

CALL TO ORDER - 2:00 PM

Mr. Pagán

1. Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | South Brooklyn Health

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Kings County

2022 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | Sydenham Gotham Center

2. OPEN PUBLIC SESSION - 3:00 PM

3. Adoption of the Board of Directors Meeting Minutes – September 28, 2023

4. Chair’s Report

Mr. Pagán

5. President’s Report

Dr. Katz

6. Informational Item: Fiscal Year 2023 Annual Public Hearing Responses

Ms. Brown

7. Authorizing the amendment of the By-Laws of New York City Health and Hospitals Corporation (the “System”) to combine the standing Information Technology (“IT”) and Medical and Professional Affairs (“M&PA”) Committees into a single committee to be called the Medical and Professional Affairs and Information Technology Committee such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and

Mr. Pagán

Further authorizing the amendment of the By-Laws to **update the names and status of South Brooklyn Health and North Central Bronx Hospital to reflect the South Brooklyn Health name change from Coney Island Hospital and that North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center;**

Such that the By-Laws of the System, as amended and restated, shall be as attached to this resolution.
(Presented to the Governance Committee: 10/16/2023)

Vendex: NA / EEO: NA

8. Approving the application of New York City Health and Hospitals Corporation (the “System”) for verification by the American College of surgeons of NYC Health + Hospitals/Lincoln (“Lincoln”) as a Level 1 Trauma Center.

Mr. Pagán

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

Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.
(Presented Directly to the Board of the Directors: 10/26/2023)

Vendex: NA / EEO: NA

9. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Aron Security Inc. DBA Arrow Security, GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd.** for security services at a not to exceed amount of \$323,700,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.
(Presented to the Finance Committee: 10/16/2023)
Vendex: Pending – Garda World Security Corporation
Approved – Aron Security, Mulligan Security LLC, SLSCO Ltd.
EEO: All Pending

Ms. Wang

COMMITTEE AND SUBSIDIARY REPORTS

- Audit Committee
- Finance Committee
- Governance Committee
- Accountable Care Organization – Subsidiary

Mr. Pagán

Ms. Hernandez-Piñero
Ms. Wang
Mr. Pagán
Mr. Katz

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

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the **28th day of September, 2023** 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
Ms. Freda Wang
Dr. Mitchell Katz
Ms. Anne Williams-Isom - Arrived at 2:12 p.m.; Left at 3:00 p.m.
Ms. Elizabeth Lauros - Arrived at 3:00 p.m.
Ms. Molly Wasow Park - Left at 3 p.m.
Ms. Anita Kawatra
Ms. Sally Hernandez-Piñero
Ms. Barbara Lowe - Arrived at 3:33 p.m.
Mr. Robert Nolan
Dr. Patricia Marthone - Arrived at 2:25 p.m.
Dr. Michelle Morse
Ms. Jackie Rowe-Adams

José Pagán, Chair of the Board, called the meeting to order at 2:04 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

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

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 patient medical information.

OPEN SESSION

The Board reconvened in public session at 3:11 p.m.

Mr. Pagán noted that Elizabeth Lauros is representing Deputy Mayor Anne Williams-Isom, and Dr. Michelle Morse is representing Dr. Ashwin Vasan - both in a voting capacity.

ACTION ITEM 3 - ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on July 27, 2023 were

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

RESOLVED, that the minutes of the Board of Directors Meeting held on July 27, 2023 copies of which have been presented to the Board be, and hereby are, adopted.

ITEM 4 - CHAIR'S REPORT

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

The Board also received and approved the semi-annual governing body written submission from NYC Health + Hospitals/ Coler Long Term Care Center and Gouverneur Skilled Nursing Facility.

The Board received and approved the 2022 annual performance improvement and evaluation plan written submission from NYC Health + Hospitals/ Gotham Health, Cumberland.

COMMITTEE APPOINTMENT

Mr. Pagán noted that according to Article VI, section(C)Appointment:

The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees.

Mr. Pagán proposed a motion to appoint Sally Hernandez-Piñero to the Executive Committee.

Upon motion duly made and seconded, the Board unanimously approved the appointment of Sally Hernandez-Piñero to the Executive Committee.

COMMITTEE CHAIR APPOINTMENT

Mr. Pagán continued, according to Article VI, Section 1(D)Committee Chair:

The Chair of each committee, both standing and special, shall be designated by a majority vote of the Board:

Upon motion duly made and seconded, José Pagán was appointed as the Chair of the Capital and Strategic Planning Committees.

VENDEX APPROVALS

Mr. Pagán noted there are six items on the agenda requiring Vendex approval and that, four have that approval. There are two items from previous Board meetings pending Vendex approval. One Vendex approval has been received since the Board last met.

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

ACTION ITEM 6:

Mr. Pagán read the resolution

Adopting by the Board of Directors of New York City Health and Hospitals Corporation (the "System"), pursuant to Article 57-A of the New York State Arts and Cultural Affairs Law, the applicable provisions of the Retention and Disposition Schedule for New York Local Government Records, issued by the Commissioner of the New York State Education Department, (the "LGS-1") as revised by the System's Records Management Governance Committee for use by all workforce members in legally disposing of System records.
(Presented Directly to the Board of the Directors: 09/28/2023)

Catherine Patsos, Chief Corporate Compliance Officer, provided background information regarding the Local Government Retention Schedule. Ms. Patsos also gave an overview of the current record retention schedule and the revised schedule.

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

ACTION ITEM 7:

Mr. Pagán read the resolution

Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2023 to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").
(Presented Directly to the Board of the Directors: 09/28/2023)

Matthew Siegler, Senior Vice President, Managed Care & Patient Growth explained the requirements of the Public Authority Reform Act ("PARA") of 2009 and provided an overview of the corresponding performance measures on the System's strategic dashboard. Mr. Siegler read the Authority Mission Statement and noted some additional questions and corresponding answers regarding the mission of public authority.

Following questions from the Board, Mr. Siegler and Jeremy Berman, Deputy General Counsel, confirmed that the System's dashboard report is submitted annually with the corresponding performance measures from the prior year.

After questions from Dr. Morse, Mr. Siegler also confirmed that the word "racial equity" is not included in the mission statement, however, it is built into the System's enabling statute, the strategic pyramid and posted on the public website. Dr. Morse proposed a revision to the mission statement to include "equity" instead of equally and that "racial justice" or "racial equity" are specifically named.

Dr. Katz and Andrea Cohen, Senior Vice President and General Counsel, discussed logistics and legal strategies to revise the mission statement.

Mr. Pagán added that from the strategic planning perspective, the words social and racial equity are not only written on the pyramid but are a foundation for all activities listed on the pillars.

After questions from Ms. Kawatra, Ms. Cohen explained that the Authority Mission Statement is not just re-written every year but can be re-written periodically.

Ms. Cohen recommended that revisions to the mission statement go through the committee review process with the Strategic Committee and ultimately come to the full Board for approval. Dr. Katz concurred and proposed to Dr. Morse that she email her written recommendations and language and said proposed changes will be reviewed and discussed at the next Strategic Committee meeting.

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

ACTION ITEM 8:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals (the "System") to sign a 5-year license terminable by the System without cause with K & M Medical PLLC Group d/b/a **Mobile Vascular Physicians ("MVP") for MVP' use of 414 sf at NYC Health + Hospitals/Carter ("Carter"), 216 sf at NYC Health + Hospitals/Coler ("Coler"), 120 sf at NYC Health + Hospitals/McKinney ("McKinney"), and 125 sf at NYC Health + Hospitals/Seaview ("Seaview") as examination rooms in connection with MVP's vein care practice at initial rates of \$47/sf at Carter, \$57/sf at Coler, \$25/sf at McKinney and \$40/sf at Seaview** for an initial yearly fee of \$74,859 for the four spaces to increase by 3%/year for a total over the 5-year term for the four spaces of \$177,698.

(Presented to the Capital Committee: 09/11/2023)

Dr. Khoi Luong, Senior Vice President for Post-Acute Care, provided an overview of the proposal, background information on the Mobile Vascular Physician ("MVP") provider and details on the license terms, including the occupancy fee structure per facility. Dr. Luong explained that Gouverneur Skilled Nursing Facility will not be included in the license agreement due to lack of suitable space but the Gouverneur patients would be treated by MVP in MVP's offices.

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

ACTION ITEM 9:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with **Tasty Picks, Inc. #2 ("Tasty Picks") for its use and occupancy of 2,500 square feet at NYC Health + Hospitals/Metropolitan** ("Metropolitan") for a retail food operation at an initial rate of \$30/square foot or \$74,400 per year to increase by 2% per year for a total occupancy fee over the term of \$107,723.63, such agreement to be terminable by either party on thirty days' notice without cause.

(Presented to the Capital Committee: 09/11/2023)

Jeremy Berman, Deputy General Counsel provided background information about the food service and vendors at NYC Health and Hospitals/Metropolitan, explaining that the facility is looking to bring a second vendor to offer healthy and affordable-style food with seating for patrons. Mr. Berman provided an overview of the selection process and details about the vendor including some menu items with the corresponding price range and the agreement terms.

The Board acknowledged the team for the thoughtful way in which the rental terms were extrapolated.

In response to questions from the Board, Mr. Berman confirmed that the menu offers healthy food options and no sugary drinks in alignment with the city-wide healthy beverage initiative. Changes to the menu and price points will need to be reviewed and approved by the facility's CEO and the Senior dietitian.

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

ACTION ITEMS 10 AND 11:

Mr. Pagán read the resolutions

10. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with **Jemco Electrical Contractors, Inc. (the "Contractor")**, for a not to exceed amount of \$10,000,000, to provide general construction services on an as-needed basis at various NYC Health + Hospitals' facilities over a term of two years.

(Presented to the Capital Committee: 09/11/2023)

11. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with **BA Global Construction Corp. (the "Contractor")**, for a not to exceed amount of \$10,000,000, to provide general construction services on an as-needed basis at various NYC Health + Hospitals' facilities over a term of two years.

(Presented to the Capital Committee: 09/11/2023)

Mahendranath Indar, Assistant Vice President, Office of Facilities Development provided background information and current state on current utilization. Mr. Indar explained the procurement process for both vendors, the vendor evaluations, and also gave an overview of the MWBE utilization plans.

After questions from the Board, Mr. Indar explained that the ten million-dollar requests are based on historical utilization, with the understanding that the team will return to the Committee and the Board should there be an increase in demand and a need for a higher amount.

Mr. Indar also explained that there are typically multiple contractors doing the same set of work. More specifically, there is a pool of three contractors, ten million dollars each, for General Contracting.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolutions for Jemco Electrical Contracts, Inc. and Global Construction Corp.

ACTION ITEM 12:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Jemco Electrical Contractors** (the "Contractor") to undertake a renovation of the Behavioral Health Units located on the 12th, 18th, and 20th Floors at Bellevue Hospital Center ("Bellevue"), to create a ligature resistant environment, for a contract amount of \$12,779,569 with a 10% project contingency of \$1,277,956 to bring the total cost not to exceed \$14,057,525.

(Presented to the Capital Committee: 09/11/2023)

Marcia Peters, Chief Operating Officer, NYC Health + Hospitals /Bellevue

provided program background information and history, construction scope and schedule. Oscar Gonzalez, Senior Assistant Vice President, explained the physical images of the current state and future anti-ligature environment in different areas of the Behavioral Health units. An overview of the procurement, outline of the construction contract including MWBE utilization, vendor performance evaluation and project budget were also discussed.

After questions from the Board, Ms. Peters explained that the \$14 million covers the construction in patient rooms, medication rooms, offices, recreation rooms, common areas among other spaces in the Behavioral Health unit and agreed to provide a detailed breakdown of the spaces included in the construction scope.

Ms. Peters explained that there will be no impact to the number of beds or change in the number of certified beds during and after the project completion. There is an alternate swing space in-use to house patients while the renovations are in-progress to ensure continuity of care and minor disruption of service delivery.

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

ACTION ITEM 13:

Ms. Hernandez-Piñero read the resolution

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with **HealthEdge Software, Inc.** ("HealthEdge") to procure a new replacement, modern core processing system for an amount not to exceed \$109,000,000 for a total 12-year contract period, with two five-year renewals subject to future approval by the Board of Directors of the NYC Health + Hospitals.
(Presented to the MetroPlus Health Board: 09/14/2023)

Ganesh Ramratan, Chief Information Officer, defined what a core processing system ("CPS") is and the need for the new system outlining the three main factors: outdated technology, numerous systems with higher complexity and cost. Mr. Ramratan explained the payor expectation in its current and future state, RFP criteria and vendor selection process. Mr. Ramratan provided further details about the Metroplus' current and future state, the platform's fundamental functions and key business drivers, the vendor's strengths, vendor status, MWBE utilization plan, proposed go-live timeline and funding were also provided.

Dr. Talya Schwartz, Chief Executive Officer and President of MetroPlus Health Plan, answered questions from the Board regarding cost and funding. The total cost is \$109 million. The initial implementation for the first year will be categorized as a capital asset, at \$19 million and will be funded from the

plans unassigned surplus. The balance of \$90 million will be categorized as expense over the next nine years.

In response to other questions from the Board, Dr. Schwartz explained that the processing system utilization has gradually decreased and does not meet the state requirements. It took over a year to conduct the RFP with external consulting support to ensure that there was a meticulous review and assessments before making a final decision.

Dr. Morse asked how will the system be useful in integrating health and social needs and the data requirements from the State for managed care for the year. Dr. Schwartz responded that there is an increasing demand for a large volume of data and data utilization, retroactive adjustments, and requests from regulators including data on social determinants of health, racial and ethnic backgrounds. This significant volume needs a modern system to capture all information and make valuable reports.

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

ACTION ITEM 14:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **IVCi, LLC ("IVCi") for audio-visual design, installation and support services** for a term of five years with two 1-year renewal options exercisable only by the System, for an amount not to exceed \$65,000,000.

(Presented to the Information Technology Committee: 09/11/2023)

Jeffrey Lutz, Chief Technology Officer and Senior Assistant Vice President, started with background information on the System's needs and current state. The RFP criteria, overview of the procurement process, vendor diversity and performance evaluation were also discussed.

After questions, Mr. Lutz explained that IVCI has worked with the System in building and expanding technology in many of the conference rooms, training rooms, emergency rooms and the Boardroom over the past ten years. The gap in unmet needs stems from a lack of availability of funds and not from a capacity or engagement perspective from the vendor.

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

ACTION ITEM 15:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Experian, Inc. ("Experian") for EDI clearinghouse services** for a term of three years with two 1-year renewal options exercisable only by the System, for an amount not to exceed \$25,000,000.

(Presented Directly to the Information Technology Committee: 09/11/2023)

Marji Karlin, Chief Revenue Officer, provided an overview of the background information regarding clearinghouse services and current state. Ms. Karlin explained the RFP criteria and shared an overview of the procurement process. Ms. Karlin also provided background information on Experian as it relates to their performance and capabilities. As for diversity, the Vendor Diversity team performed an availability and capacity analysis, there was insufficient availability and capacity to set a Vendor Diversity Component Percentage on this RFP.

Ms. Hernandez-Piñero asked if Experian was the lowest price bidder, to which Ms. Karlin responded, she was unsure, but will follow up with the information.

After further questions from the Board, Ms. Karlin explained in detail how claims are submitted to payers via clearinghouse while meeting the regulatory requirements. Every interaction has to be in a standard format with standard code sets and all are sent through the clearinghouse to maintain one electronic connection. Ms. Karlin confirmed that the \$25 million covers the first five years.

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

ACTION ITEM 16:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to **extend its current contract with Optum, Inc. ("Optum")** for an additional 12-month term for an amount not to exceed \$5,862,541.

(Presented Directly to the Information Technology Committee: 09/11/2023)

Marji Karlin, Chief Revenue Officer, provided background information on the need for the contract extension, highlighting that an overlapping period is needed to account for unexpected delay and the System's revenue cycle requires a clearinghouse to maintain the continuity of its operations.

After questions, Ms. Karlin confirmed that the new vendor is the lowest cost and Optum did bid on the contract discussed in Action Item 15.

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

ITEM 5 - PRESIDENT REPORT - COMPLETE WRITTEN SUBMISSION INCLUDED IN THE MATERIALS

RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS

The System continues to offer life-changing assistance to asylum seekers pursuing a better life. The Humanitarian Emergency Response and Relief Centers ("HERRC"s) and Arrival Center has seen 118,000 people arrive here last spring. In August, to meet the demands of housing the burgeoning asylum seeker population, the public health system opened a humanitarian center on Randall's Island, a tent facility providing housing for 3,000 adults.

The 15 humanitarian centers provide humane and dignified care, resources and services to over 20,000 asylum seekers, nearly one third of the 61,000 people currently in the City's care across its network of 210 shelters and respite sites. In early September, NYC Health + Hospitals helped launch a citywide assessment of adult asylum seekers to determine their needs and how to best support them achieve their goals.

BEST HOSPITALS, BEST NURSING HOMES, BEST DOCTORS, RECOGNITIONS & AWARDS

U.S. News and World Report's annual "Best Hospitals" list recognizes 10 NYC Health + Hospitals acute care facilities for quality care. The hospitals received high marks in heart failure, diabetes, kidney failure, chronic obstructive pulmonary disease (COPD), stroke, hip fracture and pneumonia.

All NYC Health + Hospitals long term care facilities ranked "Best Nursing Homes of 2023" - Newsweek's fourth annual "Best Nursing Homes 2023" rankings recognized the health care system's skilled nursing facility NYC Health + Hospitals/Sea View as the number one nursing home in the State.

The organization recognized NYC Health + Hospitals/Bellevue, Elmhurst, Jacobi, Kings County hospitals, and Gotham Health centers in East New York and Morrisania for their Planetree International certification for excellence in person-centered care. There are four more facilities now completing their three-day onsite audits and will soon learn of their certification status.

Top Latino Doctors - Ten NYC Health + Hospitals physicians were among a distinguished list of doctors across 32 States and 60 specialties named to Castle Connolly's inaugural list of 'Top Hispanic & Latino Doctors' for their outstanding expertise, patient care, and contributions to the field of health care.

PEER ACADEMY EXPANDS BEHAVIORAL HEALTH WORKFORCE

NYC Health + Hospitals graduated over 50 people with mental health or substance use lived experience as peer counselors. Twenty-five of the 38 graduates in the first two classes have been hired as peer counselors, and 17 of them work within our health System.

NYC HEALTH + HOSPITALS ACO ACHIVES MEDICARE SHARED SAVINGS FOR TENTH YEAR IN A ROW

NYC Health + Hospitals' Medicare Shared Savings Program Accountable Care Organization ("ACO") earned \$8M from the Federal government for reducing avoidable costs and meeting high standards of quality care for patients. This is \$4M more than last year's shared savings. ACO saved Medicare \$10.9 million for 2022, all while achieving impressive scores across a number of quality-of-care measures. Since the health System ACO's inception in 2013, it has saved Medicare over \$83.6M, resulting in earned shared savings and subsequent investment of approximately \$47.1M for NYC Health + Hospitals and community partners.

NEW BUPRENORPHINE TREATMENT SERVICES TO ADDRESS OPIOID ADDICTION IN STATEN ISLAND

NYC Health + Hospitals/Gotham Health, Vanderbilt opened a Buprenorphine Clinic to provide comprehensive treatment for individuals with addiction to opioids. The Buprenorphine Clinic is funded by the NYC Health Department.

Dr. Katz submitted the balance of his report in writing, however, for the record, he highlighted the presidential emergency contract engagements for the month.

CONTRACT DEVIATION

Since Dr. Katz's last update regarding asylum seeker contracting response, there have been two additional contract actions:

- To house the families of migrant asylum seekers we have contracted for the rental of a hotel at 29 Ryerson Street, Brooklyn, NY from Sela Ryerson, LLC, for 24 months from September 15, 2023 through September 16, 2026 for an amount not to exceed \$65,514,18, with a 21-month minimum term.
- To provide security services at the HERRC sites we have contracted with a security services provider, Mulligan Security, LLC, for a period of 5 months in an amount not to exceed \$23,000,000. An RFP for HERRC security services was issued and we expect to request approval of the award from the Board for such contracts in October. Such contracts will replace this emergency contract.

Dr. Marthone expressed her pride and support of the System's Peer Psychiatric Program.

Dr. Morse asked about plans for the distribution of COVID-19 kits during this respiratory viral season. Dr. Katz responded that the System will continue to distribute COVID-19 kits and vaccination.

In terms of COVID-19 vaccines, Dr. Katz further explained that the Federal Government will distribute half of the supply intended for uninsured persons to commercial pharmacies which will increase accessibility to the public. However, this also will decrease the supplies available at the facilities by 50 percent. Commercial pharmacies will need to maintain a tracking system to capture the vaccination administration data. The facilities are due to receive the COVID-19 vaccine supplies soon.

COMMITTEE AND SUBSIDIARY REPORTS

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:47 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

GOVERNANCE COMMITTEE - Meeting Date: Thursday, July 27, 2023

As Reported by Freda Wang

Committee Members - Freda Wang; Dr. Mitchell Katz; Vincent Calamia; Michelle Morse; Sally Hernandez-Piñero

Staff - Colicia Hercules

The meeting was called to order at 1:39 pm by Freda Wang.

Ms. Wang noted for the record Michelle Morse is representing Dr. Ashwin Vasani in a voting capacity.

Ms. Wang called a motion to accept the minutes of the Governance Committee meeting held on April 27, 2023. The motion was seconded and the minutes were unanimously approved.

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

Open Session

During the Executive Session the Governance Committee received and discussed the President's recommendation to appoint Ivelesse Mendez- as Vice President - Chief Diversity Equity and Inclusion Officer. The recommendation was unanimously approved for presentation to the full Board.

There being no further business, the meeting adjourned at 1:54 p.m.

Capital Committee Meeting - September 11, 2023

As reported by: José Pagán

Committee Members Present: Dr. Machel Allen, José Pagán, Sally Hernandez-Piñero

Mr. José Pagán called the meeting to order at 11:16 a.m. and noted for the record Dr. Machel Allen is representing Dr. Mitchell Katz, in a voting capacity.

Mr. Pagán called for a motion to approve the June 5, 2023 minutes of the Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on June 5, 2023, were unanimously approved.

First on the agenda - Jeremy Berman, read the resolution:

Authorizing New York City Health and Hospitals (the "System") to sign a 5-year license terminable by the System without cause with K & M Medical PLLC Group d/b/a Mobile Vascular Physicians ("MVP") for MVP's use of 414 sf at NYC Health + Hospitals/Carter ("Carter"), 216 sf at NYC Health + Hospitals/Coler ("Coler"), 120 sf at NYC Health + Hospitals/McKinney ("McKinney"), and 125 sf at NYC Health + Hospitals/Seaview ("Seaview") as

examination rooms in connection with MVP's vein care practice at initial rates of \$47/sf at Carter, \$57/sf at Coler, \$25/sf at McKinney and \$40/sf at Seaview for an initial yearly fee of \$74,859 for the four spaces to increase by 3%/year for a total over the 5-year term for the four spaces of \$177,698.

Khoi Luong, Senior Vice President, Post-Acute Care Operations narrated a presentation providing an overview of the proposed services, background of MVP, and terms of the license agreement.

Mrs. Hernandez-Piñero asked if there was enough business generated to establish these services. Mr. Luong said yes, the model had been replicated successfully at other sites and they were confident that the operation would support the volume of need.

Mrs. Hernandez-Piñero asked if bedside services were being provided at the four sites being discussed. Mr. Luong said the physical exam is conducted on-site at the bed side and then a surgical recommendation is made. Surgical recommendations were carried out at an ambulatory surgery center.

Dr. Allen asked what services were provided at bedside and what was done at the surgery center. Dr. Luong said mainly history taking, physical examination and care coordination were performed at bedside, not procedures. Any procedures, even minor, would be conducted at the surgery center.

Dr. Allen noted that this RFP was only associated with services at the four listed sites and services were provided by MPV at Gouverneur under a separate contract. Mr. Luong noted that only bedside services were provided at Gouverneur. There was a lack of suitable space at Gouverneur to be included in this lease agreement.

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

Jeremy Berman read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a five-year license agreement with Tasty Picks, Inc. #2 ("Tasty Picks") for its use and occupancy of 2,500 square feet at NYC Health + Hospitals/Metropolitan ("Metropolitan") for a retail food operation at an initial rate of \$30/square foot or \$74,400 per year to increase by 2% per year for a total occupancy fee over the term of \$107,723.63 such agreement to be terminable by either party on thirty days' notice without cause.

Mr. Berman narrated a presentation providing background information, solicitation process, vendor, agreement terms, and anticipated services.

Dr. Mabelle Allen noted that some of our facilities had Au Bon Pain as a food provider and why that was not a system-wide arrangement. Mr. Berman said that Central Office Supply Chain was in favor of a system-wide vendor but it had proven difficult because some locations are larger than others and can do something more ambitious and make income of food locations while some of the smaller hospitals need to be subsidized and that created some tension and proved to be difficult. Mr. Berman noted that Au Bon Pain was operating under site specific contracts and not a broader agreement.

Mrs. Hernandez-Piñero commented that a system-wide agreement may be more cost effective.

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

Mr. Saez read both resolutions for consideration with one presentation:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Jemco Electrical Contractors, Inc. (the "Contractor"), for a not to exceed amount of \$10,000,000, to provide general construction services on an as-needed basis at various NYC Health + Hospitals' facilities over a term of two years.

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with BA Global Construction Corp. (the "Contractor"), for a not to exceed amount of \$10,000,000, to provide general construction services on an as-needed basis at various NYC Health + Hospitals' facilities over a term of two years

Mahendranath Indar narrated a presentation providing background information, summary of anticipated services, overview of procurement, and WMBE utilization plan.

Upon motion duly made and seconded the resolutions were approved for consideration by the Board of Directors.

Mr. Saez, read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with Jemco Electrical Contractors (the "Contractor") to undertake a renovation of the Behavioral Health Units located on the 12th, 18th, and 20th Floors at Bellevue Hospital Center ("Bellevue"), to create a ligature resistant environment, for a contract amount of \$12,779,569 with a 10% project contingency of \$1,277,956 to bring the total cost not to exceed \$14,057,525.

Anniqua Brown, Senior Director, Office of Facilities Development, narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget. Ms. Brown was joined by Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development.

Dr. Allen asked if any behavioral health unit updates had been completed to date. Ms. Brown said yes, two units were updated using Job Order Contract (JOC) vendors not public bid. The public bid should allow for a more competitive cost and allows 6 units to be complete at a time with the goal of having all complete by summer of 2025, with individual units will be turned over as they are completed.

Mrs. Hernandez-Piñero asked how many individual rooms there were all together. Mr. Gonzalez said he believes it was 26-27 patients per unit.

Mrs. Hernandez-Piñero asked if Bellevue was behind the times with regards to the anti-ligature regulations. Mr. Gonzalez explained that regulatory aspects

of anti-ligature change so quickly that keeping up with codes is a constant effort. Dr. Machelles Allen noted that entire units needed to be updated as a result of an incident that had happened.

Mrs. Hernandez-Piñero asked why there were only two GC contracts being presented when there were previously three. Mr. Indar said there was another contract under review.

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

VICE PRESIDENT REPORT

Manuel Saez provided the Vice President's for the Office of Facilities Development report.

Mr. Saez noted that as the fiscal year closed on June 30th, he was reflecting on the accomplishments of the Facilities Development team this past year. On the capital front, there has been a tremendous effort in partnership with our colleagues in finance.

Our capital budget and payments team facilitated the commitment of over \$507M in capital contracts, representing over 1,169 purchase orders. Of these contracts, approximately \$349M is City Capital and our infrastructure commitment rate for FY-23 was 73%. Our payments team processed over 4,300 payment vouchers this year, which is a 71% increase in transactions when compared to the 2,500 that were processed last year. Our budget team was able to authorize over \$482M, \$460M of City Capital, and \$22M in non-city capital in infrastructure-related budget expenditures- a slight increase from last year's \$467M.

For the status of our bond portfolio, we have 10 projects in active construction and 22 in substantial completion, with all projects estimated to be in substantial completion by the end of this calendar year.

Our facility operations team is hard at work preparing for the upcoming Joint Commission Surveys at NYC H+H/Carter, NYC H+H Coney Island, NYC H+H Lincoln, and NYC H+H Kings County.

This fiscal year we are working in earnest to move forward Brooklyn Borough President Reynoso's generous contribution to our capital program at our three Brooklyn Acute Care Hospitals, NYC H+H Woodhull, NYC H+H South Brooklyn, and NYC H+H Kings County. With this funding, we will make major modifications to the Labor and Delivery Units of these three facilities to improve clinical workflow and the patient experience. We are also finalizing the contracts for our System-wide Master Planning pool and expect to have these services available for use by our facilities this fiscal year.

This month, we had four items to present to the committee - securing new Job Order Contracts for General Contracting Services, constructing new Anti-Ligature supports in NYC H+H/Bellevue's Mental Health Units, bringing new food options to NYC H+H/Metropolitan, and leasing space for vein treatments at NYC H+H/Carter, NYC H+H/Coler, NYC H+H/McKinney, and NYC H+H/Seaview.

Mrs. Hernandez-Piñero asked if the system-wide master planning contracts were those discussed at a prior meeting that would involve prioritizing projects

throughout the system. Mr. Saez said yes. She asked what it meant when they said finalizing the contracts. Mr. Saez said they were finalizing the language of the contracts, obtaining signatures, registering the contracts and then determining best ways to distribute and initiate services.

Mrs. Hernandez-Piñero said she has trouble understanding the services. Mr. Saez said that the consultants will be able to provide overview on potential of the campuses and the facilities from an outside perspective.

Mrs. Hernandez-Piñero asked how we would determine allocation of funding for the planning or anticipate costs. Mr. Gonzalez said that two master planning efforts had been initiated at facilities already so there was a knowledge of anticipated cost. The information that came out of the master planning would help identify needs and cost of those needs.

Mrs. Hernandez-Piñero said she would like to see a completed master plan for edification.

Mr. Pagán asked about anticipated timeline. Mr. Gonzalez said it was dependent on size of facility but ranging from one year to two.

Mr. Pagán said he agreed with Mrs. Hernandez-Piñero and would like an opportunity to see a completed master plan.

Mrs. Hernandez-Piñero asked about staffing. Mr. Saez said it was always a challenge to find the right talent but we have had much success.

Dr. Allen noted, as a customer, that OFD was a great team to work with and were responsive and accessible and professional.

There being no further business, the Committee Meeting was adjourned at 12:14 p.m.

INFORMATION TECHNOLOGY COMMITTEE - September 11, 2023

AS REPORTED BY: José A. Pagán

COMMITTEE MEMBERS PRESENT: Sally Hernandez-Piñero representing Feniosky Peña-Mora, Dr. Machelles Allen representing Dr. Mitchell Katz, José A. Pagán, Barbara Lowe

Mr. José A. Pagán, Chairman of the Board, called the September 11th, 2023, meeting of the Information Technology (IT) Committee to order at 10:15 M

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

Mr. Peña-Mora has designated Sally Hernandez-Piñero to attend this Committee meeting and be counted as a member of purposes of quorum and voting.

Dr. Mitchell Katz has designated Dr. Machelles Allen to attend this Committee meeting and be counted as a member of purposes of quorum and voting.

Mr. Pagán proposed a motion to adopt the minutes of the IT Committee meeting held on April 3rd, 2023.

Upon motion made and duly seconded the minutes of April 3rd, 2023 IT Committee meeting were unanimously approved.

Mr. Pagán 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 Jeff Lutz, Chief Technology Officer, Michael Bouton, Chief Health & Medical Information Officer, Soma Bhaduri, Chief Information Security Officer, and Katherine Thayer, Chief Applications Officer.

Mr. Lutz presented the first resolution:

Authorizing New York City, Health and Hospitals corporation (the system) to execute a contract with IVCI, LLC for audio, visual design, installation, support services for a term of five years with two 1-year renewal options, exercisable only by the system for an amount not to exceed \$65M to support of all audio-visual needs for our locations across the enterprise.

The contract scope would include, but are not limited to conference rooms of varying sizes training rooms, auditorium rooms, boardrooms, and emergency management command centers. He also stated that there are rooms that have equipment that is no longer supported and need updates while there is no ongoing project to update these rooms across the enterprise. The contract would allow for the updates in the event that the funding comes available.

Mr. Lutz stated that by using one vendor, it supports an enterprise standard from the same vendor as well as ensuring that this continues to align with our technology needs and provides a consistent experience across the enterprise for all of our users. In the current contract, it includes a two-step process which includes the design proposal that costs money and the second step is securing what has been designed. The new contract would include an all-in-one experience and cost savings.

Mr. Lutz also stated NYC H+H has been doing work with the vendor for the past 10 years including work at 50 Water Street, the emergency management command centers at 55 Water St, and the simulation centers. The vendor is an experienced leader within healthcare. In addition to working with NYC H+H, they have experience around the world with varying clients that are the same size, if not larger than Health and Hospitals, and they also partner with the technology partners such as Cisco, Crestron and other across NYC H+H.

Mr. Lutz presented the details of the RFP which included the minimum criteria that the vendors had to meet. This included a minimum of 5 years of experience, and design, fabrication, assembly and support with at least \$5M in annual revenue. The MWBE utilization plan or an MWBE certification. The experience was 35%, technical 30%, cost 25% and MWBE 10% and the evaluation committee ranged across from experts across the corporation both clinical and non-clinical sites.

The procurement started in September 2022, it was sent out to 14 vendors directly and also posted on City record. During the pre-proposal conference held in February 2023, there were 13 vendors that attended and 5 proposals were

received. The 5 vendors had not only their proposals reviewed, but had to provide a solution for selected very specific sites across the organization for a comparison. The selection was then narrowed down to two vendors which ended in a hand vote and IVIC, LLC was the highest rated proposal.

As for the vendor diversity, they pledged 35% vendor diversity which will be broken across both labor and goods, leveraging partners that are vendors for these areas. Based upon their previous performance EITS is looking forward to being able to continue leveraging their expertise.

Mr. Lutz then asked for approval to enter into a contract with IVIC, LLC. Dr. Allen had a follow up question regarding why Harlem was selected for the walkthrough. Mr. Lutz answered that Harlem presented the opportunity in one location with various rooms' types as part of the proposal type. Dr. Allen also asked if there was prioritization of the work to be done over the 5-7 years and Mr. Lutz stated there is none at this time since there is no funding in place to push the upgrades forward. EITS would be working closely with the facilities to understand challenges and address issues as needed.

Dr. Allen then asked how did the 5 vendors compare in cost with the lowest being \$65M. Mr. Lutz stated that although the contract total is \$65 as the maximum number of the commitment, it's not anticipated to exceed or even reach that amount. Dr. Allen provides an example of if there is only \$15M available for the contract, how would prioritization of rooms be determined. Jeff Lutz also stated there are a few rooms that need to be upgraded that have local funding and are awaiting the approval of the proposed contract.

Dr. Mendez stated that EITS is looking to standardize across the system in a similar process to standard clinical equipment which would meet the needs of the system.

Dr. Allen expressed concern based upon the cost of \$9M per year that the hospitals wouldn't be in a place financially to leverage the contact from a percentage perspective. Mr. Lutz stated that the hospitals are waiting for the contract to be approved in order begin their upgrades.

No further questions were presented.

Upon motion made and duly seconded the approval of the resolution was unanimously approved for presentation to the Board.

Ms. Mendez read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Experian, Inc. ("Experian") for EDI clearinghouse services** for a term of three years with two 1-year renewal options exercisable only by the System, for an amount not to exceed \$25,000,000

Ms. Karlin, Chief Revenue Officer, then presented the second resolution for clearing house services they are seeking to procure. The clearing house would process non-standard format or containing non-standard data, and transforms it into standard data HIPAA elements. Clearing houses minimize cost of the individual transactions that each organization has to maintain enhancing the information security, maximizing the number of individual connections that an organization can maintain and minimizing the number of individual transactions.

As a result of not having to connect to the individual payers, as well as, maximizing the number of electronic transactions that can process which ultimately increases the timeliness of payments.

The Optum contract was awarded through during the Epic implementation, the Corporation awarded the contract to Change Healthcare in 2018, and in October of 2022 Change Healthcare was purchased by Optum, which is a subsidiary of United Healthcare. The current contract expires in October 2023. It is being requested to have a five year \$29M contract with Optum and the cost for these services include both monthly and transactional fees.

Ms. Karlin stated the minimum criteria that was set forward for the RFP was five years in business, very specific experience with New York State Medicaid, integration with Epic, experience with similarly sized provider networks and an annual revenue in excess of \$25M.

The criteria breakdown was 30% on needs fulfillment, 25% on cost, 25% on the quality of the services and products offered and 20% on reputation in references. The evaluation committee included a variety of groups from EITS, revenue cycle services such as patient accounts from the facilities, and one of the facility Chief Financial Officers.

Ms. Karlin stated on November 16th, the RFP was posted on the city record and sent directly to eight vendors. On December 6th, 2022 there was a pre-proposal conference with seven vendors attended. The proposal deadline was January 13th, 2023. Seven proposals were received and on May 24th, 2023 the evaluation committee submitted the 1st round of scores. There were four firms shortlisted across two scopes of work. Between June, 8th and June 14th, 2023 the shortlisted firms conducted vendor presentations. On August 23rd, 2023 the reference checks were completed, and the final pricing and scoring submitted and Experian was the vendor chosen as the highest rated.

Experian provides services to over 60% of the hospitals in the United States for revenue cycle management, identity management, patient engagement, and care management services. Their strength comes from the heritage of their legacy health care companies, using data and analytics to help clients improve in today's value-based environment. To support over 240 of the client's experience they hired former Epic employees and dedicate multiple resources to ensure that its products complement Epic and automated client workflows.

None of the vendors planned to subcontract out any portion of the scope of work related to this solicitation. However, all were open to using diverse vendors should any subcontracting opportunity arise during the term of the contract.

Each phase of the project is expected to be in short discrete phases, which will be fully self-performed by, in house employee experience. Additionally, each vendor shared their internal programs and policies. Experian in particular has a robust national supplier diversity program and works extensively with national certification entities.

Dr. Allen had a question regarding if Optum responded to the RFP and Ms. Karlin stated that Optum was outperformed in all areas by Experian.

Another question was asked if the number of non-standard data could be quantified. Ms. Karlin stated that over 1M claims per month, to over a

thousand payers but could not quantify the in-house monitoring of the data. Dr. Allen also asked a follow up question regarding the verification of address information and Ms. Karlin did confirm it is a capability but is not used at this time. It was decided before to not move forward with the feature of address verification.

Dr. Allen had a final question asking what is Patient Access and Ms. Karlin explained it is the patient intake process, insurance verification, authorization, etc. Dr. Allen also asked who was Learning and Development and Ms. Karlin clarified it was Revenue Cycle Learning and Development under her organizational table.

No further questions were presented. Upon motion made and duly seconded the approval of the resolution was unanimously approved for presented to the Board.

Ms. Mendez read the resolution into the record:

Authorize in New York City, Health + Hospitals Corporation, The System, to extend its current contract with **Optum for an additional 12-month term for an amount not to exceed \$5,862,541**

Ms. Karlin then presented the third resolution to:

The current contract is expiring in October 2023, and is requesting a 12-month extension through October of 2024 to maintain continuity of operations. The new clearing house vendor is expected to start in July of 2024, and is looking for an overlapping period as a contingency in case of unexpected delays with the newly selected vendor.

No questions were presented. Upon motion made and duly seconded the approval of the resolution was unanimously approved for presentation to the Board.

Dr. Mendez shared the NYC H+H IT FY-2024 Goals. She highlighted that each one of the goals and domains are aligned with NYC H + H strategic pillars and all are aligned with System's mission, vision and core values.

Dr. Mendez provided a general update on the supplemental staffing contract. She states that supplemental staff are utilized to support special projects, temporary coverage of openings and also for expertise in hard to find areas. In 2021 we issued an RFP to identify vendors with competitive pricing and who would be able to fulfill our needs in this space. We had approval by the BOD in 2022 and entered into contract with 14 vendors that started in July 2022. As an additional update to the contract, ServiceNow was leveraged to automate and streamline a previously highly manual process. Processes include solicitation, hiring and onboarding in which EITS partnered with Finance, HR and OHS.

To ensure that there was equality across solicitations, vendors can submit up to five candidates per solicitation and the managers were required to interview at least three different vendors. Dr. Mendez also presented the outcomes of the contract and currently 49% MWBE utilization rate has been seen.

Dr. Mendez went on to provide an update on the data center migration project. The original timeline was from May 2021 to May 2023; however, unforeseen delays have required an adjustment to the timeline. Some of the key areas highlighted

were core network equipment delays, network connectivity, delays in procurement of supplies due to the world's supply chain issues. In addition, there were delays with installation and inspections at Cyrus One. She went on to mention that during the process, there was reflection and lessons learned on what could be done better in the future with such a larger undertaking of two data centers back to back. EITS currently at 92% percent completion with the transition to Go Live at the second data center. This data center will be live by end of December 2023. Dr. Mendez shared a visual of the updated timeline and will provide further updates during future EITS Committee Board meetings.

Dr. Mendez then turned the presentation over to Ms. Thayer who shared a high-level overview: the key clinical application updates from the last few quarters. She stated there have been numerous Epic upgrades and then highlighted the launch of the Epic Transfer Center module. It is a single place for nurses and administrative staff to be able to capture patient, medical automation and facilitate transfers. It was originally targeting a Go Live in August 2023 but was paused back until October 2023 due to staffing concerns by the business owner of the project. The second Epic update included the Rehab modules. This application will have a September 2023 Go Live and will help take care of patients in inpatient and outpatient Rehab.

Dr. Mendez then turned the presentation over to Dr. Bouton who shared a high-level overview on benchmarks for our electronic health record system (Epic). Dr. Bouton stated that is important for both internal and external validation of how the System is performing within and overall, and how it is using electronic medical record. Epic offers a program that's called The Gold Stars, which monitors how many and how well the features have been adopted and the fullness of its capacity. The System has achieved Gold Stars Level 8 and Dr. Bouton presents a slide to show how The System compares to other Epic Customers.

Dr. Bouton continued on and presented information on new features that have been turned on in Epic. As part of his update for MyChart, he then presented a slide with metrics of the number of messages that are received per day by providers. The current response rate is 3 days which is up to 76% but the intended goal is to reach 80%. As of last November, the response rate was 65% which shows progress to the initial goal. Due to ambulatory clinical leadership making this a priority. By making providers aware of its importance at the system, it helped drive the improvement. Dr. Bouton also referenced his slide that shows faster turnaround time for appointments with a feature called Fast Pass. Dr. Bouton provided an example of a patient with an appointment 6 weeks away can be added to a waitlist and would automatically receive an update if a sooner appointment was available. About half of the system clinical departments are live with the function as it does not always make sense for all departments as it may not be clinically appropriate.

Dr. Bouton then shared an internal evaluation called KLAS Survey which is a national organization that conducts surveys of over 300 large organizations, similar to our system. The standardized bank of questions was sent to NYC H+H clinical facing staff to get a sense of how our doctor, nurses and other staff think of Epic (our electronic health record system). NYC H+H finished in the 86th percentile nationally, and with regards to Epic customers, NYC H+H is in the 77th percentile. For similarly sized Epic customers that are large systems, NYC H+H is in 80th percentile which is in line with our Epic Gold Star evaluation, which puts us in the top quarter nationally. As part of the survey

results and lessons learned, both doctors and nurses want more training, they want more training on the electronic medical record system which EITS Application Training has begun to offer. The trainings will be more targeted and more specific to the specialty, which is far more workflow based and less feature based and providers will be part of the design of the training.

Dr. Allen had a follow up question at the conclusion of Dr. Bouton's presentation. She asked if there was a drop in patients who stopped using MyChart and Dr. Bouton confirmed there was drop from 70% at the peak of the pandemic to 56% currently.

At Dr. Allen's request, Dr. Bouton went on to present information regarding Care Companion, another extension of MyChart. For example, a patient can receive education that is appropriate to where they are during their pregnancy journey. The team is looking to roll out other care companions as the team is actively working with oncology. Dr. Bouton then concluded his presentation.

Mr. Pagan then stated that he was glad to see how we can optimize NYC H+H's investment into Epic.

Mr. Pagán asked if there are any old business or new business to bring to the committee, hearing none, Dr. Pagán then adjourned the meeting at 11:08 AM.

Community Relations Committee IN-PERSON MEETING - September 12, 2023
As Reported by Robert Nolan
Committee Members Present: Robert Nolan, Deborah Brown (representing Dr. Katz in voting capacity), Jackie Rowe-Adams, Sally B. Hernandez-Piñero

Mr. Robert Nolan called the meeting of the Community Relations Committee meeting to order at 5:10 p.m. and noted for the record that Deborah Brown is representing Dr. Mitchell Katz in a voting capacity.

Quorum was established - the minutes of the Community Relations Committee meeting held on May 2, 2023 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 Community Advisory Boards (CABs).

1. NYC Health + Hospitals/ Coler
2. NYC Health + Hospital/ Elmhurst
3. NYC Health + Hospitals/ McKinney
4. NYC Health + Hospitals/ Jacobi
5. NYC Health + Hospitals/ North Central Bronx

Mr. Nolan shared that Dr. Katz's President's report is included in the materials and that a response will be coordinated if there are any questions.

PRESENTERS:

Mr. Nolan moved the agenda to the (5) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes.

NYC Health + Hospitals/ Coler

Ms. Verna Fitzpatrick, Chair of NYC Health + Hospitals/Coler Community Advisory Board, presented the report to the CRC. Mr. Catullo, CEO NYC Health + Hospitals/Coler was also present. Ms. Fitzpatrick noted that Covid-19 boosters continue to be available to residents and staff at Coler. Visitors are no longer required to present negative tests to visit the building and community outings have resumed for residents.

Ms. Fitzpatrick shared that capital improvements included 507 bedside flat-screen televisions which have been installed for the residents, and that the gym has been renovated and is staffed with proper supervision for the residents. Coler is also planning an indoor resident greenhouse and is scheduled to complete refurbishing of the library in a few months.

Ms. Fitzpatrick mentioned that work continues to replace Coler's emergency generators and they anticipate it to be completed this calendar year.

Ms. Fitzpatrick shared that Coler is the pilot public nursing facility to partner with Planetree International, to implement programs that will improve resident satisfaction and experiences in the building. Coler is currently being surveyed by Planetree for certification.

She also noted that a Care Experience Committee has been established, who work diligently to improve resident satisfaction in the building. Ms. Fitzpatrick mentioned that satisfaction surveys have been positive, and residents are satisfied with the service and standards.

Ms. Fitzpatrick mentioned that the system chef is involved with providing food tastings for the residents and modifying the menu to address concerns regarding meal services. Coler has also established a special group to improve the quality of laundry services for the residents.

Ms. Fitzpatrick shared that Coler was identified by Newsweek as the 5th best nursing home in New York State and maintains its 5-star rating in Quality Measures and Nurse Staffing.

Challenges include Coler's aging facility, which is in constant need of costly repairs and upgrades. Staffing continues to be an issue, although the facility continues to fill the necessary slots to ensure the safety and quality of care of the residents.

Jackie Rowe-Adams complimented the staff on their hard work and highlighted a positive interaction during a site visit with fellow Board member Sally Hernandez- Piñero.

NYC Health + Hospitals/ Elmhurst

Mr. Luisang Tamang, Elmhurst's CAB Chair, started his report by sharing that in the past year Elmhurst hospital had close to 700,000 ambulatory care visits and over 130,000 emergency room visits. Elmhurst Hospital also provides over 125 language translation services at the hospital.

Elmhurst hospital was recently recognized by US News and World Report as a high performing hospital, and ranked nationally as one of the best hospitals in the United States. The hospital has also received Nursing Excellence awards from

the AACN (American Association of Critical Care Nursing) for providing top quality care to patients. The American Heart Association has recognized Elmhurst Hospital for several years in a row for providing life-saving care for stroke, diabetes and heart attack patients. Mr. Tamang shared that Elmhurst was recently recognized by Planetree International for Excellence in Patient Centered Care.

Mr. Tamang mentioned that Elmhurst hospital was awarded \$18.59m in funds from elected officials for FY-24. Recently funded projects include surgical subspecialties funding, portable x-ray machines, mother-baby unit relocation, cardiac CATH lab replacement, an additional MRI suite, and NICU relocation.

Mr. Tamang mentioned that over the past few years the hospital has vaccinated over 135,000 people with the COVID-19 vaccine and performed well over 225,000 COVID-19 tests. Elmhurst continues to support the community by performing tests and vaccines in the clinic.

Mr. Tamang concluded his report by sharing that the Community Outreach team works to promote wellness and health equity. In the past year they have reached over 28,000 people through community health events in Central and Western Queens.

Mr. Tamang recognized a few of CAB members who were present at the meeting including Helen Sears and Raj Punjabi, and Kim Cheung, Elmhurst's CAB liaison.

NYC Health + Hospitals/ McKinney

Mr. David Weinstein, CEO of McKinney, presented the report on behalf of Debra Tyndall, McKinney CAB Chair.

Mr. Weinstein shared that McKinney is a 320-bed nursing home, which runs about 98%-99% occupied, and employs about 400 individuals. McKinney also has a day care program in Neponsit, Queens, which serves around 50 registrants per day.

Mr. Weinstein shared some projects which have been completed including new call bells, new beds, night stands, and over bed tables. McKinney is in the process of installing flat screen televisions to enhance the quality of stay for residents. Infrastructure improvements that need to be started includes enhanced cameras for surveillance, shower rooms, pantries, a cooling system for IT closets, and a fire alarm system. Mr. Weinstein shared that new nursing conference room, wellness room, enhanced dining and energy efficiency projects have taken off.

For resident/staff safety and satisfaction, McKinney continues to collaborate with the Care Experience Committee to facilitate the provision of person-centered care. Some programs McKinney is proud of having Downstate medical students joining their residents and doing assessments from afar, a resident steel band which performed at Christmas time, and a garden where the resident's grow their own gardens.

Mr. Weinstein highlighted that McKinney was listed by Newsweek as one of the best nursing homes, included in the top 5%, and has increased its CMS rating to 5 stars in 2023.

Challenges include an aging facility which needs some updates. In response to Mr. Nolan's inquiry, Mr. Weinstein mentioned that his most urgent capital request would be replacing fire alarms for safety.

Mr. Weinstein shared that McKinney will be hosting International Day on October 5.

Ms. Adams asked about the structure and population of the day care facility. Mr. Weinstein clarified that the daycare is used by people living in the community, who come to the daycare program up to 5 days a week; it is not used by residents of the nursing home.

NYC Health + Hospitals/ Jacobi

Mr. Christopher Mastromano, CEO of Jacobi and North Central Bronx, presented the report on behalf of Charmaine Graham, Jacobi CAB Member. Mr. Nolan began by congratulating Mr. Mastromano for a successful event on September 11 at Jacobi Medical Center to remember the men and women who lost their lives on September 11.

Mr. Mastromano reminded the audience that Jacobi and NCB are one hospital with two campuses, but the CABs continue to operate separately.

Mr. Mastromano shared that Jacobi was the first public hospital in the United States to receive an American College of Surgeons quality verification. Jacobi has also received a Planetree Silver Certification for Excellence in Person Centered Care.

Jacobi is an aging facility. They have received funding recently which they are using to upgrade the HVAC units. They are also renovating to build a wellness center, which will include a demonstration kitchen to teach the community healthy cooking skills and a gym.

Jacobi has seen a steady increase in their press Ganey scores for patient satisfaction due to Planetree's assistance and also Dr. Katz's kindness campaign.

Ms. Rowe-Adams mentioned the need to uplift the NCB facility.

NYC Health + Hospitals, Gotham Health/ North Central Bronx

Mr. Christopher Mastromano, CEO of Jacobi and North Central Bronx (NCB), presented the report on behalf of Joe Ithier, NCB CAB Chair.

Mr. Mastromano began by sharing the accomplishments of NCB which included certification by the American College of Emergency Physicians as a Geriatric Emergency Department. NCB is also the only facility in the Bronx that is certified as a Gold Safe Sleep Champion.

Mr. Mastromano shared that NCB will be making some infrastructure improvements to align with the correctional health services outpost therapy unit that will be in NCB. Following that, NCB will refurbish their building. The outpost therapeutic unit is for patients that need nursing home type care, but it will be operated of the facility. It will be about 100 beds over 3 floors.

Mr. Mastromano shared that NCB has high Press Ganey scores and they will begin the Planetree certification program to further improve patient centered care.

Ms. Hernandez-Pinero asked if NCB had a doula program, to which Mr. Mastromano said they do not.

ADJOURNMENT:

Meeting adjourned at 5:50 P.M

SUBSIDIARY REPORTS

MetroPlus Health Plan, Inc.

Board of Directors Meeting Update - Thursday, September 14th, 2023

As Reported By: Sally Hernandez-Piñero

Draft subject to adoption at the next MetroPlusHealth Board of Directors meeting on Thursday, December 7th, 2023.

Sally Hernandez-Piñero, Chair of the Board called the meeting to order at 11:04 A.M.

ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Thursday, June 8th, 2023 at 11:00AM were presented to the Board. On a motion by Sally Hernandez-Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEM

A first resolution was presented by Vallencia Lloyd, Chair for the Customer Experience and Marketing Committee, for Board approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute contracts with four (4) vendors to provide promotional items on an as-needed basis for MetroPlus. The vendors are 1) Corporate Branding, Inc., 2) Inkwell Global Marketing, 3) Progressive Promotions and 4) Vanguard. The contracts shall be for a term of 3 years with two options to renew for a 1-year term each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$2,200,000 per year.

Kenrick Louie, Vice President of Brand Marketing and Communication, provided a detailed overview of the Background, Overview of Procurement, RFP Criteria, Vendor and Proposal Highlights, MWBE State and Board Approval Request.

Board Members asked a question regarding budget and effectiveness; Kenrick Louie responded.

There being no further questions or comments, on a motion by Vallencia Lloyd and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEM

A second and third resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance and Performance Improvement Committee (QAPI), for Board approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with InComm Healthcare ("InComm"), to provide member rewards services for a term of three years with two options to renew for one year each, solely exercisable by MetroPlus, for an amount not to exceed \$11,500,000, for the total 5-year duration of the contract.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") to negotiate a best interest extension of the contract with Finity, Inc, ("Finity"). The Plan seeks to extend the contract from the current end date of October 31, 2023, to the new end date of March 31, 2024, for an amount not to exceed \$500,000.

Dr. Sanjiv Shah, Chief Medical Officer began by discussing InComm Healthcare. Dr. Shah provided a detailed overview of the Background, RFP Criteria, Overview of Procurement, InComm Selection, Retailer Network and Board Approval Request.

Dr. Shah then went on to discuss the background related to the extension of the contract with Finity, Inc.

Board Members asked a question regarding administering vs. covering of rewards; Dr. Shah responded.

Board Members asked a question regarding the administrator costs in the RFP; Dr. Shah responded.

There being no further questions or comments, on a motion by Dr. Eric Wei and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEM

A fourth resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance and Performance Improvement Committee (QAPI), for Board approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Verisys Corporation ("Verisys"), to provide credentialing verification services for a term of three years with two options to renew for one year each, solely exercisable by MetroPlus, for an amount not to exceed \$3 million for the total duration of the contract.

Lila Benayoun, Chief Operating Officer, provided a detailed overview of the Background, Overview of Procurement, RFP Criteria, Verisys Corporation Selection and Board Approval Request.

Board Members asked various questions about the current processes in place, provider directory accuracy, fraud and abuse files and ZocDoc; Lila Benayoun responded.

There being no further questions or comments, on a motion by Dr. Eric Wei and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEM

A fifth resolution was presented by Vallencia Lloyd, Chair for the Customer Experience and Marketing Committee, for Board approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with ClarisHealth Partners, to provide claim audit services for a term of three years with two options to renew for one year each, solely exercisable by MetroPlus,

for an amount not to exceed \$10 million for the total duration of the contract.

Lila Benayoun, Chief Operating Officer, provided a detailed overview of the Background, Overview of Procurement, RFP Criteria, ClarisHealth Partners Selection, ClarisHealth Clients, Cost and Board Approval Request.

Board Members asked a question regarding contract terms and recovery efforts; Lila Benayoun responded.

There being no further questions or comments, on a motion by Vallencia Lloyd, and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEM

A sixth resolution was presented by Christopher Roker, Chair for the Finance Committee, for Board approval.

*Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") **to negotiate and execute a contract with HealthEdge Software, Inc. ("HealthEdge")** for an amount not to exceed \$109,000,000 for a total 12-year contract period.*

Ganesh Ramratan, Chief Information officer provided a thorough and detailed overview of the Background, Overview of the Core Processing System (CPS), New System Need, Payor Expectations, RFP Criteria, Selection Process, Current CPS State, Fundamental Functions of CPS, Healthedge fit for MetroPlusHealth, Healthedge as a Partner, Healthedge Strengths, HealthEdge NY Clients, Nationwide Health Plans, Vendor Status, MWBE Utilization Plans, Proposed Go-Live, New System Implementation Efforts, Healthedge Fiscal Commitment, Expected Savings, Full Funding Scope and Board Approval Request.

Board Members asked various questions regarding claims handling, implementation, and list of vendors; Ganesh Ramratan, Lauren Leverich, Chief Financial Officer, and Dr. Talya Schwartz, President and CEO responded.

There being no further questions or comments, on a motion by Christopher Roker, and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEM

A seventh resolution was presented by Christopher Roker, Chair for the Finance Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc ("MetroPlus" or "the Plan") **to negotiate and execute a contract with 3M Health Information Systems, Inc. ("3M")**, to renew Medicaid, HARP and Essential Plan Premium Management Services, Intelligent Data Asset, Informed Analytics and Data To Action Review of NYS Encounter Submissions, for a three (3) year term with two options to renew for a one (1) year term each, solely exercisable by MetroPlus, for an amount not to exceed \$6,695,920 for the total five (5) year term.*

Lauren Leverich, Chief Financial Officer, provided an overview of the Background, Scope Overview, Renewal Justification, Cost, Service Level Agreement and Board Approval Request.

There being no further questions or comments, on a motion by Christopher Roker, and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEM

An eighth resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance and Performance Improvement Committee (QAPI), for Board approval.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with ModivCare Solutions, LLC ("ModivCare") to provide administration of non-emergency transportation management services for a term of three years with two options to renew for 1-year each, solely exercisable by MetroPlus for an amount not to exceed \$5,000,000 for the total 5 years.

Lila Benayoun, Chief Operating Officer, provided a detailed overview of the Background, Overview of Procurement, RFP Criteria, ModivCare Selection, ModivCare Performance (January 2022-June 2023) and Board Approval Request.

There being no further questions or comments, on a motion by Dr. Eric Wei and duly seconded, the resolution was unanimously adopted by the Board.

NEW BUSINESS

Sally Hernandez-Piñero, Chair of the Board, requested to move on to New Business. In the interest of time, Dr. Talya Schwartz, President and CEO provided a brief overview of the Financial Highlights. Dr. Schwartz specifically discussed 2023 Q2 MMCOR P&L, Rate Updates, VBP Performance, Membership and Recertification.

Dr. Schwartz went on to provide an update on GoldCare.

There being no further business, Sally Hernandez-Piñero adjourned the meeting at 12:33 P.M.

Semi-Annual meeting of the HHC Capital Corporation - July 27, 2023

As reported by: Freda Wang

Member Present: José A. Pagán, Dr. Mitchell Katz, Robert F. Nolan, and Sally Hernandez-Piñero;

Other Members of the HHC Board of Directors Present: Dr. William Fisher, Karen St. Hilaire, Patricia Marthone, MUDr, Vincent Calamia, MD., and Jackie Rowe-Adams

The Semi-Annual meeting of the HHC Capital Corporation held on July 27, 2023 was called to order at 1:16 p.m. Ms. Wang chaired the meeting and Andrea Cohen - Secretary of the HHC Capital Corporation kept the minutes thereof.

Ms. Wang noted for the record that Karen St. Hilaire is representing Molly Wasow Park and Dr. William Fisher is representing Deepa Avula - all in a voting capacity.

ADOPTION OF MINUTES

Ms. Wang asked for a motion to adopt the minutes of the previous meeting that was held on January 26, 2023. The Board unanimously adopted the minutes. Ms. Wang then introduced Ms. Linda DeHart to provide an update to the Board. Ms. DeHart referred to the HHC Capital Corporation Semi-Annual Meeting Presentation for the period ending June 30, 2023 to update the Board on the System's debt finance program.

HHC Outstanding Bond Portfolio (slide 1):

Ms. DeHart provided an overview of NYC Health + Hospitals Corporation's ("H+H") current outstanding tax-exempt bonds portfolio totaling \$428 million, of which about \$118 million are variable rate bonds, and the remaining balance are fixed rate bonds. The variable rate bonds are supported by letters of credit provided by TD Bank and JPMorgan Chase Bank.

HHC 2008 Series B-E Bonds Historical Interest Rates (slide 2):

Ms. DeHart explained that the graph on slide 2 shows the variable rate interest rates bonds performance since inception. She noted that in recent months the interest rates had fluctuated more than usual due to geopolitical issues, inflation and the Federal Reserve interest rate hikes.

HHC Bonds - Issuance History (slide 3):

Slide 3 of the presentation provides a history of bond issuances by H+H, as well as the refunding savings over the years.

Ms. DeHart pointed out that in February 2023, Fitch Ratings upgraded the New York City's ratings, and since H+H's rating is tied to the City's rating, H+H's rating was upgraded to AA- accordingly.

Construction Fund Balance on the 2020 Bonds (slide 4):

Ms. DeHart reported the status of H+H's \$100 million 2020 Series A construction fund. Ms. DeHart reported that withdrawals through June 2023 from the 2020 bonds issuance totaled \$61.8 million to reimburse H+H for project expenditures, with a remaining balance of \$39.7 million.

2020 New Money Bonds - Project Activity Update (slide 5-7):

Ms. DeHart reviewed planned spending for the \$100 million new capital money that was allocated to various facilities. Ms. DeHart also provided an update of total infrastructure project spending through June 2023 as well as an overview of minor extensions made to the infrastructure project spending timeline related to some anticipated change orders. Ms. Brown further explained that certain supply chain issues impacted equipment delivery schedules and delayed project starts. Certain contractors submitted invoices late, thereby delaying the project cashflow spending timeline. However, the payments will be caught up in coming months.

Outstanding Equipment Loan (slide 8-10):

Ms. DeHart explained that in addition to the bond program, the H+H Board has authorized equipment loan financing up to \$120 million at any time. Ms. DeHart reported that as of June 2023, there are two loans outstanding totaling \$44.6 million, and provided the status of the two loans.

Final Arbitrage Rebate Report (slide 11):

Referring to slide 11 Ms. DeHart reported that the 2013 Series A bonds matured in February 2023. A final arbitrage rebate analysis was performed by Hawkins, Delafield and Wood, and determined that no arbitrage rebate liability was incurred by the bonds.

Discussion:

A question was asked whether the TD Bank letters of credit require another extension in 2027. Ms. DeHart explained that we normally will request an extension a year prior to the letters of credit expiration date.

A question was asked whether or not H+H has the authority to extend the construction fund spending timeline. Ms. DeHart answered yes and explained that arbitrage rules allow the issuer to keep some of the excess interest earnings if H+H meet certain timely spend down schedules.

ADJOURNMENT

There being no further business before the Board, Ms. Wang adjourned the meeting at 1:35 p.m.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
September 28, 2023

RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS

NYC Health + Hospitals continues to offer life-changing assistance to asylum seekers pursuing a better life. Our Humanitarian Emergency Response and Relief Centers (HERRCs) and Arrival Center are the backbone of the city's response to this unprecedented crisis, which has seen 118,000 people arrive here last spring. In August, to meet the demands of housing the burgeoning asylum seeker population, the public health system opened a humanitarian center on Randall's Island, a tent facility providing housing for 3,000 adults.

Our 15 humanitarian centers provide humane, dignified care for over 20,000 asylum seekers, nearly one third of the 61,000 people currently in the city's care across its network of 210 shelters and respite sites. The facilities ensure asylum seekers and their children have on-site access to comprehensive services, including medical care, nutrition, language access, mental health support, school enrollment, social programs, technology, and reunification resources. Together, our staff at the humanitarian centers and Arrival Center have helped register over 50,000 asylum seekers, administered nearly 40,000 vaccinations and enrolled over 14,000 people in health insurance.

In early September, NYC Health + Hospitals helped launch a citywide assessment of adult asylum seekers to determine their needs and how best to support them with case management to help achieve their goals. The intensified case management services we are offering on-site at our humanitarian centers will help each asylum seeker develop a plan for these next steps. Whether completing asylum or work authorization applications, enrolling in educational or job training services, or connecting with family and friends to find a place to resettle, case management will help asylum seekers get the specific help and services they need to move forward with their journeys as quickly as possible.

BEST HOSPITALS, BEST NURSING HOMES, BEST DOCTORS, RECOGNITIONS & AWARDS

U.S. News and World Report's annual "Best Hospitals" list recognizes 10 NYC Health + Hospitals acute care facilities for quality care - For the first time, NYC Health + Hospitals/Elmhurst was ranked as one of the best hospitals in New York: 26th in the New York Metro Area and 28th in New York State. Our hospitals received high marks in heart failure, diabetes, kidney failure, chronic obstructive pulmonary disease (COPD), stroke, hip fracture and pneumonia. This is an amazing achievement and reflection of the hard work and focus on providing high quality, accessible and compassionate care for all New Yorkers. Here's the list:

- **NYC Health + Hospitals/Jacobi**, High Performing in Heart Failure and Diabetes
- **NYC Health + Hospitals/Lincoln**, High Performing in Heart Failure, Diabetes, Kidney Failure, and Chronic Obstructive Pulmonary Disease (COPD)
- **NYC Health + Hospitals/Kings County**, High Performing in Heart Failure, Diabetes, Stroke, and Chronic Obstructive Pulmonary Disease (COPD)

- **NYC Health + Hospitals/South Brooklyn Health**, High Performing in Heart Failure, Diabetes, Stroke, and Hip Fracture
- **NYC Health + Hospitals/Woodhull**, High Performing in Diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Pneumonia
- **NYC Health + Hospitals/Bellevue**, High Performing in Neurology & Neurosurgery, Heart Attack, Heart Failure, Stroke, and Pneumonia
- **NYC Health + Hospitals/Harlem**, High Performing in Heart Failure and Diabetes
- **NYC Health + Hospitals/Metropolitan**, High Performing in Heart Failure and Chronic Obstructive Pulmonary Disease (COPD)
- **NYC Health + Hospitals/Elmhurst**, Ranked as #26 in the New York Metro Area and #28 in New York State. High Performing in Orthopedics, Heart Attack, Heart Failure, Diabetes, Kidney Failure, Stroke, Hip Fracture, Chronic Obstructive Pulmonary Disease (COPD), and Pneumonia
- **NYC Health + Hospitals/Queens**, High Performing in Heart Failure and Diabetes

All NYC Health + Hospitals long term care facilities ranked "Best Nursing Homes of 2023" - Newsweek's fourth annual "Best Nursing Homes 2023" rankings recognized the health care system's skilled nursing facility NYC Health + Hospitals/Sea View as the number one nursing home in the State. Three of our post-acute care sites - Carter, Coler and Gouverneur -- ranked in the top ten; and McKinney ranked among the top 40. The rankings are based on four criteria including a performance data score, a reputation score, and a COVID-19 score. The rankings are designed to assist patients and their families in making informed decisions about where to receive their long-term and post-acute care. For the rankings, Newsweek identified 475 top facilities across 25 states, with 42 in New York State. Being once again recognized by Newsweek as having some of the best post-acute and long-term care facilities in the State is an incredible honor. We are extremely proud of our dedicated staff who work so hard every day to provide our patients with the quality of life they deserve.

Six NYC Health + Hospitals facilities certified by Planetree International for excellence in person-centered care. The organization recognized NYC Health + Hospitals/Bellevue, Elmhurst, Jacobi, Kings County hospitals, and our Gotham Health centers in East New York and Morrisania. Planetree International works with organizations across the globe to enhance the staff, patient and family experience in health care settings. Over three years, these six sites met several criteria to provide high-quality care, improve clinical outcomes, enhance patient experience, and develop workforce recruitment and retention. Planetree's model of patient, family, staff, and community engagement has shown to improve patient outcomes, lower rates of staff burnout, and lower costs. At NYC Health + Hospitals we pride ourselves on our high quality care and empathy, and this certification recognizes the hard work our staff do every day to ensure our patients and their families receive the best care. We are committed to providing a kinder care experience where patients and their families feel valued and included in healthcare decision-making, and we are proud to do this work as the largest municipal health care system in the nation. Additionally, our System now has 24 employees that passed examination and are carrying the Fellow of Person-Centered Care credential. We have four more facilities now completing their three-day onsite audits and we should soon learn of their certification status.

Gold+ for helping New Yorkers reduce risk of heart attack and stroke - The American Heart Association and the American Medical Association gave NYC Health + Hospitals acute-care and Gotham Health facilities a Gold+ rating for our work in managing hypertension, or high blood pressure, a leading cause of heart attack and stroke. Our health System is one of two in New York State to achieve this highest ranking for blood pressure control.

NYC Health + Hospitals/Elmhurst earns gold standard certification for Health Equity through The Joint Commission. This is a remarkable milestone as NYC Health + Hospitals/Elmhurst is the first hospital in New York State to achieve this certification. This certification signifies that our Elmhurst Hospital team has met rigorous standards set by The Joint Commission demonstrating their dedication to reducing disparities in health care access, outcomes, and experiences. The Joint Commission highlighted the hospital's diverse staff and its language access program, which offers services in over 125 languages. The Joint Commission also recognized the application of an equity lens in the hospital's Quality Improvement and RCAs. Through quality improvement efforts stratified by race and ethnicity, our team at Elmhurst Hospital demonstrated improvement in diabetes and hypertension management, admission/readmission rates, and access to Doula services. By obtaining this certification, NYC Health + Hospitals/Elmhurst has proven its commitment to addressing health disparities and making healthcare equity a strategic priority.

Promoting Safe Sleep Practices for Newborns - Four of our hospitals were recognized for educating parents and caregivers about safe sleep practices for newborns, which helps reduce the chance of Sudden Infant Death Syndrome. Cribs for Kids, a national organization dedicated to promoting safe sleep education, awarded NYC Health + Hospitals/Metropolitan, North Central Bronx, South Brooklyn Health and Bellevue hospitals with the special recognition for their excellence and commitment to infant safety.

Top Latino Doctors - Ten NYC Health + Hospitals physicians were among a distinguished list of doctors across 32 States and 60 specialties named to Castle Connolly's inaugural list of 'Top Hispanic & Latino Doctors' for their outstanding expertise, patient care, and contributions to the field of health care. Presented as a part of National Latino Physician's Day, all to doctors who made the list were nominated by their peers, and evaluated by a research team. Castle Connolly is a health care directory that helps patients find providers. The ten honorees from NYC Health + Hospitals are:

- Dr. Carlos L. Alviar, MD, NYC Health + Hospitals/Bellevue, Cardiovascular Disease

- Dr. Tatiana Figueredo-Dietes, MD, NYC Health + Hospitals/Bellevue, Internal Medicine
- Dr. Vladimir I. Gasca, NYC Health + Hospitals/Elmhurst, Psychiatry
- Dr. Pilar Gonzalez-Jimenez, NYC Health + Hospitals/Elmhurst, Adolescent Medicine
- Dr. Eveline T. Hidalgo, MD, NYC Health + Hospitals/Bellevue, Neurological Surgery
- Dr. Angelica C. Kottkamp, MD, NYC Health + Hospitals/Bellevue, Infectious Disease
- Dr. Tania Kupferman, MD, NYC Health + Hospitals/Bellevue, Infectious Disease
- Dr. Michelle McMacken, MD, NYC Health + Hospitals/Bellevue, Internal Medicine
- Dr. Federico M. Zuniga, MD, NYC Health + Hospitals/Bellevue, Psychiatry
- Dr. Nelly M. Maseda, NYC Health + Hospitals/Gotham Health, Morrisania

MITIGATING THE BLACK MATERNAL HEALTH CRISIS

NYC Health + Hospital's Maternal Home and our health System's Chief Women's Health Officer Dr. Wendy Wilcox are featured in the article "[Mitigating the Black Maternal Health Crisis through a Five-Step Framework](#) " published by [America's Essential Hospitals \(AEH\)](#). The blog is intended as a guide to demonstrate how essential hospitals can build strong social support programs to help improve Black obstetric outcomes. While there are many strategic frameworks to address social integration of care, this particular blog highlights examples hospitals can use to achieve significant changes. In the article, Dr. Wilcox explains how the Maternal Home is just one of many ways NYC Health + Hospitals provides integrated care to patients and their families. Providers identify patient needs with screenings for social health, behavioral health, and complex clinical needs. The program links patients with a multitude of community resources, including doula support and home visits for newborns. Since 2019, the program has had more than 5,000 unique patients and more than 14,000 referrals.

PEER ACADEMY EXPANDS BEHAVIORAL HEALTH WORKFORCE

NYC Health + Hospitals graduated over 50 people with lived experience with mental health or substance use conditions to become peer counselors. Twenty-five of the 38 graduates in the first two classes have been hired as peer counselors, and 17 of them work within our health System. Peer counselors are able to connect with traditionally hard-to-reach patients by sharing their lived experience. Peers are living proof that recovery is possible, and they are highly adept at inspiring hope for those that they serve. We have 86 peers on staff across the System, the largest hospital-based peer workforce in the City. The program includes six weeks of classroom training and a six-week, full-time, hospital-based internship with rotations in the inpatient mental health unit, emergency department, and mobile crisis teams. Peer Academy staff work with the students to help them find and maintain employment for up to six months after graduation. Peer counselors are an important and growing occupation in the behavioral health field, but the jobs are hard to fill. An increasing number of the students are former NYC Health + Hospitals patients who were referred by clinicians throughout the System, and are in recovery yet have very limited work histories. There is huge interest in participating in the program, as it is a job that provides meaning and purpose. The work is also

attractive because it is a unionized, City job, with built-in career ladders and ample opportunity to grow at a large organization.

**NYC HEALTH + HOSPITALS ACO ACHIEVES MEDICARE SHARED SAVINGS
FOR TENTH YEAR IN A ROW**

NYC Health + Hospitals' Medicare Shared Savings Program Accountable Care Organization (ACO) earned \$8M from the Federal government for reducing avoidable costs and meeting high standards of quality care for patients. This is \$4M more than last year's shared savings. NYC Health + Hospitals is the only health System in New York State to achieve savings for ten years in a row. Our ACO saved Medicare \$10.9 million for 2022, all while achieving impressive scores across a number of quality-of-care measures. The program achieves savings by supporting primary care providers and care coordination, which prevents unnecessary emergency department visits, avoidable hospitalizations, and other high-cost care for the more than 8,000 Medicare fee-for-service patients who are served through the program. Since our health System ACO's inception in 2013, it has saved Medicare over \$83.6M, resulting in earned shared savings and subsequent investment of approximately \$47.1M for NYC Health + Hospitals and our community partners.

**EXPANDING, ENHANCING SERVICES THANKS TO SUPPORT FROM
GOVERNOR, CITY COUNCIL**

During the past two months we announced a number of service expansions thanks to the support of our elected representatives at the local and state level.

- NYC Health + Hospitals/South Brooklyn Health received \$6 million in FY-24 capital funding from NYC Council Speaker Adrienne Adams, Chair of the Committee on Hospitals Mercedes Narcisse, Council Members Inna Vernikov and Ari Kagan, and members of the Brooklyn Delegation to create a *Collaborative Learning Center for the Practice of Medicine*. This funding will help us develop a comprehensive, interdisciplinary learning center in the Health & Wellness Institute, to provide an enhanced learning experience for our medical staff, nursing, and ancillary health care staff.
- Patients at NYC Health + Hospitals/Metropolitan will soon benefit from access to a state-of-the-art suite for minimally invasive interventional radiology procedures, made possible through a \$4M award in Fiscal Year 2024 capital funding from New York City Council Deputy Speaker Diana Ayala.
- NYC Health + Hospitals/Jacobi's Comprehensive Addiction Treatment Center (CATC) was awarded \$660,000 by Governor Kathy Hochul, the Office of Addiction Services and Supports (OASAS), and the New York State's Opioid Settlement Fund to enhance CATC services which includes the Intensive Outpatient Treatment Program, Ancillary Withdrawal Service, and will now integrate an Opioid Treatment Program.

**NEW BUPRENORPHINE TREATMENT SERVICES
TO ADDRESS OPIOID ADDICTION IN STATEN ISLAND**

NYC Health + Hospitals/Gotham Health, Vanderbilt opened a Buprenorphine Clinic to provide comprehensive treatment for individuals with addiction to opioids, which includes substances such as heroin, fentanyl and oxycodone. Buprenorphine is incredibly safe and highly effective medication that can reduce the cravings

and withdrawal symptoms of opioids as well as substantially reduce the risk of an opioid overdose and death. The Buprenorphine Clinic will prescribe buprenorphine as part of a holistic approach to healing and long-term recovery. The evidence-based program is designed to address the underlying causes of addiction and help patients recover, and it is available to all qualified New Yorkers regardless of ability to pay or immigration status. Currently, Staten Island has the 2nd highest rate of overdoses in the five boroughs. The Buprenorphine Clinic is funded by the NYC Health Department.

NYC HEALTH + HOSPITALS REGIONAL PERINATAL CENTER HOSTS CONFERENCE TO ADDRESS MATERNAL/CHILD HEALTH

The Regional Perinatal Center for NYC Health + Hospitals, located at NYC Health + Hospitals/Bellevue sponsored a conference on September 14th featuring a full spectrum of topics including a discussion about the challenges the recent abortion restrictions are placing on health care providers. Dr. Michael Meguerdichian, NYC Health + Hospitals Senior Assistant Vice President of the Simulation Center and Emergency Medicine Physician, spoke about our health Systems' innovative teaching and clinical simulation technology for maternal child health simulation trainings. Other speakers included Dr. Frank Chervenak, internationally renowned for his expertise in obstetrics and gynecology, who discussed these reproductive health dilemmas; Dr. Garfield Clunie, Immediate Past National President of the National Medical Association, who made the case to increase diversity of clinicians at the decision-making table; and Dr. Matthew Lin, a specialist in Neonatal Medicine and Palliative Care at NYU, who gave a compelling talk about expanding the spectrum of palliative care, especially for premature neonates, to keep families at the center of the care.

STAFF WELLNESS UPDATE

Helping Healers Heal - Our award winning workforce wellness program has spread internationally. The HERO-NY training that was based on our System's approach to psychological and emotional support during the height of COVID-19, and our internal model has now reached 100,296 healthcare workers across 43 different countries. During the last Quarter of 2023, our Helping Healers Heal program activity included 1,804 Debriefs and Wellness Events, and 1,442 Wellness Rounds.

National Physician Suicide Awareness Day - More than 500 participants joined a number of events we hosted to recognize this day and increase awareness about the many wellness programs we offer to make time for open, honest dialogue about physician mental health. Being a physician is hard. Physicians have one of the highest suicide rates of any profession. The responsibility to make the right diagnosis and offer the right treatment can feel overwhelming. And it takes a toll. I am so proud of the work NYC Health + Hospitals is doing to foster a culture of well-being and psychological safety that breaks down the walls of silence surrounding physician mental health and suicide. We prioritize wellness for all our health care professionals and help address the stigma that often surrounds mental health by fostering open dialogue about secondary victimization, anxiety, feelings of sadness and depression, compassion fatigue, and burnout. As doctors, the more we normalize our human experiences, the better able we are to prioritize mental health and freely seek wellness resources that enable us to care for our patients. We can all help prevent physician suicide. When we take better care of ourselves, we can continue to take care of others.

QUALITY UPDATE

Visit from SingHealth - NYC Health + Hospitals hosted and facilitated the "International Care Experience Summit" bringing together internal subject matter experts to share lessons learned surrounding patient experience and employee engagement with nine delegates from SingHealth, the largest public health system in Singapore with acute general hospitals, national specialist centers, community and primary care medical practices.

Quality Academy Cohort 3 Launched - NYC Health + Hospitals launched the start of Class 3 for the Quality Academy program, a capacity building program to build the next generation of improvement leaders throughout the System, with the application deadline at the beginning of September. This third cohort represents an expansion from previous classes, with almost 300 participants anticipated to start the 6-month program on October 12. There were 254 participants in the first two classes of Quality Academy, undertaking 179 performance improvement projects, of which 123 (69%) projects reviewed data with a health equity lens, focused on reducing disparities across the System.

Healthcare Administration Scholars - Six health care sites have begun their new classes for Healthcare Administration Scholars Program (HASP), a quality and leadership program for PGY2 residents and above. Classes have been conducted at NYC Health + Hospitals/Elmhurst, Jacobi/NCB, Kings, Metropolitan and Lincoln hospitals. We are excited that more than 40 residents from across these sites are engaging in this 2-year effort. Our goal is to retain this talent once their residencies are completed.

FINANCE UPDATE

On September 9th, NYC Budget Director Jacques Jiha issued a directive requiring all City agencies to reduce City Tax Levy spending by 5 percent in order to address the growing NYC fiscal crisis related to funding the cost associated with providing services and shelter to the growing population of asylum seekers. This reduction plan, referred to as a Program to Eliminate the Gap (PEG), is due by October 6th. The directive also mentions that upwards of \$7 billion in unanticipated spending could occur over the next 3 fiscal years and that additional 5 percent PEGs may also be necessary for both the January and April plans. The Finance Committee meeting is on October 16th and we will provide additional updates at that time.

EXTERNAL & COMMUNITY AFFAIRS UPDATE

Federal - Congress is also debating various health-related policies, including delaying the Medicaid DSH cuts slated to go into effect on October 1st, and Site Neutral policies that would reduce payments received for services provided in hospital outpatient departments to the amounts paid for similar procedures in physician offices. Our health System continues to advocate directly to the NYC Congressional Delegation about our priorities, supported by the related work of our association partners.

State - The Governor appointed Blake Washington as the new Director of the NYS Division of Budget. Mr. Washington comes from the NYS Assembly where he was Secretary to Ways and Means Committee for 11 years. As a result of this change,

Assembly Speaker Carl Heastie announced Philip Fields as the new head of the Assembly Ways and Means Committee. Our health System has a strong relationship with both individuals and look forward to working with them in their new positions.

A special election was held on September 12th, for Assembly District 27 in Queens to replace Dan Rosenthal who resigned this past summer. Sam Berger won the special election and has been sworn in as the new Assembly member. Although there is not a Health + Hospitals facility in the district, Health + Hospitals does serve some of the Assembly Member's constituents and look forward to meeting with him.

City - On September 20th, the City Council committees on Health and Hospitals held an oversight hearing evaluating access to sickle cell care in NYC. A bill was also heard (Int. 978-A), requiring the Department of Health and Mental Hygiene to develop a sickle cell disease professional education program that would be made available to all medical professionals employed in the City at least twice per year. Dr. Kenneth Rivlin, Director of the Division of Pediatric Hematology and Oncology at NYC Health + Hospitals/Jacobi, provided testimony.

CONTRACTS

Since my last update to you regarding our asylum seeker contracting response, we have had the following additional contract actions:

To house the families of migrant asylum seekers the rental of a hotel at 29 Ryerson Street, Brooklyn, NY from Sela Ryerson, LLC, for 24 months from September 15, 2023 through September 16, 2026 for an amount not to exceed \$65,514,18, with a 21-month minimum term.

To provide security services at the HERRC sites we have contracted with a security services provider, Mulligan Security, LLC for a period of 5 months in an amount not to exceed \$23,000,000. An RFP for HERRC security services was issued and we expect to request approval of award from the Board for such contracts in October. Such contracts will replace this emergency contract.

NEWS AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals Physicians Recognized by Castle Connolly as '2023 Top Hispanic & Latino Doctors'](#)
- [José A. Pagán and Board Member Sally B. Hernandez-Piñero Named to City & State's 'The 2023 Power of Diversity: Latino 100' List](#)
- [Lifestyle Medicine Program Begins Citywide Expansion, Starting with NYC Health + Hospitals/Jacobi](#)
- [Hillary Jalon Named to 2023 Power Players Rising List](#)
- [MetroPlusHealth Announces Mary DiGangi as New Chief People Officer](#)
- [NYC Health + Hospitals/Gotham Health, Vanderbilt Offers Buprenorphine Treatment to Address Opioid Addiction and Provides Community Support in Staten Island](#)
- [NYC Health + Hospitals/Metropolitan Receives \\$4m in Funding from NYC Council Deputy Speaker Diana Ayala](#)
- [It's Back to School Time: COVID-19, Flu Shots and Other Vaccinations are Essential for a Healthy School Year](#)

- [For the Tenth Consecutive Year, NYC Health + Hospitals' Accountable Care Organization Earns Significant Medicare Shared Savings](#)
- [Planetree International Recognizes Six NYC Health + Hospitals Locations for their Commitment to Enhancing the Staff, Patient and Family Experience in Health Care Settings](#)
- [Eight NYC Health + Hospitals Sites Recognized with Safe Sleep Designation](#)
- [As Part of Breastfeeding Awareness Month, NYC Health + Hospitals Encourages Parents to Breastfeed for Two Years](#)
- [Omar Fattal, MD, MPH Recognized in City & State's Power of Diversity: Middle Eastern & North African 50 List](#)
- [NYC Health + Hospitals/South Brooklyn Health Receives \\$6 Million for a Collaborative Learning Center for the Practice of Medicine](#)
- [NYC Health + Hospitals/Woodhull Hosted Its Third Annual Back-To-School Fest/Gun Violence Prevention Community Event](#)
- [MetroPlusHealth Launches New Online Resource Tool for Gig Workers](#)
- [Three Leaders Recognized as Power Players in Diversity, Equity, and Inclusion](#)
- [NYC Health + Hospitals' Public Artist in Residence Modesto Flako Jimenez Debuts New Works Highlighting Gun Violence Prevention](#)
- [NYC Health + Hospitals/South Brooklyn Health Earns National Safe Sleep Hospital Certification from Cribs for Kids®](#)
- [U.S. News and World Report's "Best Hospitals" Recognizes NYC Health + Hospitals for its Outstanding Care](#)
- [City & State Names Two NYC Health + Hospitals Executives to its 2023 Manhattan Power 100 List](#)
- [Entering Class of the Sophie Davis Biomedical Program/CUNY School of Medicine Visits Harlem Hospital as Part of a Joint Partnership to Increase Physician Diversity in Medicine](#)
- [NYC Health + Hospitals/Gotham Health, Morrisania Celebrates 50th Anniversary](#)
- [Government Relations Leaders Deborah Brown and Erin Drinkwater Recognized in City & State's Inaugural List of Who's Who](#)
- [Ivellesse Mendez-Justiniano Promoted to Vice President and Chief Diversity, Equity, and Inclusion Officer](#)
- [NYC Health + Hospitals Leads Multi-Agency Training Exercise for Marburg Virus, an Ebola-Like Disease](#)
- [NYC Health + Hospitals Leaders from Brooklyn and the Bronx Named to City & State New York's Annual Power Lists](#)
- [Mayor Adams, Gun Violence Prevention Task Force Release "A Blueprint for Community Safety"](#)
- [On World Hepatitis Day, NYC Health + Hospitals Expands Its Hepatitis C Navigation Program to Three New Hospital Sites to Address Patient Need](#)
- [NYC Health + Hospitals President & CEO Dr. Mitchell Katz Receives Public Service Innovation Award from the Fund for the City of New York](#)
- [NYC Health + Hospitals/Jacobi Receives \\$660,000 from State for Expansion of Comprehensive Addiction Treatment Center](#)
- [NYC Health + Hospitals Expands Behavioral Health Workforce with 50 Peer Academy Graduates](#)

Fiscal Year 2023

Annual Public Borough Meetings Responses

Board of Directors Meeting

October 26, 2023

Deborah Brown
Senior Vice President, External and Regulatory Affairs

Fiscal Year 2023 Annual Public Meetings

In accordance with §7384(10) of the HHC Enabling Act, the Board of Directors of the New York City Health + Hospitals facilitated the Fiscal Year 2023 Annual Public Meetings in all five boroughs of NYC:

Staten Island	-	March 21, 2023		Staten Island Borough Hall
Manhattan	-	April 4, 2023		NYC Health + Hospitals/Harlem
Queens	-	April 18, 2023		NYC Health + Hospitals/Elmhurst
Bronx	-	May 16, 2023		NYC Health + Hospitals/Jacobi
Brooklyn	-	June 13, 2023		NYC Health + Hospitals/Woodhull

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

Compilation of Questions and Responses

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

Main Areas of Concern Raised by the Public

Capital
improvements

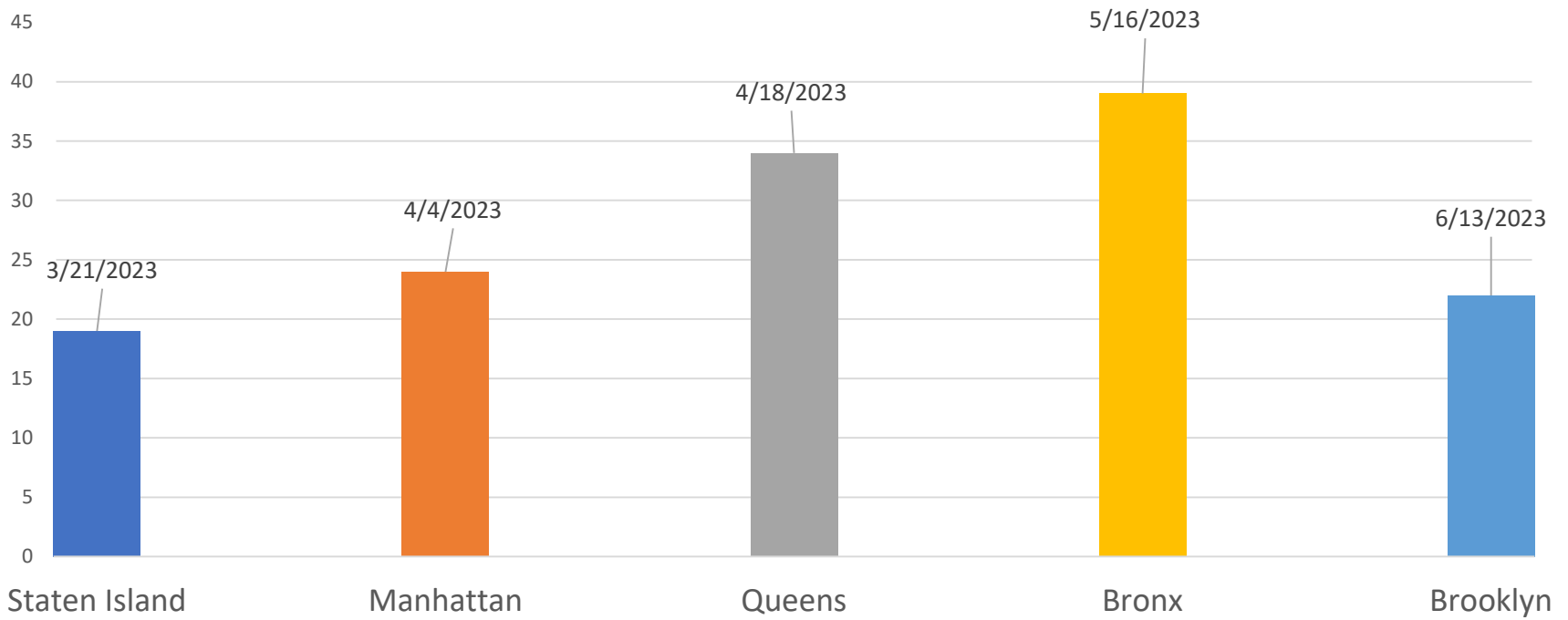
Opioid settlement
funds

Fair nursing
contract

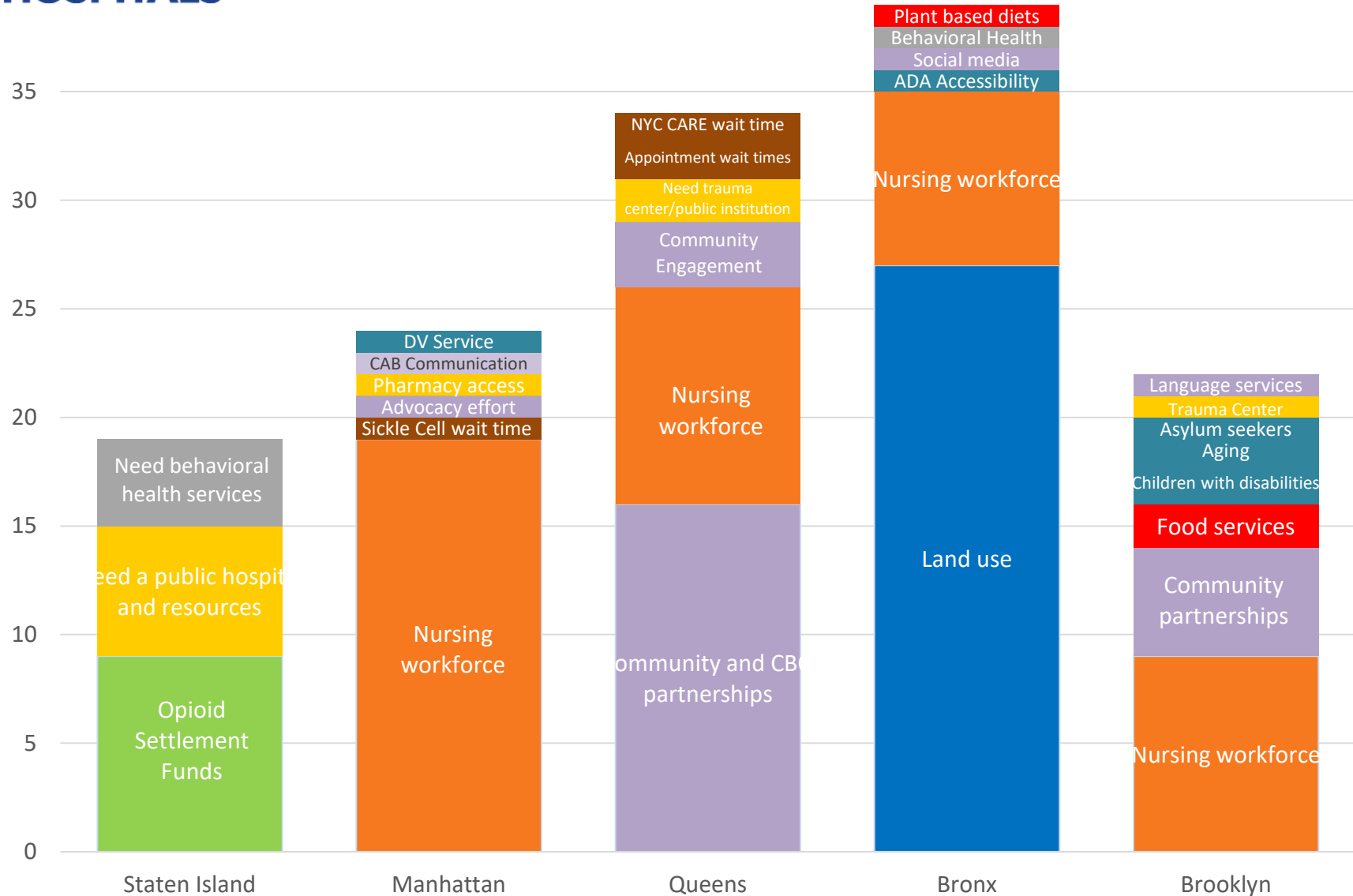
Increased
communication
with communities

Land use projects

Total Questions per Borough



Questions by Borough



Public Concern:

Nursing staff requested support for new contract which includes:

- Pay parity
- Safe staffing
- Training
- Staff retention
- Guarantee of healthcare benefits after retirement

Response:

The issues concerning pay parity are subject to an arbitrator's award. Staffing ratios are defined in the collective bargaining agreement, and as of now, there have been no violations. New hires will undergo comprehensive training and we anticipate an improvement in staff retention numbers due to the new compensation package.

Public Concern:

Nurse Practitioner raised concern over the lack of administrative time in daily schedules as a safety and retention issue.

Response:

Administrative time is not defined in the collective bargaining agreement, however, it is provided for and managed at the unit level at each facility.

Public Concern:

Nursing staff sought more detailed information regarding elevated spending on agency and traveling nurses.

Response:

NYC Health + Hospitals provided New York State Nurses Association (NYSNA) with data as part of the collective bargaining process and we anticipate declining dependency on agency staff.

Public Concern:

Patient is concerned that all Emergency Room (ER) patients should be treated with respect, professionalism, and dignity without exception. These concerns were voiced by a patient following an unpleasant experience in the ER.

Response:

The Emergency Department (ED) leadership team strive to provide the highest quality care and treat patients with respect, professionalism, and dignity without exception. In collaboration with our Patient Experience team, we perform a monthly analysis of the patient feedback gathered through grievances, and complaints, and Press Ganey surveys to highlight opportunities for improvement and categorize these into thematic categories to focus our efforts and monitor performance. Efforts are underway in the ED to create a friendlier environment to treat all patients well, be more accommodating, and reduce wait times; especially for patients with developmental disabilities, from check-in to receiving care.

Public Concern:

Community member expressed the importance of creating a friendlier environment to treat all patients well, and be more accommodating and reducing wait times for patients with developmental disabilities, from check-in to receiving care.

Response:

The experience of our patients and staff continue to be of the highest priority and we want to thank you for bringing these concerns to our attention. Feedback is very important as we seek to improve our services to ensure patient and family-centered care. Our Patient Relations office remains available at 212-562-6071 should patients require further assistance.



Public Concern:

Community members seeking clarification on the distribution of funding from the New York State (NYS) Opioid Settlement Fund.

Response:

Following court settlements with pharmaceutical companies regarding opioids, the Opioid Settlement Fund Advisory Board was established in 2022 under the Office of Addiction Services and Supports. This board recommends how the funds from the Opioid Settlement Fund should be distributed. Funds are distributed through allocations made by the Advisory Board. Additional funds were provided directly to municipalities to determine how to allocate under the regulations set forth by the Advisory Board.

In June 2022, Mayor Adams announced the first allocation of Opioid Settlement funds, totaling \$150 million over five years. The funds were directed to the Department of Health and Mental Hygiene, NYC Health + Hospitals, and the Office of the Chief Medical Examiner. These funds are intended to expand harm reduction services, extend hours for syringe service providers, and enhance support for families affected by overdose, benefiting New Yorkers citywide.

It's important to note that this was the initial allocation, and there will be subsequent rounds of funding from the opioid settlement. Each allocation will support lifesaving programs citywide, including on Staten Island, as we work to tackle the overdose crisis. Both New York City and the State remain committed to investing in vital programs to combat the overdose crisis and save lives throughout the city.

Public Concern:

Community member seeking expansion of NYC Health + Hospitals clinical services and care in Staten Island to increase access for vulnerable populations such as undocumented and uninsured communities.

Response:

We remain committed to providing health care services to Staten Islanders. We are proud to have NYC Health + Hospitals/Gotham Health, Vanderbilt and NYC Health + Hospitals/Seaview. Additionally, our Street Health Outreach & Wellness Mobile (SHOW) vans serve five locations in Staten Island.



Public Concern:

Community member expressed the need for a new trauma hospital in Far Rockaway to ensure community members can obtain care in crisis.

Response:

NYC Health + Hospitals/Queens support the efforts of the Rockaway Trauma Healthcare Access Task Force, a blue-ribbon panel formed by City Councilmember Selvena Brooks-Powers to address the persistent lack of health care infrastructure in the eastern Rockaways.

Dr. Mitch Katz, President and CEO of NYC Health + Hospitals, as co-chair of the task force, is committed to ensuring high quality healthcare access to residents of the Rockaway Peninsula. The task force includes local residents and members of nearby community groups. This year, NYC Health + Hospitals/Gotham Health and the New York City Economic Development Corporation (NYCEDC) announced plans to open a new comprehensive community health center in Far Rockaway to expand access to primary care, women's health, dental, vision and mental health services for the peninsula community.



Public Concern:

Community member expressed concern over “Communities Thrive” partnership between Mayor’s office and NYC Health + Hospitals ending in December 2023.

Response:

NYC Health + Hospitals/Elmhurst currently works in partnership with NYS Office of Mental Health to support the Assertive Community Treatment (ACT) mobile outreach program. The ACT program is designed to be made up of a multi-disciplinary team in community settings. ACT treatment is an evidenced-based practice that offers treatment, rehabilitation, and community integration services to individuals diagnosed with serious mental illness and uses a person-centered, recovery-based approach to care.

ACT services include:

- assertive outreach
- mental health treatment
- vocational support
- integrated dual disorder treatment
- family education
- wellness skills
- community linkages
- peer support



Response (Cont'd):

In addition, there are SHOW vans stationed close to NYC Health + Hospitals/Elmhurst to provide COVID-19 tests and vaccinations, wound care, basic material necessities, and harm reduction services to New Yorkers who are unsheltered.



Public Concern:

Community member recommended including dental coverage as part of NYC Care package.

Response:

NYC Care members can access all the services available at NYC Health + Hospitals at an affordable fee scale according to their household income. Those services include dental services available at over a dozen NYC Health + Hospitals facilities across the city. Thousands of NYC Care members take advantage of our dental services every year.

Public Concern:

Community member shared that the process to connect to NYC Care through financial counselors at NYC Health + Hospitals/Elmhurst takes much longer than at other facilities. Once connected, the cumbersome application requires multiple documents which often cause week-long delays until all documents are submitted.

Response: NYC Health + Hospitals/Elmhurst follows policies and procedures established by our health system to connect patients to NYC Care.

Public Concern:

Community member recommended partnering with local pharmacies to reduce burden and wait periods at NYC Health + Hospitals/Elmhurst pharmacy.

Response:

NYC Health + Hospitals/Elmhurst is working to streamline its pharmacy operations and has added a new machine in our Pharmacy Department to process orders in a more efficient manner so that our patients have a better experience. We have also added more Pharmacy Techs to assist with providing better patient care and more patient education.

Public Concern:

Community member suggested increasing access to financial counselors by locating counselors in community-based organization sites, which will streamline the application process and remove language and transportation barriers.

Response:

NYC Health + Hospitals/Elmhurst is working to improve access to financial counselors at our facility. We have expanded access to financial counselors with extending evening hours and Saturday hours so that our patients and community members get the help they seek and have their questions answered regarding access to health insurance and other programs to pay for healthcare.



Public Concern:

Community member expressed importance of increased communication between healthcare providers and community-based organizations serving vulnerable populations.

Response:

NYC Health + Hospitals/Elmhurst has a robust community outreach team whose goal is to strengthen relationships between the hospital, patients, providers, and community-based organizations to promote wellness and health equity. In the past year, the team has reached over 28,000 people through community health events in Central and Western Queens (over 9 zip codes). Most of these events have been in partnership with local community-based organizations, civic groups, business development groups, and faith institutions. In addition, the hospital partners with elected officials to improve access to healthcare through vaccination events and health fairs where Elmhurst nurses and other health professionals provide blood pressure screenings and health information. Elmhurst also has close relationships with other City agencies and programs, including the NYPD, NYC Parks, and the Queens Library, to do educational talks and health outreach events within our catchment area.

Response (Cont'd):

NYC Health + Hospitals/Queens is dedicated to the health and well-being of the diverse communities served by the hospital. In the wake of the COVID-19 pandemic the hospital has reestablished a vibrant community outreach program that is staffed by public health educators, community health workers, nurses, doctors, and other health care experts. The hospital's outreach program focuses on providing free health screenings and health awareness about preventive and wellness programs and these activities has touched dozens of neighborhoods and benefited thousands of local residents. Our hospital has partnered with civic organizations like the Lions Club, the Queens Public Library, the NYPD, faith-based organizations, and elected officials to conduct workshops, health fairs, health screenings and awareness information about several important health concerns such as diabetes, high blood pressure, nutrition, cancer, and much more.



Public Concern:

Community member expressed concern over long-wait times (4-6 months) for specialist appointments, including: Gynecologist, Ophthalmologist, bi-lingual Mental Health and Cardiologist.

Response:

In some areas, the demand for highly-specialized services at NYC Health + Hospitals/Queens exceeds the hospital's ability to meet a steadily increasing need for such services.

One key strategy the hospital is using to increase access to specialized services involves the use of eConsults (telemedicine). The use of eConsults allow specialty and subspecialty physicians to review requests for outpatient consultation and advise referring physicians about the steps they can take to more appropriately address and manage issues in the primary care setting, thus eliminating the need schedule unnecessary appointments with specialists. Eliminating unnecessary appointments will result in shorten wait times for patients who do need to see a specialist.

We are also leveraging technology by using tele-retinal cameras for screening diabetic patients for retinal disease in the primary care setting. This technology entails having dilated retinal images reviewed by experts in the ophthalmology department. If the images are less than optimal, or if is a positive screen, patients are contacted to schedule an appointment. The use of this technology has made it possible to reduce the demand for screening appointments in ophthalmology. The hospital is in the process of expanding its use of retinal cameras to conduct screenings in Geriatrics and Virology clinics.

Response (Cont'd):

The expanded use of this technology will enable our healthcare experts to detect retinal diseases earlier and reduce the wait time for patients who need to make appointments in the ophthalmology department. Additionally, the enterprise ACLC has prepared and published a directory of specialty and subspecialty services available at all Health and Hospitals facilities. Patients can use this directory to choose where to go for an earlier appointment at any of the public hospitals because of our ability to use electronic health records (MyChart) to securely share their health information across the enterprise. Our diverse staff is also able to communicate with patients in their preferred language and interpreter services is available by telephone.

NYC Health + Hospitals/Elmhurst is working to reduce wait times for specialist appointments. Unfortunately, due to a nationwide shortage of providers, this process is taking longer than we would like. However, we are doing all we can to hire new physicians and other staff to support reduced wait times for our clinics.



Public Concern:

Community member mentioned the need for ADA accessibility to reach NYC Health + Hospitals/Jacobi on the crosswalk on the North side of Seymour to the Westbound 12 bus.

Response:

We understand that pedestrian ramps are critical in enhancing the pedestrian experience, as they provide safe access on and off the streets and sidewalks. We appreciate this valuable feedback. Our operations team can share the concern with the Department of Transportation. However, the final decision to make this enhancement is beyond our jurisdiction. The Parks Department has a capital project pending to address the accessibility issue.

Public Concern:

Community member mentioned the need to notify Psych ER when patient with behavioral health needs come to the ER.

Response:

We agree that Psych ER should be notified when a patient with behavioral health needs presents to the emergency room. However, this process may not be immediate, as it is critical that our health care professionals assess and clear all patients of critical medical emergencies before engaging the Psych ER.



Public Concern:

Community member mentioned the need for greater presence of NYC Health + Hospitals/Jacobi on social media platforms to share information.

Response:

NYC Health + Hospitals/Jacobi is unique compared to our sister facilities as we have a Twitter account for our Jacobi campus and Facebook for North Central Bronx. Our social media following for the Jacobi campus increased significantly in 2022 as we advanced our content to include healthy literacy information (videos) while connecting our target audience to our hospital comprehensive services. In 2022, Jacobi was recognized with an award by our central office Media & Marketing Executives for receiving the most increase in followers facility-wide. Additionally, the social media platforms utilized by Jacobi must be approved by our Media and Marketing department at our central office. To date, we are approved and are excelling on Twitter and Facebook.



Public Concern:

Community member mentioned the need for greater promotion of plant-based diets to the community

Response:

We agree. NYC Health + Hospitals/Jacobi currently serving culturally-diverse plant-based meals as primary dinner options for inpatients. Additionally, from June through November we partner with Harvest Homes for a weekly Farmer's Market which provides access to fresh organic fruits and vegetables. We also, provide health education, and perform blood pressure screenings to increase health literacy and the overall well-being of the Bronx communities we serve. The farmer's market is available every Friday on Pelham Parkway, Pedestrian Mall.

Additionally, Jacobi will announce our new Lifestyle Medicine Programs. Lifestyle Medicine is the use of healthy lifestyle habits to prevent and treat common chronic conditions, such as type 2 diabetes and high blood pressure. Our nutrition element recommends that patients choose whole plant-based foods (fruits, vegetables, whole grains, legumes, nuts, seeds).

Public Concern:

Community member shared the community's opposition and displeasure regarding the Just Home proposal on the NYC Health + Hospital/Jacobi campus. They requested clarity on the following concerns: How was this population prioritized for supportive housing over other vulnerable populations?

Response:

Just Home is one component of NYC Health + Hospitals' comprehensive 'Housing for Health' initiative, which seeks to improve the health and wellbeing of the system's patients who are experiencing homelessness by connecting them to affordable homes and housing supports. As part of this initiative, NYC Health + Hospitals has already leased land on five campuses to facilitate the creation and operation of senior housing, low-income housing, and supportive housing for formerly homeless adults. Just Home will serve some of the most vulnerable patients in the system: incarcerated individuals who have complex medical conditions and are under the care of NYC Health + Hospitals/Correctional Health Services (CHS).

Public Concern:

What kinds of patients will CHS refer to Just Home?

Response:

The patients CHS refers to Just Home will be medically complex individuals who are likely housed in the infirmaries on Rikers Island.

Based on a recent analysis, of CHS' medically complex patient population:

- More than 60% were age 55+
- 76% had at least one significant health diagnosis: recent/active cancer; pulmonary-related (e.g. lung disease); heart-related; diabetes; immunocompromised
- 9% were HIV positive; and
- 7% had challenges with activities of daily living

Public Concern:

Will Just Home tenants have open court cases?

Response:

About 86 percent of the people incarcerated on Rikers are detained pre-trial, meaning they have not been convicted of a crime. To be eligible for consideration for Just Home tenancy, individuals must be determined by the courts to be able to reenter their communities. They may have open cases (e.g., out on bail; released on recognizance), but it is more likely that their cases have been resolved (e.g., time served; case dismissed; alternative-to-incarceration program). While CHS will refer patients to Just Home, only the courts can release someone from custody and into the community.

Public Concern:

What kinds of screening will Fortune Society conduct in assessing potential Just Home tenants?

Response:

Future Just Home residents will undergo the Fortune Society's tenant-screening process before being offered a rent-stabilized lease for their studio apartments. People assessed as posing a risk of current violence and people assessed as inappropriate for the independent, permanent housing model and level of services provided will not be accepted.



Public Concern:

Will a process be in place for a resident who no longer qualifies as a Just Home resident?

Response:

This process will be established by the Fortune Society, as the operator of Just Home.

Public Concern:

What measures will be taken to ensure public safety will not be impacted?

Response:

Just Home tenants are free members of the community: they are no longer in custody and the building is not a jail. However, to help ensure a safe environment, Fortune will have staff in the building who will conduct regular rounds of the building and monitor activity from the cameras placed outside of the building and in the common areas inside the building. Fortune is also developing a relationship with the local NYPD 49th Precinct.



Public Concern:

Why was the Bronx selected for Just Home despite community members expressing concerns about the borough being overburdened?

Response:

NYC Health + Hospitals' has arranged for the development of housing on its land in Brooklyn, Queens, Staten Island, and Manhattan – Just Home is the first Bronx campus in NYC Health + Hospital's housing portfolio.

NYC Health + Hospitals/Jacobi is in Council District 13, which produced just 58 units of new affordable housing in total over the last eight years. Fortune provides citywide social services in Queens, Manhattan, and the Bronx, and, in addition, to housing, in the Bronx, provides housing in several Manhattan locations, including to many residents from the Bronx.

Public Concern:

Why didn't you engage the community before using Building 2 for Just Home and designating Fortune as the developer?

Response:

We followed the standard practices for this kind of project, with HPD's designation of Fortune kicking off the official community outreach process. NYC Health + Hospitals and HPD are focused on leveraging City resources to address the immense need for affordable housing. We are using public land for public good, meeting the needs of different populations through available land and properties. We will continue to brief community stakeholders throughout the process, and your feedback will inform our work, but we are committed to building more housing – especially for vulnerable people.

Public Concern:

Does Jacobi Medical Center have the capacity to care for an additional 70 patients?

Response:

Yes, both the NYC Health + Hospitals President & CEO and the NYC Health + Hospitals/Jacobi CEO have confirmed that Jacobi Medical Center can treat the Just Home residents and the residents in the affordable units. Fortune case managers will work with the Jacobi medical providers to coordinate care for individuals living in the Just Home apartments.



Public Concern:

Will Just Home alter the character of the neighborhood?

Response:

NYC Health + Hospitals/Jacobi has long been an asset to the Morris Park community, and, through Just Home, Fortune will join them in being good neighbors. Fortune's current housing sites not only provide homes to people in need – they provide community meeting space and serve as cultural sites, food distribution sites, and polling locations. They have not altered the character of the neighborhoods but have helped to enrich the neighborhoods, and it is a part of why they are embraced by local residents and community boards. They are similarly committed to being a good neighbor to the Jacobi and Morris Park communities.

Public Concern:

How do you know Fortune will be successful and tenants won't reoffend?

Response:

The Fortune Society has provided high-quality social services for 55 years and housing for 20 years. This includes their long-established Castle Gardens in West Harlem and their newly opened senior building in the Bronx. We know that permanent, supportive housing can reduce the likelihood of reincarceration.



Public Concern:

Community member suggested the need to provide guidance to families of patients on best practices to care for the needs of their geriatric patients (including managing will and power of attorney).

Response: We do not provide support regarding living will or power of attorney, but we do encourage all patients to identify a health care proxy. If a patient would like further assistance/support in the Geriatric practice, they can inquire with any member of their care team.

Public Concern:

Community member mentioned the need for greater investments in the HERRCs to meet the greater demand, and providing accessible, comprehensive medical services to every individual within the HERRC.

Response:

Every HERRC has on site medical care and every person who goes through intake at Roosevelt (which NYC Health + Hospitals runs) completes a comprehensive medical screening. We also have MetroHealthPlus on site at HERRCs to enroll HERRC guests in insurance.



Public Concern:

Community member mentioned the need to provide additional NARCAN training to address overdose in the community.

Response:

Currently through the Chemical Dependency Department, we offer training to all opioid dependent patient, as well as, any other patient who is interested in being trained, and give free DOH-supplied kits upon completion of the training.

Public Concern:

Community member mentioned the need for additional engagement programs for increased staff and resident satisfaction at NYC Health + Hospitals/McKinney.

Response:

Our resident and staff engagement surveys has shown that these groups are engaged. We can always do more if we have additional resources.

Public Concern:

Community member suggested returning to preparing food on site at NYC Health + Hospitals/McKinney.

Response:

That would increase our ability to offer greater selection of choices but it may prove to be too costly.

Public Concern:

Community member mentioned the need for NYC Health + Hospitals/McKinney to once again be a polling site.

Response:

Unfortunately, we lost available space due to COVID. The space is now designated for on-site dialysis.

Public Concern:

Community member expressed wanting to see a Child Development Center in each borough to support parents of children with disabilities.

Response:

NYC Health + Hospitals currently has two Child Development at Gotham Health sites - Sydenham/St Nicholas and Morrisania. Although those sites are on the smaller side and get some funding (long-standing) from the City Council, NYC Health + Hospitals/Gotham Health is thinking about how to better support them.

Public Concern:

NYC Health + Hospitals/McKinney Community Advisory Board member mentioned they would like Dr. Katz to visit more often to meet with residents.

Response:

His schedule is extremely tight, but we always enjoy showcasing our fabulous facility.

Public Concern:

Community member expressed the desire for recognition of the imperative role CBOs can have in transforming the health care system.

Response: Our health system recognizes community-based organizations' critical role in healthcare delivery. We are happy to work with numerous CBOs in our programs, from NYC Care, Community Health Needs Assessment Reports, Find Help and many more.

Public Concern:

Community member mentioned the need to connect residents who are discharged to resources like permanent housing.

Response:

NYC Health + Hospitals is committed to working with various city agencies and partners to ensure that patients discharged from our facilities are connected to outpatient services and housing advocates for those who need them.

Public Concern:

Community member expressed interest in exploring possibility of relocating the closed pharmacy to another location within Gotham Health/Sydenham.

Response:

We have been pleased to work with local elected officials and community members to find a satisfactory resolution to this necessary change. The Sydenham pharmacy serviced less than 200 patients annually and only the uninsured patients. To ensure patients have uninterrupted access to the prescription drugs they need, Sydenham patients who are uninsured are being offered alternative options, including access to three local CVS Pharmacies in the community with no out-of-pocket costs, free home delivery through CVS, continued access to pharmacy services at Harlem Hospital and on-site delivery option at Sydenham. Insured patients will continue to have the option of choosing any pharmacy to receive their medications.



Public Concern:

Community member requested expansion of behavioral health services at NYC Health + Hospitals, Gotham Health/Vanderbilt, as traveling (via shuttle bus) to other boroughs to receive care is a challenging barrier.

Response:

NYC Health + Hospitals/Gotham Health continues to add services to our Vanderbilt location. It is our full intention to include behavioral health services and are actively recruiting for staff. As an organization we acknowledge the importance and need for expanding behavioral health in the Staten Island community and are working diligently to establish the services in the near future.



Public Concern:

Community member expressed concerns over lack of communication between Gotham Health Centers and Community Advisory Boards.

Response:

Gotham Health continues to host and participate in Community Advisory Board (CAB) meetings monthly for all nine of its D&TC facilities. In an effort to communicate effectively with our CABs, we are also working with the various CAB Chairs and Officers to identify various initiatives and lobbying opportunities in support of the practices. The regional and onsite leadership work very closely with many of the committees to ensure that there is progress in strategic areas of development. We welcome opportunities to continue to communicate with our CABs more effectively, and we will be working toward greater bilateral communication efforts.



Public Concern:

Community member emphasized the need for capital improvements at NYC Health + Hospitals/Gotham Health, Morrisania, and the importance of engaging with elected officials as a means to advocate for increased capital funding.

Response:

Gotham Health received close to \$13 million in Capital Funding appropriated from our elected officials this year, an exponential growth from previous years, where we were only receiving one to two million dollars annually. Through a concerted effort this year and various pitch presentations to our elected officials and their budget directors we were able to solidify and grow our capital funding awards, the highest we have ever received as an organization. In regard to Morrisania, this year the facility was awarded \$2.5 million to fund various capital improvement projects at the practice from the City Council and Bronx Borough President Vanessa Gibson. Our intention is to continue to build our relationships with our elected officials and highlight the need for capital funding to continue to provide and expand services and access to our communities as well as facilitating our public health mission. We are so grateful for their confidence and support.

RESOLUTION - 07

Authorizing the amendment of the By-Laws of New York City Health and Hospitals Corporation (the “System”) to **combine the standing Information Technology (“IT”) and Medical and Professional Affairs (“M&PA”) Committees into a single committee to be called the Medical and Professional Affairs and Information Technology Committee** such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and

Further authorizing the amendment of the By-Laws to **update the names and status of South Brooklyn Health and North Central Bronx Hospital to reflect the South Brooklyn Health name change from Coney Island Hospital and that North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center;**

Such that the By-Laws of the System, as amended and restated, shall be as attached to this resolution.

WHEREAS, the By-Laws of the System may be amended by vote of majority of the whole number of the Board; and

WHEREAS, in accordance with the requirements of the By-Laws, Board members have been given at least a 14-day notice of the proposed By-Law amendment; and

WHEREAS, the System’s By-Laws currently require that there be a standing IT and a standing M&PA Committee; and

WHEREAS, previously the functions of the two committees were performed by the M&PA and IT Committee but during the years during which the System undertook the contracting for and implementing of its EPIC Medical Information Records (the “EMR”) system, the information technology work was so important that the System’s Board of Directors determined that it should form a separate standing IT Committee to, among other things, oversee the EMR contracting and implementation; and

WHEREAS, although the EMR implementation is completed, there remain important work within the IT Committee’s scope, including addressing issues of cyber security; and

WHEREAS, nonetheless, to enhance the Board of Directors efficiency, the Board has determined that the work of the standing IT and the standing M&PA’s Committees be combined into a new standing Medical and Professional Affairs and Information Technology Committee; and

WHEREAS, the current membership of the respective Committees will be members of the new Medical and Professional Affairs and Information Technology Committee and will retain the membership of all directors; and

WHEREAS, in view of current concern regarding cyber security the new committee will also focus on cyber security threats; and

October, 2023

WHEREAS, the By-Laws should be updated to reflect that the name of Coney Island Hospital has been changed to South Brooklyn Health and that North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center.

NOW THEREFORE, BE IT RESOLVED, that the By-Laws of New York City Health and Hospitals Corporation be and hereby are amended to (i) combine the standing Information Technology (“**IT**”) and the standing Medical and Professional Affairs (“**M&PA**”) Committees into a single standing committee to be called the Medical and Professional Affairs and Information Technology Committee such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and (ii) authorizing the amendment of the By-Laws to update the names and status of South Brooklyn Health and North Central Bronx Hospital such that the By-Laws of the System, as amended and restated, shall be as attached to this resolution.

EXECUTIVE SUMMARY

Amending the System By-Laws to

(i) Combine the Standing Medical and Professional Affairs Committee and the Standing Information Technology Committee into a new Standing Medical and Professional Affairs and Information Technology Committee with the Members of the two Committees being made Members of the new Committee; (ii) to correct the names and status of South Brooklyn Health and North Central Bronx Hospital;

Goals: (i) combine the standing M&PA and standing IT committees into one standing Medical and Professional Affairs and Information Technology Committee; and (ii) update the names and status of South Brooklyn Health and North Central Bronx Hospital;

Rationale: By combining the M&PA and IT committees, the Board can make its operations more efficient.

Several clean-ups of the By-Laws are needed. The name of South Brooklyn Health has been changed from Coney Island and North Central Bronx Hospital has been made a second campus of Jacobi Medical Center and the By-laws should be amended to reflect these changes.

Future State: The creation of a new standing committee to be called the Medical and Professional Affairs and Information Technology Committee by combining the previous M&PA and IT committees. The committee will have the obligation to oversee all matters previously governed by the M&PA Committee and the IT Committee. It shall additionally oversee the System's efforts to ensure cyber security. All members of the two existing committees shall become members of the new standing Medical and Professional Affairs and Information Technology Committee. The By-Laws will be amended and restated as attached.

The name of South Brooklyn Health and the status of North Central Bronx Hospital as a campus of Jacobi Medical Center will be updated to reflect changes since the By-Laws were last revised.

Proposal to Amend the 2019 By-Laws

Board of Directors Meeting
October 26, 2023

Andrea Cohen, Senior Vice President and General Counsel
Jeremy Berman, Deputy Counsel

For Board Consideration

- Authorizing the amendment of the By-Laws of New York City Health and Hospitals Corporation (the “System”) to combine the standing Information Technology (“IT”) and Medical and Professional Affairs (“M&PA”) Committees into a single committee to be called the Medical and Professional Affairs and Information Technology Committee such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and
- Further authorizing the amendment of the By-Laws to update the names and status of South Brooklyn Health and North Central Bronx Hospital to reflect the South Brooklyn Health name change from Coney Island Hospital and that North Central Bronx has been restructured as a second campus of Jacobi Medical Center;

- The System By-Laws were last amended October 31, 2019
- Article VI – sections 2, 4 and 12 of the current By-Laws currently requires that there be a standing Information Technology (IT) and a standing Medical and Professional Affairs (M&PA) Committee
 - Previously the responsibilities of the respective committees was performed by the M&PA Committee.
 - However, the Board of Directors determined that there should be a separate IT Committee to oversee the EPIC Medical Information Records contracting and implementation process, among other matters.
 - The implementation of EPIC is completed.
- Article IV Section 1 of the current By-Laws lists the facilities to be operated by the System:
 - This includes Coney Island Hospital and North Central Bronx Hospital

Proposed Amendment Rationale

- To enhance the Board of Directors efficiency the Board has determined that work of the standing M&PA and IT Committees be combined into a new standing Medical and Professional Affairs and Information Technology Committee
 - The current responsibilities of the respective committees will be combined in the new standing committee
 - The current membership of the respective committees will be members of the new Medical and Professional Affairs and Information Technology Committee
 - The new committee will continue to focus on matters regarding system infrastructure, clinical and operational applications and platforms, security & risk mitigation, emerging artificial intelligence and digital transformation.
- The By-Laws would be updated to reflect that the name of Coney Island Hospital has been changed to South Brooklyn Health and that North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center

Board of Directors Request

- Authorizing the amendment of the By-Laws of New York City Health and Hospitals Corporation (the “System”) to combine the standing Information Technology (“IT”) and Medical and Professional Affairs (“M&PA”) Committees into a single committee to be called the Medical and Professional Affairs and Information Technology Committee such that all members of the two current committees be members of the new standing Medical and Professional Affairs and Information Technology Committee; and
- Further authorizing the amendment of the By-Laws to update the names and status of South Brooklyn Health and North Central Bronx Hospital to reflect the South Brooklyn Health name change from Coney Island Hospital and that North Central Bronx Hospital has been restructured as a second campus of Jacobi Medical Center;
- Such that the By-Laws of the System, as amended and restated, shall be as attached to this resolution be forwarded to the Board for consideration.

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BY-LAWS

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AS AMENDED THROUGH OCTOBER ~~31~~26,

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TABLE OF CONTENTS

<u>ARTICLE</u>		<u>PAGE</u>
I	PREAMBLE	3
II	STATEMENT OF PURPOSES	4
III	OFFICES	5
IV	BOARD OF DIRECTORS	6
V	OFFICERS OF THE BOARD	10
VI	COMMITTEES	11
VII	OFFICERS OF THE CORPORATION	20
VIII	EXECUTIVE DIRECTORS	22
IX	MEDICAL BOARDS	24
X	PERSONNEL REVIEW BOARD	25
XI	COMMUNITY ADVISORY BOARDS	26
XII	AUXILIARY AND VOLUNTEER ORGANIZATIONS	27
XIII	SUBSIDIARY CORPORATIONS	28
XIV	CONTRACTS, CHECKS, DRAFTS, BANK ACCOUNTS, ETC.	29
XV	BOOKS AND RECORDS	30
XVI	SEAL	31
XVII	FISCAL YEAR	32
XVIII	AUDITS	33
XIX	CONFLICTS OF INTEREST	34
XX	AMENDMENTS	35

ARTICLE I

PREAMBLE

The New York City Health and Hospitals Corporation is a public benefit corporation created by the New York City Health and Hospitals Corporation Act (L. 1969, C. 1016, eff. May 26, 1969).

In order to provide for the orderly implementation of this legislation, the Corporation's Board of Directors, therein provided, adopt the following By-Laws:

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ARTICLE II

STATEMENT OF PURPOSES

The purposes of the Corporation include:

(A) provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;

(B) extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;

(C) promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the State of New York and of the City of New York;

(D) join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well being of the people.

ARTICLE III

OFFICES

Section 1. Principal office. The principal office of the Corporation shall be located in the City of New York, State of New York.

Section 2. Other Offices. The Corporation may also have offices at such other places both within and without the State of New York as the Board may, from time to time, determine or the business of the Corporation may require.

ARTICLE IV

BOARD OF DIRECTORS

Section 1. General Powers. The business and affairs of the Corporation shall be managed by the Board. The Board shall fulfill its responsibilities in a manner consistent with relevant law and regulations, including the conditions of participation under the Medicare program, and shall serve as the Governing Body of each of the facilities operated by the Corporation. Such facilities include but are not limited to, *Bellevue Hospital Center, ~~Coney Island Hospital~~ South Brooklyn Health, Elmhurst Hospital Center, Harlem Hospital Center, Jacobi Medical Center, and North Central Bronx Hospital, a Campus of Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical And Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center, Woodhull Medical and Mental Health Center, Coler Specialty Hospital and Nursing Facility, Henry J. Carter Specialty Hospital and Nursing Facility, Dr. Susan Smith McKinney Nursing and Rehabilitation Center, Gouverneur Healthcare Services, Sea View Hospital*

Rehabilitation Center and Home.

Section 2. Number of Directors. The Board shall consist of sixteen (16) directors.

Section 3. Qualifications of Directors. The Administrator of the Health Services Administration, the Commissioner of Health and Mental Hygiene, the Director of Community Mental Health Services, the Administrator of the Human Resources Administration and the Deputy Mayor/City Administrator, or their successors, shall be directors *ex officio*. Ten (10) additional directors shall be appointed by the Mayor, five (5) of whom shall be designated by the City Council. The President of the Corporation shall be the sixteenth director. Directors shall perform their Board responsibilities in person only and only directors *ex officio* may perform such responsibilities by agent.

Section 4. Meetings.

(A) Annual Public Meeting. The Board shall hold an annual public meeting at such date, place and hour as shall be designated in the notice to the public of the annual public meeting. Such meeting serves as the annual meeting of the Board mandated by the enabling statute. Such notice shall be given, not later than thirty (30) days before the meeting, in such manner as the Board may, by resolution, determine.

(B) Regular Meetings. Regular meetings of the Board shall be held on a monthly basis with a minimum of ten (10) such meetings per year. At least once each year, the Board shall convene as the Governing Body of each of the facilities listed in Section 1, above. In addition, the Board shall receive a written report from each of the facilities listed in Section 1, above at least once a year.

(C) Special Meetings. Special meetings of the Board shall be held whenever called by the Chair of the Board, the President or by four (4) directors. Any and all business may be transacted at

a special meeting which may be transacted at a regular meeting of the Board.

(D) Time and Place of Meeting. The Board may hold its meetings at such time or times and such place or places within or without the State of New York as the Board may, from time to time, by resolution determine or as shall be designated in the respective notices or waivers of notice thereof.

(E) Notice of Meetings. Notices of regular meetings of the Board or of any adjourned meeting need not be given.

Notices of special meetings of the Board, or of any meeting of any committee of the Board, except the Executive Committee, which shall meet when deemed necessary, shall be mailed by the Secretary to each director or member of such committee, addressed to him or her at his or her residence or usual place of business, at least three (3) days before the day on which such meeting is to be held, or shall be sent by telegraph, cable or other form of recorded communications or be delivered personally or by telephone not later than the day before the date on which such meeting is to be held. Such notice shall include the time and place of such meeting. Notice of any such meeting need not be given to any director or member of the committee, however, if waived by the director in writing or by telegraph, cable or other form of recorded communications, whether before or after such meeting shall be held, or if he or she shall be present at such meeting and shall not protest the lack of notice to him or her prior thereto or at its commencement.

(F) Quorum and Manner of Acting. A majority of the whole number of directors shall be present in person at any meeting of the Board in order to constitute a quorum for the transaction of business at such meeting, and the vote of a majority of those directors present at any such meeting at which a quorum is present shall be necessary for the passage of any resolution or act of the Board, except as otherwise expressly required by these By-Laws. In the absence of a quorum for any such meeting, a majority of the directors present thereat may adjourn such meeting, from time to time, until a quorum shall be present.

(G) Robert's Rules of Order shall prevail at all meetings of the Board except as

otherwise herein provided.

(H) Order of Business. The order of business of each meeting of the Board shall be as follows:

1. Acceptance of the minutes of the last Regular meeting and all Special meetings;
2. Chair's Report;
3. President's Report;
4. Old and New Business;
5. Committee Reports;
6. Facility Governing Body / Executive Session
7. Adjournment.

However, it shall be within the discretion of the person acting as chair of the meeting to deviate from the order of business herein provided.

(I) Organization. At each meeting of the Board, one of the following shall act as Chair of the meeting and preside thereat, in the following order of precedence: (a) the Chair of the Board; (b) the Vice-Chair of the Board; (c) the President; (d) any director chosen by a majority of the directors present thereat. The Secretary or, in his or her absence, any person whom the Chair shall appoint shall act as Secretary of such meeting and shall keep the minutes thereof.

(J) Minutes of Meetings. Minutes of all meetings of the Board and its committees, including a record of attendance, must be kept. Upon approval, such minutes shall be signed by the Secretary and permanently filed and maintained in the principal office of the Corporation and at each of the Corporation's facilities.

Section 5. Resignation. Any director, other than a director holding office ex officio, may

resign at any time by giving written notice of resignation, including an effective date therefor, to the Mayor or to the Chair of the Board. Any such resignation shall take effect at the time specified therein. If no effective date is specified therein, the resignation shall take effect thirty (30) days from the date of receipt of such notification by the Chair of the Board or by the Mayor.

Section 6. Vacancies and Removal. Whenever the number of directors appointed by the Mayor shall for any reason be less than ten (10), the vacancy may be filled by the Mayor, provided that if the office so vacated was held by a director designated by the City Council, the successor appointed by the Mayor shall be so designated. A director appointed to fill a vacancy shall be appointed for the unexpired portion of the term of his or her predecessor in office. Any of these directors may be removed by the Mayor for cause after a hearing.

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ARTICLE V

OFFICERS OF THE BOARD

Section 1. Titles. The officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board. The Chair of the Board shall be the Administrator of Health Services of the City of New York. The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually.

Section 2. Duties and Functions.

(A) Chair of the Board. The Chair of the Board shall:

(1) preside, if present, at meetings of the Board; (2) be an ex officio member of all committees except the Audit Committee; (3) appoint committees with the approval of the Board; and (4) perform such duties as from time to time may be assigned by the Board.

(B) Vice-Chair of the Board. The Vice-Chair of the Board shall, if present and if the Chair of the Board shall be absent or shall be unable to act, preside at all meetings of the Board. The Vice-Chair of the Board shall perform such duties as from time to time may be assigned by the Board.

(C) Other Presiding Officers. In the event that both the Chair and the Vice-Chair of the Board may be absent, or in any other way may be unable to serve, then the President shall serve as Presiding Officer. If he or she is absent or is otherwise unable to serve, the Board shall, by majority vote of those present, pick a member to be Presiding Officer at that meeting.

ARTICLE VI
COMMITTEES

Section 1. General Provisions.

(A) Standing and Special Committees. Committees of the Board shall be standing or special. A standing committee is one whose functions are determined by a continuous need. The function and duration of a special committee shall be determined by its specific assignment, as stated in a resolution of the Board creating it.

(B) Composition. Each of the standing committees, except the Audit Committee, shall be composed of the Chair of the Board, the President, and at least three (3) Board members appointed in the manner hereinafter specified.

(C) Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees.

(D) Committee Chair. The Chair of each committee, both standing and special, shall be designated by a majority vote of the Board.

(E) Meetings. Each standing committee shall meet as deemed necessary.

(F) Quorum. A quorum, which shall be at least one-half of all of the members of a committee, standing or special, shall be required for a committee to transact any business unless otherwise stated in these By-Laws.

(G) Committee Action. All actions of a committee, standing or special, shall be taken by a majority vote of the members in attendance at a committee meeting.

(H) Reports. Each committee shall report to the Board, at its regular meetings, on all business transacted by it since the last regular Board meeting.

(I) Special Committees. The Board may, by resolution passed by a majority of the whole number of directors, designate special committees, each committee to consist of three (3) or more directors, one of whom shall be the Chair of the Board, and each such committee shall have the duties and the functions as shall be provided in such resolution.

Section 2. Standing Committees. The following committees shall be designated as standing committees:

- Executive Committee
- Medical and Professional Affairs and Information Technology Committee
- Audit Committee
- Finance Committee
- Capital Committee
- Community Relations Committee
- Quality Assurance/Performance Improvement Committee
- Strategic Planning Committee
- Equity, Diversity and Inclusion Committee
- ~~Information Technology Committee~~
- Governance

Section 3. Executive Committee

(A) Designation and Membership. The Executive Committee shall be composed of the Chair of the Board, who shall be the Chair of the Executive Committee, the President, and other members appointed by the Chair of the Board with the approval of the Board.

(B) Functions and Powers. The Executive Committee, subject to any limitations prescribed by the Board, shall possess and may exercise during the intervals between meetings of the Board, the powers of the Board in the management of the business and affairs of the Corporation except for: (1) the power to amend or to repeal these By-Laws or to adopt new By-Laws; and (2) the power to fill vacancies in

any committee of the Board. At each meeting of the Board the Executive Committee shall make a report of all action taken by it since its last report to the Board.

(C) Meetings and Quorum. The Executive Committee shall meet as often as may be deemed necessary and expedient at such times and places as shall be determined by the Executive Committee. Five (5) members of the Executive Committee shall constitute a quorum. The Chair of the Board shall preside at meetings of the Executive Committee and, in his or her absence, the President shall preside thereat. All members of the Board of Directors shall be duly notified prior to all Executive Committee meetings.

Section 4. Medical and Professional Affairs and Information Technology Committee. The duties and responsibilities of the Medical and Professional Affairs Committee shall include the following:

(A) review issues dealing with the quality and composition of professional services provided in the Corporation's facilities, including nursing services, pharmacy, dietary services, laboratories and social services, and recommend policies and actions to the Board concerning these services;

(B) review and recommend to the Board contractual arrangements for professional services with particular emphasis on monitoring and providing policy direction to corporate staff with respect to the services provided to the Corporation pursuant to its affiliation contracts with voluntary hospitals, medical schools and professional corporations;

(C) review education and training issues for clinical personnel in the Corporation's institutions;

(D) formulate and recommend to the Board plans for delivery of comprehensive health care to the community;

(E) promulgate policies rules and regulations with respect to medical and to other research conducted at the Corporation's facilities; and

(F) review strategic issues related to information management and technology and the management of clinical care.

(G) review, appraise and monitor the Corporation's IT strategy and significant IT related projects and investments;

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(H) ensure that the Corporation's IT programs effectively support the Corporation's clinical and business objectives and strategies;

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(I) review the financial, tactical and strategic benefits of proposed major IT related projects and technology architecture alternatives;

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(J) review the progress of significant IT related projects and technology architecture decisions;

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(K) review and recommend to the Board contractual commitments for significant IT related projects that will be submitted to the Board for consideration, and

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(L) monitor the quality and effectiveness of the Corporation's IT security and IT disaster recovery capabilities.

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Section 5. Audit Committee. The Audit Committee shall consist of members designated by the Board, other than those serving ex officio, except that the Chair of the Board may be a member if he or she is not compensated by the City of New York. The duties and responsibilities of the Audit Committee shall be to:

(A) approve the selection, retention or termination of independent auditors;

(B) review the proposed scope of the audit and related fees;

(C) inquire about and be aware of all work (audit, tax systems) that the independent auditor performs;

(D) review the annual financial statements and the results of the audit with management, the internal auditors and the independent auditors;

(E) review the memorandum, if any, prepared by the independent auditors setting

forth any questionable or possibly illegal activities and take appropriate action;

(F) be available to meet with the independent auditors to resolve problems that arise in connection with the audit if and when this becomes necessary.

Section 6. Finance Committee. The duties and responsibilities of the Finance Committee shall include the following:

(A) supervise the preparation and recommend to the Board for submission to the City of New York the annual consolidated revenue and expense budget of the Corporation;

(B) recommend to the Board policies and actions with respect to collection of revenues;

(C) ensure that the funds of the Corporation are properly deposited and accounted for and recommend policies for such deposits to the Board;

(D) account for Corporation property, both real and personal; and

(E) monitor performance against budgets.

Section 7. Capital Committee. The duties and responsibilities of the Capital Committee shall include the following:

(A) recommend to the Board of Directors policies and objectives in the area of capital development for the guidance of Corporation officers, facility Executive Directors, and key staff members;

(B) supervise the preparation and recommend to the Board for submission to the City of New York the annual capital budget of the Corporation;

(C) formulate policies and recommendations for the long-range development of facilities to include supervising the preparation of major programs and master plans, as well as the inter-

agency coordination of such planning with the appropriate City and State agencies;

(D) establish standards, policies and procedures for the selection and approval of architectural and engineering contracts;

(E) review and approve any transfers or surrender of Corporation facilities or lands and the acquisition and/or leasing of additional property and facilities for Corporation purposes.

Section 8. Community Relations Committee. The duties and responsibilities of the Community Relations Committee shall include the following:

(A) review and recommend to the President plans for the formation of community advisory boards;

(B) formulate and recommend to the Board the policies of the Corporation concerning its relationship with the community;

(C) provide clarification and interpretation of established policies on community relationships;

(D) evaluate the efforts of the Corporation, and its facilities to establish, maintain and improve effective participation by the community.

(E) discuss advocacy for the Corporation on relevant legislative and political developments on a local, state and national level that effect the health care delivery environment and specifically the Corporation.

Section 9. Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee shall act on behalf of the Board for purposes of discharging the governing body's obligations in overseeing the quality assurance process for HHC facilities. The Board shall, at least annually, assess the performance of the Quality Assurance/Performance Improvement

Committee in fulfilling the governing body's quality assurance responsibilities. Any member of the Board may attend meetings of the Quality Assurance/Performance Improvement Committee and may refer any quality assurance issue for deliberation or for action by the Quality Assurance/Performance Improvement Committee or by the full Board. Board members may also discuss quality assurance/performance improvement issues or problems concerning HHC facilities at any meeting of the Board.

The duties and responsibilities of the Quality Assurance/Performance Improvement Committee shall include the following:

(A) assuring that each facility is fulfilling mandates in the areas of quality assurance, credentialing of physicians and dentists, overall operations and responsiveness to Federal, State and other regulatory surveillance and enforcement activities. With respect to quality assurance, this shall include oversight of and participation in such functions of the quality assurance/performance improvement committee of the facilities such as: reviewing services in order to improve the quality of medical and dental care of patients and to prevent medical and dental malpractice; overseeing and coordinating malpractice prevention programs; and insuring that information gathered pursuant to the programs is utilized to review and to revise policies and procedures;

(B) assuring that there is a systematic and effective mechanism for communication among members of the Board of Directors in their role as members of the governing body, and the administration and medical staff of each HHC facility. This communication should facilitate direct participation by the governing body in quality assurance activities and other issues of importance as set forth above;

(C) monitoring the progress at Corporation facilities towards meeting appropriate HHC goals and objectives related to its health care programs;

(D) reviewing quality assurance activities of each of the Corporation's facilities on at least a quarterly basis.

(E) overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and spreading performance improvement best practices. The following sets forth areas of focus related to performance improvement:

1. Present system performance improvement prioritized projects and present quarterly performance improvement projects from a prioritized pick list.
2. Share facility-specific performance improvement priorities and encourage discussion of performance improvement priorities and projects presented at facility-specific quality assurance/performance improvement committees.
3. Identify new areas of opportunity for performance improvement and promote and discuss ideas and change strategies that can lead to improvements.
4. Spread performance improvement best practices by supporting the sharing and dissemination of best practices related to performance improvement activities across facilities and services.

Section 10. Strategic Planning Committee. The duties and responsibilities of the Strategic Planning Committee shall include the following:

- (A) to share and monitor metrics established for measuring goals and initiatives;
- (B) to develop and monitor long term and strategic plans for the Corporation that are consistent with its mission and that reflect the needs of the population and health care industry needs;
- (C) to recommend strategic directions to ensure the ability of the Corporation to carry out its mission;
- (D) to evaluate Corporation policies and programs as these relate to long-term goals and objectives;

(E) to review and evaluate all system-wide initiatives and plans to ensure consistency with the Corporation's strategic plan, mission and demographic and health care industry trends.

(F) to report on relevant legislative and political developments on a local, state and national level that effect the health care delivery environment and specifically the Corporation

Section 11. Equity, Diversity and Inclusion Committee. The duties and responsibilities of the Equity, Diversity and Inclusion Committee shall be the oversight of the integration of best practices related to diversity and inclusion into all of the organization's activities to foster workplace diversity, promote vendor diversity, support workplace inclusion and to promote equity in access initiatives.

~~Section 12. Information Technology Committee. The duties and responsibilities of the Information Technology Committee shall include the following:~~

~~(A) review, appraise and monitor the Corporation's IT strategy and significant IT related projects and investments;~~

~~(B) ensure that the Corporation's IT programs effectively support the Corporation's clinical and business objectives and strategies;~~

~~(C) review the financial, tactical and strategic benefits of proposed major IT related projects and technology architecture alternatives;~~

~~(D) review the progress of significant IT related projects and technology architecture decisions;~~

~~(E) review and recommend to the Board contractual commitments for significant IT related projects that will be submitted to the Board for consideration; and~~

~~(F) monitor the quality and effectiveness of the Corporation's IT security and IT disaster recovery capabilities.~~

Section 123. Governance Committee. The duties and responsibilities of the Governance Committee shall including the following:

- (A) keep the Corporation's Board of Directors informed of current best governance requirements and current trends;
- (B) update corporate governance principles;
- (C) advise appointing authorities on skills/requirements of Board members.
- (D) evaluate the performance of the President;
- (E) review appointments of corporate officers.

Section 143. Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

ARTICLE VII

OFFICERS OF THE CORPORATION

Section 1. Titles. The officers of the Corporation shall be the President (and Chief Executive Officer), one or more Executive Vice Presidents, one or more Senior Vice Presidents, one or more Vice Presidents, a General Counsel and a Secretary.

Section 2. Appointment. The President (and Chief Executive Officer) shall be chosen by the Board from persons other than themselves and shall serve at the pleasure of the Board. The President shall appoint all other officers of the Corporation, subject to the approval of the Board. All such other officers are

subject to removal by the President.

Section 3. Resignation. Any officer may resign at any time by giving written notice of resignation, which may include an effective date therefor, to the President or the Secretary to the Corporation. Such resignation shall take effect when accepted by the President.

Section 4. Duties and Functions.

(A) President. Shall have general charge of the business and affairs of the Corporation and shall have the direction of all other officers, agents and employees. He or she shall, if present and in the absence of the Chair of the Board and the Vice-Chair of the Board, preside at all meetings of the Board. The President may assign such duties to the other officers of the Corporation as he or she deems appropriate.

(B) Executive Vice President. The President may appoint an Executive Vice President. At the request of the President or if the President shall be unable to act because of absence or disability, the Executive Vice President shall perform all the duties of the President and, when so acting, shall have all the powers of and be subject to all the restrictions placed on the President. This individual shall have such powers and duties as shall be prescribed by the President subject to approval by the Board.

(C) Senior Vice Presidents; Vice Presidents. Each Senior Vice President or Vice President shall have such powers and duties as shall be prescribed by the President subject to approval by the Board. One senior officer so designated shall have charge and custody of and be responsible for all funds and securities of the Corporation.

(D) General Counsel. The General Counsel shall be the principal legal officer for the Corporation. The General Counsel shall advise the Board of Directors, President, Vice Presidents and

Executive Directors of all Corporation facilities on all legal matters affecting policy and operations, including contractual agreements, labor law, municipal and State law affecting capital and expense budget administration, personnel administration, medical and hospital law, Federal, State and City legislative matters, as well as perform such other duties as the Board may, from time to time, assign.

(E) Secretary. The Secretary shall keep the records of all meetings of the Board and the Executive Committee. He or she shall affix the seal of the Corporation to all deeds, contracts, bonds or other instruments requiring the corporate seal when the same shall have been signed on behalf of the Corporation by a duly authorized officer. The Secretary shall be the custodian of all contracts, deeds, documents and all other indicia of title to properties owned by the corporation and of its other Corporate records (except accounting records).

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ARTICLE VIII
EXECUTIVE DIRECTORS

Section 1. Appointment & Term. There shall be an Executive Director for each facility who shall be appointed by the President and shall serve at the pleasure of the President.

Section 2. Vacancies. Whenever there shall be a vacancy in the position of Executive Director in any facility administered by the Corporation due to resignation, death, incapacity, termination or any other reason, the President shall select an Acting Executive Director to perform the duties of the Executive Director until such times as an Executive Director shall be appointed by the President. When neither an Executive Director nor an Acting Executive Director has been appointed, the Chief Operating Officer of the respective facility shall have such powers and responsibilities as held by the Executive Director until such time as an Executive Director appointment decision is made by the President.

Section 3. Duties and Functions. The Executive Director shall:

(A) be responsible at all times for directing, coordinating and supervising the administration of the appropriate facility and for carrying out the policies of the Board and the President, and the rules and regulations of the medical board;

(B) provide liaison between the Board, the medical staff of the appropriate facility, the departments of the facility, and the community;

(C) organize the administrative functions of the facility, delegate duties and establish formal means of accountability on the part of subordinates;

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(D) make or send reports to the Board, the President and the medical staff on the overall activities of the appropriate facility, including medical care, the budget, and the plan for the achievement of specific objectives and the periodic review and evaluation of this plan;

(E) designate an individual to act for him or her in his or her absence.

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ARTICLE IX
MEDICAL BOARDS

Section 1. Medical Staff By-Laws. The medical staff at each facility shall develop bylaws, rules and regulations which set forth its organization and governance. Proposed bylaws, rules and regulations shall be recommended by the organized medical staff to the President. Such bylaws, rules and regulations of the medical staff shall be approved by the President, on behalf of the Board. Such bylaws, rules and regulations shall be concerned with but not limited to the following areas:

- (A) appointments, reappointments and other changes in staff status;
- (B) granting of clinical privileges;
- (C) disciplinary actions;
- (D) all matters relating to professional competency;
- (E) such specific matters as may be referred by the Board to the medical staff, or

required by applicable Federal and State law.

Section 2. Method of Appointment. Appointments to the medical staff of each facility shall be made biennially -- or as often as otherwise required by law or by the Joint Commission on Accreditation of Healthcare Organizations -- by the President upon recommendation by the appropriate committee of the organized medical staff.

Section 3. Medical Staff Evaluation. The medical staff shall conduct an on-going review and evaluation of the quality of professional care rendered in the facility and shall report such activities and their results to the Board.

ARTICLE X

PERSONNEL REVIEW BOARD

The Board shall create a Personnel Review Board to consist of three (3) members and shall designate one (1) member thereof. The Personnel Review Board shall have such powers and duties as are provided by law in the Corporation's enabling legislation.

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ARTICLE XI
COMMUNITY ADVISORY BOARDS

The President shall establish a Community Advisory Board for each facility administered by the Corporation. The Community Advisory Board shall consider and advise the Corporation with respect to the plans and programs of the Corporation. The members of each Community Advisory Board shall be representative of the community served by its facility. Each Community Advisory Board shall develop bylaws, which shall become effective upon approval by the President.

DRAFT

ARTICLE XII

AUXILIARY AND VOLUNTEER ORGANIZATION

The President shall authorize such Auxiliary organizations as deemed necessary to accomplish the objectives of the Corporation, and its facilities. The purposes and functions of such bodies shall be clearly delineated. Their bylaws, rules and regulations, and changes thereto, shall be subject to approval by the President before becoming effective. The President may define the terms and conditions under which individuals who are not members of the official volunteer Auxiliaries may serve the facilities and/or the Corporation.

DRAFT

ARTICLE XIII
SUBSIDIARY CORPORATIONS

Pursuant to McKinney's Unconsolidated Laws, Section 7385.20, the Corporation has the power to organize wholly-owned subsidiary public benefit corporations to exercise and perform any part of its functions or activities. The Chair of the Board shall appoint members to the Board of Directors of any such subsidiary with the approval of a majority of the Board. The powers and duties of any subsidiary corporation shall be subject to the constraints set forth in the foregoing provision of the Corporation's Enabling Legislation.

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The Corporation's Board of Directors shall exercise those powers reserved to the Corporation in the Certificate of Incorporation of any subsidiary corporation.

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ARTICLE XIV
CONTRACTS, CHECKS, DRAFTS,
BANK ACCOUNTS, ETC.

Section 1. Execution of Document. The Board shall designate the officers, employees and agents of the Corporation who shall have the power to execute and deliver deeds, contracts, mortgages, bonds, debentures, checks, drafts and other orders for the payment of money and other documents for and in the name of the Corporation and may authorize such officers, employees and agents to delegate such power (including authority to redelegate) by written instrument to other officers, employees or agents of the Corporation.

Section 2. Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation or otherwise in such banks or trust companies organized in New York or national banks doing business in New York City as the Board shall determine.

ARTICLE XV
BOOKS AND RECORDS

The books and records of the Corporation may be kept at such places within the State of New York as the Board may from time to time determine.

DRAFT

ARTICLE XVI

SEAL

The Board shall provide a corporate seal, which shall be in the form of a circle and shall bear the full name of the Corporation and the words and figures "Corporate Seal 1969 New York."

DRAFT

ARTICLE XVII

FISCAL YEAR

The fiscal year of the Corporation shall end on the last day of June in each year.

DRAFT

ARTICLE XVIII

AUDITS

The Board shall engage an independent certified or registered public accountant to make an annual audit of the Corporation and its constituent facilities.

DRAFT

ARTICLE XIX

CONFLICTS OF INTEREST

Chapter 68 of the Charter of the City of New York defines a “code of ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all corporate employees and directors. Chapter 68 embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Corporation has promulgated its own “Code of Ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all members of the Corporation community advisory boards and its auxiliaries, and other personnel who are not covered by Chapter 68. Similar to Chapter 68, the Corporation’s Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Board of Directors is committed to recognizing the Corporation’s responsibility to organizational ethics and expects, therefore, every employee and Board member to support and adhere to the principles and policies set forth in Chapter 68 and all members of the community advisory boards and auxiliaries, affiliate staff and other personnel who are not covered by Chapter 68 to support and adhere to the principles and policies set forth in the Corporation’s Code of Ethics.

ARTICLE XX

AMENDMENTS

These bylaws may be altered or repealed by the vote of a majority of the whole number of directors by their vote given at a regular meeting or at any special meeting, providing that at least fourteen (14) days' notice of such contemplated action has been given to all directors.

DRAFT

RESOLUTION - 08

Approving the application of New York City Health and Hospitals Corporation (the “System”) **for verification by the American College of surgeons of NYC Health + Hospitals/Lincoln (“Lincoln”) as a Level 1 Trauma Center.**

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

Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

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

WHEREAS, in 2023 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the System’s Board of Directors fully supports the continued provision of level 1 trauma services at Lincoln; and

NOW THEREFOR, be it

RESOLVED, that the Board of Directors (the "**Board**") of the New York City Health and Hospitals Corporation (the “**System**”) hereby approves the application for verification of NYC Health + Hospitals/Lincoln as a Level 1 Trauma Center; and

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

FURTHER RESOLVED, that the Board authorizes the appropriate System officer to execute any and all documents necessary to verify NYC Health + Hospitals/Lincoln, as a Level 1 Trauma Center, by the American College of Surgeons.

EXECUTIVE SUMMARY
Designation of NYC Health + Hospitals/Lincoln
as a Level 1 Trauma Center

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

Program: Trauma centers are typically located within hospitals, often in the emergency department. Emergency rooms provide care to people suffering injuries ranging from a sprained ankle to a heart attack — and they are staffed with doctors, nurses, and medical experts who handle a variety of conditions. Trauma centers, on the other hand, are for patients with the most extreme injuries. At trauma centers, one finds highly trained clinicians who specialize in treating traumatic injuries, including: trauma surgeons, neurosurgeons; orthopedic surgeons; cardiac surgeons; radiologists and registered nurses. Trauma centers are open 24/7 and have access to resources such as an operating room, resuscitation area, laboratory, and diagnostic testing equipment. Trauma centers treat: gunshot and stab wounds, major burns, traumatic car crash injuries, blunt trauma and brain injuries. There are five different levels of trauma centers in the United States. Lincoln is to be a Level 1 Trauma Center.

American College of Surgeons Committee on Trauma Verification Process for Trauma Centers

Machelle Allen, MD
Senior Vice President
System Chief Medical Officer
October 26th, 2023

Sherry Melton, MD, MSHA
Chair of Surgery and Trauma Medical Director
NYC H+H Lincoln Hospital

Sheldon Teperman, MD, FACS
NYC H+H System Chief of Trauma Services

For Board Consideration

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons of NYC Health + Hospitals/Lincoln (“**Lincoln**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

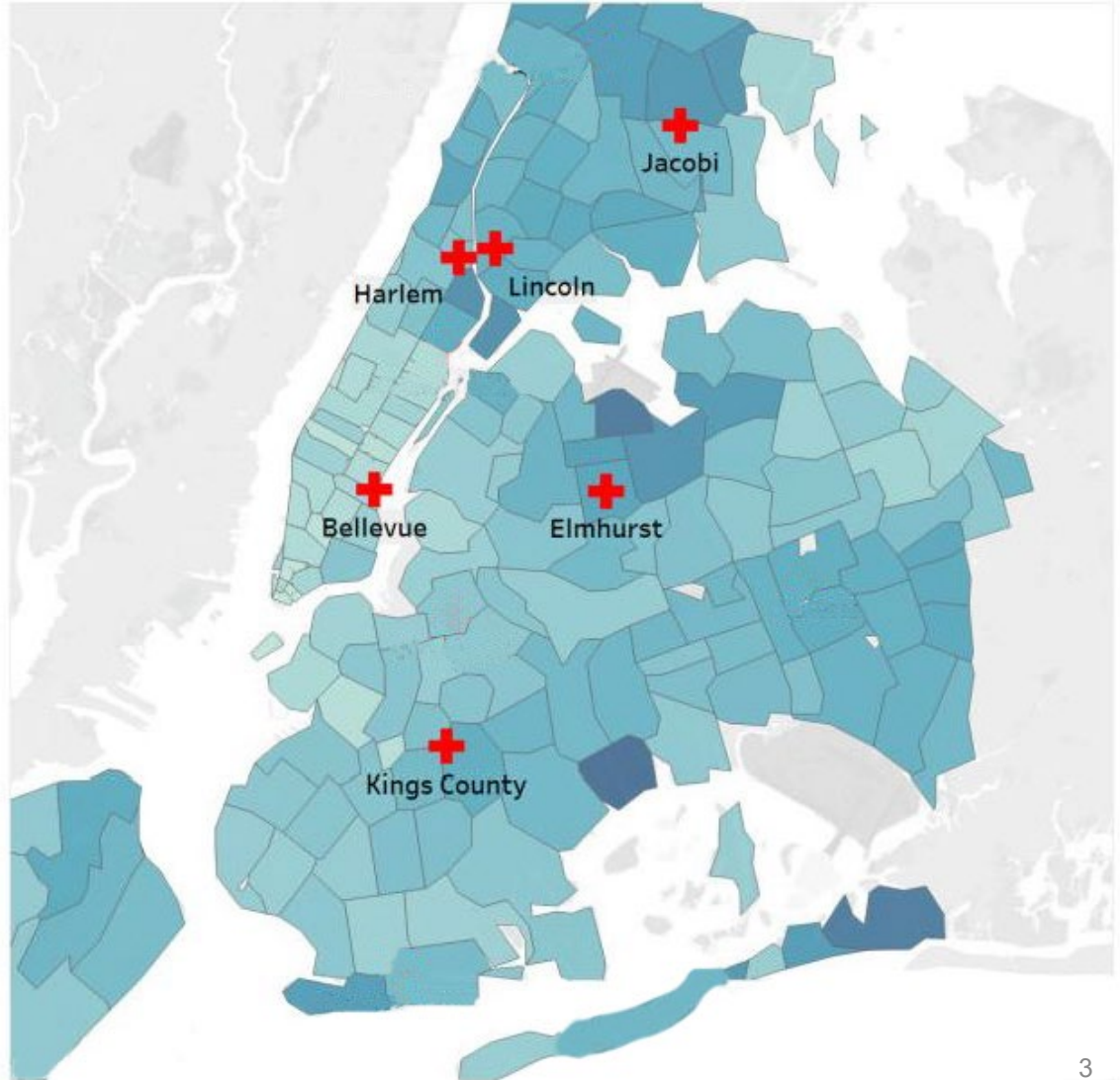
Current ACS Verified NYC Health + Hospitals Trauma Centers

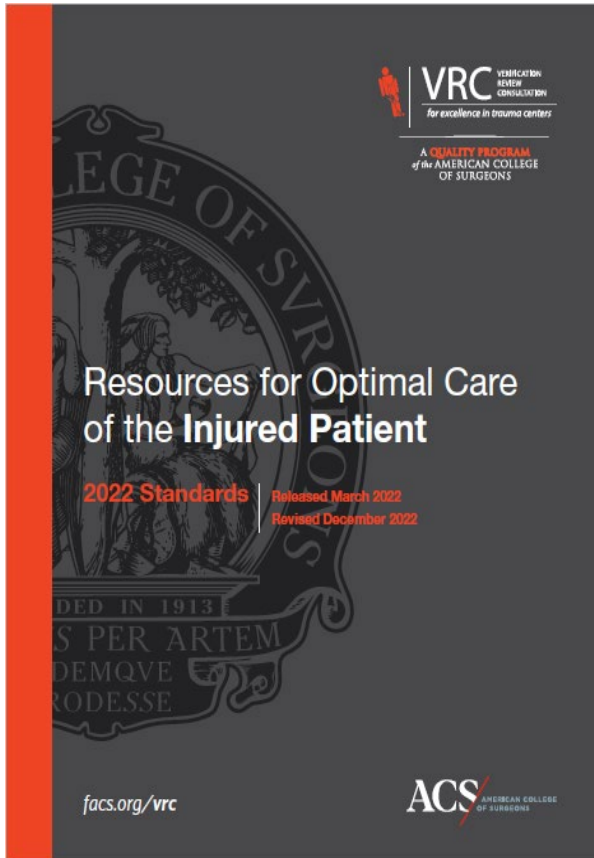
Adult

- **Level 1**
 - Kings County
 - Bellevue
 - Lincoln
 - Jacobi
 - Elmhurst
- **Level 2**
 - Harlem

Pediatrics

- **Level 1**
 - None
- **Level 2**
 - Jacobi
 - Bellevue





- The 2022 Resources for Optimal Care of the Injured Patient is being used for trauma center verification as of Fall 2023
- The trauma center survey and verification process remains “remote.” Verification is required every three years
- This is a rigorous process both in pre-visit preparation and during the two day review period
- Lincoln is a verified Level I Adult Trauma Center with a scheduled reverification visit on December 7-8, 2023

- The NYS DOH accepts the American College of Surgeons verification process for a hospital to become a designated trauma center
- This “Optimal Resources” document is codified “by reference” in the NYS 408 health code regulations; the ACS-COT standards updated in 2022 are now being adopted by the State

**New York State Hospitals are not recognized as Trauma Centers
unless Verified by the
American College of Surgeons Committee on Trauma
Verification Review Committee (ACS-COT VRC)**

1.1 Administrative Commitment

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

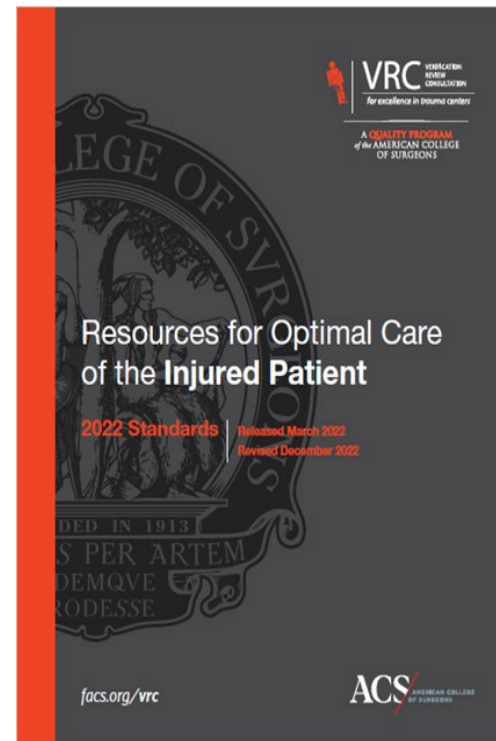
Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

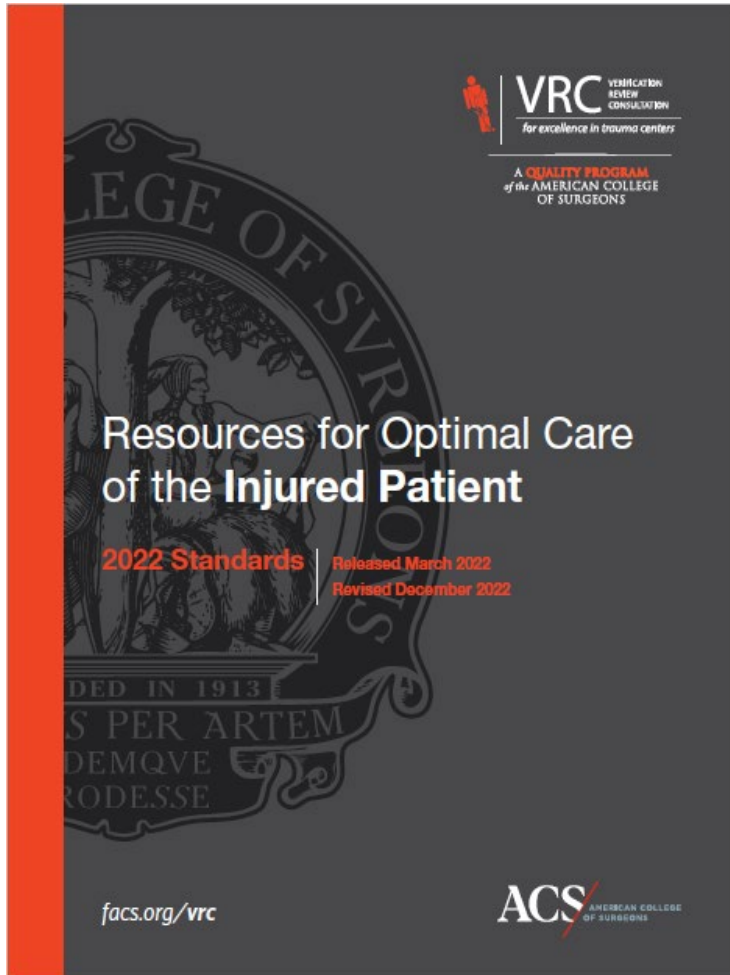
This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

- Documentation that demonstrates compliance, including:
- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
 - Commitment to adherence to the standards required for the level of verification
 - Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

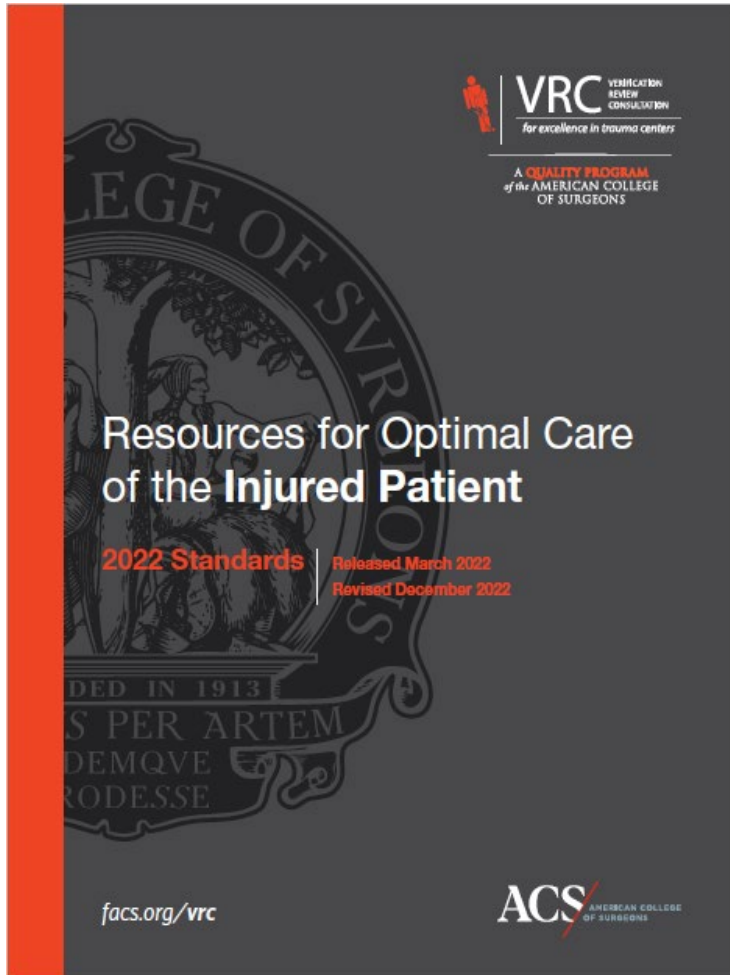
Subtle rule change requiring the *Exact level of Verification to be specified in Governing Board Resolution*





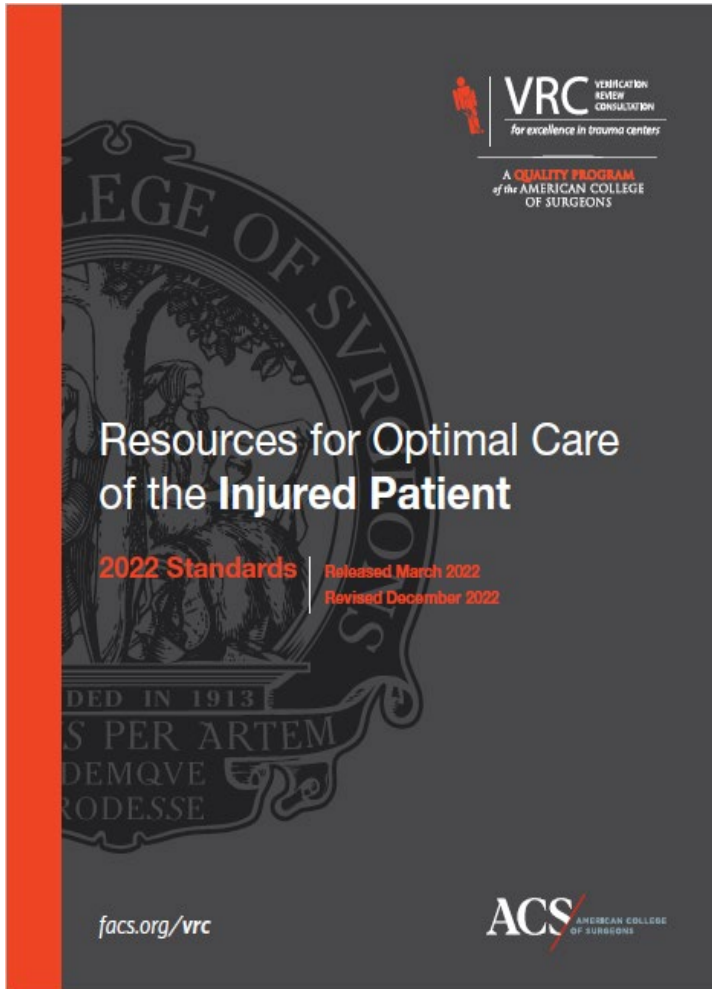
Research and Scholarly Activities Only for Level I Trauma Centers

- Obligation to innovate and advance trauma care through research and other scholarly activities
- Create Opportunities for the development of future trauma leaders



Education: Professional and Community Outreach

- All trauma centers must participate in public and profession trauma/injury education – *“Stop the Bleed”*
- Level I Adult (and Pediatric) trauma centers must:
 - **Train** the next generation of trauma physicians – EM, Surgery, and subspecialties and others

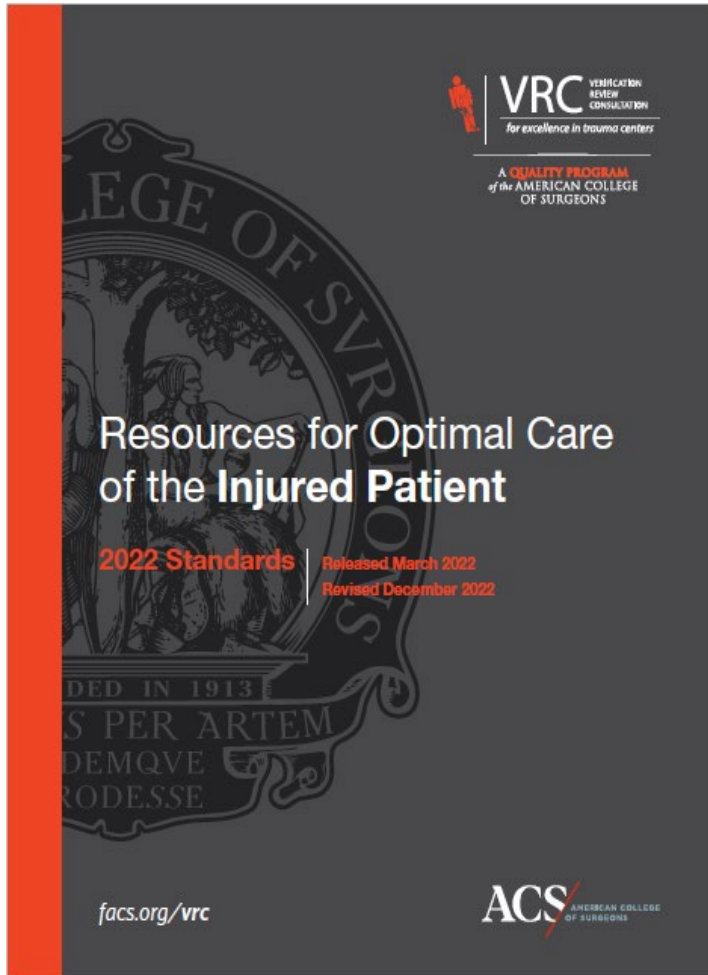


Performance Improvement and Patient Safety

- Trauma PIPS program must be independent but report to hospital PI program

Facilities and Equipment Resources

- **Operating Room-**
 - OR available within 15 minutes and ability to open a second room if needed
 - Orthopedic Trauma or Fracture Room
- **Blood Bank-**all products immediately available
- **Radiology-** MRI within 2 hours;
Interventional radiology within 1 hour
- **Special Clinical** Equipment/Programs
 - Trauma Registry and Program office



Board Approval Request

- Approving the application of New York City Health and Hospitals Corporation (the “**System**”) for verification by the American College of surgeons of NYC Health + Hospitals/Lincoln (“**Lincoln**”) as a Level 1 Trauma Center.
- Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and
- Authorizing the appropriate offices of the System to execute any and all documents necessary to verify Level 1 Trauma Center designation for Lincoln through the American College of Surgeons, Committee on Trauma.

Thank – You

Questions

RESOLUTION - 09

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts with **Aron Security Inc. DBA Arrow Security, GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd.** for security services at a not to exceed amount of \$323,700,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

WHEREAS, the System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”); and

WHEREAS, HERRCs provide a range of holistic services to asylum seekers including a place to stay, food, medical care, reconnection services, and connection to social services; and

WHEREAS, the System currently operates multiple HERRCs throughout the City, with dedicated facilities serving families with minor children, single adult women, and adult families, or single adult men; and

WHEREAS, additional security personnel are needed in order to ensure that each HERRC is a welcoming, safe space for every guest, client, and staff member; and

WHEREAS, the System has long used temporary security services to augment its own forces to perform unarmed security services, the supervision of such services, fire watch services and fire safety director services; and

WHEREAS, currently the System has been using Aron Security Inc. DBA Arrow Security and Mulligan Security LLC. to provide such services; and

WHEREAS, the System conducted an open and competitive RFP process under the supervision, and with the assistance, of Supply Chain, in which 22 firms attended a pre-proposal conference of which twelve submitted proposals; and

WHEREAS, of the twelve proposals submitted, the four Contractors were given the highest ratings; and

WHEREAS, the awarded firms will be used on an as-needed basis without a minimum usage requirement; and

WHEREAS, the System’s Office of Quality and Safety through its Hospital Police and Security Department will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with Arrow Security, GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd. for security services at a not to exceed amount of \$323,700,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

**EXECUTIVE SUMMARY
HERRC SECURITY SERVICES
AGREEMENTS WITH**

**Aron Security Inc. DBA Arrow Security, Mulligan Security LLC., GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd.
VENDORS**

OVERVIEW: The System began operating its Humanitarian Emergency Response and Relief Centers (“HERRCs”) in October 2022 as a response to the mass influx of asylum seekers arriving in New York City (“the City”). The System currently operates multiple HERRCs throughout the City for the provision of a range of holistic services to asylum seekers. Additional security services are required in order to ensure that each HERRC is a welcoming, safe space for every guest, client, and staff member. The System has long used temporary security services to augment its own forces to perform unarmed security services, the supervision of such services, fire watch services and fire safety director services. The proposed contracts will allow the System to utilize temporary security services on an as-needed basis to ensure the safety and well-being of every guest, client and staff member at each HERRC.

PROCUREMENT The System conducted an open and competitive Request for Proposals (“RFP”) to establish a pool of vendors to provide security services to the System on an as-needed basis. The RFP was sent directly to 7 prospective vendors, and 22 prospective vendors attended a pre-proposal conference. A total of 12 firms submitted proposals and, of the proposals submitted, the Evaluation Committee selected the top 4 rated proposers to provide security services to the System.

COSTS; TERMS: The total not-to-exceed cost for the proposed contract over its full, potential two-year term is not to exceed \$323,700,000.


Funding for these agreements will be covered by the City through an MOU with the New York City Mayor’s Office.

All security staff are required by law to be paid at the prevailing wage rate as set by the City Comptroller. As labor is the bulk of the cost for these services, price variation by vendor is not at issue as such variation exists based on variable management costs.

MWBE: An overall MWBE utilization goal of 30% has been established and accepted by the firms. Mulligan Security LLC has committed to a 35% utilization plan. GardaWorld Security Corporation DBA GardaWorld Security Services has committed to a 31% utilization plan. The other two firms, Aron Security Inc. DBA Arrow Security and SLSCO, Ltd. have committed to a 30% utilization plan.



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

From: Tiffany Reid-Perez
Associate Counsel
Office of Legal Affairs 

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

Solicitation: RFP No. 2720 HERRC Security Services

Date: October 23, 2023

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Aron Security Inc.	Approved	Pending	30%
Garda World Security Corporation	Pending	Pending	30%
Mulligan Security LLC	Approved	Pending	30%
SLSCO Ltd.	Approved	Pending	30%

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

**Humanitarian Emergency Response and Relief Centers
(HERRCs)**

**Security Services - with Aron Security Inc. DBA Arrow
Security, GardaWorld Security Corporation DBA
GardaWorld Security Services, Mulligan Security LLC,
and SLSCO Ltd.**

**Application to Award Contract
Board of Directors Meeting
October 26, 2023**

**Dr. Theodore Long and Chris Keeley
Office of Ambulatory Care**

For Board Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute contracts **with Aron Security Inc. DBA Arrow Security, GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security LLC, and SLSCO Ltd.** for security services at a not to exceed amount of \$323,700,000 for a contract term of one year and two six-month renewal options exercisable at the discretion of the System.

- Provide 24/7 security at HERRC sites operated by NYC Health + Hospitals
- Security is needed to ensure the safety of all guests, clients, and staff
- Two existing contracts
 - Aron/Arrow: Existing system-level contract
 - HERRC-specific start in March 2023
 - HERRC expenditures separate from system-wide expenditures
 - Mulligan Security: Emergency authorization contract; start in June 2023
- Historical spend
 - Aron/Arrow: NYC Health + Hospitals has paid out \$28 million through August 2023 for HERRC work
 - Mulligan: NYC Health + Hospitals has paid out \$1.8 million through August 2023
 - Both contracts price staff on hourly basis plus limited expenses for line items such as radios and cars
- No ancillary costs
- RFP was done to competitively bid for these services and identify additional vendors that may be well-suited to this work
- Multiple reference checks for both GardaWorld and SLSCO have been conducted to ensure reliable service provision and capacity to meet contract service needs
- NYC Health + Hospitals expenses will be covered by HERRC MOU with the Mayor's Office

- There is no guaranteed work to any vendor under these contracts
- Work will be assigned based on strength of the vendor and needs of the particular locations, vendor capacity and deployment time, as well as pricing considerations
- In an emergency response, there is often an element of rotational assignments to ensure no particular vendor is overburdened with new assignments too quickly
- All 4 contracts will be managed by the HERRC program with support from Health + Hospitals System Security & Hospital Police Dept

RFP Criteria

- Minimum criteria:
 - Three years in business performing similar services for a multi hospital system
 - M/WBE status, Utilization Plan, or Waiver Request
 - \$5 Million in annual revenue for each of the last three years
 - Substantive Criteria
 - 30% Relevant experience
 - 25% Readiness to deploy
 - 25% Cost
 - 10% Cultural competency
 - 10% MWBE
 - While “similar services for a multi hospital system” is a minimum criteria to submit a proposal, to ensure the selection of the strongest vendors the largest share of the scoring rubric was allotted to a vendor's relevant experience.
 - For this scoring tranche, vendors scored highest when they had experience providing security services in homeless shelters, transient settings, or working with the asylum seeker population.
- Evaluation Committee:
 - COO, Ambulatory Care
 - Deputy COO, Ambulatory Care
 - Program Director, HERRC
 - Assistant Director of Fiscal Affairs, HERRC
 - Chief Security Officer
 - Chief of Hospital Police

Overview of Procurement

- 06/27/23: Application to issue request for proposals approved by CRC
- 07/07/23: RFP Posted on City Record, sent directly to seven vendors
- 07/13/23: Pre-proposal conference held, 22 vendors attended
- 07/28/23: Proposals due, 12 proposals received
- 8/10/23: Evaluation committee debriefed and submitted final scores. Below are the highest rated proposers:
 - Aron Security Inc. DBA Arrow Security
 - GardaWorld Security Services
 - Mulligan Security
 - SLSCO Ltd.

NTE Cost Analysis


- Projected spend was calculated based on the need for security services at 19 HERRC sites (15 current sites + buffer sites.)
 - Monthly estimates are based on existing staffing models at each HERRC site.
 - Each site has staffing models based on site type, facility layout, and fire safety requirements.
 - Hourly rates for security staff are largely dictated by Local Labor Law, which sets minimum hourly wages for security staff working for City agencies. All aspects of hourly rates were competitively evaluated as part of the RFP that selected the vendors and are in line with current market conditions.
 - Team worked with vendors to negotiate down proposed rates to bring rates more closely in line with each other and ensure optimal competitiveness

Vendor Diversity

Vendor Name	MWBE Vendor	Subcontracted SOW	NYC/NYS	UP Goal %
GardaWorld Security	Overwatch Services LLP	Staffing	Black M/WBE	31%
	Asia Trading International	Uniforms	Non-minority WBE	
Mulligan Security	McKenzie Associates	Staffing	Black M/WBE	35%
	Steadfast Security	Staffing	Hispanic MBE	
Arrow Security	Alante Security Group	Staffing	Hispanic MBE	30%
	Jess Security	Staffing	Black MBE	
	Network of Patrols	Staffing	Black MBE	
SLSCO LP	Allied Risk Management, Inc.	Staffing	Non-minority WBE	30%

- The Vendor Diversity Team established a 30% goal on this contract and had extensive conversations with each vendor.
- GardaWorld increased utilization by outsourcing uniforms.
- The Vendor Diversity team worked with Mulligan’s primary subcontractor and NYC SBS to expedite an MWBE certification, which was confirmed on 9/25/23. Additionally, McKenzie Associates is a smaller black woman-owned security firm that Mulligan is working with in a capacity building framework.
- Arrow engaged an MWBE consultant to support their utilization plan. They reached out to 8 MWBE security vendors and selected three MWBE partners following a robust RFP process. Arrow has also committed to providing capacity building assistance such as training and back office support.
- SLSCO explored the potential to add uniforms and supplies, however, their MWBE staffing vendor provides uniforms and supplies as part of their service package.

Vendor Performance History

 Department of Supply Chain Vendor Performance Evaluation Aron Security (DBA Arrow Security)	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Satisfactory
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Satisfactory
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Satisfactory
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Satisfactory
Did the vendor adequately staff the contract?	Needs Improvement - some security staff will leave their post upon shift end regardless of whether their replacement has arrived or not
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Satisfactory
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Satisfactory
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Satisfactory
Performance and Overall Quality Rating Satisfactory	Satisfactory

Improvements made - certain staff had left their post prior to relief arriving. Corrections have been made and consistently followed.

Vendor Performance History

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

- Office of Ambulatory Care is seeking approval to enter into contract with **Aron Security Inc. DBA Arrow Security, GardaWorld Security Corporation DBA GardaWorld Security Services, Mulligan Security and SLSCO Ltd.** to provide security services at a not to exceed amount of \$323,700,000
- Contract start date: November 1st, 2023 with a term of one year with two six-month renewal options
- NYC Health + Hospitals security expenses will be covered by HERRC MOU with the Mayor's Office