

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

➤ NYC Health + Hospitals | Bellevue

Mr. Pagán

Semi-Annual Governing Body Report (Written Submission Only)

➤ NYC Health + Hospitals | Jacobi/North Central Bronx

1. OPEN PUBLIC SESSION - 3:00 PM

Adoption of Board of Directors Meeting Minutes: November 17, 2022

Chair's Report

President's Report

2. Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024**, for a total cost not to exceed \$12,221,174 which includes a 10% contingency..

Mr. Pagán

(Presented Directly to the Board: 12/15/2022

Vendex: NA / EEO: NA

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **New York City Police Department** (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at **Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens")** to operate radio communications equipment with the occupancy fee waived.

Mr. Peña-Mora

(Presented to the Capital Committee: 12/05/2022

Vendex: NA / EEO: NA

4. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

Mr. Peña-Mora

(Presented to the Capital Committee: 12/05/2022

Vendex: NA / EEO: NA

5. Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. ("Array")** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull")** over a five-year term in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its **Outposted Therapeutic Housing Units ("OTxHU")** which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197(Presented to the Capital Committee: 12/05/2022

Mr. Pagán

Vendex: Approved / EEO: Approved

Committee and Subsidiary Reports

- Audit Committee
- Capital Committee
- Finance Committee
- HHC Capital Corporation Semi-Annual Report (Subsidiary)

>>Old Business<<

>>New Business<<

>>Adjournment<<

Ms. Piñero-Hernandez
Mr. Peña-Mora
Ms. Wang
Ms. Wang

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 in room 1701 at 50 Water Street, New York, New York 10004 on the 17th day of November 17, 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:

- Mr. José Pagán
- Dr. Mitchell Katz
- Dr. Vincent Calamia
- Ms. Karen St. Hilaire
- Dr. Michael McRae
- Mr. Robert Nolan
- Mr. Feniosky Peña-Mora
- Ms. Erin Kelly
- Ms. Sally Hernandez-Piñero
- Ms. Freda Wang
- Ms. Anita Kawatra - Arrived at 2:24 p.m.
- Dr. Michelle Morse - Arrived at 2:05 p.m.

José Pagán, Chair of the Board, called the meeting to order at 1:59 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, Erin Kelly is representing Deputy Mayor Anne Williams-Isom and Karen St. Hilaire is representing Gary Jenkins - all in a voting capacity.

EXECUTIVE SESSION

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

OPEN SESSION

The Board reconvened in public session at 3:08 p.m.

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan, Erin Kelly is representing Deputy Mayor Anne Williams-Isom and Karen St. Hilaire is representing Gary Jenkins - all in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on October 27, 2022 were presented to the Board. Then on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on October 27, 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/Harlem.

The Board also received and approved a semi-annual governing body written report from NYC Health + Hospitals/Metropolitan.

VENDEX APPROVALS

Mr. Pagán noted there is one item on the agenda requiring Vendex approval, its approval is currently pending. There is one from previous Board meetings pending Vendex approval. No approvals were received since the Board last met.

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

ACTION ITEM 2:

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a three-year agreement with **Natera, Inc. ("Natera")** for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus ("NIPT") with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

(Presented to the Medical and Professional Affairs Committee:
11/1/2022

Kenra Ford, Vice President, Clinical Services Operations, provided background and current state information on the Non-Invasive Prenatal Tests ("NIPT"). Ms. Ford also gave an overview of the RFP criteria and procurement process.

Dr. Machelles Allen, Senior Vice President, Medical and Professional Affairs discussed the current American Society of Obstetricians and

Gynecologists and the Society for Maternal-Fetal Medicine guidelines, highlighting some of the NIPT recommendations, as well as the current New York State Department of Health guidance regarding prenatal genetic screening/testing. Dr. Allen shared highlights of the New York Senate Bill S8157, the prenatal screening process map, performance information and counseling services overview. Ms. Ford continued the discussion of the proposed vendor's current performance, its' existing clients and the MWBE analysis.

Ms. Ford responded to questions from the Board regarding the number of tests and positive results. The System does approximately 6,000 tests per year. The percentage of tests with positive results were not readily available but will be given to the Board at a later time. Overall demographics will also be provided to the Board.

After questions from the Board, Ms. Ford confirmed that there are structures in place for quality control of the services and tests.

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

PRESIDENT REPORT

CORONAVIRUS UPDATE

While COVID-19 cases are increasing, COVID-19 hospitalizations remain low but steady. The System continues to provide all New Yorkers access to COVID-19 vaccinations and booster shots, testing and treatment. An ad campaign was launched to encourage use of the NYC Health + Hospitals virtual ExpressCare for New Yorkers who test positive. The ads are in multiple languages on many platforms.

The 75 mobile Test to Treat units out in the community have distributed more than 67 million free home tests. The mobile units have also performed more than 100,000 COVID-19 tests and provided more than 2,500 prescriptions for Paxlovid.

RESPIRATORY SYNCYTIAL VIRUS INFECTION

The Respiratory Syncytial Virus ("RSV") is now on the rise in NYC, across the State and nationally. Anyone can be infected, but RSV can be especially harmful to very young children, older adults, or those born preterm or with underlying lung conditions. Typical symptoms resemble the common cold, and can also result in pneumonia.

There are more cases in the pediatric emergency rooms as evidenced by the rate of pediatric hospitalizations.

Unfortunately, there is no vaccine yet to prevent RSV infection, but scientists are working to develop one.

NYC HEALTH + HOSPITALS ANNOUNCES "HOUSING FOR HEALTH" TO CONNECT PATIENTS EXPERIENCING HOMELESSNESS TO PERMANENT HOUSING

NYC Health + Hospitals launched "Housing for Health," a comprehensive initiative to connect patients experiencing homelessness with permanent housing. This initiative has the support of Mayor Adams and partners in City government. The program has four strategic areas of focus: navigation services, medical respite beds for medically frail patients upon discharge from the hospital, affordable housing on hospital land and social service support for formerly homeless patients in permanent housing.

More than 1,000 patients have been placed in medical respite beds or permanent housing since January 2020 and an additional 650 new affordable homes will be created in the next 5 years.

NYC HEALTH + HOSPITALS UPGRADES LABS TO PROVIDE FASTER TEST RESULTS, REDUCE COSTS

NYC Health + Hospitals marked the completion of a major, five-year project to upgrade chemical laboratories across all 11 of our public hospitals with new chemical analyzer technology and equipment. The System's annual savings will be \$4.3 million with a significant decrease in turn-around time.

JOINT COMMISSION, KAISER PERMANENTE RECOGNIZE NYC HEALTH + HOSPITALS' NYC CARE PROGRAM FOR EXCELLENCE IN THE PURSUIT OF HEALTH CARE EQUITY

The Joint Commission and Kaiser Permanente awarded the 2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity to NYC Health + Hospitals for the NYC Care program, the health care access program for uninsurable New Yorkers, including undocumented individuals. It recognizes the work for meaningful, measurable efforts to address inequities based on race, ethnicity, immigration status and other social factors.

NYC HEALTH + HOSPITALS/SEA VIEW MARKS 50 YEARS AND 5 STARS

NYC Health + Hospitals/Sea View is ranked by Newsweek as one of the best nursing homes in New York State, and has a coveted Five-Star rating from the Centers for Medicaid and Medicare. Just last week the facility celebrated the 50th Anniversary of the main campus building which is named after Dr. Edward Robitzek, who was instrumental in developing the drug that eventually cured tuberculosis in the 1950's.

NYC HEALTH + HOSPITALS COMMUNITY MURALS COMMEMORATED IN NEW BOOK

From 2019 to 2021, twenty-six new murals were developed by artists working with System staff and the community, one in each of the System's Facilities and headquarters. This project will now be commemorated in a colorful new book published by the Laurie M. Tisch Illumination Fund. The book, called "Healing Walls" will be distributed to NYC Health + Hospitals staff and community members who participated in the project. It will be available for purchase on Amazon later this year, with all proceeds going to the NYC Health + Hospitals Arts in Medicine program.

EXTERNAL AFFAIRS UPDATE

Federal - Following the midterm elections, the majority of the NYC Congressional delegation remains the same, with a few notable changes. Newly elected Member of Congress Dan Goldman will now represent NYC Health + Hospitals/Gouverneur and Gotham Health Judson in redrawn NY-10 district. Long-time Member of Congress Rep. Jerry Nadler will now serve in a redrawn NY-12 district, representing NYC Health + Hospitals/Bellevue, Coler, and Gotham Health, Roberto Clemente. Rep. Nadler defeated Rep. Carolyn Maloney in the Democratic primary earlier this year, and her tenure in Congress will end at the end of this year.

Congress extended federal government funding through December 16, 2022. Congress will have to agree on a long-term FY-23 spending plan before then, or pass another continuing resolution. U.S. Department of Health & Human Services (HHS) will extend the COVID-19 Public Health Emergency beyond January 2023.

State - Due to redistricting and some unexpected election results, 14 System facilities will have new State Assembly Members or Senators representing them directly or in their catchment areas.

City - There will be a City Council Hospital Committee Oversight Hearing on November 30, 2022 regarding "State of Nursing in NYC - Staffing and Retention".

CONTRACTS

There is an unprecedented wave of asylum seekers coming to New York City, which necessitated Mayor Adams to issue an Emergency Executive Order on October 7, 2022, allowing the City to expedite its procurement processes to timely meet the needs of the asylum seekers. The System has been an integral part of the City's response in providing support for the arriving immigrants. Funding for these contracts is being provided by the City under

a memorandum of understanding between NYC Health + Hospitals and the Mayor's Office. Dr. Katz has authorized the following contracts with:

- Rapid Reliable Testing, LLC - for medical triage, urgent medical care, intake and registration, distribution of personal hygiene items and food; not to exceed \$11,400,000 for a period of 5 months (October 26, 2022 through March 25, 2023) and can be terminated without cause on 30 days' notice.

- Huron Consulting Services, LLC - for project management services, which includes overseeing the opening and daily operation of the sites, management of third-party vendors, reporting of project activities, and escalation of operational issues; not to exceed \$18,500,000 for a period of 6 months (September 30, 2022 through March 29, 2023) and can be terminated without cause on 30 days' notice.

- The Wolcott, The Watson and Row NYC hotels, for the following periods and not to exceed amounts:
 - The Wolcott - November 4, 2022 through April 30, 2023; not to exceed \$5,827,500; can be terminated without cause on 30 days' notice
 - Row NYC - November 12, 2022 through April 11, 2023; not to exceed \$40,000,000; can be terminated without cause on 60 days' notice
 - The Watson - November 14, 2022 through May 13, 2023; not to exceed \$19,980,000; can be terminated without cause on 30 days' notice

It is anticipated there will be further contracting needs and the Board will be updated on the status of these contracts.

IN MEMORIAM: JOSEPH MASCI, MD

The NYC Health + Hospitals family is deeply saddened by the passing of Dr. Joseph Masci. Dr. Masci was an internationally recognized infectious disease and environmental medicine expert, a physician, a teacher, an author and a beloved leader in the health system. He served NYC Health + Hospitals for 40 years until his passing and he will be profoundly missed. There will be a tribute event to honor his life and contributions at Elmhurst Hospital on November 30, 2022.

DISCUSSION

Dr. Katz clarified, after questions from the Board regarding the Laboratory at NYC Health + Hospitals/Harlem run by sister agency, New York

City Department of Health and Mental Hygiene, that it's purpose is to identify unusual diseases.

COMMITTEE AND SUBSIDIARY REPORTS

Mr. Pagán noted that the Committee and Subsidiary 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 3:40 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

INFORMATION TECHNOLOGY COMMITTEE - November 1, 2022 - 50 Water St
AS REPORTED BY: Feniosky Peña-Mora
COMMITTEE MEMBERS PRESENT: Feniosky Peña-Mora, Dr. Machelles Allen representing Dr. Mitchell Katz, José A. Pagán - left at 11:50, Dr. Vincent Calamia, Barbara Lowe

Mr. Feniosky Peña-Mora, Chair of the Committee, called the November 1, meeting of the Information Technology (IT) Committee to order at 11:02 A.M.

Mr. Peña-Mora noted for the record that Dr. Machelles Allen is representing Dr. Mitchell Katz in a voting capacity.

Mr. Peña-Mora proposed a motion to adopt the minutes of the IT Committee meeting held on September 12, 2022.

Upon motion made and duly seconded the minutes of September 12, 2022 IT Committee meeting was unanimously approved.

Mr. Peña-Mora turned the meeting over to Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Officer to carry on the agenda, she was joined by Dr. Michael Bouton, Chief Medical Informatics Officer, Jeff Lutz, Chief Technology Officer, Apoorva Karia, AVP EITS Finance & Administration and Soma Bhaduri, Chief Information Security Officer.

Dr. Mendez provided an update on the data center migration project that will be completed in May 2023. The first phase has been completed to the new QTS data center in Piscataway, New Jersey. The Sungard contract ended on October 31, 2022 which was on target and on budget. Preparation has begun for the second phase to the second new data center, Cyrus One, which is expected to be completed by end of May 2023. Mr. Peña-Mora asked if there were any equipment from NYC Health + Hospitals at the Sungard facility, if so how were they de-commissioned and how was the data being discarded. Mr. Lutz responded that the equipment was Health + Hospitals' equipment, Sungard provided a locked storage area where, only Health + Hospitals had access. The equipment that was not moved to the new location is going to be repurposed across the enterprise. The remaining equipment will follow the relinquishment process, which consists of the vendors coming in to decommission and also assure that any data that is on the disk drives is completely wiped and appropriate certifications and documentation are then received to confirm this.

Mr. Peña-Mora followed up by asking if there is any resale value for the equipment, Mr. Lutz replied that Dell does provide some resale value.

Mr. Peña-Mora then asked does the hospital have a similar grade of deletion of data as the military, Ms. Bhaduri responded that Health + Hospitals follows NYS guidelines, which has a clear mechanism for wiping and removing the data from the systems that are no longer in possession. However, the data centers as part of the HIPAA security rule and there has to be an encryption on all systems to ensure that the data residing is encrypted and

data being transmitted within the data centers are also being encrypted in transit.

Mr. Peña-Mora asked what is going to be done with space at Jacobi where the second data center was occupying. Mr. Lutz explained that the space is not only an EITS data center but also a main data frame (MDF), which is a central hub that supports the network and access to Epic, the internet, email, etc. So, the space will continue to be maintained in that capacity.

Ms. Bhaduri presented an overview of the cybersecurity strategy. The framework aligns with the HIPAA security rule, which ensures electronic personal health information (EPHI) is being stored and transmitted securely. Ms. Bhaduri highlighted in the last year, EITS has acquired a biomedical device risk management technology, Asimily that has the ability to assess the risk level of all BioMed equipment enterprise wide. This has supported the remediation of high risk devices for the entire system. She also shared a diagram on how frequently Health + Hospitals is impacted with threats on a daily, weekly, and monthly bases. The numbers included continuous blocking of viruses, malicious websites, phishing emails, and prevention of EPHI from leaving the Health + Hospitals network.

Mr. Peña-Mora asked Health + Hospitals tracks their cybersecurity level and if so what level, he also wanted to know does Health + Hospitals look at cybersecurity capability and maturity models to understand how our System compares to other hospital systems. Dr. Mendez confirmed that Health + Hospitals does track and compare to other hospital systems, **she offered to have an educational session for the BOD to review our journey and current state. Mr. Peña-Mora accepted and requested a future follow-up.**

Ms. Bhaduri added that in 2020 an assessment was done by an external party to assess where Health + Hospitals is compared to other healthcare systems across the board, the external party reviews the entire security program which also ties into the yearly risk assessment that is used to create EITS' risk management plan. **After the results of the next assessment EITS will provide an informational session to explain what are the processes.**

Mr. Pagán asked is there is a certification or quality process that can be followed so it can be embedded in the System. Ms. Bhaduri explained the assessment gives the guideline of the process being followed which is the CSF guideline.

Dr. Bouton presented an overview of clinical informatics and applications with a presentation of the current MyChart activation rate for primary care ambulatory patients and system-wide patients (inclusive of ED and inpatients).

The System-wide data reflects that Health + Hospitals is in the top 25 percent in that range. The Epic average for safety net hospitals is 48 percent and NYC Health + Hospitals is at 66 percent. One of the recent MyChart features added is *Fast Pass*, which is a waitlist and if an appointment becomes available an email will be sent to the patient with a scheduling ticket. The patient will not have to call anyone, they will just have to accept online within 24 hours of receiving the alert. This feature is currently available for a number of sub-specialties with anticipation to

expand across the System. Dr. Bouton also highlighted on the BOD Strategic Dashboard has added MyChart message handling responsiveness as a metric. This metric focuses on how long it takes Health + Hospitals to get back to the patient. This feature will show how both the patient and provider are using it.

A Committee member asked what is the backup to make sure the patient is being reached out to if the provider has not responded to the patient within the established 72 hours threshold. Dr. Bouton that the Ambulatory Care Leadership Council, ACLC, is currently tracking this. Mr. Peña-Mora suggested a reward for the providers that do engage with their patients within the time frame. Dr. Allen asked for clarification on the table, Dr. Bouton responded in order to be considered active in MyChart the patient needs to have been logged in once in the past 12 months. Dr. Allen asked why Lincoln is so successful in the MyChart patient activation, Dr. Bouton informed her that Mr. Chris Roker, CEO of Lincoln, is a member of the MyChart Steering Committee and also locally their team was very engaged to adopt features such as Fast Pass, etc.

Dr. Bouton presented on Center X, which assist when a patient's insurance does not cover the medication or the patient will have a high copayment. The provider will be able to see the cost/coverage in advance including what the copayment will be, so the provider can select an appropriate medication that is covered by patient's insurance and/or has a lower copayment. This implementation supports equity and assisting patients to get the medications they need in a way that is conducive for them. The other piece of this is the electronic prior authorization, which will give the provider the form to fill out within Epic and obtain approval right away. This is a benefit for both the patient and the provider.

Mr. Peña-Mora, reading through the presentation slides on IV Pumps, asked why is Elmhurst Hospital not implementing pumps. Dr. Bouton answered that Elmhurst purchased a separate pump recently and that the end of life would not be for a number of years. The plan is to have Elmhurst move to the new pump at the end of their current usage.

Dr. Bouton closed with speaking about Wisdom, which is the new Epic dental module. Wisdom is now live throughout all of New York City Health + Hospitals, this will give the primary care doctor better insight on if the patient needs to be seen by a dentist. Dr. Allen asked if the dental imaging and the dental billing were both in Wisdom. Dr. Bouton responded that images go to a separate PACS system which has not changed. The change is there is an enterprise version of the PACS system which means if the patient goes to a different facility the dental images can be seen across the System, which was not the case a year ago.

Dr. Mendez closed in speaking on the Epic Rovers, which is a handheld device which has been upgraded to a new iPhone model. These phones have been deployed across the System and are a role-based device. It could be used by someone from transport, a nurse, or a radiology tech, it allows more flexibility. For example, a nurse is able to complete clinical documentation and medication administration on the Rover phone which

interfaces with Epic. Dr. Allen asked who is allowed to use the Rover. Dr. Bouton responded they are role based and includes roles such as Nurse, PCAs, transporters, and other ancillary roles. Dr. Mendez explained the importance of role based is that the staff can go into the same device but based on their role is what component/fields come up on the device.

Mr. Peña-Mora asked if there are any old business or new business to bring to the committee, hearing none, Mr. Peña-Mora then adjourned the meeting at 12:02 pm.

Medical and Professional Affairs Committee - November 1, 2022

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero - join at 9:15, Dr. Patricia Marthone, Deborah Brown in a voting capacity for Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:03AM.

Dr. Calamia noted for the record that Deborah Brown was representing Dr. Mitchell Katz in a voting capacity.

On motion made and seconded, the Committee adopted the minutes of the September 12, 2022 Medical and Professional Affairs committee.

ACTION ITEM:

Kenra Ford, Vice President, Clinical Services Operations, Medical and Professional Affairs presented the resolution to the committee -

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a three-year agreement with Natera, Inc. ("Natera") for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus ("NIPT") with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

Non-Invasive Prenatal Tests (NIPT) is genetic testing to detect abnormalities in a fetus. NYC Health + Hospitals currently sends Non-Invasive Prenatal Tests (NIPT) to various reference labs resulting in variable test cost, turnaround time, and test methodology. Locations in scope are Acute Care and Gotham facilities. Currently 6,000 tests are sent across our System.

Women's Health Council in collaboration with Laboratory Services is seeking to identify a standard reference test provider for NIP testing and carrier screening including 24/7 access to genetic counseling services for both Providers and patients. Reducing variation from the use of multiple reference laboratories and tests will allow enhanced monitoring of quality and service performance, while providing access to testing and counseling services for all patients.

The RFP evaluation committee consist of Women's Health Services, our Laboratory Services, Medical and Professional Affairs, Integration and Laboratory

Information Technology (IT interfaces team) and our IT application team which are our interface experts and a genetic counselor from our facilities.

The substantial criteria were 30% test quality and technology, 30% integration, client services 20%, and cost 20%. The RFP was published on city record April 21, the milestones were meant. On August 2nd the evaluation committee submitted final scoring, Natera was the highest rated proposers.

The American Society of Obstetricians and Gynecologist (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) released practice bulletin 226 "Screening for Fetal Chromosomal Abnormalities on October 2020, advocating that all pregnancies be screened with NIPT. The summary of recommendations included prenatal genetic screening, cell free DNA screening, which is the most sensitive and specific screening test for the common fetal aneuploidies, it has the potential for false-positives and false-negative results. Self free DNA is not equivalent to diagnostic testing.

Dr. Allen mentioned on behalf of Dr. Wilcox, that this is a screening test not a diagnostic test, it is recommended by ACOG the academic body that all patients be screened and offered the option for screening. The major justification for us is having the single lab throughout the entire System, rather than multiple labs. The NYS Department of Health clinical guidance that is followed on who should be screened was provided.

There was a New York Senate Bill S8157, which passed the Senate and the Assembly which is waiting to be signed by the Governor, which provides coverage and access to non-invasive prenatal testing under Medicaid, and should not be limited upon the age of the pregnant patient. This is pending Governor signature having passed both the House and the Senate. A flow chart was provided to show when you screened and what happens if your screen is positive.

Committee raised a question: at which point does the genetic counseling occurs is it after positive NIPT, it does not have to wait for a CBS sampling, it starts at that moment? Is that helpful in determining if they decide if they want to go onto an amniocentesis?

Dr. Allen response: the genetic counseling would come in at 2 points. If you have a history, you will get genetic counseling. If you are 20 years old with no family history no personal history and first baby, you are not advanced maternal age, you would do the screening, if the screening is positive you would go for genetic counseling. Once you have the diagnostic information you would sit with the genetic counselor and might actually have more counseling as well with neonatology if you want to know with the prognostic indicators what the quality of life would be with the child. It is helpful to sit down with the nenoatolist and a pediatrician. The genetic counselor can come in 3 different ways based on your history.

Performance: Panorama screens for common aneuploidies with a sensitivity and specificity of over 98%. Panorama, which is Natera NIPT test, have been

extensively clinical validated. It is the only SNIPT test that uses SNIPT technology. Panorama is also the only NIPT that can detect triploid and give individual fetal fractions on twin gestations. Test turnaround time is 5 days.

Provider counseling services is available 24/7, and for patients free pre and post genetics information sessions, genetics information sessions can be translated and there is a 2 minute education video available by texting.

The services procured under this contract are clinical laboratory services, which are entirely self-performed by Natera laboratory, except for general overhead expenses.

The Vendor Diversity Team reviewed the vendor diversity databases and found no labs that perform these services. Further, any opportunity for subcontracting a portion of the overhead expenses, such as courier services or supplies, was reviewed by the team and there was not enough availability or capacity found to set an MWBE goal on such work.

After such review and analysis, and consistent with the Vendor Diversity Policy, since there is no meaningful possibility of participation by Diversity Vendors, it was recommended that no MWBE goals be applied to this RFP, which was approved as exempt by the Contract Review Committee. No new information was found during the solicitation process that changed this analysis. Accordingly, it is recommended that no MWBE goals be applied to this contract.

The Committee raised some questions: If technology changes would there be a need to reopen the discussion and the contract again? Ms. Ford response: Technology is changing rapidly, we will ensure that we are doing the very best for our patients. As the changes happen we will continue to evaluate.

Question raised for clarity: the contract does not lock us in if technology changes? Ms. Ford response: there is a termination clause.

Question raised: on the reimbursement side is the test covered by Medicaid? Ms. Ford response: yes.

Question for clarity: what is the difference in the in the existing technology compared to this technology? Ms. Ford response: From the performance perspective most of the test are performing similarly. The important change we are making with this provider is we are integrating fully, which is driving down our turnaround time, and turnaround time does matter.

We are able to monitor not only test performance and turnaround time as well as complaints coming in potentially related to counseling services. The significant change prior to now is we were operating on paper, which added days overall to turnaround time, by working with a vendor that is able to seamlessly integrate actually reduces the turnaround time. The testing can be done but if it is not sitting in our EMR in a transparent way, that is a problem and overall adds short turnaround time to our providers and our patients.

Question raised by the committee: will the claim come from H+H to the health plans or from Natera? Ms. Ford response: Health + Hospitals.

Question raised by the committee: How many tests do you do? Is 6000 an annual figure? Is this a steady increase or is it level? Ms. Ford response: It is expected to grow. We are preparing for it to grow especially with the focus on the growth in Women's Health services.

Committee raised a question: what is the annual cost now? MS Ford response: around 3 million.

Committee raised a question: How many of the test end up positive? Ms. Ford response: I will have to follow up with that answer.

Committee raised a question: is there demographic difference that are more likely to take this test? Ms. Ford and Dr. Wilcox response: they're based on the risk groups. Most women are interested in knowing and at least having the screening. The goal is, we as Obstetricians and Gynecologist cannot make assessment for anybody that are at acceptable risk of having any other abnormality, that person has to make that determination on their own. When offered most patients will consent for testing, at least the screening test.

What can we do with the data that you gather? Dr. Allen response: the choices were not different from public to private. Women in the public side that were substance abuse or women at risk for HIV would come in with a list of questions on a piece of paper and a pencil, where the patients in the NYU faculty practice would have a device with their questions. From the experience the desires of pregnant women cut across all classes, cultures and races really have to do with what we offer. That is where the disparities come with what being offered. If we have the opportunity to compare Bellevue and NYU since they are interrelated, what the racial difference are in acceptance. We know what the racial difference are in specific genetic disease, sickle cell, anemia existed fibrosis etc., in our population. Dr. Allen referred to Dr. Wilcox, asking has there been any literature that looks at the difference in racial or social economic acceptance of NIPT. Dr Wilcox response: That is true but is a great idea and we will get moving on that research.

Committee raised a question: does the turnaround time matter, because there are some limits on when people can take certain actions? Dr. Allen response: the turnaround time is a personal comfort. In terms of timing of what you can do since late term termination are up to 24 weeks with that margin of error probably a little bit beyond, that is the most time sensitive. Termination is preferred in the 1st trimester, you prefer the patient to show up in the 1st trimester and have the test done. They can discuss with their family and make informed decisions. If the option they choose is termination, it is much better to have a termination in a 1st trimester rather than the 2nd trimester. Dr. Allen mentioned that one of the topics that is being done in the SIM lab in terms of gathering a history of substance use disorder, is how to ask that question without bias. What we learned from that can be applied here, it makes a difference of how the question is asked and what are the personal biases.

Committee member suggested, it would be a good idea to start thinking on how to get the word out on the education to women who are not yet pregnant by using our service and it would be appropriate for them in languages and content.

Committee raised a question: outcomes were talked about; do we have some availability to look at comparison internally. Ms. Ford response: we are working on that. Ms. Ford circled back to the discussion of being reimbursed for denials. We aggressively have gone after our ability to monitor in real time, to make sure that what we think we are going to get reimbursed for we really are. If there is a hiccup anywhere we will catch it in real time.

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

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.

Nursing Excellence - Pathway to Excellence

NYC Health + Hospitals/Kings County received Pathway to Excellence® designation by the American Nurses Credentialing Center (ANCC) on October 14, 2022. This is the first NYC Health + Hospitals facility to receive this prestigious designation, first hospital in Brooklyn and one of two hospitals in New York City. The Pathway to Excellence Program® is the premier designation for healthy work environments and recognizes health care organizations and Long-Term Care organizations for positive practice environments where nurses excel.

NYC Health + Hospitals/**Elmhurst Hospital Center's Coronary Care Unit** (CCU) received the American Association of Critical-Care Nurses (AACN) **Silver Beacon** award on October 3, 2022 for nursing excellence. To top it all, **Elmhurst Hospital's Medical Intensive Care Unit** (MICU) also received the most prestigious AACN's **Gold Beacon** award on October 17, 2022 for nursing excellence. This makes Elmhurst's MICU one of two MICU units in all of New York State that received this esteemed Gold Beacon designation. A Beacon award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

NYC Health+ Hospitals/**South Brooklyn Health's** (formerly Coney Island Hospital) **Surgical Intensive Care** (SICU) received the AACN's **Silver Beacon** award on October 18, 2022 for nursing excellence. All these Beacon awards are unheard of in the span of a few days and a first in the history of NYC Health + Hospitals to receive three Beacon awards in one month

Health + Hospitals had the highest number of nominations for the nurse excellence awards. We had a total of 559 nominations this year. With 24 awards in Excellence in Clinical Nursing, 4 System Awards, 4 DAISY Awards for nurses advancing Health Equity, and 1 Structural Empowerment Award. The celebration is scheduled to be in December of this year.

A lot is being done in the nursing quality council. On August 24, 2022, **Patricia Quigley, PhD, MPH, APRN, CRRN, FAAN, FAANP**, a prominent patient safety expert on fall prevention, presented the latest innovations and best practices for reducing patient falls and falls with injuries in the hospital setting. Over 200 nurse leaders and direct care nurses attended the virtual webinar.

An inaugural Doctoral Circle of Excellence was held on September 23, 2022. The goal for this event was to recognize doctorly prepared nurses and honor their highest academic achievement. This includes graduates of Doctor of Nursing Practice (DNP), PhD, EdD, and Doctor of Health Administration (DHA) in nursing. In addition, it was also to inform and inspire our nurses across the system. The event included nursing doctoral graduates from Jan 2012 to academic year ending May 2022, where 72 nurses across the health system were celebrated.

Kenya Beard EdD, CNE, AGACNP-BC, ANEF, FAAN - Associate Provost Chamberlain University, joined the program virtually as our keynote speaker and inspired attendees through her powerful message on how to be effective influencers and collaborators in leading nursing profession to meet the anticipated health and social care demands based on *The Future of Nursing 2020-2030: Charting a Path to Achieving Health Equity*. We also heard from two of our own doctoral graduates, **Manjinder Kaur, DNP, RN, NEA-BC** and **Jenny Uguru, DNP, RN, AMB-BC, CLC**, who delivered two powerful speeches on their journeys to getting their doctoral degrees. This event will be celebrated annually here after. In order to obtain degrees and excellence and or designations, it imperative that we have prepared nurses, which is why we celebrated them across the system. We also, started a series called fireside chats with Dr. Cineas, and the first topic was medication administration because we have seen the issues around medication and administration nationally. There were 143 participants, there was a partnership with Danielle Dibari to discuss implementation of Omnicell and the changes it will bring within the new medication administration processes for our nursing staff. The next fireside chat will focus on documentation post pandemic or during this period that we are in right now.

Monkeypox training has been complete. A e-learning training module was created based on the FDA and CDC recommendations. Also developed and implemented Monkeypox vaccine intradermal administration training for all nurses working in acute care and Gotham primary care sites.

The OPCC has forged partnerships with Adelphi Graduate School of Social Work and Fordham Graduate School of Social Service to host second-year public health social work fellows starting with the 2022-2023 academic year. The focus of these two fellowships, made possible with federal grant money awarded to the schools, is to create a more diverse social work workforce with demonstrated competencies in child & adolescent integrated care. Fordham has placed several fellows at Bellevue, and Adelphi has placed students at both Kings County and Jacobi. We look forward to reporting back on hire rates after graduation in spring 2023.

The Committee congratulated and commended Dr. Cineas on the Pathway to Excellence with MTC, it shows up in her leadership that you're winning all of these awards. Questions raised by the Committee: Do the nurses come to you asking for opportunities now that they have their higher degrees, how do we think about opportunities for them and how do we use what they learned to improve our system? Dr. Cineas response: they are the reason why the event was started. They ask for recognition and we wanted to know who they were. Two things were done, we established infrastructure to know who they are and to support them through IRB the process before they obtain the doctoral degrees. Post to obtaining their doctoral degrees they will receive mentorship to see if they are ready to go into leadership roles, whether it is in the clinical setting or from administrative capacity. Every year they will be brought back to network with other doctoral prepared nurses, so that they can get to know one another. Also, to help us transform care at the bedside. We will be rolling out the care delivery model and we know their projects to tap into their knowledge at their respective sites. It's a beautiful thing, that's why it is called a circle, there is no beginning and no end, in the middle it is them to help us bring forth positive outcome from a quality perspective at the bedside and their experts at this and we definitely want to leverage their expertise. Currently there is a gap between academia and practice and we want them to bridge that gap.

Committee raised a question: in terms of the doctoral or advance degree candidates, how does that compare to before, have you seen an increase? Response by Dr. Cineas: we have seen an increase, number 1 is knowing where they work, a lot of them do not work in acute care settings, which was surprising. They really enjoyed the event, we were able to embrace all of them and say you know you are part of the Health + Hospital whether you work at Gotham etc. Some of them work in small clinic and we wanted them to understand that we need to leverage the expertise.

Committee stated that it was great because of the decrease numbers of doctors, and having nurses with advanced degrees can help bridge some of the gaps. Committee raised a question: Given our mental health needs is there a way to incentivize either nurses or social workers to look at the mental are as an area of specialization. Dr. Cineas response: yes, there has been an increase of doctoral prepared nurses, and that is why we've created the partnership with CUNY to ensure that they can go to CUNY PhD programs. A conversation was had with Michael Katzab, our Chief of human resource officer, and we are planning a behavioral health recruitment fair because of our increase and expansion of behavioral health beds. Not only will we be supporting our new graduate nurse to join our behavioral health spaces we are also going to be focusing on recruiting nurse practitioners as well in partnership with Dr. Barron and Dr. Allen. Columbia University and CUNY are interest in more clinical placements for behavioral health students, more clinical placements equal more future employees.

The committee recommend sharing the fall prevention webinar with the nurses. A comment was made by the committee, as we increase our work with support of housing and other models we will have our nurse look at specialties too,

especially the more advance nurses, it will be helpful to those working in those environments.

Response to the comment: Part of the care delivery model is innovation and we are not there yet, we are soon to be. I was at a conference where they were talking about virtual nursing for admissions and discharges, our leaders are attending a lot more conference, were there will be more opportunity to look at the care delivery model and think innovatively from a staffing perspective and we do have the new staffing committees with frontline staff and leaders are coming together. There should be opportunity in the New Year to look at that.

A comment was made from leadership sitting in representing a committee member, as a colleague you make my work a lot easier. When it has to communicate to our elected officials and our leaders and our community stakeholder ask, what's so great about H+H, this is what can be conveyed. Congratulations. A comment was made by Dr. Allen: Before Natalia arrived, there was a Boards member who was a nurse, Mrs. Bolus, who passed away, I know she is signing your praises. She always encouraged the nurses to publish, publish, publish, get out there and be recognized for the work that you do. To hear your report today makes me think of her admonition to all of us and to you. Congratulations in the name of Ms. Bohlus. Dr. Cineas mentioned they give out the Josephine Bohlus award every year. This award will be giving out at the nurse excellence awards in December.

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, with the following highlights:

The focus will be on some of work that MetroPlus has been doing and provide additional updates. Regulatory updates: There is a glitch in the affordable care act that didn't consider that an individual income and coverage which extended to the family did not incorporate the family's total income. Since 2013, only the income of the policy holder and the cost of that policy was considered to deliver the advance premium tax credits or APTC. Now the consideration of the other individual's and the cost of that and the additional cost of the premium is now taken into account, if the family premium under the coverage exceeds 9.5% of the family's income, the household not just the individual is now eligible for the advance premium tax credit, because of the million more American will be able to take advantage of that premium which will then go ahead and lower the cost of the overall premium that family has to bear under the qualified health plan.

The federal public health emergency has been extended through January 2023. This is most impactful because the PHE suspends the notion of redetermination, particularly relevant for Medicaid, essential plan, and child health plan, as well as the beneficiaries, they don't have to qualify. There is an expectation that sometime in mid-2023 redetermination or recertification will come back. As a result, the plan is taking appropriate steps to meet the challenge. For now, the PHE continues and the suspension of the redetermination continues. The Medicaid Child Health side, there is a digital expansion. Currently when beneficiaries receive notices from the plan, whether it's a booklet, letter and

authorization letters, all of those are sent by snail mail. Now a beneficiary will be able to select to receive their notices electronically, this will be available on the members' portal.

Star rating background: The focus of discussion is on the consumer assessment of healthcare providers in systems or cash as large bearing beyond Medicare. This is taken increasing importance, not just for Medicare but for managed Medicaid, Child Health Plus, the essential plan, health and recovery plan which focus on people that behavioral health issues as well as the quailed health plans CAHPS the consumer satisfaction portion has a greater bearing more on the award that health plans receive from state and federal.

The star ratings are for Medicare, ranked Medicare advantage plans like MetroPlus, they focus on many domains. Effective communication and coordination of care, Effective prevention and treatment of chronic disease, Affordability and efficiency, Safety, and Behavioral health. Effective communication; this focus is on consumer satisfaction. How state works is, they get measured for 2023 stars and 2021, the actual measurement year, the plan assembles the information in 2022, the reporting year, it reflects the star rating in 2023, and the financial impact of the plan is actually achieved in 2024. It's a 4-year cycle. Planning has to be done ahead. The first time on MetroPlus health plan history 4 stars were achieved in the Medicare star ratings program. Often, we have come close by decimals in the past, being off by .25. This reflects, the work done in 2021, collected in 2022 the star rating for 2023 and then the financial impact in 2024. The financial impact is considerable, that quality bonus payment of around 5 million dollars for our 10,000 members across 10,000 dollars means that we can provide supplemental benefits to these beneficiaries with regards to vision, dental, transportation and other medical and non-medical needs.

The key drivers to that success, is what MetroPlus has always done well on the effectiveness of care measures, the medical measures, the preventative health screenings, test and vaccines. The plan is consistently being 5 stars or close to it. What drove the success this time around to achieve the 4 stars were two things; one was the part D, MetroPlus is a 5-star plan. The 5-star rating included measures which have higher weights associated with them and these are the adherence measures, adherence to diabetic medications, anti-hypertension, and to statins. The highly weighted triple weighted measures took the plan to the 5-star ratings. The other driver that helped was improvements on customers' satisfaction as a result of the CHAP server.

Improvement has been shown on the consumer assessment of health care providers and systems measures, we are practically three and four stars for most of these measures. There are areas for improvement, in getting needed care rating of healthcare quality, grading of the drug plan, receipt of the flu shot, all of which are asked of the consumer, are rated highly and consistently. These measures are quadruple weighted, the shift is medical measures. This reflects the shift that Medicare and Medicaid are making in terms of focusing on the consumers side.

Areas for improvement are getting appointments quickly and customer services. As far as the customer service side, this is planned based. The questions that are asked are; in the last 6 months how often did your health plan customer service give information of help you needed? The second question is in the last 6 months how often did your health plan customer service treat you with courtesy and respect. Improving on that to a higher rating requires a plan of action. The representatives need training to be better informed, more compassionate, more motivated in addressing the issues and that the issue they called about is resolved. Look at the frequent reasons people are calling and complaining and address those issues.

There are 2 measures of care that is being brought to the attention of the committee. The first one is related to getting needed care. The questions that were asked were; in the last 6 months, how often did you get an appointment to see a specialist as soon as you need one? In the last 6 months how often was it easy to get the care, test or treatment you needed. The focus on access to care is a fundamental issue for a consumer from a specialist side and a primary care side.

There were 3 questions that were asked where there were struggles and hope to improve the performance. Three questions were posed, in the last 6 months when you need an appointment right away, how often did you get it, how soon did you get an appointment for a routine checkup, as soon as you needed, in the last 6 months how often did you see the person you came see within 15 minutes of your appointment time. There needs to be an easy access to the telehealth option to deal with urgent issues, this is an area we should expand on, this way the issues can be address or addressed after hours or even during the day without having to be seen in person. The other issue is having access to H+H providers or community provider through the contact centers, call centers and how quickly they actually ask the question is it urgent, how quickly does the patient need to be seen and how quickly do they triage that call in a timely fashion that gets that person care they need.

H+H is big on promoting the patient record MyChart, patient access their records through MyChart has been an important piece for care coordination. Some of the questions that are asked are; in the last 6 months when you visit your doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care, how often when your doctor order the blood test or extra test for you, how often did someone your personal doctor office follow up to give you the results. MyChart is a mechanism to give those results and the patient is able to interact with the provider through EPIC in messaging and get a response.

The other area to look at is the network, particularly specialist access. The network needs to be expanded both at H+H and outside. The specialist care often gets requested specifically, gastroenterologist, endocrinologist and or other providers as quickly as needed care or the individual.

CUNY and Higher Education Markets: we are working with CUNY to expand access particularly to the essential plan so their student can have affordable health

care. Some of the students are eligible potentially to receive Medicaid based on their income, and the foreign students as well.

Committee member raised a question: How much control do you have to make sure the cost is not raised too high? Dr. Shah response: the question is asked round drugs and the formulary to ensure the formulary is expansive. The Medicaid formulary is set through the State, there is more flexibility on the Medicaid side.

Committee member mentioned: happy to see the hard work that went into getting the numbers up and that there is a plan of action to improve the areas that are low.

Committee member raised a question: for customer service representative, do we have feedback on specifically, which ones excel and which ones do not, and how do we utilize that? Dr. Shah response: Yes, there is a post call survey, and every interaction, and looking at those calls that get highly rated. There is a net score promoter there and actually looks to see what they are doing and emulates their success, that is a way to differentiate it. It is training, you can only train so far, you have to actually monitor the calls.

There being no further business, the meeting was adjourned 10:04 AM.

Community Relations Committee IN-PERSON MEETING - November 15, 2022

As Reported by Robert Nolan

Committee Members Present: Mr. Robert Nolan, Deborah Brown representing Dr. Mitchell Katz, Sally Hernandez-Piñero

Mr. Robert Nolan called the meeting of the Community Relations Committee meeting to order at 5:15 p.m.

Mr. Nolan noted for the record, Deborah Brown is representing Dr. Mitchell Katz in a voting capacity.

Quorum was established - the minutes of the Community Relations Committee meeting held on September 13, 2022 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

Scheduled to present annual verbal reports this evening are the following CABs:

1. H+H/ Harlem
2. H+H/ Sydenham
3. H+H/ Jacobi
4. H+H/ Metropolitan

Mr. Nolan turned the meeting over to Senior Vice President Deborah Brown, to present the President's report on behalf of Dr. Katz.

Ms. Brown noted that Dr. Katz's full report in submitted into the record and proceeded to highlight a few items:

- She informed attendees that NYC Health + Hospitals is urging all New Yorkers to get vaccinated against the flu as health experts warn about a possible “twindemic” this fall and winter season with COVID-19 still circulating.
- Ms. Brown reported that NYC Health + Hospitals announced the completion of a major, five-year project to upgrade chemical laboratories across all 11 public hospitals with new technology and equipment that will improve turnaround times for test results and reduce lab costs by \$4.3 million annually. The final stage of the system wide project was marked by the opening of the new state-of-the-art lab at NYC Health + Hospitals/Bellevue. NYC Health + Hospitals processes more than 4.3 million routine chemistry tests annually for cardiac conditions, diabetes, pregnancy and more. The health system replaced old laboratory equipment with new automated laboratory equipment that classify, analyze, and test a greater number of specimen types at the same time and require less manual intervention, ultimately improving turnaround time for test results.
- Ms. Brown further reported that The NYC Test & Treat Corps announced the opening of five walk-up sites at the NYC Department of Probation’s Neighborhood Opportunity Network (NeON) Nutrition Kitchens, further expanding the city’s network of over 240 walk-up at-home test distribution locations and improving testing equity for all New Yorkers.
- Lastly, the Joint Commission and Kaiser Permanente announced that NYC Health + Hospitals, New York, and Texas Children’s Pavilion for Women, Houston, are co-awardees of the 2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. The award, named for late Kaiser Permanente Chairman and CEO Bernard J. Tyson, a champion for healthcare equity, recognizes healthcare organizations that achieve a measurable, sustained reduction in one or more healthcare disparities.

PRESENTERS:

Mr. Nolan thanked Ms. Brown for the report - and moved agenda to the (4) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes, and we are grateful for the work that went into preparing them. Thank you in advance to all of our speakers for their time and commitment to the System.

Mr. Nolan asked the CAB Chair of Harlem Hospital Ms. Karen Dixon, who is also the Chair of the Council of CABs to present her report.

NYC Health + Hospitals/ Harlem

Ms. Karen Dixon, began her with an overview of Harlem Hospital services in the community noting how Harlem surgeons saved the life of Dr. Martin Luther King, Jr. in 1958. Most recently in January 2022, the hospital collaboration with the Mayor, Community Organizations and other partners, including our Behavioral Health leads to respond to the violence in the community of the slaying of the two officers from the 32nd precinct.

The facility continues to use data to monitor COVID-19 infections in the community, with patients and staff. We do not have a vaccination hub, but

we vaccinate our employees in Occupational Health. Our patients can receive vaccines and boosters through their PCPs.

The hospital has an aging infrastructure. We recently replaced our cooling towers in June. Currently, we are in the process of completing our Local Law 11 requirements on our building's exterior. In the coming months, we are planning for the upgrade of our boilers that are original to our buildings. Recently, we received our DaVinci surgical system. We hope to go live with robotic surgeries in the coming months.

The most frequent complaints that we receive from our patients are concerning communication, patient care and staff attitude. Our community has a need for mental health care. Some of our patients suffer from Poly Substance Abuse, Food insecurity, Crime, Maternal and child health, Asthma and Violence. Many patients present with Hypertension, End-stage renal disease, Diabetes, Schizophrenia and other psychiatric disorders. Many of our patients are morbidly obese and have Heart Failure and Stroke. We also have patients who seek medical attention around surgical follow-up, Pediatric well and preventative visits.

NYC Health + Hospitals/ Sydenham

Mr. Pearson, Vice Chair of Sydenham CAB stated in his report that COVID case rates and hospitalizations have plateaued in NYC and in the Harlem community at levels that are lower than in our Winter Omicron peak but significantly higher than in summers over the last 2 years. Testing is available through the Van parked on the Sydenham block to the entire community, and in the clinic to our Primary Care patients.

We are requesting new Blood Pressure monitors across all three sites as well as the school-based health centers. Seeking an upgrade in Sydenham's OB/GYN department with the addition of an ultrasound machine. This will allow a part of our women's health population to receive onsite, same day imaging. This will also increase patient satisfaction in our Women's Health Practice. The Intergovernmental Staff will work closely with the facility to help with City Council new funding timely submission.

Frequent complaints raised by patients have more to do with access. Since the switch to the call center back in February we saw a fall in patient satisfaction, however, we have continued to meet with the vendor to mediate. We saw a rise in the later months and we attribute this to having an on-site clerk handling warm transfers for calls outside of scheduling.

We also restructured the on-call provider contacts for after hours. We continue to conduct audit calls so when we meet with the vendors we can trouble shoot where the disconnect lies.

We have seen a significant change in our access data in our Developmental Evaluation Center at our St. Nicholas location. In September, within the span of one week, we had: 46% increase in Fill rate, 23% decrease in No Show rate and 38% increase in Booking rate.

Mr. Pearson also noted for the Committee the need for expansion of the clinic to meeting the needs of the community, since the site is at its full capacity.

The Committee complimented the innovative thinking of having an on-site clerk to handle "warm hand offs" to address the call center issues.

NYC Health + Hospitals/ Jacobi

Judith Benitez, Chairperson of Jacobi CAB stated in her report that Jacobi and North Central Bronx hospitals continue to operate successfully as a unit. We are proud to report in July, 2022 the two facilities completed their first combined Joint Commission survey since merging to become "two facilities, one hospital." The Joint Commission surveyors were impressed with the hospitals' best practices to ensure equity for our patients and our staff members.

Recently, Jacobi was awarded \$10M in Fiscal Year 2023 capital funding through Council Member Marjorie Velázquez and New York City Council Speaker Adrienne Adams to replace the hospital's Hyperbaric Chamber and expand Hyperbaric Medicine services. In addition to the \$10M in capital funding, Council Member Marjorie Velázquez also awarded Jacobi \$286K to purchase new ultrasound machines and \$500K to acquire echocardiography ultrasound machines.

Despite the many challenges posed by COVID-19/Omicron surges our staff has remained committed to our patients, since December 2020 the hospital has administered 94,043 vaccines and the clinic has administered 139,549 test and treated 1798 patients with monoclonal antibody infusion.

The Staff Safety and Engagement Survey, "I care for all patients/clients equally even when it is difficult" was the highest scoring item at 93% favorable. Staff also identified patient safety as a priority for this organization, ranking it in the top 10th percentile. Our HCAHPS scores have shown small, incremental changes in all domains, though often inconsistent.

We continue to work closely with the Central Care Experience Office as well as Planetree International. Planetree International, is an organization that works closely with healthcare organizations across the globe to provide a construct for person-centered excellence which is proven process that leads to better care, better outcomes, better talent and an organizational culture focused on putting patients and their loved ones first

The Committee noted the equipment and infrastructure needs and asked how the funding and if City Council new needs funding is being sort. The Facility will be working with the Intergovernmental Staff to the City Council funding request.

The Committee noted the increase in grievances in the ED and requested clarification on whether the CAB is active in the ED. Mr. Mastromano clarified that the administrative is working actively to address this issue with the CAB convening a sub-committee to evaluate the issues and all staff was retrained in Plantree.

NYC Health +Hospitals/Metropolitan

Mr. William Smith, Chairperson of Metropolitan Hospital CAB complimented the work of the staff and CAB and noted an 8% growth increase in the operating room volume in 2022; 30% growth in the emergency room volume and 22.1% growth in discharges in 2022.

Metropolitan needs a new emergency room in order to meet the growing needs of the East Harlem community. The hospital needs the capacity to efficiently diagnose and treat patients in the emergency room, and an un-modernized and inadequate facility reduces that care and endangers both patients and staff.

Hospital Administration and the CAB has partnered to advocate to our elected officials on the Local, State and Federal levels for funding to renovate the ED. Over the last year, we have hosted many elected officials at the hospital so they can have an opportunity to see the space.

Capital projects underway include a refurbished Infusion Center, new MRI Radiology Suite and a Nuclear Camera, a new Pride Center, and the FEMA flood wall. In addition, Met has received approximately 80M to support the improvement of infrastructure, including a new Building Management System, Roofing System, Chillers & HVAC System, Fire Panel as well as Windows and Façade improvements. The Façade improvements are part of Local Law 11 improvements. Many of our improvements are focused on also improving our environmental efficiency.

During this FY, we have received over \$4.9m from The NY City Council to support the purchase of a Cartography Biopsy Machine, OR Ultrasound, CT scans, and C-ARM.

Metropolitan recently completed our Triennial Survey by the Joint Commission and performed exceptionally well, receiving no substantial findings. The surveyors were very complimentary about the level of engagement by our staff and identified a number of best practices among our processes.

Metropolitan received an "A" Leapfrog Hospital Safety Grade for spring 2022. This national distinction recognizes Metropolitan's achievements in protecting patients from preventable harm and error in the hospital.

Metropolitan also continues to be recognized for excellence in care in areas including stroke, heart failure, breast cancer, women's health and LGBTQ health.

Mr. Nolan thanked all of the presenters. Any old business? New business? Hearing none, I now call a motion to adjourn this meeting. Thank you for all your support, please stay safe and be well.

ADJOURNMENT:

Meeting adjourned at 5:57 P.M

SUBSIDIARY REPORTS

ANNUAL MEETING OF THE HHC INSURANCE COMPANY, INC. - SUBSIDIARY

November 03, 2022

As Reported by Dr. Vincent Calamia

A meeting of the Board of Directors of the HHC Insurance company, ("HHCIC") was held in the 17th floor conference room at 50 Water Street, New York, New York, on the 1st day of November 2022 at 10:00 AM, pursuant to a notice which was sent to all the Directors of the Company and provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The following Directors were present, constituting a quorum:

Vincent Calamia, M.D.

Machelle Allen, M.D.

Mitchell Katz, M.D. was represented by his delegate, Deborah Brown.

Also present were Executive Director David Cheung, David Guzman and James Linhart of NYCHHC Controller's Office, and Mike Batsimm of Aon Insurance Managers (AIM). José Pagán - Chair of the NYC Health + Hospitals Board of Directors, Sally Hernandez-Piñero and Dr. Patricia Marthone was also present both from the NYC Health + Hospitals Board of Directors.

Dr. Calamia chaired the meeting which was called to order at 10:12 a.m. The following resolutions were presented to the Board by Dr. Calamia:

1. The minutes of the November 1, 2021 annual meeting. A motion to approve the minutes was made by Ms. Brown, seconded by Dr. Allen, and approved unanimously.
2. The following were unanimously approved following a motion to approve made by Ms. Brown, seconded by Dr. Allen:
 - a. The re-appointments of Dr. Vincent Calamia, Dr. Mitchell Katz, Andrea Cohen, Esq., Dr. Machelle Allen, and John Ulberg, Jr. as members of the Board of Directors.
 - b. The appointment of Dr. Vincent Calamia as Chairman of the Board.
 - c. The Election of the following Officers for the HHC Insurance Company, Inc.:
 - Vincent Calamia, M.D. President
 - Machelle Allen, M.D. Vice-President
 - Andrea Cohen, Esq. Secretary
 - John Ulberg, Jr. Treasurer

Dr. Calamia introduced nine action items/resolutions into the record. Then on motion by Ms. Brown, seconded by Dr. Allen, the following resolutions were presented to and voted on by the Board:

1. David C. Cheung was re-appointed as the Executive Director of the Company.
2. Sheila Gomez was appointed Director of Claims of the Company.
3. The issuance of primary insurance policies to members of the HHC Physicians Purchasing Group.

4. The re-appointment of Jo Ellen Cockley of Aon Risk Consultants as the Actuary of the Company.
5. The re-appointment of Dana Wilson of Grant Thornton as the company auditor.
6. The loan back of premium in an amount up to \$3.0 million to the parent corporation, the NYC Health + Hospitals (the System), was approved.
7. The Audited Financial Statements as of December 31, 2020 were approved unanimously.
8. The Business Continuity Plan was accepted/approved unanimously; and,
9. The disaster response plan was accepted / approved unanimously.

Mike Batsimm presented the following six (6) information items:

1. New applications for coverage have been received from 15 Obstetricians/Gynecologists and Neurosurgeons. As of 9/30/2022, there are 284 active physicians in the program. Primary policies have been issued for the current policy year. Applications for excess coverage through MMIP beginning July 1, 2022 were filed for 197 H+H physicians through the Purchasing Group, with 184 physicians deemed eligible to receive excess coverage through the Pool. It was determined during the application process that 39 physicians already had excess coverage under the Plan through other hospitals. There are 14 physicians have been wait-listed for excess coverage. Once the final number of physicians in the pool has been determined, these additional excess policies will be issued and will be retroactive to the application date.
2. In 2007, the Company was required to sign up as a Plan or Pool participant of the Medical Malpractice Insurance Pool. The Company opted to be a Pool participant. The June 30, 2022 session statement from the Pool indicates that the Company has a net equity in the Pool of \$1,894,594. Pages 39 & 40 of the board book further detail the Company's participation. No questions were asked.
3. The June 30, 2022 interim financial statements were reviewed. As of June 30, 2022, HHC Insurance Company has total assets of \$97,787,510. Of that balance, the intercompany receivable of \$93,325,173 is the largest component. There is a premium receivable of \$1,300,000, which will be rolled into the intercompany loan receivable before year-end. There is an MMIP receivable of \$3,158,924. The total liabilities as of June 30, 2022 are \$10,526,951. A large component of the liabilities is the outstanding loss in LAE (expense) reserves as well as the reserves for IBNR (incurred but not reported loss). There were direct reserves of \$6,483,808 and MMIP reserves of \$1,270,290. The total net assets as of June 30, 2022 are \$87,260,559.
4. Sedgwick CMS has reported 71 open files and 565 closed files for the underwriting years 2005-2022. Of the closed files, 41 were closed with payment and 524 files were closed without payment.
5. The company business plan has been approved by the Department of Financial Services (DFS), the pre-disaster survey and disaster response plan questionnaires have been filed. The annual Cyber Security certification has been filed. All Regulatory matters are current. The Company was examined by the DFS in early 2021. The draft report has not been submitted yet.

6. There are no outstanding requests or approvals pending from the Department of Financial Services. No additional new business matters were brought up.

ADJOURNMENT:

There being no further business before the Board, the meeting was adjourned at 10:21 a.m.

**ANNUAL MEETING OF THE HHC PHYSICIANS PURCHASING GROUP, INC. - SUBSIDIARY
November 03, 2022
As Reported by Dr. Vincent Calamia**

A meeting of the Board of Directors of the HHC Physicians Purchasing Group, Inc., (hereinafter, the "PPG") was held in the 17th floor conference room at 50 Water Street, New York, New York on the 1st day of November 2022, pursuant to a notice which was sent to all the Directors of the Company and which was provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The following Directors were present virtually, constituting a quorum:

Vincent Calamia, M.D.
Machelle Allen, M.D.
Mitchell Katz, M.D. was represented by his delegate, Deborah Brown.

Also present were Executive Director David Cheung, David Guzman and James Linhart of NYCHHC Controller's Office, and Mike Batsimm of Aon Insurance Managers (AIM). José Pagán - Chair of the NYC Health + Hospitals Board of Directors, Sally Hernandez-Piñero and Dr. Patricia Marthone both from the NYC Health + Hospitals Board of Directors was also present.

The meeting was called to order at 10:21 a.m. by Dr. Calamia. The following resolutions were presented to the Board by Dr. Calamia, and upon motion by Ms. Brown, seconded by Dr. Allen, were unanimously approved by the Board:

1. Approval of the minutes of the November 1, 2021 annual meeting;
2. The confirmation/acknowledgment of the appointment of the current Board of Directors with the appointment of Dr. Calamia as the Chairman; and,
3. The appointment of the following officers of the HHC Physicians Purchasing Group Inc.:

- Vincent Calamia, M.D. President
- Machelle Allen, M.D. Vice-President
- Andrea Cohen, Esq. Secretary
- John Ulberg, Jr. Treasurer

INFORMATION ITEMS: Mike Batsimm presented two informational items:

1. The PPG has been registered and approved by the New York State Department of Financial Services to act as a purchasing group within the State. The business of the PPG is to obtain on behalf of its members, who are employees of NYCHHC's affiliates, primary insurance for medical malpractice from the HHC Insurance Company ("HHCHC", a captive insurance company).
2. The physician members of the group have obtained primary medical malpractice insurance coverage in the amount of \$1.3 million per

occurrence/\$3.9 million in the aggregate from HHCIC for 2020. Insurance policies have been issued for the PPG by the HHCIC. The members of the PPG have also received excess coverage in the amount of \$1 million per occurrence/\$3 million in the aggregate from MMIP (unless they have coverage through another excess carrier which would then write the excess coverage for the covered physician).

ADJOURNMENT :

There being no further business before the Board, the meeting was adjourned at 10:24 a.m.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
November 17, 2022

CORONAVIRUS UPDATE

COVID-19 hospitalizations remain low but steady. We are keeping a vigilant eye on the trends as we enter flu season. We continue to provide all New Yorkers access to COVID-19 vaccinations and booster shots, testing and treatment. In fact, we recently launched an ad campaign to encourage use of the NYC Health + Hospitals virtual ExpressCare for New Yorkers who test positive, and directing people to our mobile units. The ads are appearing in multiple languages on digital platforms, print, radio, and outdoor spaces in targeted communities. They will run from now until the end of the year. Our 75 mobile Test to Treat units out in the community have distributed more than 67 million free home tests. The mobile units also have performed more than 100,000 COVID-19 tests and provided more than 2,500 prescriptions for Paxlovid.

RESPIRATORY SYNCYTIAL VIRUS INFECTION

Respiratory Syncytial Virus (RSV) infection is a common respiratory illness that typically spreads during the fall and winter months, and is now on the rise in NYC, across the State and nationally. Many of the protections we put in place during the COVID-19 pandemic helped to prevent many of these seasonal viruses from spreading, but as we relaxed policies, especially the use of masks, we now see an increasing rate of infection.

Anyone can be infected, but RSV can be especially harmful to very young children, older adults, or those born preterm or with underlying lung conditions. Typical symptoms resemble the common cold. However, RSV infection can also result in pneumonia, especially in the very young, the elderly or those with weakened immune systems.

As has been widely reported, RSV is having a significant impact among the young. We are seeing more cases in our pediatric emergency rooms and in the rate of pediatric hospitalizations. It is important that parents with children who have symptoms consistent with RSV, or any respiratory illness, **contact a health care provider right away** who can help with diagnosis and care. Sick, adults and children should stay home from school or work to prevent spreading the illness.

Unfortunately, there is no vaccine yet to prevent RSV infection, but scientists are working to develop one. The best protection against RSV and all seasonal illness continues to be COVID-19 vaccination for everyone ages six months or older, updated bivalent COVID-19 boosters for people ages five and older, and the annual flu shot for everyone 6 months and older are available. We continue to encourage New Yorkers to wear a mask in crowded, indoor settings as well.

NYC HEALTH + HOSPITALS ANNOUNCES 'HOUSING FOR HEALTH' TO CONNECT PATIENTS EXPERIENCING HOMELESSNESS TO PERMANENT HOUSING

I have always been a believer that stable health requires stable housing. Patients with chronic conditions like diabetes or hypertension cannot manage their condition without a safe and stable place to live. Too often, our patients stay in the hospital for far longer than they should because they have nowhere else to go. That is one reason why NYC Health + Hospitals proudly launched "Housing for Health" - a comprehensive initiative to connect our patients experiencing homelessness with permanent housing. With the support of Mayor Adams and our City partners in government, NYC Health + Hospitals will create an inventory of housing units and services that will help patients experiencing homelessness restore their health and get back on their feet. Housing for Health is our investment in these patients' health outside of the hospital walls: to a safe, stable place to live so they can focus on their health. Our program has four strategic area of focus:

- navigation services to help patients experiencing homelessness through the City's complex housing landscape.
- medical respite beds for medically frail patients
- affordable housing on hospital land
- social service support for formerly homeless patients in permanent housing

We have already placed more than 1,000 patients in medical respite beds or permanent housing since January 2020 and we will leverage NYC Health + Hospitals land to create nearly 650 new affordable homes in the next 5 years.

**NYC HEALTH + HOSPITALS UPGRADES LABS TO PROVIDE FASTER TEST RESULTS,
REDUCE COSTS**

NYC Health + Hospitals marked the completion of a major, five-year project to upgrade chemical laboratories across all our 11 public hospitals with new chemical analyzer technology and equipment. With this modern technology, our patients will receive highly reliable test results sooner and we will be able to analyze and test a greater number of specimen types. For example, turnaround time for Basic Metabolic profile test will now take 45 minutes instead of 60 minutes. In addition, by standardizing practices and purchasing equipment for 11 labs, the health System achieved economies of scale that will help reduce its annual chemistry spend from \$12 million to \$7.7 million - resulting in an annual savings of \$4.3 million. The opening of the new state-of-the-art lab at NYC Health + Hospitals/Bellevue marked the final stage of the System-wide project. Our labs process more than 4.3 million routine chemistry tests annually for cardiac conditions, diabetes, pregnancy and more.

JOINT COMMISSION, KAISER PERMANENTE RECOGNIZE NYC HEALTH + HOSPITALS' NYC CARE PROGRAM FOR EXCELLENCE IN THE PERSUIT OF HEALTH CARE EQUITY

The Joint Commission and Kaiser Permanente awarded the 2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity to NYC Health + Hospitals for the NYC Care program, our health care access program for uninsurable New Yorkers, including undocumented individuals, and a first-of-its-kind health care access program because of its

comprehensiveness and scale. The award is named for the late Kaiser Permanente Chairman and CEO Bernard J. Tyson, a trailblazer who worked tirelessly to improve health care disparities. It recognizes our work for meaningful, measurable efforts to address inequities based on race, ethnicity, immigration status and other social factors.

We have so far enrolled more than 100,000 members to NYC Care. By February of this year, they had made 264,976 primary care visits and 227,481 specialty visits. After six months of enrollment, 51% of NYC Care members with diabetes had improved hemoglobin A1C, and 68% of members with hypertension had improved blood pressure. I am proud of the entire team at NYC Care as we also honor the late Bernard J. Tyson. His legacy serves as a guide for how we must continue to eliminate barriers to care and champion the health needs of the most vulnerable through both the NYC Care program and the overarching mission of our health system.

NYC HEALTH + HOSPITALS/SEA VIEW MARKS 50 YEARS AND 5 STARS

NYC Health + Hospitals/Sea View has a lot to celebrate these days. The facility is ranked by Newsweek as one of the best nursing homes in New York State, and has a coveted Five-Star rating from the Centers for Medicaid and Medicare. Just last week the facility celebrated the 50th Anniversary of the main building on the campus, which is named after Dr. Edward Robitzek who was instrumental in developing the drug that eventually cured tuberculosis in the 1950's. I was pleased to join the staff there earlier this month to celebrate the 50 years of service as a long-term care facility. However, Sea View's history of service goes further back.

In the early 1900s, Sea View served as a hospital to treat people suffering from the deadliest disease of the era - tuberculosis. The hospital quickly earned a world-famous reputation for treating TB and by 1930, it was successfully treating more than 2,000 TB patients a year, and discharging patients back to their communities who might otherwise not have survived. The work of Dr. Robitzek eventually helped to eliminate the need for a TB hospital, and Sea View Hospital began caring for the elderly in the 1970's.

Today, Sea View is a 304-bed nursing facility with nearly 500 dedicated and highly trained health care professionals who provide 24-hour medical and nursing care for the elderly and chronically ill who come from all over New York City. The facility also has a world class Traumatic Brain Injury Center and an Alzheimer's care Unit, well known for its serene and therapeutic setting and dedicated caregivers. Sea View's architectural and historic significance have earned it a place on the National Register of Historic Places. But it is simply their excellent staff and their care of the elderly that has earned it a place in the hearts of patients, families and the community.

NYC HEALTH + HOSPITALS COMMUNITY MURALS COMMEMORATED IN NEW BOOK

From 2019 to 2021, NYC Health + Hospitals sponsored a burst of mural making: twenty-six new murals developed by artists working with hospital staff and the community, one in each of the System's hospitals and long-

term care facilities, as well as many Gotham Health ambulatory care centers and our headquarters in lower Manhattan. The Community Mural Project was the country's largest public hospital mural program since the Works Progress Administration (WPA) mural program of the 1930s. This historic project will now be commemorated in a colorful new book published by the Laurie M. Tisch Illumination Fund as a gift to our health care System, in gratitude for the bravery and dedication of our workforce. The Illumination Fund also underwrote the creation of the murals themselves. The book, called "Healing Walls" will be distributed to NYC Health + Hospitals staff and more than 1,500 employees and community members who participated in the project. It will be available for purchase on Amazon later this year, with all proceeds going to the NYC Health + Hospitals Arts in Medicine program.

EXTERNAL AFFAIRS UPDATE

Federal - Democrats secured their hold on control of the Senate after the midterm elections last week, and a runoff election in Georgia on December 6 will decide if they have 50 or 51 seats. Republicans won back control of the House and secured the 218th seat needed to flip the House from Democratic control. The majority of the NYC Congressional delegation remains the same, with a few notable changes.

Newly elected Member of Congress Dan Goldman will now represent NYC Health + Hospitals/Gouverneur and Gotham Health Judson in redrawn NY-10 district. Long-time Member of Congress Rep. Jerry Nadler will now serve in a redrawn NY-12 district, representing NYC Health + Hospitals/Bellevue, Coler, and Gotham Health Roberto Clemente. Rep. Nadler defeated Rep. Carolyn Maloney in the Democratic primary earlier this year, and her tenure in Congress will end at the end of this year. We have begun engagement with Reps. Goldman and Nadler.

Congress extended federal government funding through December 16. Before then, Congress will have to agree on a long-term FY-23 spending plan before then, or pass another continuing resolution continuing existing funding levels until they can hammer out an agreement. It is likely there will be a large omnibus spending bill before the end of the year. No decisions on earmark funding applications will be made until Congress agrees on a FY-23 spending plan. HHS will extend the COVID-19 Public Health Emergency beyond January 2023.

State - Incumbent Democrat Kathy Hochul defeated her GOP opponent, Lee Zeldin, in the Governor's race. Democrats maintained their supermajority in the State Assembly and secured a strong majority in the State Senate, but the GOP did pick up seats in both houses. Due to redistricting and some unexpected election results, 14 of our facilities will have changed State Assembly Members or Senators representing them directly or in their catchment areas. This includes some of our current representing shifting. We have begun outreach to those new State elected officials. We have begun our advocacy on State budget priorities; this work will continue over the next several months.

City - There will be a City Council Hospital Committee Oversight Hearing on November 30 regarding "State of Nursing in NYC - Staffing and Retention".

CONTRACTS

There is an unprecedented wave of asylum seekers coming to our City, which necessitated Mayor Adams to issue an Emergency Executive Order on October 7, 2022, allowing the City to expedite its procurement processes to timely meet the needs of the asylum seekers. Our System has been an integral part of the City's response in providing support for the arriving immigrants, and I have similarly authorized limited emergency contracting to support such efforts. Funding for these contracts is being provided by the City under a memorandum of understanding between NYC Health + Hospitals and the Mayor's Office. I have authorized the following contracts with:

- Rapid Reliable Testing, LLC - for medical triage, urgent medical care, intake and registration, distribution of personal hygiene items and food; not to exceed \$11,400,000 for a period of 5 months (October 26, 2022 through March 25, 2023) and can be terminated without cause on 30 days' notice.
- Huron Consulting Services, LLC - for project management services, which includes overseeing the opening and daily operation of the sites, management of third-party vendors, reporting of project activities, and escalation of operational issues; not to exceed \$18,500,000 for a period of 6 months (September 30, 2022 through March 29, 2023) and can be terminated without cause on 30 days' notice.
- The Wolcott, The Watson and Row NYC hotels, for the following periods and not to exceed amounts:
 - The Wolcott - November 4, 2022 through April 30, 2023; not to exceed \$5,827,500; can be terminated without cause on 30 days' notice
 - Row NYC - November 12, 2022 through April 11, 2023; not to exceed \$40,000,000; can be terminated without cause on 60 days' notice
 - The Watson - November 14, 2022 through May 13, 2023; not to exceed \$19,980,000; can be terminated without cause on 30 days' notice

We anticipate there will be further contracting needs and I will continue to update the Board on the status of these contracts.

IN MEMORIUM: JOSEPH MASCI, MD

The NYC Health + Hospitals family is deeply saddened by the passing of one of our own this week - Dr. Joseph Masci. Known to most of us simply as "Joe", Dr. Masci was an internationally recognized infectious disease and environmental medicine expert, a physician, a teacher, an author and a beloved leader in our health system. Joe was deeply committed to our patients, to our mission and helped our City respond to many major health crises. He served NYC Health + Hospitals for 40 years until his passing and he will be profoundly missed.

Dr. Joe Masci began his career with us as an attending physician. He went on to serve as the Director of Medicine at NYC Health + Hospitals/Elmhurst

and became the first Director of the hospital's Global Health Institute. Over the years, he was a continuous source of support to our health system as we faced emerging pathogens. His early work and research focused on AIDS. He was a major contributor to the development of therapeutics that suppressed HIV and was invited to consult with the Vatican in Rome to help shape their response to HIV/AIDS. After 9/11, his work focused on Emergency Preparedness, Bioterrorism, TB and Ebola. Most recently, Dr. Masci played a vital role in our response to the COVID-19 pandemic.

Dr. Masci graduated from the NYU School of Medicine, completed a Medicine internship and residency at the Boston City Hospital and a fellowship in Infectious Diseases at Mount Sinai Medical Center. He was a long-time faculty member at the Icahn School of Medicine at Mount Sinai where he was Professor of various disciplines, including Medicine, Infectious Diseases, Public Health and Global Health.

We will honor his life and contributions at a Tribute event at Elmhurst Hospital on November 30.

OTHER NEWS AROUND THE HEALTH SYSTEM

- [Two NYC Health+ Hospitals Facilities Receive "A" Safety Grades from Independent-National Hospital Safety Organization](#)
- [US Department of Health + Human Services Recognizes NYC Health + Hospitals for Its Pledge to Decarbonize Health Care Sector, Make Facilities Resilient to Climate Change](#)
- [NYC Health + Hospitals Completes Major Laboratory Upgrades at All 11 Public Hospitals to Provide Faster Test Results, Reduce Lab Costs](#)
- [Test & Treat and Dept. of Probation Expand City's Network of At-Home Test Distribution Sites](#)
- [Joint Commission, Kaiser Permanente Recognize NYC Care for Excellence in Pursuit of Healthcare Equity](#)
- [Dr. Wendy Wilcox, Dr. Michelle McMacken, and Roger Milliner Named Power Players in Health Care](#)
- [Mayor Adams Expands Efforts to Connect Patients Experiencing Homelessness to Stable, Affordable Housing, Delivers on Promise in Housing Blueprint Released Earlier This Year](#)
- [NYC Health + Hospitals/Bellevue Awarded Comprehensive Stroke Certification from the Joint Commission](#)
- [Street Health Outreach & Wellness \(SHOW\) Program Named Finalist in UCSF 2022 Digital Health Awards](#)
- [Ten Years After Hurricane Sandy, NYC Health + Hospitals Makes Progress on Majority of Resiliency Projects](#)
- [NYC Health + Hospitals Spent More Than \\$747 Million with Minority- and Women-Owned Businesses in the Last Year](#)
- [NYC Health + Hospitals Hosts Free Health Insurance Workshops to Prepare New Yorkers for Upcoming Open-Enrollment Periods](#)
- [Laurie M. Tisch Illumination Fund Previews Healing Walls, a Book Commemorating NYC Health + Hospitals' Community Mural Project from 2019 through 2021](#)
- [New Yorkers Urged to Get Flu Vaccine As Experts Warn of "Twindemic" With COVID-19 Still Very Prevalent](#)

RESOLUTION - 02

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") authorizing the **funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals")** to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.

WHEREAS, for many years, the System has entered into various agreements with certain medical schools, voluntary hospitals and professional corporations to provide clinical and behavioral health services at the System's facilities including an agreement with DHSU for the Hospitals (the "**Affiliation Agreement**"); and

WHEREAS, at its May 26, 2022 meeting, the System's Board of Directors authorized funding for the extension of the Affiliation Agreement through December 31, 2023, and

WHEREAS, the System and DHSU are continuing to finalize the terms of an amended and extended affiliation agreement; and

WHEREAS, the System and DHSU agree that it would be most efficient to implement the terms of their new agreement on July 1, 2023, which is the beginning of the fiscal and academic year; and

WHEREAS, DHSU's collective bargaining agreement with its employed physicians requires DHSU to provide its employed physicians with one year's notice of termination of their employment; and

WHEREAS, to avoid DHSU sending a notice of termination to its employed physicians and the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term of longer than one year; and

WHEREAS, to provide sufficient time to finalize the terms of a new affiliation agreement for professional services, and to accommodate the notice requirement of SUNY's collective bargaining agreement, the System seeks to extend the Affiliation Agreement for an additional six months, through June 30, 2024; and

WHEREAS, the overall responsibility for administering the Affiliation Agreement shall reside with the System's Chief Medical Officer.

NOW, THEREFORE, BE IT:

RESOLVED, that the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals")** be and is hereby amended to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.

Dated: December 15, 2022

EXECUTIVE SUMMARY
Contract Extension
State University of New York/ Health Science Center at Brooklyn
a/k/a Downstate Health Sciences University

- BACKGROUND:** The Affiliation Agreement between the System and DHSU is scheduled to expire on December 31, 2023. The System and DHSU have made significant progress in negotiating the terms of a new affiliation agreement, however, because DHSU's collective bargaining agreement requires DHSU to provide its employed physicians with one-year's notice of termination, and to avoid DHSU sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term longer than one year.
- PROPOSAL:** The System seeks authority to extend the term of the Affiliation Agreement to June 30, 2024 to provide sufficient time to finalize the terms of a new affiliation agreement with DHSU and to allow implementation of the new terms of their clinical and academic affiliation to occur at the beginning of a new fiscal and academic year which occurs July 1, 2024. The extension will cover the provision of services at the Hospitals for a period beginning December 31, 2023 through June 30, 2024, for a total cost not to exceed \$12,221,174, which includes a 10% contingency.
- PROCUREMENT:** The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year it is in the best interest of the System to continue the contract with SUNY without changes to its terms.

***Professional Services Contract Extension
for December 31, 2023 – June 30, 2024***

**Downstate Health Sciences University
(SUNY-DHSU)**

**NYC Health + Hospitals/ Kings County
NYC Health + Hospitals/ South Brooklyn Health formerly
Coney Island**

Machelle Allen M.D., SVP and System Chief Medical Officer
Andrea G. Cohen, General Counsel, SVP and General Counsel
John Ulberg, SVP and Chief Financial

Executive Committee Meeting
December 15, 2022

For Consideration

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.**

Background and Current State

- The Affiliation Agreement between the System and Downstate health Sciences University (DHSU) is scheduled to expire on December 31, 2023. The System and DHSU have made significant progress in negotiating the terms of a new affiliation agreement, however, because DHSU's collective bargaining agreement requires DHSU to provide its employed physicians with one-year's notice of termination, and to avoid DHSU sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term longer than one year.
- The System seeks authority to extend the term of the Affiliation Agreement to June 30, 2024 to provide sufficient time to finalize the terms of a new affiliation agreement with DHSU and to allow implementation of the new terms of their clinical and academic affiliation to occur at the beginning of a new fiscal and academic year which occurs July 1, 2024. The extension will cover the provision of services at the Hospitals for a period beginning December 31, 2023 through June 30, 2024, for a total cost not to exceed \$12,221,174, which includes a 10% contingency.
- The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year it is in the best interest of the System to continue the contract with SUNY without changes to its terms.

Reason for Extension

- ❖ SUNY-DHSU's union contract requires it to provide one-years' notice of termination to its employed physicians.
- ❖ The current agreement between NYC Health + Hospitals and SUNY-DHSU (as extended) expires December 31, 2023.
- ❖ A six-month extension will allow the following services to continue without disruption while the parties finalize the terms of a new longer-term and right-sized contract services agreement, and allows the implementation of the new terms at the beginning of a new fiscal year:
 - NYC Health + Hospitals/Kings - Emergency Medicine, Psychiatry, and Radiology
 - NYC Health + Hospitals/South Brooklyn Health formerly Coney Island - Surgery

NYC Health + Hospitals SUNY-DHSU CONTRACT ACTIVITY			
Period	Start Date	End Date	Months
FY 17 to FY 20 Agreement	1-Jul-16	30-Jun-20	48
Extension thru FY 22	1-Jul-19	30-Jun-22	24
Extension for FY 23	1-Jul-22	30-Jun-23	12
Extension for first half of FY24	1-Jul-23	31-Dec-23	6
Extension for second half of FY24	1-Jan-24	30-Jun-24	6

**NYC Health + Hospitals
Affiliation Contract Costs
Through June 30, 2024 for
SUNY-DHSU**

Fiscal Year	Amount
FY 2016	\$ 13,878,682
FY 2017	\$ 17,262,441
FY 2018	\$ 20,423,406
FY 2019	\$ 19,496,698
FY 2020	\$ 21,400,555
FY 2021	\$ 21,645,218
FY 2022	\$ 21,782,491
FY 2023	\$ 22,000,315
FY 2024 – (7/1/23 - 12/31/23)	\$ 11,110,159
FY 2024 – (1/1/24 – 6/30/24)	\$ 11,110,159 + 10% contingency = \$ 12, 221, 174

Proposed Contract Costs

Facility	Second Half FY 2024 (1/1/24 – 6/30/24) Base	10% Contingency	Total NTE
South Brooklyn Health formerly Coney Island	\$561,062	\$56,106	\$617,168
Kings County	\$10,549,097	\$1,054,909	\$11,604,006
Total	11,110,159	1,111,015	\$12,221,174

- Proposed payment to the Affiliate is based on costs.
- The costs reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-payer developments.

Executive Committee Request

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.**

RESOLUTION - 03

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **New York City Police Department** (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at **Elmhurst Hospital Center** ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at **Queens Hospital Center** ("Queens") to operate radio communications equipment with the occupancy fee waived.

WHEREAS, the Licensee has operated communications equipment at each facility under Board of Directors approved license agreements since 2012; and

WHEREAS, each facility continues to have adequate space to accommodate the Licensee's communications equipment; and

WHEREAS, the communications equipment does not compromise facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a revocable license agreement with the New York City Police Department (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens") to operate radio communications equipment with the occupancy fee waived.

EXECUTIVE SUMMARY

LICENSE AGREEMENT

NEW YORK CITY POLICE DEPARTMENT

ELMHURST HOSPITAL CENTER AND QUEENS HOSPITAL CENTER

The NYC Health + Hospitals (the “System”) seeks the authorization of the Board of Directors of the Corporation to execute a revocable license agreement with the New York City Police Department (“NYPD”) for its continued use and occupancy of space to house communications equipment at Elmhurst Hospital Center (“Elmhurst”) and Queens Hospital Center (“Queens”).

The NYPD has operated communications equipment at Elmhurst and Queens since 2012 under prior license agreements authorized by the NYC Health + Hospitals’ Board of Directors. The equipment enhances the overall performance of NYPD’s communications systems. The NYPD will have the continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at Elmhurst and fifty square feet of space on the roof of the “N” Building at Queens Hospital Center (“Queens”) to operate radio communications equipment with the occupancy fee waived.

The equipment does not compromise facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

The NYPD will be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of the use of the licensed space and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will be revocable by either party on ninety (90) days prior notice, and will not exceed a term of five (5) years without further authorization by the Board of Directors of the New York City Health and Hospitals Corporation.

Elmhurst Hospital Center and Queens Hospital Center License Agreement – New York City Police

**Executive Committee Meeting
December 15, 2022**

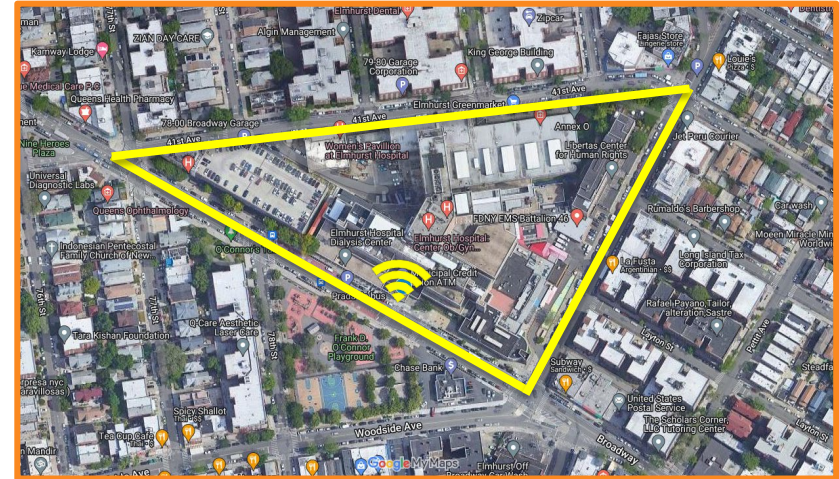
Leora Jontef, Assistant Vice President, Housing and Real
Estate

For Consideration

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the New York City Police Department (the “Licensee”) for its continued use and occupancy of 75 square feet of space on the roof of the Main Building at Elmhurst Hospital Center (“Elmhurst”) and 50 square feet of space on the roof of the “N Building” at Queens Hospital Center (“Queens”) to operate communications equipment with the occupancy fee waived.

Background

- The New York City Police Department (“NYPD”) has been operating communications equipment on the campus of Elmhurst Hospital Center (Elmhurst) and Queens Hospital Center (Queens) since 2012.
- The NYPD operates equipment at each facility that enhances the overall performance of its communication systems.
- The equipment does not compromise facility operations and complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.



Terms

- The NYPD will have the continued use and occupancy of approximately 75 square of space on the roof of the Main Building at Elmhurst and 50 square feet of space on the roof of the “N Building” at Queens.
- These agreements were previously approved by the Board in 2015 and 2017.
- The occupancy fees have been waived for both NYPD sites.
- This agreement will commence on February 1st, 2023

Executive Committee Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the New York City Police Department (the “Licensee”) for its continued use and occupancy of 75 square feet of space on the roof of the Main Building at Elmhurst Hospital Center (“Elmhurst”) and 50 square feet of space on the roof of the “N Building” at Queens Hospital Center (“Queens”) to operate communications equipment with the occupancy fee waived.

RESOLUTION - 04

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

WHEREAS, in 2017 the System's Board of Directors authorized a license agreement with the Licensee for operation of its equipment on the Facility's campus; and

WHEREAS, the Facility continues to have adequate space to accommodate the Licensee's communications equipment; and

WHEREAS, the communications equipment does not compromise Facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately of \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

EXECUTIVE SUMMARY

LICENSE AGREEMENT SPRINT SPECTRUM REALTY COMPANY LLC

NYC HEALTH + HOSPITALS/LINCOLN

NYC Health + Hospitals Corporation (the “**System**”) seeks the authorization of its Board of Directors to execute a revocable license agreement with Sprint Spectrum Realty Company LLC (“**Sprint**”) for its continued use and occupancy of space to house cellular communications equipment at Lincoln Medical and Mental Health Center (“**Lincoln**”).

In 2017, the Board of Directors authorized the System to enter into a license agreement with Sprint for use and occupancy of space on Lincoln’s roof. The Licensee has operated cellular communications equipment on Lincoln’s campus since 2011.

Sprint will operate a cellular communications system in approximately 300 square feet of space. The system will enhance cellular communications in the Bronx. Sprint will pay an annual occupancy fee of approximately of \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

Sprint’s system complies with applicable Federal statutes governing the emission of radio frequency signals, and therefore poses no health risk

Sprint will indemnify and hold harmless the System and the City of New York from any and all claims arising out of the use of the licensed space and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will be revocable by either party on ninety days prior notice, and will not exceed a term of five years without further authorization by the System’s Board of Directors.

NYC Health + Hospitals/Lincoln

License Agreement with Sprint Spectrum Realty LLC

Executive Committee Meeting December 15, 2022

**Leora Jontef, Assistant Vice President, Housing and
Real Estate**



For Consideration

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year revocable license agreement with Sprint Spectrum Realty Company LLC (the “Licensee”) to operate a cellular communications system on approximately 300 square feet of space on the roof of NYC Health + Hospitals/Lincoln at annual occupancy fee of \$108,604 calculated at \$362 per square foot to be escalated by 3% per year for a five year total of \$576,595.

Background

- Lincoln has had Sprint communication equipment on its roof since 2017.
- The equipment is part of Sprint's cellular communications network.
- The equipment does not compromise facility operations and complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.



Background

- In 2017 the Board of Directors authorized a five year license agreement with the Licensee for use and occupancy of 300 square feet of space on the roof of the Facility.
- The existing license agreement expires December 30, 2022.
- The new agreement will allow the Licensee to continue its use and occupancy of the space.

Terms

- Sprint Spectrum Realty Company LLC will continue to occupy approximately 300 square feet on the roof of the Facility.
- Sprint Spectrum will pay an occupancy fee of \$108,604 per year, or \$362 per square foot. The occupancy fee will be escalated by 3% per year for a combined five year total of \$576,595.
- The new agreement will commence January 1, 2023.
- The unique site specific factors (e.g. area topography, area signal coverage) that affect the price for rooftop space used for communication equipment differ from typical commercial space leases thereby rendering traditional fair market analysis less significant.

Occupancy Fee

Existing Agreement		
<u>Year</u>	<u>Annual</u>	<u>PSF</u>
1	\$93,683	\$312
2	\$96,493	\$322
3	\$99,388	\$331
4	\$102,370	\$341
5	\$105,441	\$351
Total	\$497,376	
New Agreement		
<u>Year</u>	<u>Annual</u>	<u>PSF</u>
1	\$108,604	\$362
2	\$111,862	\$373
3	\$115,218	\$384
4	\$118,675	\$396
5	\$122,235	\$407
Total	\$576,595	

3% annual escalation calculated on year 5 of previous agreement

Executive Committee Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year revocable license agreement with Sprint Spectrum Realty Company LLC (the “Licensee”) to operate a cellular communications system on approximately 300 square feet of space on the roof of NYC Health + Hospitals/Lincoln at annual occupancy fee of \$108,604 calculated at \$362 per square foot to be escalated by 3% per year for a five year total of \$576,595.

RESOLUTION - 05

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five-year term in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

WHEREAS, in June 2020 the System’s Board of Directors authorized a five-year agreement with Array to provide architectural/engineering services for the renovation of space at Bellevue and Woodhull to serve as sites for the OTxHU program; and

WHEREAS, since the approval of the subject agreement in June, 2020 the scope and cost of the OTxHU program has grown due to additional program requirements, many imposed by the New York State Commission of Correction (“**SCOC**”) and the requirement that the progress of the program be substantially accelerated; and

WHEREAS, in November 2021 the System reported that, to accelerate project completion, the cost of Array’s services had been projected to increase from the originally authorized sum of \$8,663,000 by \$1,814,880 to a new projected total of \$10,477,880; and

WHEREAS, SCOC design changes at Bellevue will add \$2,389,708 to the design cost;

WHEREAS, CHS is adapting those SCOC design principles to Woodhull which will add \$2,484,384 to the design cost; and

WHEREAS, a third element in the current request for increased funding is the addition of a 10% contingency in the amount of \$1,535,197 which is needed because a contingency for design was not included in the original board approval; and

WHEREAS, the three elements of increased costs bring the total project funding to \$16,887,169; and

WHEREAS, the proposed agreement will be managed by the Office of Facilities Development.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five year term in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

**EXECUTIVE SUMMARY
ARCHITECTURAL AND ENGINEERING SERVICES
FOR THE OTxHU PROGRAM
ARRAY ARCHITECTS, INC.**

- OVERVIEW:** The System plans to launch CHS' OTxHU program to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done to prepare the spaces. The System executed a contract with Array to design the OTxHU spaces and assist with the procurement of construction contractors and with construction administration. The contract with Array was approved by the Board of Directors in June 2020 with an NTE of \$8,663,000. In November 2021 the System returned to the Board of Directors to request \$1,814,880 in increased funding bringing the contract NTE to \$10,477,880. This request was triggered by the need to accelerate the project and to respond to SCOC design changes requested at Bellevue.
- NEED:** SCOC has requested changes in the previously approved design at Bellevue and those principles are being incorporated into the design at Woodhull. Finally, it is prudent to add a contingency to the Array contract because one was not included initially.
- PROPOSAL:** The SCOC design changes at Bellevue will cost an additional \$2,389,708. The design changes at Woodhull will add \$2,484,384 to the architectural design cost. A prudent contingency of 10% is \$1,535,197. These three changes total \$6,409,289. When that amount is added to the prior NTE of \$10,477,880 the new requested NTE becomes \$16,887,169.
- FUNDING:** The proposed contract expenses will be paid with City Capital Funds.
- TERM:** The term of the agreement remains unchanged at three years with two one-year options to renew solely exercisable by the System.
- MWBE:** Array previously submitted a plan for not less than 30% MWBE utilization and is adhering to that plan.



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

From: Keith Tallbe Rivera
Senior Counsel Bazan
Office of Legal Affairs Jrmali

Re: Vendor responsibility, EEO and MWBE status

Vendor: Array Architects, Inc.

Date: November 23, 2022

Digitally signed
by Rivera-Bazan,
Jrmali
Date:
2022.11.23
14:26:18 -0500

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
34% - Utilization Plan

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

Increased Funding for Outposted Therapeutic Housing Units (OTxHU) Associated with SCOC Changes with Array Architects, Inc.

Design Services

**Executive Committee Meeting
December 15, 2022**

**Manny Saez, PhD., Senior Assistant Vice President , Office of Facilities Development
Oscar Gonzalez, CCM, Senior Assistant Vice President, Office of Facilities Development
Luis Mendes, Senior Director, Office of Facilities Development
Ashley Smith, Senior Director, Correctional Health Services
Denisha Simpson Franklin, Senior Director, Correctional Health Services**

For Consideration

- Authorizing New York City Health and Hospitals Corporation (**the “System”**) to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five-year term in connection with the System’s Correctional Health Services (**“CHS”**) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (**“OTxHU”**) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

Background

- The OTxHU project was publicly announced by the Mayor in a press release on November 26, 2019, marking official approval that the project could move forward
- During COVID, OFD & CHS progressed securing contracts to start designs for Bellevue & Woodhull. The Board approved contracts in June 2020:
 - Design services for OTxHU for Array
 - Program Management services for AECOM
 - Design services for Enabling Projects at Woodhull Hospital for E4H
- Board approved construction contracts for both Bellevue and Woodhull
 - November 2021 Board approval - Bellevue: Consigli CM/GMP
 - March 2022 Board approval - Woodhull Enabling Contract – JEMCO GC
- Board approved amendments
 - November 2021 Board approval – Bellevue: Array due to acceleration and AECOM to oversee CM/GMP contractor
 - May 2022 Board approval – Bellevue: Consigli CM/GMP increase due to New York State Commission of Correction (SCOC) changes

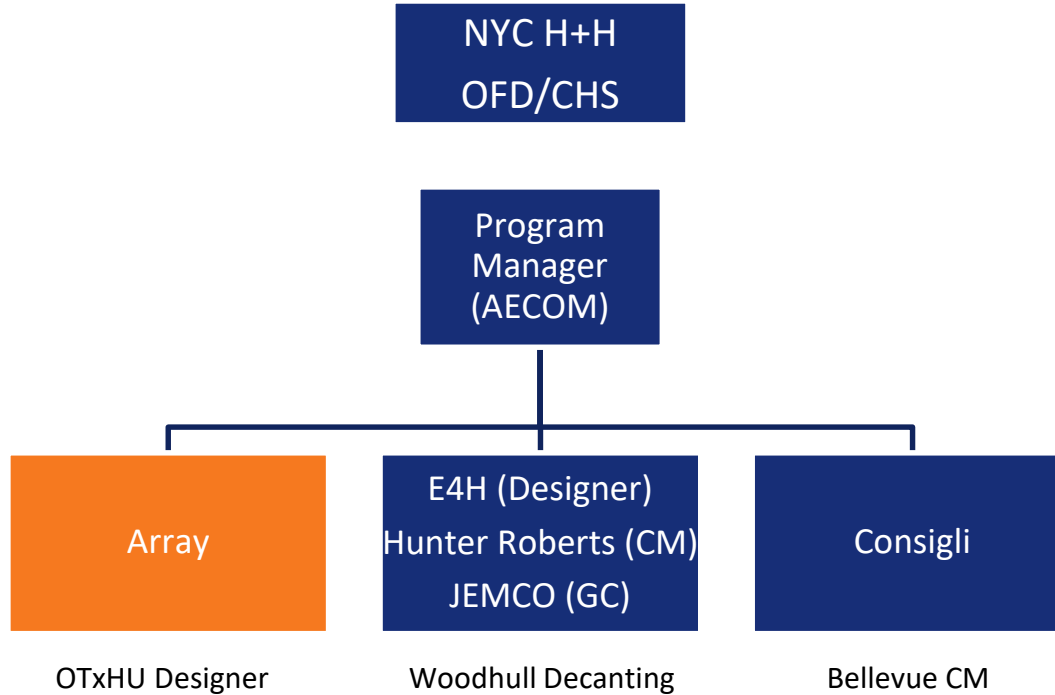
Reason for Contract Amendment

- In January 2022, the SCOC required a number of additional changes at Bellevue including a new location for the outdoor recreation resulting in the need for a revised design and construction approach for recreation, patient and staff flow, and the program floorplan.
- On March 29th, SCOC provided approval of the Bellevue project, which integrated the changes SCOC requested.
- H+H is adapting these SCOC principles to the design of the Woodhull project
- Contingency is needed to allow for design for unforeseen circumstances.

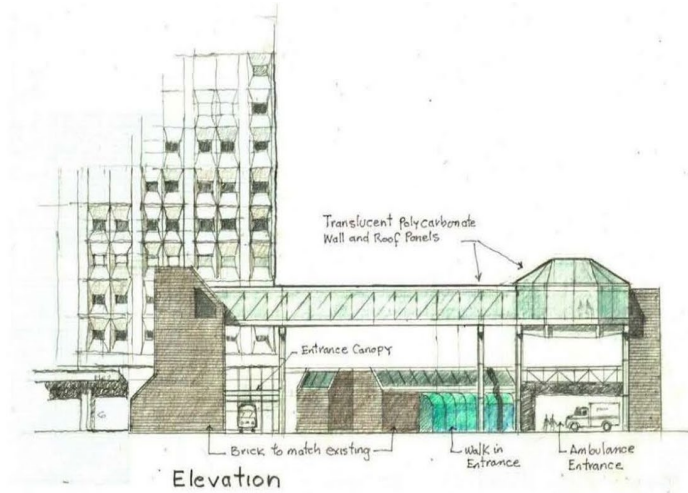
Potential Scope Amendments:

- On June 6th, DOC informed the project team of additional requests that would require design revisions. These requests are under review by the city.

OTxHU Team



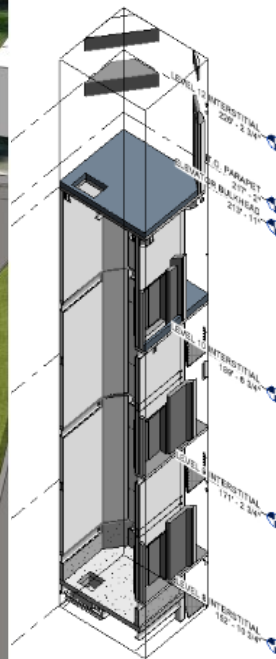
Bellevue OTxHU with SCOC Changes



- ***New exterior elevator and recreation space to satisfy SCOC concerns and mitigate operational impact to the overall facility***

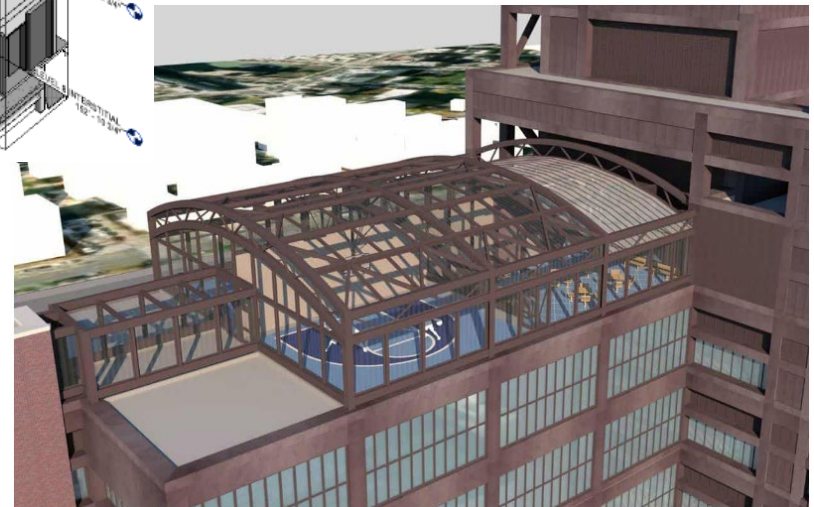
- 110 patient beds
 - Treatment and support areas located throughout the program
- H Bldg, 2nd Floor, OTxHU
 - 64,705 GSF
 - 45,856 SF Clinical spaces
 - 9,554 SF Circulation/Core
 - 9,295 SF Admin spaces
- Upgrades to Mechanical, Electrical and Plumbing systems
- Creates efficient, normative environments for patients and staff

Woodhull OTxHU with Adapted Changes



- 156 patient beds
 - Treatment and support areas located throughout the program
- 9th and 10th floors, OTxHU
 - 70,000 GSF
 - 10,537 SF Clinical spaces
 - 24,784 SF Circulation/Core
 - 8,853 SF Admin spaces

- *New Van Access with Sitework*
- *New secure Sallyport, 3-Stop Elevator*
- *Outdoor Recreation Area to satisfy SCOC requirements*
- *10th floor Roof Replacement*
- *Curtain Wall Replacement*



Current State

Progress To Date

- The Board approved the Array design contract in June 2020 for an NTE of \$8,663,000.
- The Board approved an NTE increase for Array due to acceleration at Bellevue in November 2021 for the amount of \$1,814,880 increasing the contract NTE to \$10,477,880.
- The SCOC design changes to Bellevue were finalized.
- Construction at Bellevue is scheduled for completion in 2023.
- Woodhull CM Builder RFP has been released to a pre-qualified vendor pool.
- Woodhull is scheduled for completion in 2024.
- Array has been excellent in the work completed thus far

Amendment Request

- Authorization to increase budget for Array design contract by \$6,409,289 to a total NTE of \$16,887,169
 - Bellevue SCOC design changes \$2,389,708
 - Woodhull adapted design changes \$2,484,384
 - 10% design contingency of new total NTE \$1,535,197 (contingency for design was not included in original board approval)
- This increase in costs is within the total project budget.
- OMB has approved Project contingency which will cover this request.

MWBE Utilization Plan

- Array originally committed to a 36.47% MWBE Utilization Plan
 - Array's original MWBE utilization plan was 36.47%
 - Array's adjusted MWBE utilization plan was 33.1% with first NTE increase
 - Array's MWBE plan with current increase of \$6,409,289 is 34.65%
 - \$1,688,873 of the increase is committed to MWBE spend
 - 50.64% of Array's invoices to date are to MWBEs
 - Net effective MWBE utilization plan is 34%

- Authorizing New York City Health and Hospitals Corporation (**the “System”**) to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five-year term in connection with the System’s Correctional Health Services (**“CHS”**) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (**“OTxHU”**) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.