities (PWD), and Equity and Access- Sickle Cell Disease (SCD) Management. Ms. Erie continued on to present an overview of initiatives for Medical Racism, which in summary is to eliminate race-based algorithms within the Electronic Medical Record that can adversely impact health outcomes and create inequities in treatment plans. She outlined the project progress as follows: continued H+H staff participation in NYC CERCA (Coalition to End Racism in Clinical Algorithms), change in algorithms already implemented (Vaginal Birth After C-section and Kidney Function), and

ongoing analysis to understand impact of change in kidney function algorithm.

Dr. Linn-Walton then discussed the Access to Pregnancy/ Abortion Care project. She first summarized the project as being tasked with increasing access to pregnancy care, including abortion, across the System, and ensuring that behavioral health patients are appropriately supported, and that all patients receiving pregnancy care have access to behavioral health support. Project progress includes monthly meetings and Dr. Nadas presented at the Substance Use Disorder (SUD) Directors' Council, since substance abuse correlates with a higher risk for risky decisions during sexual intercourse. The group is in the process of planning a meeting with the simulation center to discuss a training on how to talk to patients regarding sexual health.

Dr. Linn-Walton continued on to discuss the next project, Persons with Disabilities (PWD). She summarized that a review of the data for PWDs indicate that this population receives screening tests at a lower rate than the general population. Project progress/goals includes EMR identification, removing barriers to care and increasing accessibility, and incorporating "disability competency education and training".

Ms. Erie then moved on to discuss the Sickle Cell Disease Management (SCD) project. She indicated that H+H is one of the largest providers of care to individuals with SCD in NYC; providing care to about 1/3 of adults with Medicaid and 25% of children with Medicaid. SCD largely affects minorities (90% African descent). The goal of the project is to provide education on improving the management of Sickle Cell Disease and enhancing care outcomes, especially for pediatric patients. Project progress includes various presentations, development of a registry and documentation toolkit within the EMR system to monitor the effectiveness of quality improvement studies, and continuing work to reduce disparities impacting patients of color.

This concluded the Equity and Access Council update. Mr. Peña-Mora reflected that it is great to see all the progress the group has made since its inception.

#### **EQUAL EMPLOYMENT OPPORTUNITY (EEO) REPORT**

On behalf of Yvette Villanueva, Senior Vice President of Human Resources, Blanche Greenfield, Deputy Counsel of Legal Affairs/EEO, presented an overview of the System's staff demographics, which includes race/ethnicity and gender. Historically, H+H has a very diverse workforce and in 2021 and into 2022 YTD, there was a new hire uptick of employees who identified as Black/African Americans (51% of new hires in 2022 YTD). The percentage of employees who identified as Hispanic/Latino or Asian has remained fairly consistent, at 16% and 19% of new hires, respectively. As half of 2022 still remains, there is room for slight fluctuation in the new hire demographics. The gender breakout

of employees remains consistent year over year and predominantly female (71% of new hires in 2022 YTD).

Ms. Greenfield went on to present the race/ethnicity breakout of employee leadership, comparing all employee leadership in 2020 to the new hires in 2021. The race/ethnicity breakouts remain fairly consistent amongst first line management and middle management.

However, at the Senior Management and Executive levels, there was a notable increase in Black/African American new hires and decrease in White new hires. The gender split across all four levels of employee leadership skews female, with even a slight increase in female new hires across all four levels (ranging from 63% to 71%).

Ms. Greenfield then proceeded to discuss the race/ethnicity breakout for Nurse, Pharmacists, and Physicians, comparing the 2020 population to the 2021 new hires. The composition of Nurses remained steady, with majority being Black/African American (41%) or Asian (32%). The composition of Pharmacists also remained steady, with majority being Asian (62%). In terms of Physicians, it is critical to note that the majority of the data is reported by the affiliate organizations, and a large portion of new hire physicians' ethnic groups are unknown due to missing information that is reported. NYC H+H is working with affiliate organizations to improve demographic data information of the contingent physician workforce. The gender breakout of Nurses, Pharmacists, and Physicians remains consistent year over year, with Nurses being largely female (83% of new hires) as well as Pharmacists (69% of new hires). In terms of physician new hires, 50% were male, 41% female, and 9% unknown.

Ms. Greenfield continued on to present patient demographics, where majority are Hispanic/Latino (39%) or Black/African American (33%) and female (56%).

Mr. Pagán requested a separate follow-up meeting to discuss how the demographics are across other health systems and what we can do to attract/recruit diverse candidates. Ms. Hernandez-Piñero inquired about the exact numbers for the Executive and Senior Management new hires. Dr. Morse noted the large number of physicians who did not report their ethnicity. Mr. Peña-Mora suggested that for the group's

follow up call, the physician demographics are broken out by employee physicians vs. affiliate physicians.

Ms. Greenfield briefly discussed the reasonable accommodation requests (religious and medical) the EEO office received as a result of the COVID vaccination mandate. She noted that medical requests were vetted through a medical review committee in order to determine if the COVID vaccine was detrimental to the staff member. The EEO office received 1,049 religious accommodation requests and 367 medical accommodation requests. Of these requests, 691 religious accommodations were approved and 75 medical accommodations were approved. Ms. Greenfield indicated that while the number of accommodation requests received by the Office of the EEO increased in 2020, it did not go back down in 2021. The EEO office handled the additional increase of approximately 1,400 COVID vaccine exemptions.

Mr. Peña-Mora asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 12:17 p.m.

**Finance Committee VIRTUAL MEETING - July 11, 2022**

**As Reported By: Freda Wang**

**Committee Members Present:** Freda Wang, Mitchell Katz - left at 1:29 p.m., MD, Sally Hernandez-Piñero, José Pagán, Feniosky Peña-Mora, Barbara Lowe, Patricia Marthone, MD

**Health + Hospitals Employees in Attendance:**

John Ulberg, Linda DeHart, Michline Farag, James Cassidy, Marji Karlin, Sarah Lum, Paulene Lok, Rafelina Hernandez, Colicia Hercules

(Online) Matthew Siegler, Salema Tyler, Kenra Ford

**CALL TO ORDER**

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 1:25 p.m.

Ms. Wang called for a motion to approve the May 9, 2022 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on May 9, 2022 were adopted.

**FINANCIAL UPDATE**

Mr. Ulberg opened the presentation with the FY-22/YTD highlights. He conveyed that we finished the year very strong, with over \$500M in the bank. The budget outperformed almost at 2% and closed April

with a positive Net Budget Variance of \$270M.

Mr. Ulberg continued, stating that direct patient care receipts came in \$550.2M higher than the same period in FY-21 with patient volume coming back, our revenue initiatives maintenance of effort and UPL conversion coming through patient care.

Patient care volume is returning to pre-COVID levels in FY-22, but still 4% below FY-20 in discharges. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, our strategic financial initiatives remain on track with our post-COVID strategies, generating over \$691.3M thru April of FY-22. Several areas of strong net performance were noted.

Mr. Cassidy presented the cash projections for FY-22. H+H reports 16 days of cash on hand. The System expects to close June with approximately \$700 million (30 days cash-on-hand). In addition, we were able to pay off all of our prior year liabilities and continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around COVID-19. Revenue Cycle indicates that we received \$550M higher than last year during the same period.

Mr. Ulberg presented the external risks. H+H hopes to receive an additional FEMA payment of \$137M in FY-23. Current inflationary costs and wage pressures present a challenge to recruitment and staffing. Health and Hospitals is diligently working to address this and continues to develop its staffing models to meet industry standard.

Ms. Tyler presented the financial performance highlights for FY-22 thru April Net Budget Variance. She noted that April ended with a net budget variance of \$270M (2%). Receipts exceeded budget by \$689.2M Primarily driven by Patient Care Revenue. While Inpatient and Outpatient volume and average collectability rates are higher than budgeted, Risk is higher due to MetroPlus payment on behalf of prior year. Disbursement exceeded budget by \$419M, which includes vaccine mandate, expenses associated with COVID, and Temp coverage costs.

Ms. Tyler continued providing FY-22 thru April performance drivers updates. Cash receipts are 10% ahead of budget as patient volume returns at a higher percentage than anticipated, and as H+H meets and exceeds planned strategic service line improvement, managed care contract performance, and revenue cycle initiatives. Risk performance is better than planned.

FY-22 thru April, cash disbursements are over budget by 6% primarily resulting from unbudgeted COVID and vaccine mandate related expenses, and Temp rates. However, the plan shows the System with a positive operating margin. H+H exceeded the revenue target due to a combination

of solid performance and continued improvement in revenue cycle and service line initiatives as well as returning patient volume.

An update on System-wide strategic initiatives was presented by Ms. Farag. Positive gains were made across our strategic initiatives. Growth and other service line improvements, Revenue Cycle, System Efficiencies and Value Based Payment/Managed Care initiatives, are all on track to meet targets for the year.

Ms. Hernandez-Piñero inquired if the \$241M, was primarily for temporary staffing to deal with Omicron or Staffing up to staffing models. Are those two different costs or is this just overtime to cover the Omicron issue?

Ms. Farag responded, that the \$241M is agency temp staffing cost and it includes Omicron, but also includes rightsizing in our non-COVID area as we get back on track in terms of the components that should be temp agency and full-time. We are supporting our regular operations using some of that agency temps, until we get up to our models on the full-time side of the world up to those models.

Ms. Farag provided a walkthrough of the Budget Development Strategy and Priorities of FY-23. The main focus this fiscal year is continued progress on the budgeting process by implementing staffing models across different nursing areas and implementing workforce plans including provider workforce plan. Other major components are Value Based Payment and Ambulatory Care 2.0 as well as Core Infrastructure and Re-building for the future. The Core infrastructure and Re-building for the Future includes Staff Core Services, Capital Projects and connecting to Systemwide growth strategy, pharmacy, and other key operational areas, cross facility/cross department initiatives and continued revenue cycle improvements moving from median to top 25% performance on claim denials.

Mr. Siegler presented the Value Based Payment Performance Key Drivers updates. H+H drives success in Value Based Payment via three key strategies. These are Growing attributed membership, Growing Risk Surplus, and Improve quality of care and boost quality bonus payments. H+H is making progress in all three domains. Risk surplus is steady since the start of the pandemic and has remained high compared to prior years. Membership is up over 110k since January 2020 due to pause in Medicaid recertifications. H+H continues to improve quality scores in key areas.

Mr. Siegler provided the highlights of our Value Based Payment interventions for calendar year 2021. These results are driven by Live, central outreach for VBP gaps, MyChart Messages to encourage scheduling appointments to address VBP gaps, MyChart Surveys used as Virtual Visits for VBP metrics, Supplemental Data Exchanges with MCOs, Care Gap Tool, VBP Program Support, Eye Camera, and End of Year Chart Review.

Mr. Siegler reported on Healthfirst HQIP VBP Program performance and final 2021 results. Healthfirst is one of our biggest health plan partners and is partnered with most of the major hospital systems in NYC. One of the greatest things of their quality programs is that we can compare how we measure up against other hospitals and health systems in the city.

Mr. Siegler conveyed that H+H outperformed the Healthfirst network on 93% of the Medicare measures and on 67% of the Medicaid measures. H+H improved from 2020 to 2021 on 83% and 75% of Medicare and Medicaid measures respectively. On average, H+H improved by 0.25 stars in Medicare OQR. H+H facilities had the highest score in HF's entire network on six VBP measures. For the first time in 4 years, no facility had a raw score OQR less than 2.0.

Lastly, Mr. Siegler concluded by highlighting exciting news about H+H facility performance and noted H+H is one of the leaders in the city in terms of quality of care H+H is able to deliver to the patient population. Several of our facilities were the highest performing in the entire Healthfirst network and we are pleased with the improvements here.

Ms. Karlin provided the FY-23 revenue cycle initiatives highlights. The revenue cycle initiatives gross revenue target grows by about \$50M, from \$454M to \$503M in FY-23. These initiatives focus on optimizing our internal workflows and reducing our reliance on vendors. In FY-23 budget compared to FY-22, the Accounts Receivable initiative decreases by \$30M as it is a vendor driven initiative. The administrative denial reduction increases by \$47M driven by our expectation of optimizing and improving our internal workflows, similarly with insuring the uninsured. In addition, she concluded that we have increased our financial counseling rates and we are looking to push that further. H+H is doing well in accounts receivable and across all areas of denials. Revenue Cycle indicates the plan is to move the administrative denials target from the current median performance to the top 25% by fiscal year end as compared to other Epic customers.

Ms. Lum presented the Test and Trace financial update. H+H projects expenses of \$1.364B in FY-22 and \$197M in FY-23 for Test and Trace Corps. T2 has committed approximately \$226M in expenses for Q4 in FY-22. She concluded in noting that OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date.

Ms. Lum continued providing a programmatic update. She conveyed that T2 have very recently rolled out a new program called Test to Treat, which builds on the existing mobile units' infrastructure. She noted, this is the first program to provide not only access to rapid testing but also access to prescription on-site. T2 currently has 30 mobile units throughout the 5 boroughs providing access to New Yorkers. Overall, T2 testing strategy is to focus more on rapid

testing access, meeting people where they are through the mobile units and community distribution sites.

Ms. Farag presented the revenue performance for FY-22 thru April. FY-22 patient care revenue is \$550.2M higher than FY-21 actuals. Patient revenue improvements year-over-year can be attributed to a combination of higher patient volume, solid performance and maintenance of effort in revenue cycle and other strategic initiatives, as well as UPL conversion coming through patient care.

Ms. Wang polled the committee for questions.

Mr. Pagán commented on the great updates. On the quality indicators, he mentioned it is very important that we are hitting quality targets and sharing data and being the best in the city.

Ms. Wang commented on the Value Based Performance and quality outcomes, it would be great to have an information item on VBP at one of the upcoming meetings to continue to update the Board on finances.

Mr. Pagán added that it would be great to have as it impacts not only quality, but also revenue.

Ms. Wang added that perhaps a similar presentation could be done for one of the full board meetings.

Mr. Siegler agreed that this should be considered.

Ms. Hernandez-Piñero inquired regarding the two finalists in the coding audit. Are there any anticipated savings included in your current projections?

Ms. Karlin responded, that is correct. We did not capture any additional revenue or savings as it is still a little of an unknown at this point.

Ms. Hernandez-Piñero inquired in regards to capital projects that will have some kind of positive revenue impact, is there a correlation with capital projects.

Mr. Siegler responded, we do have high priority projects that do have an impact on our revenue. Also, they have an impact on our expense dollars. The sheer amount of temporary work we do, recovery actions we take when infrastructure falls down and working closely with Manny and Oscar, we are trying to integrate them more closely into our financial planning on the revenue side and the expense.

Mr. Peña-Mora thanked the team for the reporting and inquired in regards to the drivers of expense slide, can you elaborate what this slide means? We are over budget by \$419M currently, are we expecting to make up for this amount in the next year or allocating the funds to cover for that.



Ms. Tyler responded Yes, we are over budget by \$419M.

Ms. Farag added in the \$419M as this is cash based, there is a timing aspect there. As more Federal dollars are received in terms of our financial standing, some of those gaps will close as we drawdown more of our claims.

Mr. Peña-Mora added, in that case we do not expect to have a deficit on this. As I understand there is a timing issue but in order to have more clarity the report includes up-to-today but would also be helpful to report also on expected results by the end of the fiscal year. In the next year report, we expect to be zero as this only looks at the expense portion of it.

Ms. Farag responded, our revenue performance also being ahead of our budget, is filling some of those variances shown on the expense side. This explains why the net margin is actually positive.

Mr. Ulberg added, you have to look at both the revenue and expense slide, we are just trying to do a break-through so maybe look at the revenue.

Ms. Farag mentioned, looking at the net revenue, we are doing \$689M better than originally anticipated on revenue and on the disbursement side so it offsets that \$200M net revenue against negative \$419M on the disbursement. Those disbursement also include COVID dollars and from a timing perspective we are hoping to eventually get those from FEMA.

Mr. Ulberg added, you need to see the breakdown for both. We are looking better than budget on the revenue side and when looking at the next slide on expenditures setting ourselves up for next year, these expenditures

are either related to COVID or something we can manage. The agency temp staffing is more expensive than our own staffing and we are trying to manage that down. When looking at them both in context of next year's budget, we look pretty good. We did better than budget by \$270M because the revenue was strong and it looks sustaining going forward. These expenditures are manageable.

Mr. Peña-Mora commented, that while this is very helpful, maybe we should discuss the net for more clarity. In this case our net is going to be positive, is this money going back to the Feds or we keep that net positive?

Mr. Ulberg responded, we keep the net positive dollars. That is money that we have earned.

Mr. Peña-Mora asked, do we have flexibility to reallocate that money across other services or do we can only use it for COVID related services?

Mr. Ulberg responded, when we draw FEMA or PRF dollars, we only

used in relation to COVID.

Ms. Wang added, the net surplus that we are showing for the April YTD is not COVID related surplus that is surplus for all our operations.

Mr. Ulberg responded, that is correct.

Mr. Peña-Mora added, I was confused and thought it was only related to COVID. Thank you, the explanation is appreciated.

Ms. Wang added, when you look at the slides in isolation you do not see the full picture as we show the overall performance. However, the headline is "we are better than budget YTD". Something the team did which I thought was helpful, was to break down the components as we are nicely above budget, and to be able to see what those components are and what is driven by COVID; it may not be recurring or continuing, and we can isolate it as we go forward.

Mr. Peña-Mora added, I think it is very helpful but it would be great to see the net budget variance.

Ms. Wang commented, the net budget variance is in the bullet maybe we should move it.

Ms. Farag added, we can move it to the diagram in the slide if easier.

Ms. Lowe asked John, in the next fiscal year how well do we expect to do on the staffing side, we know it depends on how many COVID events can occur but do you think we are going to hold solid with this and the new mandate for staffing control.

Mr. Ulberg added, we are very proud of the fact that we actually do for inpatient services and we are building it for other nursing related services. We have a staffing model and we have embedded that into the organization so every month we are looking at how many beds were filled versus how many staff did we have and of those staff, how many were full-time, part-time, overtime. Our goal is to always make sure there is enough resources on the bedside and last year we did a pretty good job at that with the assistance of Temp nurses as our staff got sick. We believe on average we always had enough nurses at the bedside. We continue to build models, the data and report our results.

Ms. Lowe asked, John do you look at this from a unit or service level for nursing as well.

Mr. Ulberg responded, our models go all the way down to the units and bedside. We will be happy to show you.

Ms. Wang commented that the workforce plan that was referenced, that is tied to the new way of working with our affiliate.

Mr. Ulberg responded, that is correct and we are working very closely with PAGNY in terms of development of the workforce plan

and we are well under way with both NYU and Mt. Sinai.

Ms. Wang commented on the VBP Performance slide, as we are having a lot of success and it is helping us drive a lot of our strategic initiatives. She asked to elaborate and provide context on the surplus reflected on the top chart. Do you have this broken down in more granular details of what is contributing to the growing risk premium and is some of it due to what was happening with COVID and will we start to see this coming down? As noted in the appendix, we noticed the CMI is starting to come down and trying to get some context for that.

Mr. Siegler responded, that there are essentially two factors to the risk premium increase. One is the number of members on which we are collecting premium and capitation payment. The other is the amount of premium per member and there are many factors that go into this. There is a lot of work that goes into making sure that our CMI and risk adjustment are captured appropriately and that members are enrolled in the specialized product that is right for them. That work of premium per member we continue to anticipate seeing significant improvement. The rate of growth that we have seen since the public health emergency was put in place has been significant as there has been redetermination and churn off of the Medicaid program. We need to monitor very closely and we are in conversations with our plan partners and with the State on how this is going to work and how we can minimize the number of people who lose coverage as that happens. On those two factors, we have been working very hard and feel confident that we can keep our attributed membership up and feel extremely confident that we can get our premium per member up as that work is just at the beginning stages and we have a lot of room to grow there.

Mr. Ulberg added, in particular for Medicaid the State has a role when they set the premium. We know they have always been at the bottom of the range and they are trying to make efforts to get the premium where they set it a little bit higher in the range which would help as well.

Ms. Wang requested clarification on membership, it was stated that it was partially due to the pause and Medicaid re-certification, did that end?

Mr. Siegler responded that it has not ended. We are waiting for it to kind of kick into full speed but it is something we are certainly going to be watching.

Ms. Wang added, in terms of growing membership due to other works that you are doing, you do not anticipate that this is going to come back down, correct.

Mr. Siegler responded, we are certainly hopeful. It will be tough to sustain the rate of growth that everyone has seen over the last

few years. There may be months of decline due to population growth and changes in the economy and how people are moving into Medicaid. He continued, there are lots of different factors there, but recertification will certainly be a headwind to membership growth. As John mentioned, the degree of that depends on the State, upon us and our health plan partners work as well as recertifying members, helping them enroll, marketing, and outreach for our key value-based health plan partners.

Ms. Wang commented that these discussion helps to put some focus on, our strategic initiatives, and the budget development strategy, a big key component is the work on the value-based care program. A lot of it is as mentioned, is membership growth, premium per member, keeping the different special population into the right area.

Mr. Siegler added, it is a growing part of our business and it feeds into a lot of different things we are trying to do. The key part for us is how committed we are as a System as it does not conflict with our other revenue growth strategies. We have the opportunity to do both - being successful in value-based payment by being efficient, and being effective in fee for service medicine by driving volume and improving billing.

Ms. Hernandez-Piñero noted that MetroPlus is being very cautious by projecting maybe a 30% drop in certifications potentially, and are contacting members to help ensure that they have all the paperwork they need to be able to certify once this LoL in recertification gets terminated.

Ms. Wang continued with an inquiry on the quality bonuses, and added that the Healthfirst results statistics are terrific. We often discuss how difficult it is to measure how we are doing and that clearly a key tool to help us see that success. Do these bonuses translate into dollars that we track?

Mr. Siegler responded, they definitely do. The Healthfirst bonus payment is on the slide. I believe is about \$6.8M this year for them and that is a growth year over year. We have a similar program with MetroPlus that reports a little bit later on in the year and we will come back with those results when they are done. Combined they are a meaningful portion of our revenue. The other side of it is that we believe the higher the quality of the care, the more efficient we are and less unnecessary hospitalizations. Therefore, we have better management of those premium dollars and a higher surplus as well. It is harder to directly correlate to the quality measures but that is the other side of the revenue picture that this great performance in primary care and ambulatory care measures drives for us.

Ms. Wang commented on how interesting it would be to see the

historical, if we started tracking that more regularly, how that is improving.

Mr. Ulberg mentioned that the State restored previous cuts in the managed care quality pool for the plan. We are very appreciative that the plans really advocated for those quality dollars to be restored.

Ms. Wang if the growth in the VBP expenses seems to have flatten a little bit in the last couple of quarters. Is that just a trend or nothing we can read into it?

Mr. Siegler responded that we cannot really read into it yet. However, we are getting more sophisticated on how things like external referrals, ambulatory care quality measures and other things drive medical expenses. The swings in volume and utilization that we have seen as well as people staying away, shut downs in ambulatory care makes it pretty tricky to trend this in a meaningful way. Particularly, how much better our revenue cycle services have gotten and our overall revenue capture. We need to get a little bit smarter on this before we can tell if there is a trend there. In 2020 Q2, the major drop-off at the heart of the first COVID surge, there was an unprecedented drop in medical expenses that if we were purely fee for service system, would have been a devastating loss in revenue. It is still a major challenge that the amount of value-based surplus we were able to collect based on that period was a major stabilizing factor for us. One of the major arguments that we have made and others around the country have made in the importance of the value-based payment for stabilizing the delivery system being a dependable revenue stream and a more reliable way to structure the healthcare delivery system than pure fee for service.

Ms. Wang further asked if Test to Treat are included or covered in the financials estimates presented.

Ms. Lum responded that based on other changes we had in FY-23 projections, they expect this \$197M to cover the baseline 30 units for Test to Treat. The \$143M also includes our Gotham and Acute testing sites as well as summer school testing. It does not include any surge scenarios at this point. That would have to be vetted with OMB and determined based on what the testing needs are at the time.

Ms. Wang thanked the team for the comprehensive work and excellent results.

#### **INFORMATIONAL ITEM: NYPA LOAN REFUNDING**

Ms. DeHart provided an overview of the NYPA Loan Refunding, which were performed under approved authorizations on resolutions from the board authorizing equipment financing. Through resolutions approved in 2013 and 2015, respectively, H+H Board authorized the

System's CFO to obtain equipment and other related capital financing up to an aggregate amount of \$120M from one or more lenders, with the goal of allowing the System to establish a flexible equipment financing program with access to capital funds as needed from time to time. Under this authority, on June 15, 2022 H+H entered into agreements for two loans with JPMorgan Chase Bank, totaling \$39.7M to refinance existing New York Power Authority (NYPA) loans for boiler projects. There have been three previous borrowings under this authority, with combined outstanding balances of \$22.9M. She noted that all of these agreements are secured by a secondary lien on the system's Health Care Reimbursement Revenue.

Ms. DeHart continued providing an overview of the background. She noted that in March 2013, the H+H Board approved resolutions authorizing negotiation and execution of tax-exempt financing with NYPA to partially finance boiler replacement and energy efficiency projects at Elmhurst and Metropolitan Hospitals. Following substantial completion of the projects in 2018, variable rate initial loans were executed with NYPA, with the variable rate reset annually based on NYPA's cost of borrowing. Furthermore, in 2021 a revision in NYPA borrowing policies affected the variable rate charged on these loans. Lastly, H+H determined that it was in its best interest to seek competitive refinancing options.

Ms. Dehart provided an overview of the procurement process, RFP criteria and MWBE. In terms of the MWBE analysis and selection, in March 2022 proposals from 5 major banks were received. JPMorgan was selected as the lowest cost lender in April 2022. Ms. DeHart continued stating that industry review by both H+H EEO and PFM indicated that MWBE bank capacity for this financing was unlikely, and no proposals were received from MWBE lenders. The RFP required proposers to disclose recent diversity, equity and inclusion policies and initiatives. Some highlights of JPMorgan's DEI efforts were noted. JPM reports that as of March 2022, 55% of its total US workforce and 25% of its US executive and senior level managers were non-white; 53% of the total global workforce and 33% of global executive and senior level managers were women.

Ms. DeHart presented the NYPA Loan Refunding terms. The terms of the agreement entered with JPMorgan are as follows, two 15-year tax-exempt loans, which were executed on June 15, 2022. A \$19.4M loan for Elmhurst Hospital and \$20.4M loan for Metropolitan Hospital. They are both fully amortizing with final maturity on June 15, 2037. She concluded noting that these are at a fixed rate of 2.6436% and the rate was locked-in in May 2022 prior to executing the loan which turned out to be to our advantage. The cost of issuance for this financing was just over \$74k and the total amount borrowed was \$39.7M.

Ms. Wang polled for questions.

Ms. Hernandez-Piñero asked if it was H+H that replaced these loans.

This was confirmed to be the case.

Mr. Pena-Mora commented on the MWBE, in a lot of financial deals some companies do not do it all by themselves but come together. Is there a way that we can encourage them to pool with a minority MWBE that will provide 30% of this? They could pull it, as there are lot of big deals where they have done it. We should inquire for more information.

Ms. Wang added, the team did do some research into looking for potential minority owned banks and smaller banks to do financing. In our experience the size is one consideration to be able to do it on their own. There are a lot of syndicated deals were banks come together and some banks can join in that fashion. The challenge is often the return rate for the banks and smaller banks has higher requirements. I am glad a good rate was locked, in terms of timing. The challenge is that the quality of our credit would dictate a lower rate as we had some competitive rates, but it is something as we go forward we can try to increase participation amongst minority owned banks and how can the industry work together to make sure we meet the capital requirements and investment return rates are what they are able to provide.

Mr. Peña-Mora continued, while in agreement with Freda, the amount of money is not large compared to what those syndicated deals are, there may be ways for the RFP team to encourage these type of things as they are investing in diversifying their portfolio; there may be ways to encourage them to work with minority banks and get creative in how they syndicate these type of loans; even in smaller scales like this one, and put it out there to see if there is any opportunity.

Ms. Wang added, unfortunately the higher the rate on the risk spectrum sometimes the easier it is and is counter intuitive. The team and Linda we have discussed finding ways and Fenny we would like to talk with you for ideas, if it is helpful.

Ms. Lowe commented that it is an admirable discussion that has been raised but we would need to make the industry feel comfortable that we have phenomenal control over costs, but we are one industry that is pretty daunting with all that has occurred over the last year. It would be great to get to work and build that opportunity for the smaller banks.

Ms. DeHart appreciated the conversation and added, this issue has been approached with Freda and planned time to discuss strategies to improve participation moving forward both in this area and past discussion with respect to financing.

Mr. Peña-Mora commented on the data provided. The data provided was only national data but would be great to provide the NY data as they have a big presence here.

Ms. DeHart added, we did not get it in time to include in the presentation but we do have the NY data. As of March 2022, for NY 54% of the total workforce was non-white and 50% female and of NY senior level management 27% was non-white and 35% was female.

Mr. Peña-Mora thanked Linda and added if there is a presentation for the Board if you can add the NY data would be great. Mr. Pagán commented in regards to local banks that operate in the communities we serve in NYC, local banks that are MWBE even if their interest rate are one quarter or half a percentage more. That bank and their presence in our local communities makes a huge difference, in terms of stable employment, etc. It would be interested to find out more about that as a possibility.

Ms. DeHart added, we can have a further discussion with our EEO office regarding this and build that into future conversations. We did identify two local MWBE banks and their capacity was really just a fraction for what we were looking to borrow, it would have been difficult and taken a lot of work to address this problem and that syndicate idea of how they partner with someone that we just did not have the time to do now but the capacity was so small for those particular banks, but we can certainly agree that it is worth exploring.

Ms. Wang commended the work of the team and the good suggestions from the Committee, and stated there is a lot of opportunity to be creative and expansive in thinking how to make this work for everyone.

#### **ADJOURNMENT**

There being no further business before this committee, the meeting adjourned at 2:29 PM.

<p><b>Virtual - Medical and Professional Affairs Committee - July 11, 2022</b> <b>As Reported by Dr. Vincent Calamia</b> <b>Committee Members Present-</b> José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Barbra Lowe, Dr. Patricia Marthone</p>
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Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05AM. On motion made and seconded, the Committee adopted the minutes of the April 11, 2022 Medical and Professional Affairs committee.

#### **ACTION ITEM:**

Chris Keely, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

**Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following six firms: Rapid Reliable Testing, Inc., a/k/a**



**DocGo, Medrite Urgent Care, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc. (the "Vendors") to perform Covid testing when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.**

There a routine testing capacity that already exist. In preparation for a potential future COVID surge, the request is to establish a roster of prequalified vendors who could be able to be activated immediately.

These contracts, will have a firm commitment regarding how many testing units and locations a vendor can scale up and on what time line, for a surge scenario that timeline is important. This will also avoid the need for emergency procurement and contracting in the future by having the surge capacity available.

Under the current contract, pricing is based on a per test or per team per daily basis. An ancillary cost, vendor would be managed by existing testing team and staff under test and trace office of Ambulatory Care. This will be supplemented by additional project management support under the RFP. No additional internal resources are expected. The Office of Ambulatory Care and Population Health is seeking approval to award contract to six firms, with \$0 contract value, to provide COVID testing vendors for an emergency response. This \$0 dollar contract value, will require a written emergency authorization from the President to activate this agreement. No cost will be incurred, without prior approval from the President and OMB. All expenses are covered by the T2 MOU between OMB and NYC Health + Hospitals, which is to be extended beyond the current expiration date. The Board of Directors will be notified and provided the expected expenditures.

*The Committee raised some questions:* Do we have enough capacity at each site to educate on how to stay safe? There are outreach team that are doing outreach and engagement and education around best practices. New models were launched for test to treat. These models bring treatment right to the point of care. There is adequate capacity at the mobile testing sites.

*Question raised by the Committee:* Have we ever done this sort of stand by authorization before. *Response by Mr. Keely:* This was modeled after some of the requirements contracts that are relatively standard practice in other areas that have vendors on standby for the capacity. The Committee commended the team for a job well done.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

Chris Keeley, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

**Authorizing New York City Health and Hospitals Corporation**

**(the "System") to enter into stand-by contracts with the following four firms: Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing, Inc., d/b/k DocGo, Somos Healthcare Providers Inc. and Huron Consulting Group, Inc. (the "Vendors") to provide Covid surge project management services when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.**

This is a surge capacity for the projects management to support the previous testing pooled vendors. The goal to be able to go from 150 testing locations to 300 testing locations to have stand by project management support that can help with facilitating street permits, identify which specific locations in the city to go to, work with community partners to publicize the units are available. These are the function on what this proposal is for. The Office of Ambulatory Care and Population Health is seeking approval to award contract to four firms, with \$0 contract value, to provide contingency emergency project management services. NYC Health + Hospitals will require a written emergency authorization from Dr. Katz to activate this agreement.

OMB will be informed of that approval and asked to provide an agreement to cover those cost. No cost will be incurred, without prior approval from the President and OMB. In addition, the Board of Directors will be notified and provided expected expenditures. It is estimated these services could cost between 2 and 5 million dollars a year. These expenses are covered under the T2 MOU between OMB and NYC Health + Hospitals. The request is for the contracts to be effective August 2022.

The Committee raised questions: *In the point system when evaluating the contract do we usually do 10% or 15% for MWBE?* Mr. Keely responded that 15% was used. The Chairs Office responded, that it usually is 10%, however it all depends on the services required.

*Will these particular sites have oversight for the deliveries in their communities, are there targeted communities?* Mr. Keely responded: These sites are intended specifically to be able to manage the provision COVID testing primarily that will overtime take the form of rapid testing with some PCR. However, the service to be delivered under the prior contract is testing. These are the back-end support professionals that will help to coordinate the sites. This way when the testing staff arrives to the location, the community is aware, and it has been publicized, and all permits are in place. They are there to make sure those services in the field run smoothly.

*The procurement of the test themselves, does the vendor do any of that?* Response from Mr. Keely, under this contract with the back end support no, they are not. Under the prior contract they are responsible for all of the procurement and all their needed supplies, like test, folding tables, wipes, etc. They have their supplies, and would be ready to drive up to a community event and

ready to go. All we do is manage them and make sure they are maintaining a good amount of quality and experience for the patients, that they are getting test results to the patients in a timely manner.

*The Committee response: I think they are at disadvantage if they do not have the funds to procure enough of the supplies when they need them, they do that 1<sup>st</sup> then get reimbursed, and have to pay it off afterwards. Its part of the MWBE challenge, it sounds different and easier in this process for MWBE to participate.*

*With respect to the vendors that we do not have experience with before this time, do we have references? Response from Mr. Keely: we do, as well as our own experience with them on the testing side. There is a hand off that happens where the testing work is not without project management duties. The vendors that are performing those testing activities need to make sure the vans are fully stock with those test and supplies. They make sure staff are getting there on time and doing an adequate job. They do daily reports on the volume. Those vendors have skills relevant to project management work. We do have references for the vendors.*

*How much do we have in terms of resources to make referrals from mental health issue? Response from Mr. Keely: for these locations there is not a direct connection in that way. We have come before the Board to discuss the street health outreach and wellness program, which is a mobile venue. We have 8 units on the street today. They provide both COVID testing as well as those types of referrals, and certain onsite services. However, specifically in the surge environment are intended to be sort of specialist, just doing COVID testing, focus on moving as many tests as quickly and efficiently as they can, in order to provide the capacity needed during a surge moment.*

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

Nicola Davis, Vice President, and Emily Foote, Senior Director, Office of Population Health presented the resolution to the committee-

**Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest renewal of its contract with New York Legal Assistance Group ("NYLAG") under which NYLAG provides certain free legal services to the System's patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606.**

NYC Health + Hospitals operates one of the country's oldest and largest medical-legal partnerships, with the legal health division of NYLAG. NYLAG is a nonprofit, civil legal services organization

and medical legal partnerships, or NLPs as they are known, one of the most innovative and powerful intervention for addressing social determinants of health. In this model attorneys function essentially as an extension of the medical care team and are able to assess and address patient's legal needs through the lens of medical and behavioral and social determinants of health.

Health + Hospitals has had agreements in place with NYPAG since 2002, nearly 20 years. Initially they were funded externally for their work, recently we provided space with in our hospitals. Over time H+H has began funding them directly, in 2019 the Office of Population Health was able to establish a single centralized agreement for services, that agreement expires in August of this year. We are here to request a best interest renewal for 1 year allowing time to launch an innovative new referral appointment scheduling system in our EMR epic, which will give us more operational control of this work; plus, the ability to better measure the impacts and the financial sustainability of the program.

Ms. Foote provided the background of the current services, current NYLAG partnership, and accomplishments. She provided the best interest renewal; gave example of the Vendor due diligence, Pricing Due Diligence and their performance. The Office of Population Health is happy with the ongoing commitment to our staff and patients, and their willingness to flex their services as needed. We are requesting approval of the resolution for a 12 month best interest renewal of our agreement with NYLAG. The renewal will maintain the terms of the existing agreement and provide NYLAG personnel, cost of living and fringe adjustment. The not- to-exceed cost will increase to \$1,889,182 and the new agreement will expire in August of 2023.

The additional 12 months will allow us time to launch our new epic referral system and evaluate procurement of a future multiyear agreement to begin in September 2023. A question was raised by the Board: When we look at the clientele, is there a break down on whose English 1<sup>st</sup> language and who are not Spanish, and what the percentages are? I do not have the number on hand, the data that is reported is by NYLAG is an aggregate and we do not have control over their data collection. The info they do share there is a preponderance of Spanish speaking patients. Because of our investment in the immigration legal services, many immigrants, English is their 2<sup>nd</sup> language. The EPIC system will get us better data on this.

*Is this contract exclusive? If require specialized services at some point, could we go with any other vendor, any other legal assistance groups that provide this type of work?* Response from Ms. Foote, I am not an attorney, however, this is a nonexclusive agreement and we are free to work with other legal service providers as needed.

*Are there other agencies that tend to have the same level of experience with healthcare systems, does NYLAG work with any other healthcare systems? Are there any other systems that are providing any services even remotely?* NYLAG legal health division does have medical legal partnerships with most of the NYC system, including Mount Sinai, Columbia, Montefiore. Also, there is a small firm called terraform, they specialize in pediatric medical legal partnership. They look at the rights and needs of unaccompanied minors. No further questions or comments.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

#### **CHIEF MEDICAL OFFICER REPORT**

Machelle Allen MD, Systems Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs and Hannah Jackson, MD, Assistant Vice President & Chief of Staff, Office of Ambulatory Care and Population Health, reported to the committee a full report is included in the materials, they highlighted the following.

##### *Access to Care*

Dr. Jackson talk about access to care for our patients in the outpatient's services. A lot of work was put into improving continuity, it was almost a 50/50 chance that a patient was seeing their own doctor. Work was done with rolling templates that scheduled times in advance, this way an appointment is available for a patient if it was urgent or they need to be rescheduled to see their own doctor.

*No show rate:* the rolling templates work with no show rates, an example was given, if you schedule a patient for their annual visit today the chance that they are free with childcare and no work restriction is likely impossible. Work is being done to schedule closer to the appointment time. As of now 21 percent over all are better nurture rate within our primary care clinics. The text reminder feature has gone live, everyone gets a text reminder 2 days before the appointment. This has also started in the specialty clinic where no show rates are often higher.

*Video visit rates for virtual care:* Video visit basically tells when COVID has surged. A graph was provided to show how many virtual visits were done in April 2020. There is a large number of virtual visits weekly, approximately about 10,000. Video visit are becoming a larger percentage of the visits. Navigators are provided to help reach out to patients who have difficulty with video access. Work is being done to improve on the video experience for patients.

*COVID-19 vaccination rates:* 72 percent of the primary care patients have received at least 1 dose of the vaccine. This is a priority

when seeing our patients. A graph was provided to show the breakdown of all our sites vaccinations rate, which all are doing well.

*Committee Questions:*

*When references 1 dose, which are you referring to the very first COVID vaccine? Response:* Dr. Jackson responded: One dose can mean a single dose of J&J which is a complete dose, or it can mean one dose of Moderna or Pfizer.

*At some point, can there be a breakdown of percentage by vaccine separately completed? Response:* Dr. Jackson, mentioned the definition of completed has changed, having a booster is considered completed and for some having 2 boosters is completed. Dr. Jackson will get the breakdown and share it with the Committee.

*Do the numbers include pediatrics? Response Dr. Jackson:* this is adult primary care. COVID-19 therapeutic usage for high risk ambulatory patients. A close eye is being kept on the demographics of patients who are receiving paxlovid prescriptions. Most New Yorkers that come to us for COVID treatment are not our patients. We want to make sure while we are providing it to the city, we are also providing it to patients that rely on us heavenly. In June 3500 pathway paxlovid prescriptions as well as 474 monoclonal antibody infusions. Demographic was provided to show patients that received them. Dr. Jackson noted that, the English-speaking data is only as good as our EPIC data for patient preferred language. *The patients that are in our system and getting prescription for paxlovid, what detail do we get from them, is it demographic or healthcare information, how do we keep track? Response Dr. Jackson:* they get registered, we get their health insurance information if they have it and their demographic data as a new patient appointment. If they are part of a System that is connected to us through care link, or another EPIC system you can sort of share notes across the board, it would only be demographic data and health insurance data that we would have on the patient.

*How do we manage drug interaction? Response from Dr. Jackson:* if they are in EPIC we can see their medications you also have the option to call the pharmacy to verify. A lot of these prescription are usually through virtual express care where there are providers that are doing this all day and have gotten very good at the conversation with patients to really ensure they understand what drugs are prescribed but what are they actually taking.

*Comment raised by the Committee:* The percentage of white patients is disproportionate relative to the percentage in the total population, there was a chart that showed white where 6%, in this instance the percentage is twice or slightly more than Hispanic/Latinx, maybe the patient mix. This is a curious observation.

*Response by Dr. Jackson:* Throughout COVID, Health + Hospitals was a testing and treatment center for the City, we wanted to be sure we were taking care of all patients and not just the New Yorkers who were best able to advocate for themselves. We do a flag system, is a primary care patient test positive there is an immediately alert and given a step by step way to get them to their treatment, it helps us to reach our patients. Dr. Allen reiterate we need to get the percentage of patients by racial and ethnic groups that is utilizing the medication that we have to offer, compared to the demographics for our entire ambulatory population.

Dr Allen noted to the Committee, that there was an article in New York Times written by Maureen Dowd, following the Mayor to a trip he took to Jacobi hospital to the simulation center, following up on maternal mortality and the work we are doing within H+H to address maternal mortality and morbidity and disparities. Unfortunately, he mistakenly reported that the SIM Center was part of Albert Einstein's Medical Center, she reached out to City Hall public relations communication, to ask the NY Times to correct that formally, that the SIM Center is a H+H center and not part of Einstein. She wanted the Committee to know.

Response by the Committee: it is important and appreciated, it would be worthy of another article to be written based on the work being done on this critical and important area.

#### **SYSTEM CHIEF NURSE EXECUTIVE REPORT**

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee a full report is included in the materials, she highlighted the following.

During the last few months we continued the partnership with CUNY. We had a successful health equity plan program, titled "Promoting your Health During and Beyond the Pandemic". On May 6<sup>th</sup> over 50 people registered and over 50 people attended. The nurse Antigone project was held for nurses that presents the dramatic reading of Sophocles and the nurse Antigone. The nurses were part of the play, there was over 700 registrants and they were able to debrief about what our nurses are facing and the challenges they continue to face beyond the pandemic.

The nurse leader workgroup is continued. There are 7 nurse leader work groups right now that are establishing the infrastructure for nurse leadership starting from orientation into the competencies to our visibility within New York City at different conferences. Enrollment of individuals and employees into the Behavioral Health Associate Academy is continuous. The last Cohort had 87 graduates.

The Clinical Institute Withdrawal Assessment (CIWA) protocol was released in Epic. A new Senior Director of nursing education, Nicole Morris is going to be implementing a lot of the necessary technology for nursing education. In partnership with the Office of Quality and

Patient Safety and Medical & Professional Affairs we rolled out the director of nursing quality training where there are now directors of nursing quality at all of our acute sites, and they will be leading the infrastructure for the new care delivery model to ensure that our nurses are implementing the best practice within nursing quality focusing on the nurse sensitive indicators to improve our metrics around falls and pressure injuries. We are partnering with CUNY around nursing research. A new grant was kicked off with NIH, where we have a mini doctoral project and nursing research particularly at Bellevue and Elmhurst as we roll out nursing research across the system, which is important for nursing excellence.

The Clinical Ladder continues to be a successful program. There are over 1000 nurses who have applied. They are being work with closely to ensure that all of our nurses complete their project. These projects are professional portfolios to enhance nursing quality across the System.

National Nurse Day was celebrated in March. There will continue to be a focus on certification, particularly on our nurse leaders. There is a focus on social work. Most recently the social work shared governance council was launched, where the front-line social workers are leading the way to innovate their practice with Senior Director, Eva Sanders in the Office of Patient Centered Care. Continuous work on professional shared governance is ongoing. The next report out will be August 2022. The focus is on dashboards, all of the front-line nurses will have their metrics around quality to start driving performance around the work that they do every day for our patients.

The Nurse Residency program continues to be a successful program, there are 1000 nurse residents in this program. There continues to be an increase post pandemic within our retention rates of all of our new nurse who are part of this program. A lot of new nursed want to join Health + Hospitals because of this program.

The RN mentorship program is expanding. We have more retirees joined this program, we are also creating a 3-tiered approach to nursing mentorship. Dr. Cineas announced that they successfully submitted the New York State staffing Committee, which was a huge endeavor in partnership with our legal department, Finance, and all of our Labor partners the submission is as of July 1, 2022 and noticed was received today, that information will have to be entered into HERD as well. The Committee requested in the future to be provided detail on what each council is doing. The Committee commended Dr. Cineas on her work.

#### **METROPLUS HEALTH PLAN, INC.**

Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan reported to the committee, a full report is included in the materials, he highlighted the following.

As a result of the 2023 budget there is eligibility expansion across



several lines, including Medicaid, essential Plan, and child health plus. For Medicaid, CHP, and Essential Plan starting in March of next year guaranteed coverage for postpartum care will extend to 1 year. In addition, for people in the essential plan, they will now be eligible to receive community base long-term services and support.

As of April, this year, the budget does allow telehealth visits to be paid at the same rate as in person visits. This is a 2-year pilot the State will study the impact of this to see if it needs to be continued, this will also include tele mental services.

Membership continues to grow and is on target. The lift of the HIP mandate for new city employees started in in January 2021, the new member enrollment is higher into MetroPlus gold.

MetroPlus is doing exceedingly well on the quality measures. These are the measures that are based on HEDIS and the State has adopted them for the quality award, its own quality assurance reporting award. An example was given, in Medicaid MetroPlus was equal first in terms of the quality scores, unfortunately in terms of consumers satisfaction, we did not do as well as a result to which, in both Medicaid and HIV snip fell into the second tier. MetroPlus welcomed the collaboration with Dr. Wallach, Dr. Jackson and others to improve the consumer's experience. A lot of this depends on access to care, both primary care and specialty care services, improvement will helpful in the CHAPS surveys.

The COVID vaccination rate is 70% that includes children. A large portion of our membership is children. Given that high percentage in the plan are children, it will show a slightly low rate in the overall population of 80 to 87% that is seen in New York City to receive at least 1 dose for eligible individuals.

Dr Shah alerted the Committee on the new benefit called "ILS In Lieu of Services" it is medically tailored meals. Currently it is not a full Medicaid benefit, New York State elicited it and MetroPlus submitted and was approved to provide medically tailored meals to 2 populations. One population receiving personal care services where they would get a tailored meal rather than having somebody at home prepare a meal. This would be a medically tailored meal that would be delivered to their house by "God's love we deliver". The other eligible population are individuals with diabetes, HIV, heart failure and cancer, who as a result of emergency room utilization or inpatient utilization will be eligible for MTM services, the reason why this is important is because if this is successful, this could become a full Medicaid benefit. The goal is to reduce ER visits and reduce in-patient stays as a result of providing a tailored meal that is tailored by a registered dietician through God's love We Deliver. Not all health plans submitted for this proposal and not all health plans were approved. MetroPlus is one of them providing it for

individuals enrolled in Medicaid, HIV snip and heart.

*Committee Questions: The delivery of the meal will be in lieu of the services, will there be some reduction in the PCA hours?*

Response from Dr. Shah, yes, the PCA will get an hour taken off because the meals are being provided and fully prepared and delivered. That will need to be a discussion with the plan and the member, along with the agency. The other group is not receiving PCA services and they are eligible because of their health condition and their utilization of emergency rooms and inpatient admissions.

A comment was made by the Committee: The other issue is, the quality of food etc. All things have to be considered. A request was made to inform the Committee how you can oversee that and ensure that we are getting really good reports back from the members. Dr. Shah informed the Committee that this is heavily tracked. The State wants it to be tracked in terms of outcomes as well as satisfaction. Every six months reports will be submitted to the State, it will be amalgamated to see if this service is cost neutral or cost favorable as well as cost effective in terms of reducing admissions and ER visits for one population. The Committee ask for MetroPlus on the next report to talk a little about the action being taken to approve the CHAPS score.

There being no other business the meeting adjourned 10:10 AM.

**Mitchell H. Katz, MD**

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

**July 28, 2022**

#### **CORONAVIRUS UPDATE**

**NYC Test & Trace Corps** - We launched the country's first-ever mobile-based "Test to Treat" program at a press event with Mayor Adams on June 30. The new mobile testing units managed by our NYC Test & Trace Corps will now include a clinician on their team to provide instant access to prescriptions for no-cost, antiviral medications for eligible New Yorkers who test positive at these sites. The initial Test to Treat units are partnering with local pharmacies to provide immediate distribution of medication from the prescription. We now have 30 units and plan to shift to be able to distribute antiviral medications in the units this summer, ensuring New Yorkers have even more immediate access to life-saving treatments. We continue our work to make testing available citywide and have 385 testing sites in NYC, that including some PCR test sites, like all our hospitals, some mobile sites that have PCR and rapid tests, and some sites like libraries where you can pick up free home tests. We have distributed more than 37M home tests in NYC, including through more than 930 community based organizations and houses of worship.

**Our Telehealth Expertise Tapped for Statewide Treatment Services** - Our innovative telehealth program, Virtual ExpressCare, will be the lifeline behind a new statewide plan to provide COVID-19 treatment across the Empire State. All New Yorkers from Buffalo to Montauk and everywhere in between, can now connect with our expert Virtual ExpressCare team and get immediate access to anti-viral medications if they test positive for COVID-19. Governor Kathy Hochul and the State Department of Health announced a dedicated hotline, 888-TREAT-NY, and online evaluation at the NYS COVID-19 ExpressCare Therapeutics Access website, to connect New Yorkers with NYC Health + Hospitals providers. The agreement with the State is an expansion of the successful 'test to treat' services already provided locally for New York City by our Virtual ExpressCare team through the 212-COVID-19 number. State officials turned directly to us when they needed an innovative way to provide COVID-19 therapeutics to all New Yorkers. That is a true testament to our nimbleness and success in responding to every new stage of this epidemic.

#### **MONKEYPOX UPDATE**

The World Health Organization declared monkeypox a global health emergency on July 23. The virus now joins the likes of H1N1, Zika, Poliomyelitis and COVID-19 as diseases declared public health emergencies of international concern. As of July 27, NYC reported 1,148 cases. Thankfully, cases have been generally mild and most people can isolate and recover at home. Monkeypox is caused by the monkeypox virus which is related to smallpox but it is less contagious and causes less severe illness. It is transmitted through close contact with an infected person or with material contaminated with the virus. Symptoms include a flu-like illness followed by a characteristic rash and typically last 2-4 weeks. In the current outbreak, most cases are being spread in social networks of men who have sex with men and/or transgender, gender non-conforming, or gender non-binary who have multiple or anonymous sex partners. There is an FDA-approved vaccine, JYNNEOS, and an anti-viral agent developed for smallpox, Tecovirimat (TPOXX).

The NYC Health Department has established pre-exposure prophylaxis (PEP++) vaccine clinics to prevent further spread of the outbreak. NYC Health + Hospitals was asked to support this vaccination effort and we have opened two vaccine clinics at Gotham Health/Vanderbilt in Staten Island, and Lincoln Hospital in the Bronx. As additional vaccine supply becomes available, NYC Health + Hospitals will continue to expand vaccination to additional sites. All appointments for the pre-exposure vaccines are through the city's health department online vaccine scheduler or hotline.

NYC Health + Hospitals is also working with the NYC Health Department to provide post-exposure prophylaxis (PEP) for those individuals who are determined by the health department contact tracing team to have had a high-risk exposure. We currently offer PEP for monkeypox at NYC Health +Hospitals/Bellevue and Metropolitan Hospitals. NYC Health + Hospitals is also supporting the city's outbreak effort by providing assessment and testing of suspected monkeypox cases as well as providing treatment with the antiviral agent, Tecovirimat (TPOXX).

#### **US NEWS & WORLD REPORT RANKS NYC'S 11 PUBLIC HOSPITALS AS 'HIGH PERFORMING' ACROSS A RANGE OF SPECIALTY SERVICES**

The 11 public hospitals in NYC Health + Hospitals received "high-performing" ranking in at least one category by [U.S. News & World Report in their 2022-23 Best Hospitals](#) list. The annual report helps guide patients, in consultation with their doctors, to the right hospital when they need care. U.S. News Best Hospitals ranked hospitals in the U.S. in 15 adult specialties, as well as recognized

hospitals by state, metro, and regional areas for their work in 20 more widely performed procedures and conditions. We are honored to be recognized by U.S. News and World Report for our patient-centered care. This would not be possible without the expertise and dedication of our health care workers. Congratulations to our amazing hospital teams and thank you for providing New Yorkers with the highest quality care.

Facilities and their category recognized as high-performing are:

- NYC Health + Hospitals/Bellevue for Neurology & Neurosurgery, Psychiatry, Congestive Heart Failure, COPD, Heart Attack, Stroke
- NYC Health + Hospitals/Coney Island for Congestive Heart Failure, COPD, Diabetes, Stroke
- NYC Health + Hospitals/Elmhurst for Orthopedics, Congestive Heart Failure, COPD, Diabetes, Heart Attack, Kidney Failure, Stroke
- NYC Health + Hospitals/Harlem for Congestive Heart Failure
- NYC Health + Hospitals/Jacobi for Congestive Heart Failure, COPD, Diabetes
- NYC Health + Hospitals/Kings County for Congestive Heart Failure, COPD, Diabetes, Stroke
- NYC Health + Hospitals/Lincoln for Congestive Heart Failure, COPD, Diabetes, Kidney Failure, Stroke
- NYC Health + Hospitals/Metropolitan for Congestive Heart Failure
- NYC Health + Hospitals/North Central Bronx for Congestive Heart Failure, Pneumonia
- NYC Health + Hospitals/Queens for Congestive Heart Failure, COPD, Diabetes
- NYC Health + Hospitals/Woodhull for Congestive Heart Failure, Pneumonia

#### **NEW NYC HEALTH + HOSPITALS LOAN FORGIVENESS PROGRAM FOR BEHAVIORAL HEALTH PROFESSIONALS**

Mayor Adams joined us last week at NYC Health + Hospitals/Harlem to announce the launch of a new student loan forgiveness program for behavioral health providers, funded by a \$1 million contribution to our health system from an anonymous donor. The new program will help us attract and retain doctors, nurse practitioners, clinical social workers and other clinicians who care for New Yorkers with mental health or substance use disorder as the U.S. faces a national mental health professional shortage. We will be able to offer new and current staff who are eligible between \$30,000 and \$50,000 of debt relief in exchange for a three-year commitment to serve our health system.

As the mayor noted, too often, these health care workers graduate with crippling debt and have no choice but to work in the private sector to pay off their bills. With less debt to worry about, our mental health teams can focus on doing what they do best: providing high-quality mental health support to New Yorkers. We are tremendously grateful for our donor's exemplary investment in this work. With this generous contribution, we hope to inspire more philanthropic interest and create a steady pipeline of support for high-achieving behavioral health staff in the years to come.

**NYC HEALTH + HOSPITALS RECEIVES \$45M FROM BROOKLYN BOROUGH PRESIDENT  
TO SUPPORT MATERNAL HEALTH SERVICES AT THREE BROOKLYN HOSPITALS**

We are very pleased and grateful to Borough President Antonio Reynoso for his vision to make Brooklyn one of the safest places to give birth. The Borough President is allocating his entire FY23 capital funds - a total of \$45M - to our three public hospitals in Brooklyn - Woodhull, Coney Island and Kings County Hospitals -- to help improve maternal health care services that will in turn reduce disparities in maternal mortality rates found between Black pregnant people and their white counterparts.

While racial disparities in birth outcomes are evident nationwide, our health care system is committed to reducing and eliminating these inequalities by creating safer birth experiences for New Yorkers. The borough president's investment in our patients and their families will help us further improve maternal health outcomes. We thank Mr. Reynoso for his tremendous partnership and generosity.

**NYC HEALTH + HOSPITALS/METROPOLITAN RECEIVES \$4.9M IN FUNDING FROM  
MANHATTAN COUNCIL MEMBER AND NY CITY COUNCIL SPEAKER**

Patients at NYC Health + Hospitals/Metropolitan will soon benefit from access to the latest computed tomography (CT) diagnostic technology, made possible through a \$4.9M award in Fiscal Year 2023 capital funding from Council Member Diana Ayala and New York City Council Speaker Adrienne Adams. In addition to the CT Scanner, the funds will also be used to purchase a new portable C-ARM and ultrasound machines. Our patients deserve to walk into our health care facilities and know that their providers are using only the latest, most state-of-the-art medical equipment. The new CT Scanner, C-ARM, and ultrasound machines will improve image quality, ensure faster results, and assist practitioners with devising a course of treatment that gets patients on track for healthier outcomes. We are grateful to Council Member

Diana Ayala for her continued support, generosity, and commitment to the East Harlem/El Barrio community.

### **NYC HEALTH + HOSPITALS/ELMHURST OPENS NEW MOM-BABY SIMULATION CENTER**

NYC Health + Hospitals/Elmhurst opened a new Mother-Baby Simulation Center to help reduce maternal deaths and life-threatening conditions in patients during childbirth. Using a specially-designed, high-tech, full-body mannequin of color, along with a mannequin infant, obstetric (OB) physicians, anesthesiologists, nurse practitioners, nurses, midwives, physician assistants, and respiratory therapists will participate in simulations that further help in identifying and treating potentially life-threatening conditions during labor and childbirth. Elmhurst Hospital is one of six hospitals in our health system to be outfitted with its own OB simulation lab to help make trainings more accessible for OB teams, building on the City's program to reduce maternal deaths and life-threatening complications from childbirth among women of color. Having an on-site OB sim lab where our team can practice and master their skills to handle complex cases will have a direct benefit for our patients, who often come from underserved communities and have high-risk pregnancies.

### **WEEK OF ACTION TO PROMOTE NYC CARE ACROSS THE FIVE BOROUGHES**

This past Tuesday, NYC Care, in collaboration with the Mayor's Public Engagement Unit (PEU) and the Mayor's Office of Immigrant Affairs, launched a "Healthcare Week of Action" to connect New Yorkers to health care and encourage them to make primary care appointments. The Week of Action will include outreach in all five boroughs, capped by a closeout event at NYC Health + Hospitals/Elmhurst offering health care resources, including health screenings and COVID-19 testing. The event will include a speaking program featuring Mayor Eric Adams, PEU Executive Director Adrienne Lever, NYC Care Executive Director Dr. Jonathan Jiménez, a GetCoveredNYC and NYC Care patient, and local elected officials. The Week of Action is supported by more than one hundred PEU Summer Youth Employment Program (SYEP) interns from the City University of New York (CUNY) Career Launch Program, as well as PEU Outreach Specialists and NYC Care community-based organization partners.

### **SIX HEALTH SYSTEM VOLUNTEERS HONORED AT MARJORIE MATTHEWS EVENT CELEBRATING CAB AND AUXILIARY MEMBERS**

Since 2004, NYC Health + Hospitals has hosted the annual Marjorie Matthews Celebration to honor our exceptional volunteers who serve on

our Community Advisory Boards (CAB) and Auxiliaries. This year's special event was held in person again for the first time in 2 years, on July 21, at NYC Health + Hospitals/Kings County. Marjorie Matthews was a towering figure in Brooklyn, known for her dedication to her community and to improving access to excellent health care. She served on the NYC Health + Hospital/Kings County CAB for 20 years, and her service continues to inspire long past her death. As a public health system with deep ties to all of our diverse communities, we rely on our CABs and Auxiliary members and hundreds of other volunteers to help make NYC Health + Hospitals the best health care provider we can be. This year's Marjorie Matthews honorees are listed below. Congratulations to all. We are so grateful for their service.

- Warren Berke - NYC Health + Hospitals/Kings County
- William Hamer - NYC Health + Hospitals/Harlem
- Esme Sattaur-Low - NYC Health + Hospitals/ North Central Bronx
- Gail Di Pasquale- NYC Health + Hospitals/Elmhurst
- Georgia Flowers - NYC Health + Hospitals/Gotham Health, Cumberland
- Carlos Cortes - NYC Health + Hospitals/ Elmhurst

**NYC HEALTH + HOSPITALS/LINCOLN CELEBRATES FIVE YEARS OF "GUNS DOWN  
LIFE UP" PROGRAM  
TO ADDRESS GUN VIOLENCE IN COMMUNITY**

On July 22, NYC Health + Hospitals staff, elected officials, community partners and the "Guns Down Life Up" (GDLU) team celebrated the fifth anniversary of the program at NYC Health + Hospitals/Lincoln. The hospital-based program was established in 2017 to offer alternatives and resources to stop violence by tracking gun shots, assaults and stabbing cases that present to the emergency department, and provide alternatives and resources to interrupt the cycle of violence that affect too many of our patients and the communities we serve. GDLU violence interrupters and credible messengers respond immediately and can often be seen at the bedside meeting with victims and their families. Since the program began at Lincoln Hospital, GDLU has intervened with over one thousand patients and their families to eliminate retaliation and emergency room return visits.

**EXTERNAL AFFAIRS UPDATE**

**City** - We are pleased to host Council Member Mercedes Narcisse, Chair of the City Council Hospitals Committee and a nurse, as she continues to tour our facilities this summer. Chair Narcisse is a strong supporter of NYC Health + Hospitals and we are grateful to partner with her.



**State** - Four of our hospitals - Harlem, Jacobi, Kings County and Lincoln - were named as recipients of the first phase of the State's new abortion provider support funds. Clinicians from these facilities joined Governor Hochul at a small roundtable to discuss the needs and experiences of our system and how New York is confronting challenges and protecting access post-Roe. We are grateful to the Governor and her team for the funding and supporting the needs of our patients and clinicians.

August 23rd will be the primaries for State Senate and Congressional candidates. We will be watching the outcome of these races for potential changes to our facility representation.

**Federal** - Congress is working on a significantly reduced budget reconciliation package, which could be passed by a simple majority vote of 50 Democratic Senators. Yesterday, a revised expanded package was announced that has the support of Senator Manchin, a key moderate. The reported package includes extending ACA Marketplace subsidies slated to expire at the end of the year and efforts to reduce prescription drug prices.

#### **FINANCE UPDATE**

NYC Health + Hospitals closed May with approximately \$375 million (16 days cash-on-hand) and we are projecting to close June with approximately \$700 million (30 days cash-on-hand). Through April, the health system has achieved a positive Net Budget Variance of \$270 million. Direct Patient Care Receipts (Inpatient and Outpatient) were \$550 million higher than the same period in FY21 due to patient volume, our continued success in maintaining recent revenue initiatives, and UPL conversion funds coming through patient care.

Patient care volume in FY22 is returning to pre-COVID levels, but still 4% below FY20 in discharges. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, our strategic Financial Initiatives remain on track with our post-COVID strategies, generating over \$691 million through April of FY22. Areas of strongest net performance as of April include revenue cycle improvement (\$339 million), growth & service line improvements (\$164 million), and value-based payment/managed care initiatives (\$167 million).

#### **NEWS AROUND THE HEALTH SYSTEM**

- [NYC Health + Hospitals/Metropolitan Receives \\$4.9M in Funding from City Council](#)

- [City & State Names Nine NYC Health + Hospitals Employees to its Borough 'Power 100' Lists](#)
  - [The Helmsley Charitable Trust Grants \\$3.9M to ExpressCare to Expand Virtual Urgent Care Platform](#)
  - [NYC Health + Hospitals/Jacobi's Dr. Komal Bajaj Appointed to Prestigious National Advisory Council for the Agency for Healthcare Research and Quality.](#)
  - [NYC Health + Hospitals/Elmhurst Opens New Mother-Baby Simulation Center to Improve Maternal Health Outcomes for Women of Color](#)
  - [NYC Health + Hospitals/Woodhull Receives \\$11M from Brooklyn Borough President for New Birthing Center](#)
  - [NYC Health + Hospitals Launches Application for Clinical Leadership Fellowship 2023-2024; Class of 2022-2023 Begins This Week](#)
  - [Mayor Adams Further Expands City's Network of At-Home Test Distribution Sites to NYC Parks, Bolstering NYC's COVID-19 Preparedness and Protecting New Yorkers](#)
  - [State Department of Health Launches New COVID-19 Treatment Hotline in Partnership With NYC Health + Hospitals](#)
  - [NYC Health + Hospitals President & CEO Named One of Modern Healthcare's 50 Most Influential Clinical Executives](#)
  - [Mayor Adams Launches Nation's First Mobile Test to Treat Program, to Provide Immediate Access to Anti-Viral Covid-19 Medications at Mobile Testing Locations](#)
  - [Mayor Adams Announces How Opioid Settlement Fund Dollars Will Lay Pathbreaking Way Forward for Services and Supports](#)
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# **Fiscal Year 2022**

## **Annual Public Borough Meetings Responses**

**Board of Directors Meeting**

**September 29, 2022**

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

## Fiscal Year 2022 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 2022 Annual Public Meetings in all five boroughs of NYC:

- Staten Island - March 22, 2022 via teleconference/videoconference
- Manhattan - April 5, 2022 via teleconference/videoconference
- Queens - May 10, 2022 via teleconference/videoconference
- Bronx - May 17, 2022 via teleconference/videoconference
- Brooklyn - June 14, 2022 via teleconference/videoconference

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

## Compilation of questions and responses

- NYC Health +Hospitals 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 is referenced in the question/ concern, it is also included on the slide.

## Main Focus of Concerns Raised by the Public

Healthcare  
funding,  
disparities, and  
inequities

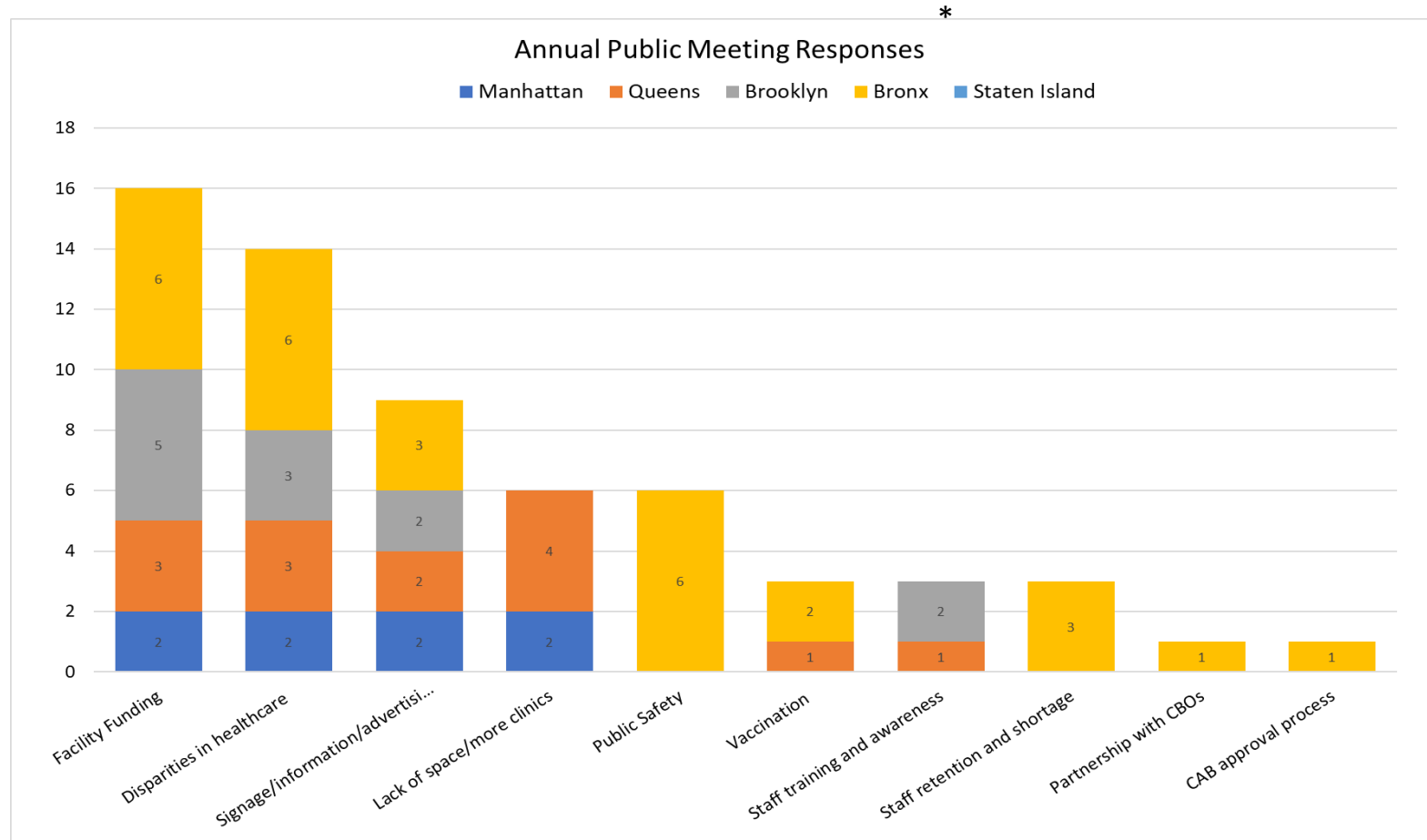
Facility funding,  
projects

COVID-19  
vaccinations

Public safety

Staff resources

# Main Focus of Concerns Raised by the Public



\*The New York City Health + Hospitals Board of Directors held the Staten Island Annual Public Meeting on Tuesday, March 22, 2022, via Webex. NYC Health + Hospitals engaged in repeated outreach to the community. Unfortunately, community members could not attend.

## Public Concern:

- Community member is seeking information on correctional health patients' access to care while in Rikers.

## Response:

- In 2016, NYC Health + Hospitals/Correctional Health Services (CHS) became the direct provider of health care in the city's jails as a new division of NYC Health + Hospitals. Our services include medical, nursing, mental health, substance use, treatment, social work, dental and vision care, discharge planning, and reentry support.
- Regarding access to care, sustained shortages in NYC Department of Correction (DOC) staffing have led to disruptions in the provision of clinical services, since DOC officers are required to escort patients to clinic visits and to maintain safe and secure conditions in all clinical areas. CHS continues to work with DOC to ensure people in custody can access the high-quality health services they need and deserve. Our patients can also contact CHS nurses directly by calling the Health Triage Line using their phones in their housing areas.



### Response (Cont'd):

- Regarding access to specialty and subspecialty services that are not available on Rikers, male patients are transported to NYC Health + Hospitals/Bellevue for care, and female patients are sent to NYC Health + Hospitals/Elmhurst. CHS looks forward to the opening of a new Outposted Therapeutic Housing Area (OTxHU) at Bellevue Hospital next year.
  - This will be a secure, clinical unit within the hospital that serves patients in custody who have serious health conditions.
  - The OTxHU will improve access to care for CHS patients who do not require inpatient admission but would benefit from close, regular access to specialty and subspecialty care available in the hospital.

## Public Concern:

- Community member would like to address disparities in health care related to: hypertension, smoking, diabetes, lung disease, such as asthma and tuberculosis, alcohol, drug use, obesity, HIV, sexually transmitted infections, cardiovascular disease, stroke, mental illness, psychiatric disorders, cancer and still the fear of Legionella disease.

## Response:

- At NYC Health + Hospitals/Harlem and throughout our system, we strive to address and reduce these inequities. We have expanded bariatric surgery services and have a weight management clinic. We are also working to offer co-located primary care and behavioral health services, and increased cancer screenings (for example screening for colorectal cancers, breast).
- NYC Health + Hospitals' Community Health Needs Assessment highlights many of these disparities among the community's most pressing health concerns. The Implementation Plan will articulate how we do and plan to address them.

### Reponse (Con't):

- NYC Health + Hospitals/Harlem has increased community outreach for trauma service for violence prevention (Stop the Bleed Tourniquet teaching).
- NYC Health + Hospitals/Harlem has improved access to the Pediatrics Sickle Cell clinic.
- NYC Health + Hospitals/Harlem will continue to provide health information via community outreach and education department to community stakeholders.

## **Public Concern:**

- Community members request funding to upgrade aging infrastructure and to renovate the Emergency Department.

## **Response:**

- The leadership at NYC Health + Hospitals/Metropolitan would like to thank our community members for their advocacy on behalf of the hospital for funding to renovate the emergency department. Requests for funding to renovate the Emergency Department have been made to several agencies and elected officials and we are awaiting responses.

**Public Concern:**

- Community member seeking information regarding the possibility of converting Hamilton House to cover increasing behavioral health needs.

**Response:**

- The Gotham Health strategic plan is not currently planning an expansion to Hamilton-Madison House, but will consider reviewing the proposal.

**Public Concern:**

- Community members seeking information regarding the empty space at former NYC Health + Hospitals/Gotham Health, Gouverneur location (60 Madison).

**Response:**

- The space at 60 Madison was leased and not owned by NYC Health + Hospitals/Gotham Health, Gouverneur or Gotham Health; NYC Health + Hospitals/Gotham Health, Gouverneur has no information on the plans for that site.

**Public Concern:**

- Given the inadequate space and the massive utilization of the services, community member is seeking an update on a new location.

**Response:**

- The Gotham Health team agrees this is a priority and is investigating real estate options.

**Public Concern:**

- Community members asked about the marketing strategies to reach and educate new and existing patients from the community to utilize the center for their primary medical needs.

**Response:**

- Marketing is via social media and print. Gotham Health's Community Affairs works collaboratively with the site, and plans to host health events to enhance community awareness of our services.

**Public Concern:**

- Community member requests public awareness campaign regarding the importance of primary care, particularly among men.

**Response:**

- The site agrees this is a priority and will work with Gotham Health's Community Affairs on hosting health events and promotions to create more community awareness on importance of Primary Care, and appreciates the suggestion on targeting men.

**Public Concern:**

- Community member requests an increase in the number of Gotham Health clinics at NYCHA facilities.

**Response:**

- The Gotham Health strategic plan is not currently planning further expansion into NYCHA developments in Harlem, but recognizes the need for this population to access health care and will consider reviewing the proposal.

### Public Concern:

- Community member would like to raise concern about the attendance of leadership at CAB meetings at all facilities, and concern that some facilities are not sharing relevant information with the CABs on a regular basis.

### Response:

- NYC Health Hospitals facility CEOs are encouraged to make themselves and/or senior staff available at the monthly CAB meetings to provide critical information.
- The health system's Senior Vice President of External and Regulatory Affairs gives leadership updates to the Council of CAB monthly and brings senior-level system speakers to provide presentations to those meetings.



## **Public Concern:**

- Community member seeks information regarding the child development unit, which was closed.

## **Response:**

- NYC Health + Hospitals/Coney Island had a state funded Child Developmental Center that closed many years ago when external funding discontinued. Since then, we have had a Pediatric Developmental-Behavioral specialist perform evaluations in our pediatric ambulatory care center.

## **Public Concern:**

- Community member requests increased and improved signage.

## **Response:**

- NYC Health + Hospitals/Coney Island has worked with specialized vendors to create updated signage for the future NYC Health + Hospitals/South Brooklyn Health campus and its Ruth Bader Ginsburg Hospital. The signage, which will be installed beginning this fall, is compliant with the requirements of the American Disabilities Act.

### **Public Concern:**

- Community member requests staff training for those working with patients with developmental disabilities.

### **Response:**

- We recognize that patients with developmental disabilities and psychiatric illness have unique needs. In consultation with our sister facility, NYC Health + Hospitals/Kings County, we are in the process of developing a curriculum with staff training and resources to ensure our staff are able to meet their needs. The trainings will be conducted by our behavioral health program directors and nurse educators.

### **Public Concern:**

- Community member requests additional sonogram availability.

### **Response:**

- We currently offer sonograms Monday – Friday, 8 am – 12 noon. However, in the fall when the new Ruth Bader Ginsburg Hospital opens, we will expand our hours.

**Public Concern:**

- Community member expressed concern with lack of awareness regarding food allergies and food sensitivities.

**Response:**

- NYC Health + Hospitals/Coney Island utilizes several approaches to monitor our patients' food allergies and sensitivities, including:
  - Utilizing EPIC to monitor allergies and sensitivities. EPIC interfaces with the Food and Nutrition Department's CBORD system, which then eliminates the patient's identified allergen and sensitivity from the food.
  - Additionally, food allergens and sensitivities are identified on the meal tickets so that staff at the tray line will be alerted of which food items should not be served to patients.
  - Participating in the system-wide Menu Item Allergen Compliance Project to improve and maintain accuracy of allergen coding of menu items in our CBORD software systems.

### Response (Cont'd):

- The project also aims to prevent future discrepancy in the provision of non-compliant food items to patients with food allergies.
- Incorporating food allergens and sensitivity in the dietitians' assessments, who then make necessary changes to patients' meals and provide nutrition education/counseling to patients.

### Public Concern:

- Community member requests parking lot upgrades to ensure areas are clear for Access-A-Ride vans.

### Response:

- Upon completion of the new Ruth Bader Ginsburg Hospital in fall of 2022 and the driveway in 2023, there will be significant space on Ocean Parkway for Access-A-Ride drop off and pick up with direct access to all entrances.

## **Public Concern:**

- Community seeks information regarding availability of breast MRIs and BRCA testing.

## **Response:**

- NYC Health + Hospitals/Coney Island is currently not offering breast MRIs; however, if a patient needs this service, we refer them to NYC Health + Hospitals/Kings.
- As of March 2022, NYC Health + Hospitals/Coney Island's Breast Clinic offers genetic testing and counseling for the BRCA gene. This service is provided to our patients regardless of insurance status.

## Public Concern:

- Community member requests speech testing and auditory testing for people with disabilities.

## Response:

- The NYC Health + Hospitals/Coney Island speech language pathology division is equipped to evaluate and treat an acute/subacute adult population.
- The audiologist can perform evaluations for patients with physical disabilities as long as they can be in a wheelchair (as opposed to a stretcher) during testing.
- The audiologist has experience testing patients with mental disabilities. These patients can be scheduled on a case-by-case basis depending on their intellectual ability to follow instructions.
- Patients with developmental disabilities are long-term patients who require on-going therapy. This type of therapy is best provided in their immediate environments such as schools, day centers, and group homes.

## **Public Concern:**

- Community member requests expansion of rehab physical therapy services, including the gym and occupational therapy services.

## **Response:**

- Due to the increased demand for inpatient and outpatient physical and occupational therapy, the Rehabilitation Department is actively looking to expand our space and increase our staffing. After completion of the new Ruth Bader Ginsburg Hospital we will be in a better position to reconfigure the gym and occupational therapy space.

## Public Concern:

- Community member seeking improvement of the system to address healthcare inequalities.

## Response:

- At NYC Health + Hospitals/Kings County and throughout our system, we strive to address and reduce these inequities through improved access to care, community outreach and partnerships.
- Borough President Antonio Reynoso has allocated \$15.6 million in capital funding to implement NYC Health + Hospitals/Kings County's vision to create a Family-Centered Birthing Center; to help close disparities of maternal mortality rates found among people of color compared to their white counterparts.
- This specific project is aligned with our health system's vision to address disparate health outcomes related to maternal and child health and to improve health equity in this population.



## Response (Cont'd):

- The allocation would convert units into family-friendly spaces providing comfort and privacy for parents and newborns. This funding is dedicated to renovating the 22,500 sq. ft. NICU and Mother-Baby units into single occupancy family rooms at the NICU and single occupancy post-partum family rooms within the Mother-Baby unit.
- These new developments allow NYC Health + Hospitals/Kings County to continue providing high-quality patient-centric care by offering the latest advancements to patients in an accommodating environment to encourage positive parent-infant relationships

## **Public Concern:**

- Community member expressed concerns regarding retention and recruitment of new health care providers as a means to improve access to care.

## **Response:**

- Recruitment of providers is ongoing. Vacant positions have been advertised, applicants are being interviewed and acceptable candidates are being processed and on-boarded as quickly as possible which has resulted in reduction of waiting times/improved access.

## **Public Concern:**

- Community member requests that the Board of Directors increase salaries to make recruiting and retaining the best health care providers more competitive.

## **Response:**

- Salaries for various specialties have been increased to make them more equitable with market salaries. This has helped with recruitment/retention. This is an ongoing process.

## **Public Concern:**

- Community member requests increased access to specialists that are in high need in the community.

## **Response:**

- Continuous monitoring of waiting time/access is done by leadership to ensure acceptable access to all services. Several additional services have been added based on need/demand such as bariatrics, pulmonary, Mohs, etc.

## **Public Concern:**

- Community member requests funding to upgrade the Emergency Department.

## **Response:**

- Requests for funding to renovate the Emergency Department have been made to several agencies and elected officials and we are awaiting responses. This project is also included as a priority on NYC Health + Hospitals/Woodhull's capital projects list.

### Public Concern:

- Community member expressed concern about plans for a corrections outposted unit on 9<sup>th</sup> and 10<sup>th</sup> floors at NYC Health + Hospitals/Woodhull and its overall effects on the hospital, including growth and safety.

### Response.

- The Outposted Therapeutic Housing Unit at NYC Health + Hospitals/Woodhull will benefit both the hospital and the patients in the care of NYC Health + Hospitals/Correctional Health Services (CHS).
- In addition to increasing access to specialty care for patients with complex clinical needs and to improving the continuity of care between CHS and the larger system, the Outposted unit will bring an infusion of capital funds to NYC Health + Hospitals/Woodhull to support the renovation and upgrading of hospital space and infrastructure.
- These repurposed spaces will improve flow and conditions for existing clinical and administration operations of the hospital. The NYC Department of Correction will provide security and custody management.

### **Public Concern:**

- Community member requests new trauma center in Far Rockaway or at the very minimum an emergency department that provides trauma care services

### **Response:**

- NYC Health +Hospitals is working with local leaders to assess specific need and identify the best way we can serve this important community, including the development of a new community health center.

### **Public Concern:**

- Community member expressed concern over low vaccination rates in Far Rockaway.

### **Response:**

- The Test and Treat Corps has provided opportunities for community members to access vaccine, whether in our two New York City Health + Hospitals acute care hospitals in the borough, through our mobile vans, and in partnerships with local CBOs and elected officials.

### Response (Cont'd)

- Test and Trace vaccinated more than 5,800 individuals in 477 vaccination days in the 11691 Far Rockaway area code.
- The NYC Department of Health and Mental Hygiene has engaged in a robust advertising and education campaign to encourage vaccines.
- Central office staff collaborated with the CAB Chairs from our various facilities, including NYC Health + Hospitals/Queens CAB, on a vaccine education PSA, focusing on communities with low vaccination rates.

## Queens: NYC Health + Hospitals

### Public Concern:

- Community member expressed concern that there are only 2 public hospitals in a borough of 2.8 million people, with the amount of hospital closures.

### Response:

- NYC Health + Hospitals is proud and committed to serving the borough of Queens, in partnership with our private hospital colleagues.

### Public Concern:

- Community member wants improved investment in quality and access to healthcare in Queens.

### Response

- NYC Health + Hospitals is fortunate to partner with local elected officials who have shown their commitment to quality and access in Queens. We are working with the Queens Borough President on the creation of a future community health center to expand healthcare access in the Rockaways.
- Though we are still in the planning phase, we preliminarily expect that the health center will be a part of the Gotham Health network of neighborhood health centers, and will offer a range of primary and preventive care services, based on the identified needs of the community.



### **Public Concern:**

- Community member requests funding to upgrade, renovate and expand Emergency Department, labor and delivery rooms, and additional operating room suites.

### **Response:**

- With the help of community leaders and elected representatives from the Elmhurst area at the city, state and federal level, NYC Health + Hospitals/Elmhurst has been fortunate to have received commitments of over \$160 M slated for capital infrastructure improvements, program expansion initiatives and medical equipment upgrades.
- These slated projects are in varying phases of development ranging from design & procurement to construction and deployment.



Response (Cont'd):

- We currently have an OR expansion project in construction that is slated for completion in November of this year that will provide 2 additional OR rooms.
- In addition, we have an Emergency Department Expansion project, an Ambulatory Surgery Expansion Project, and a full Labor & Delivery Service line renovation project well into design and expect to break ground on those projects in early spring of 2023.

### **Public Concern:**

- Community member seeking information regarding availability of translation services and materials in other languages.

### **Response:**

- The NYC Health + Hospitals Office of Diversity and Inclusion maintains contracts with outside vendors to assist with interpretation and translation services. NYC Health + Hospitals/Elmhurst utilizes translation services where appropriate.
- If a patient should come with medical records in another language, we would facilitate the translation request so their healthcare providers will have the necessary information required to address their care. Moreover, NYC Health + Hospitals/Elmhurst ensures that service and patient related information is available to patients and community members in other languages.
- In 2021, Elmhurst Interpretation Services (phone, video, etc.) used 4,124,456 minutes with a total spend of \$2,794,738. In the first half of 2022, NYC Health + Hospitals/Elmhurst used 2,346,039 in minutes for interpretation services, with a total spend of \$1,584,942.

### **Public Concern:**

- Community member seeking allocation of resources towards modalities of care including the treatment of Sickle Cell.

### **Response:**

- NYC Health + Hospitals/Queens has a variety of resources for patients with Sickle Cell Disease. Our most important is that the hospital has a full-time Nurse Practitioner (NP) whose entire focus is treating our Sickle Cell patients.
- This NP is overseen by our Oncologist who is assigned to our Sickle Cell patients. They are further supported by the team of oncologists who are available to fully support the program when patients are in crisis.
- The goal of the hospital's Sickle Cell program is to prevent end organ damage by providing immediate access to appropriate care.
- Additionally, we provide a patient navigator who helps our Sickle Cell patients learn about and access new medication, and Social Workers are available to help address any social and/or psychological needs.

## Queens: NYC Health + Hospitals/Queens

### Response (Cont'd):

- The hospital also utilizes sub-specialties when it is determined that a patient is experiencing one of the many sequelae of sickle cell disease that requires that direct attention to an organ that can be affected by the disease over a period of time, and our Emergency Department (ED) endeavors to see patients in crisis as soon as possible in order to address any severe pain they may be experiencing.
- Our Sickle Cell team is also working on a research study that seeks to raise awareness among individuals with Sickle Cell Disease and are involved in a grant from the American Society of Hematology (ASH) to provide information about upcoming clinical trials in this area. The team is currently participating in four clinical trials with two more in negotiations, including a grant that focuses on the pediatric population. Members of the team has also been actively engaged in raising awareness about Sickle Cell Disease by participating in both in-person and virtual lectures.
- Our model of care is designed to reduce the number of visits to the ED on the part of individuals with Sickle Cell by ensuring that they have easy access to a Nurse-Practitioner that is solely dedicated to serving Sickle Cell patients. NYC Health + Hospitals/Queens will continue to invest its resources in a manner that strengthens our care model by enabling the hospital to provide resources that offer individuals suffering from Sickle Cell disease with access to appropriate levels of care.

### **Public Concern:**

- Community member requests improved advertising of Cancer Center.

### **Response:**

- Since its opening in early 2002, the Queens Cancer Center has often been referred to as the crown jewel of NYC Health + Hospitals/Queens. For the past twenty years it has consistently delivered unsurpassed, comprehensive care to its oncology patients and the hospital is committed to promoting the services provide by the center.
- To this end, we are producing a short promotional video that will highlight the superb medical and therapeutic services offered by the center, and include insightful interviews with key staff and patient testimonials.
- This video will be distributed widely, including on the hospital's social media accounts.
- We continue to promote the services of the Cancer Center by conducting community outreach; both in-person and virtually, and provide educational information about cancer awareness, preventive screening and the potential benefits of clinical trials.

Response (Cont'd):

- We are partnering with the Queens Public Library to develop a series of virtual and on-site workshops at local branches within the hospital's catchment area. Each service area, including the Queens Cancer Center, will be create workshops that will be designed promote health and wellness and hospital services

### Public Concern:

- Community member requests increased prenatal services.

### Response:

- NYC Health + Hospitals/Queens provides women with an entire range of obstetrical and gynecological subspecialties for emergency, primary, and preventative inpatient and outpatient activities, in a culturally humble environment. We are specifically providing full range of low- and high-risk prenatal care, including centering pregnancy (group prenatal care) and our newly developed doula services.
- Along with NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Queens is integrating doulas into our maternity care services through the HoPE Doula program. HoPE stands for Helping Promote Birth Equity Through Community-Based Doula Care. The goal of the program is to transform the birthing experience for our patient population and improve childbirth outcomes by reducing racial and ethnic disparities across the prenatal-birth-postpartum care continuum.

Response (Cont'd):

- In addition, the obstetrical service at NYC Health + Hospitals/Queens consists of Labor and Delivery, the Antepartum Testing Unit, and the Postpartum Unit.
- Patients receive a complete range of care, including preconceptual counseling and complete prenatal care, from ultrasonography, labor and delivery coverage, and postpartum care.
- Specialty services are also available for pregnant teenagers and patients with diabetic, infectious disease and high-risk complications.
- Our social worker assists patients with transportation when necessary, and all patients are provided with a 24 hour hotline number to address any questions or concerns they may have about their pregnancy.



### **Public Concern:**

- Community member asked about provisions being made to manage a resurgence of COVID-19.

### **Response:**

- The current surge of Covid-19 is being monitored daily, and the impact on the hospital's Emergency Department and Inpatient Services has been relatively mild over the last few months.
- Most cases presenting are not serious, and can be treated efficiently with current modalities. As a result, many people are able to receive treatment in the ED and released.
- It is a rare patient that needs ICU, and the death rate is very low. The hospital continues to offer PCR testing and the Pfizer vaccine, and we are confident that our existing resources and contingency plans are sufficient to handle a potential surge of cases.

Response (Cont'd):

- Moreover, our experience dealing with past surges has underscored the necessity of maintaining constant state of readiness, including the ability to quickly activate alternative sites of care to deal with a sudden influx of patients.
- Additionally, because the hospital is part of a large multi-hospital system, we have the ability to “level-load” which entails transferring patients from the hardest-hit hospitals to hospitals with more capacity.

### **Public Concern:**

- Community member requests public awareness campaign as CBOs and faith-based organizations based organizations are not aware of the mental health services available at Health + Hospitals/Queens.

### **Response:**

- The hospital's Behavioral Health Treatment Center is a Center of Excellence that exists to meet the mental health needs of the Queens Community. The Center's multicultural staff comprises nurses, clinical psychiatrists, clinical psychologists, social workers, case workers, case managers, and activity therapists who are fully credentialed, licensed, and carefully screened.
- Faith at Work is a new program at NYC Health + Hospitals/ Queens that will provide hospital employees and their faith-based organizations (and CBOs) an opportunity to help the hospital partner with these organizations to provide information about available mental health services at the hospital.

### Response (Cont'd):

- Partnerships with faith-based communities also provides the hospital with an opportunity to distribute information that helps dispel myths about mental illness and build bridges to treatment for individuals living with serious mental illness and/or serious emotional disturbance.
- Because our employees are members of a number of faith-based organizations throughout the borough, they can serve as trusted ambassadors who will help the hospital deliver important information about mental illness and how members of the local community can access the mental health services they need.
- Each year, the hospital provides free screening activities at dozens of health fairs sponsored by faith-based organizations, and as part of the Faith at Work effort, NYC Health + Hospitals/Queens will start offering depression screening as well.

### **Public Concern:**

- Community member mentioned concerns regarding increasing gun violence, which is a health care crisis communities are facing.

### **Response:**

- NYC Health + Hospitals strives to break the cycle of violence and heal our communities through violence prevention programming including targeted hospital-based intervention, community-driven engagement and activation, and forward-looking prevention.
- We offer a targeted bedside hospital intervention with a multi-disciplinary care team, including violence intervention experts, to engage patients who are admitted for violence trauma during their most vulnerable moment and when they are most receptive to change, to mediate conflicts and prevent retaliation and recidivism.

### Response (Cont'd):

- In particular, NYC Health + Hospitals is committed to various community-based violence interruption programs like Kings Against Violence (KAVI) at NYC Health + Hospitals/Kings County, Stand up to Violence program at NYC Health + Hospitals/Jacobi, and WICK Against Violence at NYC Health +Hospitals/Woodhull.

### Public Concern:

- Community member expressed concern over the rise in COVID-19 and the need to reach communities through mobile vaccine sites at NYCHA and senior centers.

### Response:

- Health +Hospitals initial mobile vaccination units exclusively served NYCHA residents.
- Test and Trace Corps ran one of three mass vaccination sites in the Bronx (Bathgate) 24/7.
- New Yorkers can still receive vaccinations at NYC Health + Hospitals facilities or through at-home vaccination program if they're over 65 and/or immunocompromised.

## **Public Concern:**

- Community member expressed concerns regarding the behavioral health crisis that is apparent in the emergency and psychiatric departments.

## **Response:**

- NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx continue to work with the community to treat those who suffer from mental illness. This includes actively recruiting for additional staff and working with the NYC Health + Hospitals system on expansion possibilities.

## **Public Concern:**

- Community expressed concern about increasing violence and safety, specifically an individual's ability to enter emergency room and become a threat to others.

## **Response:**

- At NYC Health + Hospitals/Jacobi, there have been added safety measures instituted in the emergency room which include all patients and visitors being screened for any type of weapon prior to entering the emergency department, enhanced training for staff that is on-going, instituting emergency call buttons on all phones and computers that have an automatic hospital police response, and increased hospital police and security within the emergency department.

## **Public Concern:**

- What efforts is the hospital taking to address nurse retention, especially those with many years of experience?

## **Response:**

- NYC Health +Hospitals has utilized compensation strategies to retain nurses, including providing for monetary differentials to recognize and reward years of experience within the professional career of nursing.
- Post hire, there are annual retention bonuses built into nursing salary schedules.
- NYC Health + Hospitals has developed programs such as the Pathway to Excellence Program, Clinical Ladder Program, and the preceptorship to help with Nurse retention and recruitment drives.



## **Public Concern:**

- Community member asked how the hospital is working with community organizations to support diabetes self management.

## **Response:**

NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central Bronx have strong programs to help patients with diabetes. These include:

- Participating with NYSDOH in distributing Health Bucks as part of Chronic Disease Management, so patients can purchase healthy food options (fresh fruits and vegetables) to help manage the disease.
- Weekly on-site farmers markets at both hospitals.
- Referrals for peer to peer support and local organizations for assistance with diabetes self-management in patients who are uncontrolled.
- Attendance at Community Health Fairs to raise awareness and encourage the community members to be tested for diabetes.

### Public Concern:

- Community member requests additional allocation of resources to NYC Health + Hospitals/Lincoln and the NYC Health + Hospitals/Lincoln CAB.

### Response:

- The Community Advisory Board is the eyes and ears of the community and our link to providing the best possible health care to our residents.
- We have new membership on the Community Advisory Board to ensure the participation of active individuals from our community.
- Our members are Community Based Organization Directors, Community Planning Board members and Pastors that provide services to our residents. A few of these organizations are; Mexican Coalition, SOBRO, NAICA and RAIN. Within the Community Advisory Board there is a Legislative committee, which is in charge of advocacy.

Response (Cont'd):

- This committee advocates for facility and patient needs. Members work closely with the hospital CAB Liaison and Intergovernmental Liaison to help solidify funding needed from Elected Officials to upgrade and purchase much needed state of the art equipment and capital improvements, helping to provide NYC Health + Hospitals/Lincoln with the best possible health care.

## **Public Concern:**

- Community member requests funding for new equipment, including radiology equipment and ultrasound machine.

## **Response:**

- NYC Health + Hospitals/Gotham Health, Morrisania received a new x-ray machine that went live in early 2022. NYC Health + Hospitals/Gotham Health, Morrisania is also funded to receive new Mammogram and Bone Density machines. NYC Health + Hospitals/Gotham Health, Morrisania will continue to identify needs and seek supportive funding.

## **Public Concern:**

- Community member seeking expansion of NYC Health + Hospitals/Gotham Health, Morrisania dental department to maintain and increase dental care services.

## **Response:**

- NYC Health + Hospitals/Gotham Health, Morrisania has received \$345,000 from the City Council's office to renovate the dental suite.

## **Public Concern:**

- Community member requests funding to repair and upgrade the elevators and roof.

## **Response:**

- NYC Health + Hospitals/Gotham Health, Morrisania agrees with this need and is seeking funding for an elevator system modernization project.

## **Public Concern:**

- Community member seeking information regarding staff shortages that have lead to late appointments for new and existing patients, especially OBGYN appointments.

## **Response:**

- As of August 1, 2022, NYC Health + Hospitals/Gothm Health, Morrisania is sharing a Nurse Practitioner from NYC Health + Hospitals/Gotham Health, Belvis to increase NYC Health + Hospitals/Gotham Health, Morrisania's Women's Health Services access, and a new Certified Nurse Midwife was also onboarded on August 15, 2022. A new pediatrician started on August 1, 2022. We are actively recruiting two providers in Adult Medicine.

**Public Concern:**

- Community member seeking information about the shortage of nursing staff and additional funding for recruitment and retention.

**Response:**

- Gotham Health has recruitment events for Nurses and PCAs currently scheduled, while we are also going through a nurse and PCA onboarding. NYC Health and Hospitals/Gotham Health, Morrisania is utilizing agency nursing support.

**Public Concern:**

- CAB member requested CAB application approval process to be expedited.

**Response:**

- NYC Health + Hospitals and Gotham Health have modified the CAB application process to better mirror the onboarding for volunteers to help streamline new members.

The New York City Health + Hospitals Board of Directors held the Staten Island Annual Public Meeting on Tuesday, March 22, 2022, via Webex. NYC Health + Hospitals engaged in repeated outreach to the community. Unfortunately, community members could not attend.

## RESOLUTION - 03

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into stand-by contracts with the following **seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services** (the “Vendors”) to provide infectious disease mobile response services when necessary as directed the System’s President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

**WHEREAS**, at the onset of the Monkeypox outbreak, the System had to expeditiously use emergency procurement procedures to contract with vendors to conduct the huge volume of testing, treating, and vaccine services that the System required making normal procurement impossible; and

**WHEREAS**, the System wishes to put in place a set of agreements with qualified firms procured in a conventional, competitive way which firms would not be asked to perform any immediate services but which would rather be available to provide infectious disease mobile services on an as-needed basis if the System’s President determines that it is necessary and appropriate to use such services; and

**WHEREAS**, by procuring the Vendors in this way, the System is assured of better pricing and the procurement of the Vendors will stand up to scrutiny by Federal or any other funders; and

**WHEREAS**, given the contingent and uncertain nature and scale of the work the Vendors may be asked to perform, it is not possible to establish any limit on the funding of their contracts in advance but such limits will be established with appropriate notification to the Board when and if the President authorizes the System to activate the Vendors’ contracts; and

**WHEREAS**, an open and competitive RFP process was conducted by Supply Chain Services starting in August 2022 with a solicitation posted in the City Record and sent directly to 28 vendors, leading to a pre-proposal conference with 14 vendors in attendance and 10 proposals submitted; and

**WHEREAS**, the Evaluation Committee rated the six Vendors the highest and that selection was endorsed by the Contract Review Committee; and

**WHEREAS**, the contracts with the Vendors will be managed by the Senior Vice President for Ambulatory Care.

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

**RESOLVED**, the New York City Health and Hospitals Corporation be and hereby is authorized to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the “Vendors”) to provide infectious disease mobile response services when necessary as directed the System’s President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount..



**EXECUTIVE SUMMARY**  
**SIX STAND-BY LABORATORY TESTING CONTRACTORS**  
**TO BE USED ONLY AT THE DIRECTION OF THE PRESIDENT**

- OVERVIEW:** At the onset of the Monkeypox outbreak, the System had to rush and use emergency procedures to contract with qualified firms to conduct the huge volume of huge volume of testing, treating, and vaccine that the System required making normal procurement impossible. Similarly, the rapid escalation of the Monkeypox surge required the System to complement existing resources with emergency contracts to meet Citywide demand. The System wishes to avoid these problems in any future infectious disease surge, not just limited to Monkeypox, when mobile response services are needed by putting in place stand-by contracts with qualified firms procured in advance using conventional, competitive processes.
- NEED:** The response to the Monkeypox outbreak has depended on making testing, treating and vaccine supply widely available. While one cannot predict if such a situation will arise in the future, the System wishes to be prepared for any future surge of any known infectious disease in case it is. Further, the System wishes to have contracts procured in a FEMA compliant way without having to rely on emergency actions.
- PROCURE-  
MENT:** An open and competitive RFP process was conducted by Supply Chain Services starting in August 2022. A solicitation was posted in the City Record and sent directly to 28 vendors. 14 vendors attended a pre-proposal conference. 10 proposals were submitted. A Selection Committee approved by the Contract Review Committee judged the seven Vendors to be best suited to serve the System's needs. The criteria applied and their weighting was: relevant experience – 35%; thoroughness of plan for rapid deployment – 35%; cost – 20%; and MWBE plan: 10%. Of the Vendors, three had previously had testing contracts with the System: Rapid Reliable Testing, LLC, MedRite, and Fulgent. All of them performed in a consistent and satisfactory manner.
- TERMS:** Proposals were requested to provide cost details sufficient for the System to understand baseline daily costs per mobile response team deployed and supplemental costs for tests, treatments, and vaccines supplied each day, which is variable based on location and demand. Selected vendors provided a range of staffing and site models. These pricing structures largely match existing pricing from testing vendors currently under non-emergency contracts. It is estimated these services could cost up to \$59,490,000 for the full terms based on activating 20 mobile teams, seven days per week for four months per year each year. Vendors were strongly encouraged to use the City's Pandemic Response Lab to ensure the System secured the best cost for PCR tests.
- MWBE:** All the Vendors have committed to at least 30% MWBE goals



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: 2022.09.08  
13:00:35 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Infectious Disease Contracts

Date: September 8, 2022

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Medrite LLC	Approved	Approved	30%
Rapid Reliable Testing, LLC	Approved	Approved	30%
Premier Assist	Approved	Approved	30%
The Daybreak Health Group Inc.	Pending	Pending	30%
Somos Healthcare Providers, Inc.	Approved	Approved	85%
Fulgent Genetics, Inc	Approved	Approved	30%
Executive Medical Service	Approved	Pending	35%

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.

## **Request to Award Contracts**

### **Infectious Disease Mobile Response Services**

**with** - Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services

### **Board of Directors Meeting September 29, 2022**

**Theodore Long, MD, MHS**

Sr. Vice President, Office of Ambulatory Care and Population Health

**Chris Keeley**

COO, Office of Ambulatory Care

## Request for Consideration

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Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the “Vendors”) to provide infectious disease mobile response services when necessary as directed the System’s President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

- On 07/29/22, NYC Health + Hospitals performed an emergency procurement for a mobile response to MPV. The term of the resulting contracts was two months, expiring on 09/30/22.
- A standard procurement for these and similar services was worked on in parallel with the expectation that the contracts from this standard process will pick up from where the emergency contracts end.
- Pricing for these services is primarily based on a per-team-per-day basis, though some vendors may propose supplemental costs for additional services which may be desirable to NYC Health + Hospitals.
- **Any ancillary costs (e.g. interfaces, internal resources)**
  - Vendors would be managed by existing staff under the Office of Ambulatory Care with deep partnership with Laboratory Operations (for testing) and Nursing (for vaccination) to ensure adequate standards are established and maintained
  - No additional internal resources are expected to be required.

- **Scope:** Infectious disease mobile response services
  
- **Justification:**
  - To respond to the significant threat that infectious diseases may cause to the health and safety of New Yorkers, Ambulatory Care seeks to contract with vendors with operational expectations, cost structures, and reporting obligations built into an agreement that provides capacity for a mobile medical response
  - The mobile strategy has proven effective under COVID-19 and is operational for MPV response services under emergency contracting
  - Ambulatory Care is seeking to mitigate the spread of infectious diseases such as MPV in New York City. Ambulatory Care is seeking vendors to provide testing, treatment, and vaccine capabilities for infectious diseases, including but not limited to MPV.
  - These contracts will establish commitments regarding how many units/ locations a given vendor can scale up to, on what timeline, and providing what services.

# RFP Criteria

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## ➤ Minimum criteria:

- Five years in business in public health services
- Must have performed similar work with rapidly deploying health services in an emergency response scenario for health systems, public health agencies, or other similar entities
- Must have technological infrastructure in place to generate and distribute productivity / patient care reports

## ➤ Substantive Criteria

- 35% Relevant experience
- 35% Thoroughness of plan for timely deployment in NYC
- 20% Cost
- 10% MWBE

## ➤ Evaluation Committee:

- Central Office Finance
- Program Manager
- Director of Implementation
- Director of Implementation
- Emergency Management

## Overview of Procurement

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- 08/10/22: RFP posted on City Record, sent directly to 28 vendors
- 08/15/22: Pre-proposal conference held, 14 vendors attended
- 08/18/22: Proposal deadline, 10 proposals received
- 08/23/22: Evaluation committee debriefed on proposal reviews
- 08/30/22: Evaluation committee completed scoring of proposals; the top 7 firms were selected.



# MWBE Utilization Summary

Assigned MWBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
<b>MWBE</b>	8	0	N/A	N/A
<b>Non-MWBE</b>	20	10	9	1

## Awarded Vendors' MWBE Utilization Plan Summary

Vendor Name	MWBE Vendor	Subcontracted SOW	UP Goal %	Note
MedRite	Staffing Boutique	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Alliance Supply Inc.	Medical, office and misc. supplies		
Rapid Reliable Testing, LLC	CFF Consulting, LLC	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Nifty Concept, Inc	Equipment and PPE		
Premier Assist	Admiral Staffing Inc.	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
Daybreak	Joanne Franklin	Staff gear and promo materials	30%	New vendor for Amb Care. Reference from FEMA positive
	Cecc Courier	Logistics for mobile set-up		
	Sidra Medical Supply Inc.	Medical supplies and devices		
Somos	Physicians of the Future / Medgroup	Staffing	85%	Prior H+H work; Strong operational and MWBE performance
Fulgent Genetics	Cure Staffing, Inc.	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
Affiliated Physicians	Admiral Staffing Inc.	Staffing	35%	New vendor for Amb Care. Reference from Abbvie positive.

# Board of Directors Request

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Office of Ambulatory Care and Population Health is seeking approval to award contracts to 7 firms to provide infectious disease mobile response services with a contract term of two years and two six-month renewals at the discretion of NYC Health + Hospitals.

Expected start date is October 2022:

- Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services

NYC Health + Hospitals will require written emergency authorization from its President/CEO to activate this agreement, and then OMB will be informed of the President/CEO approval, and asked to provide agreement to cover incurred costs, prior to vendors beginning service. The Board will also be notified of activations.

Clinical input will be sought and provided by both Ambulatory Care and Medical & Professional Affairs prior to activating any contract. Key performance indicators will be shaped by the particular activation but will certainly include speed to activate, timeliness of services delivered, and effective execution in the field as measured by volume of patients served and complaints received.

It is estimated these services could cost up to \$59.49M for the potential three year contract. This reflects an estimated cost to activate 20 mobile teams seven days per week for four months per year each year over the possible three years of the contract

## **RESOLUTION - 04**

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into contracts with the following **five firms: Medrite, Rapid Reliable Testing, LLC, a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist** (the “Vendors”) to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of \$156,900,000.

**WHEREAS**, over the course of the Covid epidemic, the System identified an opportunity to enhance the management of disease spread and treatment by centralizing the testing, clinical review, and dissemination of antiviral medication by establishing “one stop shop” locations for patients to receive all services at the same location; and

**WHEREAS**, the System wishes to put in place a set of agreements with firms procured in a conventional, competitive way; and

**WHEREAS**, by procuring the Vendors in this way, the System is assured of competitive pricing and the procurement of the Vendors will stand up to scrutiny by Federal or any other funders; and

**WHEREAS**, despite the contingent and uncertain nature and scale of the work the Vendors may be asked to perform, a maximum cost of \$156,900,000 is sufficient to provide a baseline capacity of 30 test-to-treat units for the initial and renewal years of the contract with appropriate notification to the Board prior to usage; and

**WHEREAS**, an open and competitive RFP process was conducted by Supply Chain Services starting in June 2022 with a solicitation posted in the City Record and sent directly to 28 vendors, leading to a pre-proposal conference with 17 vendors in attendance and 12 proposals submitted; and

**WHEREAS**, the Evaluation Committee rated the 5 Vendors the highest and that selection was endorsed by the Contract Review Committee; and

**WHEREAS**, the contracts with the Vendors will be managed by the Senior Vice President for Ambulatory Care.

**NOW THEREFORE, be it**

**RESOLVED**, the New York City Health and Hospitals Corporation be and hereby is authorized to enter into contracts with the following 5 firms: Medrite, Rapid Reliable Testing, LLC, a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist (the “Vendors”) to provide steady-state and standby test-to-treat resources when necessary with each contract to have a one-year contract period with a one-year option to renew with the set of contracts that will have a not to exceed amount of \$156,900,000.

## **EXECUTIVE SUMMARY**

### **5 STAND-BY TEST-TO-TREAT VENDORS**

<b>OVERVIEW:</b>	At the onset of the Covid epidemic, the System identified an opportunity to enhance the management of disease spread and treatment by centralizing the testing, clinical review, and dissemination of antiviral medication by establishing “one stop shop” locations for patients to receive all services at the same location. The System wishes to implement this enhancement through these contracts with test-to-treat firms procured in advance using conventional, competitive processes.
<b>NEED:</b>	The response to the Covid epidemic has depended on widely available, free testing and with the availability of therapeutics this response can now expand to support New Yorkers who might otherwise need to be hospitalized following a positive COVID diagnosis. Further, the System wishes to have contracts procured in a FEMA compliant way without having to rely on emergency actions.
<b>PROCUREMENT:</b>	<p>An open and competitive RFP process was conducted by Supply Chain Services</p> <p>starting in June 2022. A solicitation was posted in the City Record and sent directly to 28 vendors. 17 vendors attended a pre-proposal conference. 12 proposals were submitted. A Selection Committee approved by the Contract Review Committee judged the 5 Vendors to be best suited to serve the System’s needs. The criteria applied and their weighting was: relevant experience – 30%; thoroughness of plan for rapid and timely deployment – 30%; cost – 25%; and MWBE plan: 15%. Of the Vendors, 4 had previously had testing contracts with the System. All of them performed in a consistent and satisfactory manner.</p>
<b>TERMS:</b>	Proposals were requested to provide cost details sufficient for the System to understand baseline daily costs per test-to-treat team deployed and supplemental costs for tests performed each day, which is variable based on location and demand. Total costs for a baseline capacity of 30 test-to-treat units will not exceed \$156,900,000
<b>MWBE:</b>	All the Vendors have committed to 30% MWBE goals

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

From: P. Maximilian Colmers  
Associate Counsel  
Office of Legal Affairs

**P. Maximilian  
Colmers**

Digitally signed by P.  
Maximilian Colmers  
Date: 2022.08.25 16:30:59  
-04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Test to Treat Contracts

Date: August 25, 2022

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Medrite LLC	Approved	Approved	30%
Rapid Reliable Testing, LLC	Approved	Approved	30%
Fulgent Genetics, Inc	Approved	Approved	30%
Community Urgent Care P.C.	Pending	Pending	30%
Premier Assist	Approved	Approved	30%

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.

## Request to Award Contracts

**‘Test-to-Treat’ with -**

Medrite, Rapid Reliable Testing, LLC, a/k/a DocGo,  
Fulgent Genetics, Inc., Community UC, and  
Premier Assist

**Board of Directors Meeting**  
**September 29, 2022**

**Theodore Long, MD, MHS**

Sr. Vice President, Office of Ambulatory Care and  
Population Health

**Chris Keeley**

COO, Office of Ambulatory Care

## Request for Consideration

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Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into contracts with the following five firms: Medrite, Rapid Reliable Testing, LLC., a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist (the “Vendors”) to provide steady-state and standby test-to-treat resources during a CoVid-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of \$156,900,000.

## Background / Current State

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- The Office of Ambulatory Care is seeking to provide COVID-19 test-to-treat capacity, both for steady-state capacity and standby capacity in the event of a surge
- Test-to-treat allows for testing, clinical review, and dissemination of anti-viral medication all at one location
- T2 seeks to establish a roster of vendors with operational expectations, cost structures, and reporting obligations that can provide test-to-treat throughout the city
- To mitigate the potential need for large scale, resource-intensive surge response work, we seek to maintain a baseline of approx. 30 test-to-treat units.
- Should a surge occur, contracts will have firm commitments outlining the number of test-to-treat units/locations each vendor can scale up to and on what timeline.
- In the event of a surge, additional test-only units may be activated under a separate contract to supplement these test-to-treat units.
- This will help avoid the need for emergency procurement and contracting.



# Contract Development Goals

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- Scope of work will have the vendor managed by the existing testing team/staff under the NYC Test & Trace Corps program or under the Office of Ambulatory Care, with optional added support from a project management vendor sourced via a separate RFP.
- Vendor will staff and operate 'Test-to-Treat' units, including providing qualified clinical personnel authorized to prescribe and distribute therapeutics to patients on-site.
- Vendor will provide all their own supplies, including PPE, disinfectants, technology including hardware and software, tables, chairs, and all necessary testing supplies and therapeutics.
- Vendors will be asked to propose budgets on a per-team-per-day basis and/or on a per-test and per-therapeutic prescription basis. Since this is a burgeoning field, however, we expect alternate financial structures may also be put forward.
- No labor impacts.
- No EITS impacts. These are not NYC Health + Hospitals' patients.

# RFP Criteria

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## ➤ Minimum criteria:

- 5 years in business in public health testing
- Experience with rapidly deploying health services in an emergency response scenario

## ➤ Substantive Criteria

- 30% Relevant experience
- 30% Thoroughness of plan for rapid and timely deployment in NYC
- 25% Cost
- 15% MWBE

## ➤ Evaluation Committee:

- COO, Ambulatory Care Operations
- Director of Implementation
- Director of Implementation
- Senior Operations Analyst
- Associate Director, System-wide Special Pathogens Program, Central Office Emergency Management
- Director of Laboratory Technical Operations

## Overview of Procurement

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- 06/28/22: CRC approved request to issue a RFP for Office of Ambulatory Care and Population Health
- 07/15/22: RFP posted on City Record, sent directly to 28 vendors
- 07/28/22: Pre-proposal conference held, 17 vendors attended
- 08/05/22: Proposal deadline, 12 proposals received
- 8/09/22 – 08/12/22: Evaluation committee debriefed on proposal reviews
- 08/22/22: Evaluation committee completed scoring of proposals; the top 5 firms were selected.

# MWBE Utilization Summary

Assigned MWBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
<b>MWBE</b>	8	2	N/A	N/A
<b>Non-MWBE</b>	20	10	9	1

## Awarded Vendors' MWBE Utilization Plan Summary

Vendor Name	MWBE Vendor	Subcontracted SOW	UP Goal %	Note
Medrite	Staffing Boutique	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Alliance Supply Inc	Medical and Office Supplies		
Rapid Reliable Testing, LLC	CFF Consulting	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
	Nifty Concept	Equipment and PPE		
Fulgent	Cure Staffing	Staffing	30%	Prior H+H work; Strong operational and MWBE performance
Community UC	Empire Medical & Dental	Supplies	30%	New vendor for T2. Reference from Smart Medical Solutions and Reliant Builders Cooperation positive.
Premier Assist	Admiral Staffing	Staffing	30%	Prior H+H work; Strong operational and MWBE performance

# Board of Directors Request

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- **Request:** The Office of Ambulatory Care is seeking approval to award contracts to 5 vendors for a baseline capacity of 30 test-to-treat units for the initial and renewal terms totaling two years for a NTE of \$156.9M
  - Medrite, Rapid Reliable Testing, LLC., a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist
- **Contract Term:** One year with one one-year renewal option at the discretion of NYC Health + Hospitals
- This figure assumes the program will need to bear the cost of purchasing the therapeutic treatment starting Oct 2022. If we secure medication free of charge from NYC DOHMH or the federal government for the duration of the program the actual expense would drop to approx. **\$127.3M.**
- NYC Health + Hospitals will require written emergency authorization from its President/CEO to activate this agreement, and then OMB will be informed of the President/CEO approval, and asked to provide agreement to cover incurred costs, prior to vendors beginning service. The Board will also be notified of activations.
- Clinical input will be sought and provided by both Ambulatory Care and Medical & Professional Affairs prior to activating any contract. Key performance indicators will be shaped by the particular activation but will certainly include speed to activate, timeliness of services delivered, and effective execution in the field as measured by volume of patients served and complaints received.

## **RESOLUTION - 05**

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an 18-year lease with 90-02 QB Holdings LLC (“Landlord”) for approximately 40,000 square feet on the ground floor of **90-02 Queens Boulevard, Queens, New York** for use by NYC Health + Hospitals/Elmhurst (“Elmhurst”) and NYC Health + Hospitals/Queens (“Queens”) for administrative office space at an initial rent of \$37/rentable square feet or \$1,480,000/yr which will escalate over the term to reach \$45/rentable square feet over the final seven years of the term for a total base rent over the term of \$28,520,000 after taking into account one year of free rent; provided that operating expense escalations payable to Landlord projected to total \$1,732,000 over the lease term are not included in base rent for a total payable to Landlord over the term projected to be \$30,252,004.

**WHEREAS**, Elmhurst and Queens both have several large construction projects planned that will displace administrative staff requiring swing space for the next 3 – 4 years until construction is completed; and

**WHEREAS**, the two hospitals are already congested and some of the planned construction will convert administrative space to space for clinical services increasing the need for supplemental administrative space outside of the Hospital; and

**WHEREAS**, Queens similarly has planned construction that will convert administrative space to space for clinical and non-clinical support use and will require supplemental administrative space outside of the hospitals; and

**WHEREAS**, the proposed lease of the Premises will both supply a temporary home for some administrative services during the period of the planned construction and a permanent home for some of such functions following the repurposing of their original space for clinical services as part of the planned work; and

**WHEREAS**, the Building was selected based on a search of the area, its close proximity to both Elmhurst and Queens confirmation that the proposed rent is a competitive rate in line with the market; and

**WHEREAS**, Landlord, at its cost, will perform all work necessary to deliver to the System a fully code compliant “vanilla box;” and

**WHEREAS**, and Landlord will then perform the tenant fit-out, including the purchase of all needed furniture in accordance with the System’s plans and specifications under a Landlord financed budget of \$2M; and

**WHEREAS**, the System will purchase its electricity directly from the local utility but the cost of cleaning and rubbish removal will be included in the rent; and

**WHEREAS**, the proposed lease will be managed by the Chief Executive Officer of Elmhurst.

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign an 18-year lease with 90-02 QB Holdings LLC (“Landlord”) for approximately 40,000 square feet on the ground floor of 90-02 Queens Boulevard, Queens, New York (the “Building”) for use by NYC Health + Hospitals/Elmhurst (“Elmhurst”) and NYC Health + Hospitals/Queens for administrative office space at an initial rent of \$37/rentable square feet or \$1,480,000/yr which will escalate over the term to reach \$45/rentable square feet over the final seven years of the term for a total rent over the term of \$28,520,000; provided that operating expense escalations payable to Landlord projected to total \$1,732,000 over the lease term are not included in base rent for a total payable to Landlord over the term of projected to be \$30,252,004

**EXECUTIVE SUMMARY  
PROPOSED LEASE  
WITH 90-02 QB HOLDINGS LLC  
FOR SUPPLEMENTARY OFFICE SPACE FOR  
NYC HEALTH + HOSPITALS/ELMHURST AND NYC HEALTH + HOSPITALS/QUEENS**

<b>OVERVIEW:</b>	<p>Elmhurst and Queens both have several large construction projects planned that will displace administrative staff requiring swing space for the next 3 – 4 years until construction is completed. Furthermore, the two hospitals are already congested and some of the planned construction will convert administrative space to space for clinical services increasing the need for supplemental administrative space outside of the hospitals.</p> <p>The proposed lease of the Premises will both supply a temporary home for some administrative services during the period of the planned Elmhurst and Queens construction and a permanent home for some of such functions following the repurposing of their original space for clinical services as part of the work planned for Elmhurst and Queens.</p>
<b>SITE SELECTION:</b>	<p>The Premises was selected after an energetic space search conducted by both the System's real estate consultant and by Elmhurst and Queens leadership. The Premises is close to both hospitals which is a major advantage. The proposed lease terms are at fair market value and include valuable concessions by Landlord.</p>
<b>FINANCING:</b>	<p>Expense</p>
<b>TERMS:</b>	
<b>BASE RENT:</b>	<p>\$37/sf, or \$1,480,000/yr. for yrs. 1-5 \$41/sf, or \$1,640,000/yr. for yrs. 6-10 \$45/sf, or \$1,800,000/yr. for yrs. 11-18</p>
<b>OPERTING COST INCREASES:</b>	<p>Payable to Landlord based on actual increases in the costs of insurance, labor staff the building, repairs and electricity for common areas and building-wide systems. Annual increase is estimated to be \$.25/SF/Year. These are estimated to total \$1,732,000 over the term.</p>
<b>REAL ESTATE TAXES:</b>	<p>Payable to the City but will be entirely abated so there will be no cost.</p>
<b>ELECTRICITY:</b>	<p>Payable directly to the utility and projected to total \$3,043,877 over the term.</p>
<b>CLEANSING AND RUBBISH REMOVAL:</b>	<p>Included in rent</p>

September 8, 2022

Leora Jontef  
Assistant Vice President Housing + Real Estate  
New York City Health and Hospitals Corporation  
50 Water Street  
New York, NY. 10004

**Re: 90-02 Queens Blvd Queens New York 11373**

Dear Leora:

When evaluating 90-02 Queens Blvd, there are a limited number of commercial properties that should be considered as a subset of buildings for comparison purposes. These are buildings which are in proximity to the Queens Blvd property.

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7201 Queens Blvd- New Development. Asking rents are \$50.00 per square foot with a Tenant Improvement Allowance is \$50.00 a foot.

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6224 Roosevelt Avenue- New Development. Asking rents are \$50.00 per square foot with a Tenant Improvement Allowance of \$25.00 a foot.

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9808 Queens Blvd- 36,000 feet of lower-level space is being marketed at \$45.00 per square foot with a Tenant Improvement Allowance of \$40.00 a foot.

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9525 Queens Blvd- 84,000 feet split between 3 floors. Space is being marketed at \$45.00 per square foot with a Tenant Improvement Allowance of \$40.00 a foot.

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In addition to the attached comps, below are the most recent closed transactions in Queens.

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**Amazon Fulfillment Center – 3850 21<sup>st</sup> Street, Long Island City**

19,669 square feet with 73,540 feet of adjacent land.  
\$56.43 per square foot Triple Net.

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**Aldi-Queens Place Mall – 8801 Queens Blvd (Directly across the street)**

35,000 square feet of lower-level space.  
\$40.00 per square foot, modified gross with \$50.00 in Tenant Improvement Allowance

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**Retro Fitness – 9277 Queens Blvd**

16,250 square feet, 2<sup>nd</sup> floor space.  
\$37.00 per square foot, \$600,000 annual, modified gross. As is, no Tenant Improvement Allowance.

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**Lenox Hill Radiology – 3716 Greenpoint Avenue**

13,000 square feet between 2 floors with an additional 2,500 square foot lobby.  
\$42.00 per square foot, \$650,000 annual, modified gross.

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**Lenox Hill Radiology – 8812 Queens Blvd**

9,500 square feet. Ground floor space.  
\$105.00 per square foot. \$1,000,000 annual, modified gross. Turnkey installation.

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Although all information furnished regarding property for sale, rental, or financing is from sources deemed reliable, such information has not been verified, and no express representation is made nor is any to be implied as to the accuracy thereof, and it is submitted subject to errors, omissions, change of price, rental or other conditions, prior sale, lease or financing, or withdrawal without notice and to any special conditions imposed by our principal.

**NEWMARK**



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Rents in Queens are between \$40.00 to \$50.00 per foot. If you discount the asking rent by 10% as the taking deal, the starting rent of \$37.00 per foot at 90-02 Queens Blvd is well within the comparable range. Additionally, we are receiving a turnkey installation valued at \$70.00 a foot (\$50.00 with an additional \$20.00 of Landlords Base Building work) and furniture which should be valued at \$20.00 to \$25.00 a foot.

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Should you have any questions, please call me.



Ira Rovitz  
Executive Managing Director  
Newmark  
Office: 212-372-2469  
Mobile: 347-952-0159

Although all information furnished regarding property for sale, rental, or financing is from sources deemed reliable, such information has not been verified, and no express representation is made nor is any to be implied as to the accuracy thereof, and it is submitted subject to errors, omissions, change of price, rental or other conditions, prior sale, lease or financing, or withdrawal without notice and to any special conditions imposed by our principal.

**NEWMARK**

**NYC Health + Hospitals/Elmhurst  
NYC Health + Hospitals/Queens**

**Lease Request with 90-02 QB Holdings LLC  
for 40,000 SF of office space at  
90-02 Queens Blvd, Queens, NY**

**Board of Directors Meeting  
September 29, 2022**

Helen Arteaga, CEO, NYC Health + Hospitals/Elmhurst  
Neal J. Moore, CEO, NYC Health + Hospitals/Queens  
Leora Jontef, AVP, Housing + Real Estate



# Request for Consideration

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Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an 18-year lease **with 90-02 QB Holdings LLC** (“Landlord”) for approximately 40,000 square feet on the ground floor of 90-02 Queens Boulevard, Queens, New York for use by NYC Health + Hospitals/Elmhurst (“Elmhurst”) and NYC Health + Hospitals/Queens (“Queens”) for administrative office space at an initial rent of \$37/rentable square feet or \$1,480,000/yr which will escalate over the term to reach \$45/rentable square feet over the final seven years of the term for a total base rent over the term of \$28,520,000 after taking into account one year of free rent; provided that operating expense escalations payable to Landlord projected to total \$1,732,000 over the lease term are not included in base rent for a total payable to Landlord over the term projected to be \$30,252,004.

# Background: Queens Hospital Center

- Queens provides 269 beds to the community.
- Queens is scheduled to benefit from \$44 Million in capital projects over the next 5 years.
- Projects Include:
  - N4 renovation
  - P4 out-patient behavior health primary care clinic
  - Out-patient “retail” pharmacy



# Background: Elmhurst Hospital

- Elmhurst Hospital provides 545 beds to the community.
- Elmhurst is scheduled to benefit from \$160M capital projects over the next 5 years, with additional support projected moving forward.
- Projects Include:
  - Labor & Delivery
  - Woman's Health Pavilion
  - Ambulatory Surgery
  - Emergency Department
  - Fire Systems Upgrades
  - NICU
  - NeuroICU



# New Office Space in Queens

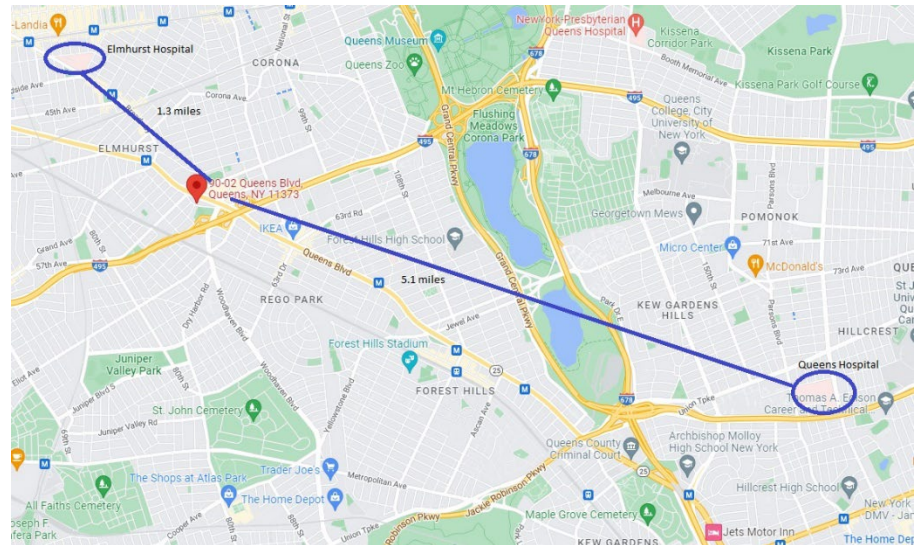
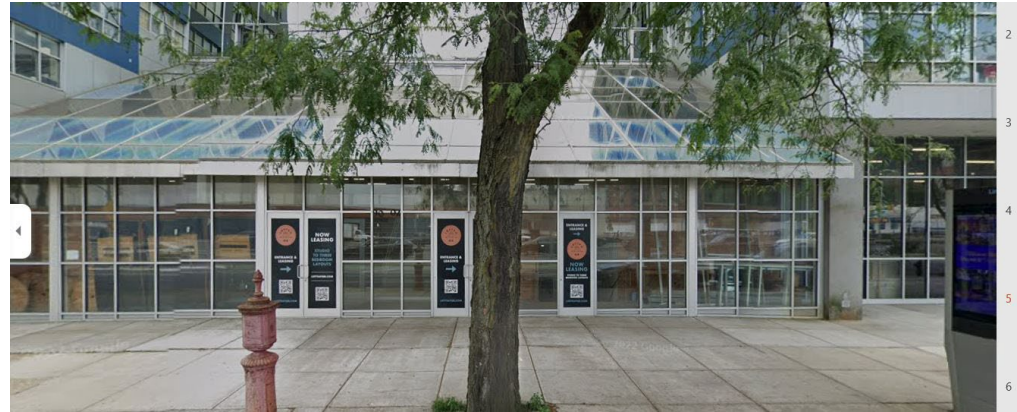
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- Opportunity to create shared office space for some back office functions.
- The project will allow Queens and Elmhurst to open up space for critical capital projects and new clinical programs.
- Convenient and attractive location near both hospitals on a major Queens thoroughfare.



# Office Space at 90-02 Queens Blvd

- New office space on Queens Blvd to accommodate 91 employees from Elmhurst and 50 employees from Queens who perform back office functions.
- Travel distance is 15-20 minutes from Elmhurst and Queens Hospitals.
- Location is accessible to various modes of transportation and includes parking.
- On H+H shuttle route between Elmhurst and Queens Hospitals, with stops every 30 minutes.
- Trains: R, M (local), F, E
- Bus: Q29, Q32, Q53, Q58, Q60, Q46, Q65, Q25, Q34, Q88



# Lease Terms

This resolution requests a new lease for 40,000 square feet of ground floor office space.

- 18 year term commences after landlord completes construction work.
- The landlord will do base building work and supply furniture. The landlord will contribute \$2M (\$50/sf) towards the cost of outfitting the space including the installation of lighting, carpeting and construction of interior partition walls.
  - Twelve months of free rent will commence when work is complete.
- Base Rent is \$37/sf or \$1,480,000 annually. This will escalate by 10% every five years. The proposed rent is fair market for office space in Queens.
- H+H Annual Expenses:
  - Real Estate Taxes: No payment. H+H will be sole occupant of condominium unit.
  - Electricity: H+H will directly pay for electricity.
  - Operating Expense Escalation: H+H will be proportionate share of increases in operating costs over the first year's actual expenses.
    - The main operating expenses are insurance, labor to staff the building, repairs and electricity for common areas and building-wide systems.
    - Annual increase is estimated to be \$.25/SF/Year.



# Rent and Estimated Expenses

	Yrs 1-5	Yrs 6-10	Yrs 11-18	Total
Base Rent to Landlord	\$5,920,000	\$8,200,000	\$14,400,000	\$28,520,000
Est. Operating Expense Escalations to Landlord	\$98,800	\$369,200	\$1,264,000	\$1,732,000
Est. Electricity	\$690,188	\$800,117	\$1,553,572	\$3,043,877
Real Estate Taxes	\$0	\$0	\$0	\$0

# Board of Directors Request

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Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an 18-year lease with **90-02 QB Holdings LLC** (“Landlord”) for approximately 40,000 square feet on the ground floor of 90-02 Queens Boulevard, Queens, New York for use by NYC Health + Hospitals/Elmhurst (“Elmhurst”) and NYC Health + Hospitals/Queens (“Queens”) for administrative office space at an initial rent of \$37/rentable square feet or \$1,480,000/yr which will escalate over the term to reach \$45/rentable square feet over the final seven years of the term for a total base rent over the term of \$28,520,000 after taking into account one year of free rent; provided that operating expense escalations payable to Landlord projected to total \$1,732,000 over the lease term are not included in base rent for a total payable to Landlord over the term projected to be \$30,252,004.

## RESOLUTION - 06

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Care Free Improvements** (the “Contractor”) to provide construction services in connection with the repurposing of space on the 7<sup>th</sup> floor of NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”) to create a System-wide contact center for the duration of the proposed construction project for an amount, including a 10% contingency of \$624,454, not to exceed \$6,869,000.

**WHEREAS**, because of its size and the wide range of the services it offers, the System has the need of substantial call center services such as scheduling appointments, sending appointment reminders and following up on prescribed treatments and medications; and

**WHEREAS**, as part of the System’s plan to in-source a substantial portion of its contact center services instead of relying on contracted outside vendors, the System has established two contact centers at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Cumberland with a third planned for Metropolitan; and

**WHEREAS**, the System solicited competitive sealed bids for the necessary construction services to renovate 18,000 square feet of space on the 7<sup>th</sup> Floor at Metropolitan and, after giving pre-proposal tours to 26 vendors and receiving 9 bids, the CRC endorsed a finding that the Contractor was the lowest responsible and responsive bidder; and

**WHEREAS**, the Contractor has completed previous projects for the System as a Job Order/Requirements contractor and has been given ratings of 93% and 84% over the last two years and has a MOCS’ rating of satisfactory; and

**WHEREAS**, the Contractor an MWBE firm, thereby making MWBE subcontracting goals inapplicable to this procurement; and

**WHEREAS**, the System’s Office of Facility Development will be responsible for the management of the proposed agreement.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a contract with Care Free Improvements (the “Contractor”) to provide construction services in connection with the repurposing of space on the 7<sup>th</sup> floor of NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”) to create a System-wide contact center for the duration of the proposed construction project for an amount, including a 10% contingency of \$624,454, not to exceed \$6,869,000.

**EXECUTIVE SUMMARY**  
**CONTRACT WITH CARE FREE IMPROVEMENTS**  
**FOR CONSTRUCTION SERVICES**  
**AT NYC HEALTH + HOSPITALS/METROPOLITAN HOSPITAL CENTER**  
**FOR CONSTRUCTION OF CONTACT CENTER**

- OVERVIEW:** The System has the need of substantial call center services such as scheduling appointments, sending appointment reminders and following up on prescribed treatments and medications. As part of the System's plan to in-source a substantial portion of its contact center services instead of relying on contracted outside vendors, the System has established contact centers at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Cumberland with a third planned for Metropolitan. Metropolitan was able to free up 18,000 square feet of space on the 7<sup>th</sup> floor and the purpose of the proposed contract is to renovate the space into a contact center. The renovation will construct approximately 252 workstations, 12 offices, 1 staff lounge and pantry area, 4 huddle rooms, ADA compliant restrooms and a 223 staff Locker room area. The space will be upgraded with new centralized HVAC, cooling and heating, new LED energy efficient light fixtures, security cameras strategically placed throughout and card access; as well as a new IDF closet to support the new layout headcount. Work under the proposed is projected to start on approximately September 2022.
- PROCUREMENT** The System solicited competitive sealed bids for the necessary construction services to renovate 18,000 square feet of space on the 7<sup>th</sup> Floor at Metropolitan and, after giving pre-proposal tours to 26 vendors and receiving 9 bids, the CRC endorsed a finding that the Contractor was the lowest responsible and responsive bidder.
- TERMS:** The proposed contract will for the duration of the project which, it is estimated, to be 0.5 years. The contract is for an amount not to exceed \$6,869,000 which includes a 10% contingency of \$624,454.
- FINANCING:** The proposed project will be financed with City Capital.
- MWBE:** The Contractor is an MWBE firm.

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

From: Keith Tallbe                      Rivera-  
Senior Counsel                      Bazan,  
Office of Legal Affairs              Irmali

Re: Vendor responsibility, EEO and MWBE status

Vendor: Care Free Alarms, Inc. dba Care Free Improvements

Date: September 16, 2022

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Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2022.09.16  
06:53:15 -04'00'

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
NYC-MBE

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

**Request to Enter into Contract -  
with Care Free Improvements  
NYC H+H / Metropolitan  
Corporate Wide Contact Center**

**Board of Directors Meeting  
September 29, 2022**

**Manny Saez -- Senior Assistant Vice President, OFD  
Cristina Contreras, CEO, NYC Health + Hospitals / Metropolitan  
Oscar Gonzalez – Senior Assistant Vice President, OFD  
Tamika Campbell – Director Capital & Design**



# Request for Consideration

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Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Care Free Improvements** (the “Contractor”) to provide construction services in connection with the repurposing of space on the 7<sup>th</sup> floor of NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”) to create a System-wide contact center for the duration of the proposed construction project for an amount, including a 10% contingency of \$624,424 not to exceed \$6,869,000.

# Project Background

- H+H Metropolitan (phase III) requires a renovation to create a contact center located on the 7<sup>th</sup> floor of the Behavioral Health Building in Metropolitan Hospital
- The renovations includes new centralized HVAC, cooling and heating, new LED energy efficient light fixtures, security cameras strategically placed throughout and card access; as well as a New IDF Closet to support the new layout and headcount.
- This location will be the final phase of contact center project (Cumberland and Bellevue were phase I & II)
- The space being renovated is approximately 18,000 sq.ft.





# Future State

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- **The space:** 252 Contact Stations, 12 Contact Center Offices, 1 Staff lounge & pantry area, 4 huddle rooms, ADA compliant restrooms, and 223 staff lockers
- Expand our eConsult (electronic specialty referral) unit to improve the patient experience, expediting specialty appointments as order by patient's primary care providers, as well as growing our specialty services and revenue
- Grow our internal contact center unit in order to provide more appointment services internally reducing our vendor dependency and average monthly vendor costs of \$1.5M
- Keep up with multiyear growth and cost reduction plan which requires additional space to accommodate new contact center staff onboarding, new and ongoing training and launching new patient and organization initiatives for both an onsite and remote workforce
- Provide multi-use working station which allows for flexibility and use based on the demand/need of our patients and the organization

# Care Free Contract

- Contract for build out of call center at Metropolitan
- Budget Breakdown
  - CRFP - \$1,061,508
    - Contingency funded \$96,591.10
  - NYC Capital - \$5,806,492
    - Contingency funded \$527,862.90

Care Free Contract	
Construction	\$6,244,546
Care Free Contingency (10%)	\$624,454
<b>TOTAL</b>	<b>\$6,869,000</b>

# Project Budget

- Currently have grant funding from the State's Capital Restructuring Financing Program (CRFP) for this project which currently requires project completion by March 2023
- Budget Breakdown
  - CRFP - \$6,415,932
  - NYC Capital - \$6,843,922

Metropolitan Corporate Wide CONTACT CENTER	
Design	\$334,990.00
Construction*	\$10,405,181.36
Outfitting	\$1,895,229.59
Metropolitan Contingency (10%)	\$624,454
<b>TOTAL</b>	<b>\$13,259,854.95</b>

\*JOCs (make-ready) + Care Free

# Project Budget by Funding Source

	DESIGN	OUTFITTING	CONSTRUCTION (CARE FREE)	MAKE READY CONSTRUCTION (JOCs & Consultants)	CONTINGENCY (10%)	TOTAL
CRFP	\$334,990.00	\$857,798.59	\$965,917.00	\$4,160,635.36	\$96,591.10	\$6,415,932.05
CITY CAPITAL		\$1,037,431.00	\$5,278,629.00		\$527,862.90	\$6,843,922.90
TOTAL	\$334,990.00	\$1,895,229.59	\$6,244,546.00	\$4,160,635.36*	\$624,454.00	\$13,259,854.95

\*Multiple JOCs and Consultant contracts utilized to get the space ready for General Contractor mobilization; scope execution was/is essential in order to meet the CRFP grant's time sensitive deadline in March 2023.

# Procurement

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- Sourced via public bid
- 1/10/22 & 1/11/22: Site tour for bidders; 26 vendors attended
- 3/09/22: Proposal deadline, 9 proposals received
- 5/18/22: Pre-qualification meeting with lowest responsible bidder - Care Free Improvements was the lowest of nine (9) bidders

# Construction Contract

- MWBE Plan
  - Care Free Improvements is an MBE, therefore has 100% MWBE utilization

Subcontractor	Certification	Supplies/Services	Utilization Plan %
Care Free Improvements	MBE	Services	100%

- Contract amount is **\$6,244,546**
- Ratings
  - Care Free is currently one of our JOCs General Contractor (2020-2022) and previously from 2018-2020
  - Care Free had a 84% rating for the 2018-2020 Contracts
  - There were no evaluation for 2020-2022 because the projects are not yet completed
  - Additionally, the ratings listed in MOCs included 2 Satisfactory (70-79%)
- Projected expected to begin Fall 2022 with completion in expected in Spring 2023

# Board of Directors Request

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Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Care Free Improvements** (the “Contractor”) to provide construction services in connection with the repurposing of space on the 7<sup>th</sup> floor of NYC Health + Hospitals/Metropolitan Hospital Center (“Metropolitan”) to create a System-wide contact center for the duration of the proposed construction project for an amount, including a 10% contingency of \$624,424 not to exceed \$6,869,000.

## **RESOLUTION - 07**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of **EIA Electric Inc. (“EIA”), Jemco Electrical Contractors (“Jemco”) and Mac Fhionnghaile & Sons (“McF”)** to provide to provide electrical construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

**WHEREAS**, the System uses stand-by or Job Order Contracts (“**JOCS**”) which provide specialized services, such as those of an electrical contractor, on an as needed basis because they give the System a reliable way to call upon specialized service providers when they are needed without making long-term commitments; and

**WHEREAS**, the current set of contracts for electrical JOCS contractors used by the System were due to expire July 31, 2022 but were extended for six months to allow time for the completion of the procurement of a new set of electrical contractors; and

**WHEREAS**, the System issued a request for proposals for electrical contractors in Spring 2022, seven firms made proposals and EIA, Jemco and McF (the “**Contractors**”) received the highest scores and the Contract Review Committee endorsed their selection; and

**WHEREAS**, Jemco and McF are the System’s current electrical JOCS contractors with System performance ratings of 92.5% and 99% respectively and EIA, while not having previously worked with the System, has MOCS’ ratings of 1 Excellent, 8 Good and four Satisfactory from various agencies; and

**WHEREAS**, both EIA and McF are certified MWBE firms and Jemco has a 30.25% MWBE subcontracting plan; and

**WHEREAS**, the System’s Office of Facility Development will be responsible for the management of the proposed agreement.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute stand-by, Job Order Contracts with each of EIA Electric Inc. (“EIA”), Jemco Electrical Contractors (“Jemco”) and Mac Fhionnghaile & Sons (“McF”) to provide to provide electrical construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.



**EXECUTIVE SUMMARY  
JOCS CONTRACTS WITH  
EIA ELECTRIC INC., JEMCO ELECTRICAL CONTRACTORS AND MAC  
FHIONNGHAILE & SONS  
FOR ELECTRICAL CONSTRUCTION SERVICES**

- OVERVIEW:** The System uses stand-by or Job Order Contracts (“JOCS”) which provide specialized services, such as those of an electrical contractor, on an as needed basis because they give the System a reliable way to call upon specialized service providers when they are needed without making long-term commitments. The current set of contracts for electrical JOCS contractors used by the System were due to expire July 31, 2022 but were extended for six months to allow time for the completion of the procurement of a new set of electrical contractors.
- PROCUREMENT** The System solicited competitive sealed bids for the necessary electrical services contractors in Spring 2022. Seven firms made proposals and the Contractors received the highest scores and the Contract Review Committee endorsed their selection.
- TERMS:** The proposed contracts will each be for two years. The contracts will each be for an amount not to exceed \$8,000,000.
- FINANCING:** The financing of the work to be performed under the proposed contracts will vary depending on the nature of the work and the project.
- MWBE:** Both EIA and McF are certified MWBE firms and Jemco has committed to a 30.25% MWBE subcontracting plan.

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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: EIA Electric, Inc. **Rivera-  
Bazan,** Digitally signed  
Irmali by Rivera-Bazan,  
Irmali  
Date: 2022.09.07  
15:12:02 -04'00'

Date: September 7, 2022 **Irmali**

---

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
NYC-MBE

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

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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

**Rivera-  
Bazan,  
Irmali**

Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2022.09.07  
15:09:05 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Jemco Electrical Contractors, Inc.

Date: September 7, 2022

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

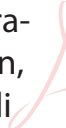
**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30.25% - Utilization Plan

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

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

From: Keith Tallbe      **Rivera-**  
Senior Counsel      **Bazan,**  
Office of Legal Affairs      **Irmali**  Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2022.09.07  
15:09:51 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Mac Fhionnghaile & Sons Electrical Contracting Inc.

Date: September 7, 2022

---

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
NYS/NYC-WBE

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

## **RESOLUTION - 08**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of **AWL Industries (“AWL”), Volmar Construction Inc. (“Volmar”) and WDF Inc. (“WDF”)** to provide HVAC construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

**WHEREAS**, the System uses stand-by or Job Order Contracts (“**JOCS**”) which provide specialized services, such as those of an HVAC contractor, on an as needed basis because they give the System a reliable way to call upon specialized service providers when they are needed without making long-term commitments; and

**WHEREAS**, the current set of contracts for HVAC JOCS contractors used by the System were due to expire July 31, 2022 but were extended for six months to allow time for the completion of the procurement of a new set of HVAC contractors; and

**WHEREAS**, the System issued a request for proposals for HVAC contractors in Spring 2022, five firms made proposals and AWL, Volmar and WDF (the “**Contractors**”) received the highest scores and the Contract Review Committee endorsed their selection; and

**WHEREAS**, Jemco has done previous work for the System with a System performance rating of 96.5% respectively, WDF, while not having previously worked with the System, has MOCS ratings of 1 good and 7 satisfactory from the Department of Environmental Protection and AWL, while also not having previously worked with the System has MOCS ratings from various agencies of 2 excellent, 9 good, 11 satisfactory, 2 poor and 1 unsatisfactory (DDC); and

**WHEREAS**, each of the three Contractors has committed to a 30% MWBE subcontracting plan; and

**WHEREAS**, the System’s Office of Facility Development will be responsible for the management of the proposed agreements.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute stand-by, Job Order Contracts with each of AWL Industries (“**AWL**”), Volmar Construction Inc. (“**Volmar**”) and WDF Inc. (“**WDF**”) to provide HVAC construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

**EXECUTIVE SUMMARY  
JOCS CONTRACTS WITH  
AWL INDUSTRIES, VOLMAR CONSTRUCTION INC. AND WDF INC.  
FOR HVAC CONSTRUCTION SERVICES**

- OVERVIEW:** The System uses stand-by or Job Order Contracts (“**JOCS**”) which provide specialized services, such as those of an electrical contractor, on an as needed basis because they give the System a reliable way to call upon specialized service providers when they are needed without making long-term commitments. The current set of contracts for electrical JOCS contractors used by the System were due to expire July 31, 2022 but were extended for six months to allow time for the completion of the procurement of a new set of electrical contractors.
- PROCUREMENT** The System solicited competitive sealed bids for the necessary electrical services contractors in Spring 2022. Five firms made proposals and the Contractors received the highest scores and the Contract Review Committee endorsed their selection.
- TERMS:** The proposed contracts will each be for two years. The contracts will each be for an amount not to exceed \$8,000,000.
- FINANCING:** The financing of the work to be performed under the proposed contracts will vary depending on the nature of the work and the project.
- MWBE:** Each of the three Contractors has committed to a 30% MWBE subcontracting plan.

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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

**Rivera-  
Bazan,  
Irmali**

Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2022.09.07  
15:14:19 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: AWL Industries Inc.

Date: September 7, 2022

---

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

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

46% - Utilization Plan

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

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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

**Rivera-  
Bazan,  
Irmali** Digitally signed  
by Rivera-  
Bazan, Irmali  
Date:  
2022.09.07  
15:13:43 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Volmar Construction Inc.

Date: September 7, 2022

---

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
64% - Utilization Plan

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



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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

**Rivera-  
Bazan,  
Irmali**

Digitally signed  
by Rivera-Bazan,  
Irmali  
Date: 2022.09.07  
15:11:05 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: WDF Inc.

Date: September 7, 2022

---

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30% - Utilization Plan

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

## **Job Order Contracts**

**Item # 7 Electrical Services - EIA Electric Inc. (“EIA”),  
Jemco Electrical Contractors (“Jemco”) and Mac  
Fhionnghaile & Sons (“McF”)**

**Item # 8 HVAC Services – AWL Industries (“AWL”),  
Volmar Construction Inc. (“Volmar”) and WDF Inc.  
 (“WDF”)**

## **Request for Approval**

**Board of Directors Meeting  
September 29, 2022**

Manny Saez, SAVP, Office of Facilities Development  
Mahendranath Indar, AVP, Office of Facilities Development  
Leithland Tulloch, Sr. Director, Office Facilities Develop

# Request for Consideration

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■ Item # 7 –

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of **EIA Electric Inc. (“EIA”), Jemco Electrical Contractors (“Jemco”) and Mac Fhionnghaile & Sons (“McF”)** to provide to provide electrical construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

■ Item # 8 –

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of **AWL Industries (“AWL”), Volmar Construction Inc. (“Volmar”) and WDF Inc. (“WDF”)** to provide HVAC construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

## Background / Current State

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- Job Order Contracting (JOCs) are Construction Contracts that are awarded based on public bid, whereby bidders use a multiplier, against an itemized catalog of services, to establish their base bid. Solicitation and award in alignment with NYC Health + Hospitals Operating Procedure 100-5.
- Current Electrical and Mechanical/HVAC contracts were awarded in 2020, and prior to expiring July 31, 2022, was extended by six months to ensure procurement of new contracts.

## HVAC Contracts - Current State

Contractor	Original Contract Award	Increase to Contract	Work Issued to Date	Remaining	Contract Extended
Vastech	\$6,000,000		\$1,068,254.33	\$4,931,745.67	1/31/2023
Rashel*	\$6,000,000	\$0	\$0	\$0	n/a

\* Rashel as a company made a decision to only perform work in the private sector. As a result they were removed from the pool and no work was issued to the company.

## Electrical Contracts - Current State

Contractor	Original Contract Award	Increase to Contract	Work Issued to Date	Remaining	Contract Extended
Jemco	\$6,000,000	\$0	\$3,944,247	\$2,055,753	1/31/2023
MacFhionnghaile & Sons	\$6,000,000	\$0	\$2,621,194	\$3,378,806	1/31/2023

- Jemco used for Point Click Care (PCC) make ready work
  - PCC Is the long term care electronic patient record software
- Mac Fhionnghaile & Sons used for EPIC make ready work
  - EPIC is the acute and ambulatory care electronic patient record software

# Procurement

- Public bids opened on June 7<sup>th</sup> 8<sup>th</sup> and 9<sup>th</sup> , 2022 for three contracts, each for \$8M, to provide HVAC related construction services. The contracts will be for a two year term
- WDF, Inc. was the lowest responsible bidder for HVAC1
  - **Lowest multiplier submitted by WDF – 1.4329**
  - Previous HVAC1 low bid multiplier was .09692 (Vastech)
  - Bids submitted by AWL Industries, Carefree Improvements, Crescent Contracting, RAMS Mechanical and Volmar Construction
  - WDF is a first time H+H JOC Contractor with a MOCs rating of 1 Good and 7 Satisfactory from the Department of Environmental Protection.
- Volmar Construction was the lowest responsible bidder for HVAC2
  - Lowest multiplier submitted by Volmar – 0.9373
  - Previous HVAC2 low bid multiplier was .9188 (Rashel)
  - Bids submitted by by AWL Industries, Crescent Contracting, RAMS Mechanical and Volmar Construction
  - MOCs Evaluation – 3 Satisfactory from the Department of Construction and Design
  - **Volmar H+H User rating – 96.5% (4 facilities on 20 projects valued at \$9,980,214.00)**
- AWL Industries was the lowest responsible bidder for HVAC3
  - **Lowest multiplier submitted by AWL – 1.0294**
  - Bids submitted by Bids submitted by AWL Industries, Crescent Contracting, RAMS Mechanical and Volmar Construction
  - AWL is a first time H+H HVAC JOC Contractor with MOC rating from Various Agencies– 2 Excellent, 9 Good, 11 Satisfactory, 2 Poor (2014) and 1 Unsatisfactory (2019)
  - 19 ratings were submitted in MOC for AWL after the date of the unsatisfactory rating and all 19 ratings were either satisfactory or better (8 satisfactory, 9 good, 2 excellent)

# Procurement

- Public bids opened on June 7<sup>th</sup> 8<sup>th</sup> and 9<sup>th</sup> , 2022 for three contracts, each for \$8M, to provide Electrical related construction services. The contracts will be for a two year term.
- Jemco Electrical Contractors was the lowest responsible bidder for EL1
  - **Lowest multiplier submitted by Jemco – 1.0500**
  - Previous EL1 low bid multiplier was 0.9950(Jemco)
  - Bids submitted by Jemco, EIA Electric, Mac Fhionnghaile & Sons, Meco Electric, Community Electric, Polaris Electrical Co. and ATJ Electrical Co.
  - Jemco user rating – 92.5% rating – Jemco is the current JOC contractor and the rating is for work provided throughout the system (rated by 6 facilities on 9 projects)
- Mac Fhionnghaile & Sons was the lowest responsible bidder for EL2
  - **Lowest multiplier submitted by Mac Fhionnghaile – 1.0740**
  - Previous EL2 low bid multiplier was 0.9950 (Mac Fhionnghaile & Sons)
  - Bids submitted by Mac Fhionnghaile & Sons, Jemco, EIA Electric Meco Electric and Community Electric
  - Mac Fhionnghaile & Sons user rating – 99% rating - MacFhionnghaile & Sons Electrical Contracting is the current JOC contractor and the rating is for work provided throughout the system (rated by 5 facilities on 9 projects)
- EIA Electric, Inc. was the lowest responsible bidder for EL3
  - **Lowest multiplier submitted 1.0818**
  - Bids submitted by EIA Electric, Jemco, Mac Fhionnghaile & Sons, Meco Electric, and Polaris Electrical Co.
  - EIA is a first time H+H JOC contractor with a MOCs Rating of 1 Excellent, 8 Good and four Satisfactory from various agencies



# JEMCO Vendor Evaluations

<div> <div> <b>NYC</b>  <b>HEALTH+</b>  <b>HOSPITALS</b> </div> <div> Vendor Performance Evaluation  JEMCO </div> </div>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	YES
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	YES
Did the vendor pay its suppliers and subcontractors, if any, promptly?	YES
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Performance and Overall Quality Rating Satisfactory	GOOD

<70% -----Not satisfactory  
 71% - 80% ----- Satisfactory  
 81% - 90% ----- Good  
 91% - 100% ----- Excellent

# Mac Fhionnghaile & Sons Vendor Evaluations

## Vendor Performance Evaluation

MAC FHIONNGHAILE & SONS

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	YES
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	YES
Did the vendor pay its suppliers and subcontractors, if any, promptly?	YES
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Performance and Overall Quality Rating Satisfactory	EXCELLENT

<70% -----Not satisfactory  
71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent

# Volmar Vendor Evaluations

<div> <div> <div>NYC</div> <div>HEALTH+</div> <div>HOSPITALS</div> </div> <div> <div>Vendor Performance Evaluation</div> <div>Volmar</div> </div> </div>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	NO
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	YES
Did the vendor pay its suppliers and subcontractors, if any, promptly?	YES
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Performance and Overall Quality Rating Satisfactory	NA*

\* All the work currently assigned to Volmar is in progress and has not been evaluated. Work will be evaluated upon completion of the project.

<70% -----Not satisfactory  
71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent

# HVAC MWBE Utilization Plans

## ➤ Volmar: 30% MWBE Utilization Plan

Subcontractor	Certification	Supplies/Services	Utilization Plan
T.J. Piping & Heating	MBE	Piping and Heating	4.5%
Eastern Plumbing	WBE	Plumbing	0.33%
Infinity Contracting Services	MBE	HVAC, Refrigeration/Steamfitting	8.42%
ANR Mechanical	MBE	HVAC, Sheet Metal, A/C	16.75%
<b>TOTAL</b>			<b>30%</b>

## ➤ WDF Inc - 30% MWBE Utilization Plan

Subcontractor	Certification	Supplies/Services	Utilization Plan
A Tech Electrical	MBE	Electrical	20%
AMG Demolition	MBE	Site Work	2.5%
International Asbestos Removal	MBE	Asbestos	5.0%
Echo Thermal Contracting	WBE	Insulation	2.5%
<b>TOTAL</b>			<b>30%</b>

## ➤ AWL – 30% MWBE Utilization Plan

Subcontractor	Certification	Supplies/Services	Utilization Plan
EIA Electric	MBE	Electrical	7%
Eastern Plumbing	WBE	Plumbing	5%
Cole Partners	MBE	Construction	4%
Diverse HVAC	MBE	Piping	8%
United Rigging	MBE	Rigging and Storage	2%
LJR Insulation	MBE	Mech Insulation	2%
GM Insulation	MBE	Mech Insulation	2%
<b>TOTAL</b>			<b>30%</b>

➤ **Jemco: 30.25% MWBE subcontractor Utilization Plan**

Subcontractor	Certification	Supplies/Services	Utilization Plan
LB Consulting Inc.	WBE	Services	6%
Grand Supplies	WBE	Supplies	6%
Turtle & Hughes	MBE	Supplies	6%
Park Ave. Supplies	MBE	Supplies	6%
Lauren T. Enterprises	WBE	Supplies	0.25%
Tomex Electronics	MBE	Supplies	6%
<b>TOTAL</b>			<b>30.25%</b>

- EIA Electric ,Inc is a NYC certified MWBE and as such, their MWBE utilization will always be 100%
- Mac Fhionnghaile & Sons is a NYC certified MWBE and will self perform services bringing their MWBE total to 100%

## Board of Directors Request

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- **Item # 7 –**

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- **Item # 8 –**

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute stand-by, Job Order Contracts with each of **AWL Industries (“AWL”), Volmar Construction Inc. (“Volmar”) and WDF Inc. (“WDF”)** to provide HVAC construction services each for an amount not to exceed \$8,000,000 and each for a term of 2 years.

## **RESOLUTION - 09**

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 2022 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.*

# System Performance Measures Glossary

REPORTING PERIOD - Q3 FY22 (January 1 through March 31 | 2022)

		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 Q-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital Q-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	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance 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)	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 (lower is better)
14	Data Center Migration progress	Measures milestones achieved in major information technology project
<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

# System Performance Measures Glossary

REPORTING PERIOD - Q3 FY22 (January 1 through March 31 | 2022)

DESCRIPTION		
RACIAL AND SOCIAL EQUITY		
19	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	The percentage of Office of Population Health chronic disease dashboards able to break down data by race, ethnicity, and language
21	% of Total Procurement spend on MWBE	The percentage of procurement spending to minority and women owned business enterprises
COVID-19		
22	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 <sup>th</sup> )
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1 <sup>st</sup> dose vaccinations Administered	Total number of 1 <sup>st</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
26	2 <sup>nd</sup> dose Vaccinations Administered	Total number of 2 <sup>nd</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
27	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

# System Performance Measures

REPORTING PERIOD - Q3 FY22 (January 1 through March 31 | 2022)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	COO-SVP PAC	Quarterly	1.00	1.92	-0.92	1.96	1.55
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMD + SVP CDD	Quarterly	50%	50.4%	.4%	43.2%	37.97%
3	HgbA1c control < 8	SVP AMB + VP CPHD	Quarterly	66.6%	65.3%	-1.3%	66.4%	61.00%
4	% Left without being seen in the ED	SVP CMD + SVP CDD	Quarterly	4.0%	3.9%	-.1%	5.23%	1.80%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%	116%	16%	116%	-
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP CDD + SVP CNE	Quarterly	66.30%	61.82%	-4.48%	62.88%	66.65%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CDD + SVP AMB	Quarterly	87.00%	82%	-5%	84.43%	82.88%
8	MyChart Activations	SVP CDD + SVP AMB	Quarterly	75%	71%	-4%	72%	55.00%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74.8%	14.8%	73.2%	72.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	87%	13%	86%	58.00%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.58%	-2.42%	40.17%	39.10%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	53	-8	60	62.60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	47	-8	40.6	51.00
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	85.00%
ACCESS TO CARE								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	400,571	4,429	413,362	408,794
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	100,389	5,289	96,055	71,793
17	NYC Care	SVP AMB	Quarterly	100,000	110,377	10,377	114,496	46,460
CULTURE OF SAFETY								
18	Total Wellness Encounters	SVP CDD + SVP CNE	Quarterly	600	1,118	518	498	737
RACIAL AND SOCIAL EQUITY								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMD + SVP HR	Quarterly	See slide 10				-
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHD	Quarterly-RETIRED METRIC	100%	5 out of 5	0%	-	
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP CFO	Quarterly	30%	To be reported for FY22 Q4			-
COVID-19								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	Undefined	522,470	-	859,176	1,010,840
23	COVID-19 Positive Tests	SVP AMB	Quarterly	Undefined	84,529	-	74,418	54,049
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	210.7	-	9.27	26.50
25	Number of 1 <sup>st</sup> dose vaccinations	SVP AMB	Quarterly	undefined	22,500	-	522,754	199,882
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	27,393	-	450,150	100,363
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	48%	-	48%	54.00%

\*This measure is reported at the close of the Fiscal Year.

# **AUTHORIZATION TO MAKE ANNUAL FILING PURSUANT TO THE PUBLIC AUTHORITIES REPORT ACT**

Board of Directors Meeting  
Thursday, September 29, 2022

Jeremy Berman – Deputy General Counsel  
Matthew Siegler – Senior Vice President, Managed  
Care & Patient Growth

## **Public Authorities Reform Act of 2009 Requirements**

- the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features
- 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
- 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 publicly posted on its website

## AUTHORITY MISSION STATEMENT

- 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 Performance Measures Glossary

REPORTING PERIOD - Q3 FY22 (January 1 through March 31 | 2022)

		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 Q-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital Q-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	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance 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)	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 (lower is better)
14	Data Center Migration progress	Measures milestones achieved in major information technology project
<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



# System Performance Measures Glossary

REPORTING PERIOD - Q3 FY22 (January 1 through March 31 | 2022)

DESCRIPTION		
RACIAL AND SOCIAL EQUITY		
19	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	The percentage of Office of Population Health chronic disease dashboards able to break down data by race, ethnicity, and language
21	% of Total Procurement spend on MWBE	The percentage of procurement spending to minority and women owned business enterprises
COVID-19		
22	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 <sup>th</sup> )
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1 <sup>st</sup> dose vaccinations Administered	Total number of 1 <sup>st</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
26	2 <sup>nd</sup> dose Vaccinations Administered	Total number of 2 <sup>nd</sup> dose vaccinations administered by NYC Health + Hospitals Facilities
27	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds

# System Performance Measures

REPORTING PERIOD - Q3 FY22 (January 1 through March 31 | 2022)

		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)	COO+SVP PAC	Quarterly	1.00	1.92	-0.92	1.96	1.55
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMD + SVP CDD	Quarterly	50%	50.4%	.4%	43.2%	37.97%
3	HgbA1c control < 8	SVP AMB + VP CPHD	Quarterly	66.6%	65.3%	-1.3%	66.4%	61.00%
4	% Left without being seen in the ED	SVP CMD + SVP CDD	Quarterly	4.0%	3.9%	-.1%	5.23%	1.80%
5	Integration of Bio Medical devices	SVP CIO	Quarterly-RETIRED METRIC	100%	116%	16%	116%	-
<b>CARE EXPERIENCE</b>								
6	Inpatient care - overall rating (top box)	SVP CDD + SVP CNE	Quarterly	66.30%	61.82%	-4.48%	62.88%	66.65%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP CDD + SVP AMB	Quarterly	87.00%	82%	-5%	84.43%	82.88%
8	MyChart Activations	SVP CDD + SVP AMB	Quarterly	75%	71%	-4%	72%	55.00%
<b>FINANCIAL SUSTAINABILITY</b>								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74.8%	14.8%	73.2%	72.60%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	87%	13%	86%	58.00%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	42.58%	-2.42%	40.17%	39.10%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	53	-8	60	62.60
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	47	-8	40.6	51.00
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	85.00%
<b>ACCESS TO CARE</b>								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	400,571	4,429	413,362	408,794
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	100,389	5,289	96,055	71,793
17	NYC Care	SVP AMB	Quarterly	100,000	110,377	10,377	114,496	46,460
<b>CULTURE OF SAFETY</b>								
18	Total Wellness Encounters	SVP CDD + SVP CNE	Quarterly	600	1,118	518	498	737
<b>RACIAL AND SOCIAL EQUITY</b>								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMD + SVP HR	Quarterly		See slide 10			-
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHD	Quarterly-RETIRED METRIC	100%	5 out of 5	0%		-
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP CFO	Quarterly	30%	To be reported for FY22 Q4			-
<b>COVID-19</b>								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	Undefined	522,470	-	859,176	1,010,840
23	COVID-19 Positive Tests	SVP AMB	Quarterly	Undefined	84,529	-	74,418	54,049
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	210.7	-	9.27	26.50
25	Number of 1 <sup>st</sup> dose vaccinations	SVP AMB	Quarterly	undefined	22,500	-	522,754	199,882
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	27,393	-	450,150	100,363
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	48%	-	48%	54.00%

\*This measure is reported at the close of the Fiscal Year.

## 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.

# Board of Directors Request

- 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 2022 to Office of the State Comptroller’s Authorities Budget Office (the “**ABO**”) as required by the Public Authorities Reform Act of 2009 (the “**PARA**”).