

AGENDA

FINANCE COMMITTEE

MEETING DATE: OCTOBER 7, 2014
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE SEPTEMBER 9, 2014 MINUTES

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

KEY INDICATORS & CASH RECEIPTS/DISBURSEMENTS REPORTS

KRISTA OLSON
FRED COVINO

INFORMATION ITEMS:

1. SURGICAL SOLUTIONS INSTRUMENT & SCOPE MANAGEMENT PROGRAM

JOE QUINONES

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: SEPTEMBER 9, 2014

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on September 9, 2014 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Steven Banks, Commissioner, HRA
Josephine Bolus, RN
Mark Page
Patsy Yang, (Representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity)

OTHER ATTENDEES

K. Cherny, Unit Head, OMB
J. DeGeorge, Analyst, State Comptroller's Office
T. DeRubo, Analyst, OMB
M. Dolan, Senior Assistant Director, DC 37
D. Kluodnoffe, Analyst, OMB
R. McIntyre, Account Executive, Siemens
S. Newmark, Policy Advisor, Mayor's Office
K. Raffaele, Analyst, OMB
J. Wessler

HHC STAFF

B. Ancona, Chief Financial Officer, (CFO), Gouverneur Healthcare Services
P. Albertson, Senior Assistant Vice President, Corporate Operations/Procurement
J. Bender, Assistant Director/Media, Corporate Communications/Marketing
M. Brito, CFO, Coler/Hank Carter Hospital & Nursing Facility
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Rel
T. Carlisle, Associate Executive Director, Corporate Planning

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D. Cates, Chief of Staff, Board Affairs
J. Chesser, Senior Assistant Vice President, Intergovernmental Relations
A. Cohen, CFO, Southern Manhattan Health Network
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, Chief Financial Officer, MetroPlus Health Plan, Inc.
N. Doyle, Senior Assistant Vice President, Corporate Workforce/Development
V. Fleming, Assistant Controller, Coney Island Hospital
M. Genee, Deputy Corporate Comptroller, Corporate Comptroller's Office
T. Green, CFO, Metropolitan Hospital Center
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
L. Guttman, Assistant Vice President, Intergovernmental Relations
J. John, CFO, Central Brooklyn Health Network
L. Johnston, Senior Assistant Vice President, Medical & Professional Affairs
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
K. Kolodziejcki, Assistant Director, Corporate World Trade Center (WTC) Project,
P. Lockhart, Secretary to the Corporation, Office of the Chairman
N. Mar, Director, Debt Financing/Reimbursement Services
R. Mark, Chief of Staff, Office of the President
K. McGrath, Senior Director, Corporate Communications/Marketing
A. Moran, CFO, Elmhurst Hospital Center
D. Moskos, Director, Office of Facilities Development
K. Olson, Assistant Vice President, Corporate Budget
C. Parjohn, Director, Internal Audits
K. Park, Associate Executive Director, Queens Health Network
C. Samms, CFO, Generations Plus/Northern Manhattan Network
B. Stacey, Chief Financial Officer, Queens Health Network
R. Walker, CFO, North Brooklyn Health Network
S. Walters, Deputy CFO North Bronx Health Network
J. Weinman, Corporate Comptroller, Corporate Comptroller's Office
R. Wilson, Senior Vice President/CMO, Medical & Professional Affairs

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CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:10 a.m. The minutes of the July 8, 2014 Finance Committee meeting were adopted as submitted.

CHAIR'S REPORT

BERNARD ROSEN

Mr. Rosen informed the Committee that the reports would cover the year-end closeout for FY 14 and the reporting for the new FY 15 would begin in October 2014.

SENIOR VICE PRESIDENT'S REPORT

FRED COVINO for MARLENE ZURACK

On behalf of Ms. Zurack, Mr. Covino presented the report stating that in addition to providing an update on HHC's cash flow, the reporting would also include three other areas, UPL, Interim Access Assurance Fund (IAAF), and Collective Bargaining (CB). Beginning with the status of the UPL payments, HHC continues to work with the SDOH and CMS on resolving the outstanding issues relative to the payment methodology for two inpatient and three outpatient prior fiscal years.

Mr. Page asked what the dollar amount for the outstanding UPL payments is. Mr. Covino stated that it would be approximately \$200 million annually but it would not be with the UPL payments but rather the DSH monies HHC has already received that would be significant.

Mr. Page asked if there are outstanding DSH issues for monies HHC has already received.

Mr. Covino explained that the way in which the UPLs are funded, the State methodology which is in state statute the funds are provided through three HHC facilities, Coler/Goldwater and Coney Island hospitals. Consequently, that affects those facilities' DSH cap and if HHC is forced to have those funds come through each hospital it would limit the amount of DSH HHC could get for each facility.

Mr. Rosen added that Mr. Page's question was in relation to the cash on hand. Mr. Covino stated that the cash flow would be reported later and that there was some positive news in terms of the cash flow and that the next item would be the IAAF update. HHC has received all of the payments for the IAAF grant; \$35 million was received in FY 14 and \$117 million in FY 15 for a total of \$152 million. Collective bargaining agreements, to date HHC and the City have come to an agreement with 1199, NYSNA and DC 37 and the payment process for those locals has begun. The lump sum payments for 1199 and NYSNA are scheduled for payment this month and DC 37 in October 2014. The City and City Council have approved the transfer of \$95.5 million to HHC to fund those payments. In addition, Local 237 and 300 contractual agreements were also settled and are expected to be ratified shortly. HHC's cash flow is currently at \$263 million or sixteen days of cash on hand and includes HHC getting the inpatient UPL

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of \$300 million by October 2014. If those funds are not received, HHC would need to delay a pension payment to the City and an EMS payment scheduled for October 2014.

Mr. Page asked if HHC pays the 7% interest fee. Mr. Covino stated that HHC does not as long as HHC remains current. Mr. Page asked if that meant that HHC would have free payments for six months.

Mr. Covino stated that the agreement is that HHC will make the best effort possible to remain current and if there is a cash flow problem that would necessitate the need for HHC to reschedule a payment that would be acceptable and HHC becomes current within the six month period. The reporting was concluded.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSON/FRED COVINO

Ms. Olson reported that utilization through June 2014, overall was slightly down in ambulatory care and slightly up in inpatient over the prior year. However, the opening of Coney Island and Bellevue hospitals massed several underlying trends. Excluding those facilities, ambulatory care visits were down by 3.1%; acute care hospitals were down by 3.4% and D&TCs decreased by 1.5%. Discharges excluding Coney and Bellevue were down by 6.5% or 8,000 over the prior year. Nursing home days were down by 12.6%. The ALOS, a comparison of facilities to the corporate-wide average showed that there was a great deal of variation across hospitals with an overall slight increase compared to last year. The CMI was up by 1.3% compared to last year, a slight improvement.

Mr. Rosen asked when the Henry J. Carter Skilled Nursing Facility (SNF) opened. Ms. Olson stated that it opened in November 2013.

Mr. Covino added that the reduction plan for Coler/Goldwater was fully implemented, 836 beds were closed.

Ms. Olson continuing with the reporting brought to the attention of the Committee that the data included on page 2 of 5 was in response to the Committee's request for the inclusion of psych and rehab data that are not included in the regular monthly reporting. The psych data included all services billed as inpatient child and adolescents, prisoners, etc. The Corporation has had an initiative to reduce the overall LOS on the inpatient psych units for several years which is driving the decrease in the LOS shown on the report. Psych discharges were up by 17.3% or 12.3% excluding Bellevue and Coney Island. However, the beds are paid on a per diem basis and days were down by 6.9% excluding those two facilities. From a revenue perspective, the days were the driver although there are some instances whereby the hospitals get paid slightly more for shorter stays which are better than longer stays.

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Mr. Rosen asked if the stay is longer the reimbursement is less. Ms. Olson stated that on a per day basis it would be for Medicaid fee-for-services.

Mr. Page asked Ms. Olson if the take away from what was reported was that it would be more beneficial to have patients in an outpatient area as oppose to keeping them in inpatient areas.

Mr. Covino stated that there is a trend to reduce the LOS and that there are consequences in taking that action. Mr. Page asserted that the question was whether there are fewer patients in hospitals in NYC.

Ms. Olson stated that the data was not based on patients which would show a different outcome but that the data was based on days.

Mr. Page asked if people were going to HHC facilities.

Dr. Wilson in addressing Mr. Page's questions stated that the reduction in psych is in preparation to move from a per diem payment to Medicare which is the financial implication. The LOS is above the appropriate level in a managed care environment. HHC treated more patients not fewer patients, a 4,000 increase. The reduction is part of a strategy to get HHC in place for the anticipated change in psychiatry.

Mr. Rosen asked if with that change will there be a significant decrease in the inpatient psych services relative to the reimbursement.

Dr. Wilson stated that it is anticipated that the overall treated population will increase. The overall change will allow HHC to treat more patients and provide better care in a financial and clinical model that works.

Mrs. Bolus asked if readmissions posed a problem. Dr. Wilson stated that there has not been an increase in that area.

Mr. Rosen added that it had been reported last year that HHC treats 40% of the behavior health population in the City.

Mr. Wilson stated that while that is correct, HHC treats a disproportionate amount of behavior inpatient care compared to other hospitals outside of HHC that have closed beds.

Ms. Olson moving back to the report stated that rehab was down by 3.2% or 3.1% excluding Bellevue and Coney Island, days were down by 4%. The ALOS has remained constant.

Mrs. Bolus asked if the D&TCs would remain as part of the reporting after the conversion to FQHCs.

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Ms. Katz stated that the only change would be in the methodology in that the current payment structure is based on the physician office visit compared to the new rate which will be based on per visit as opposed to the current rate.

Mr. Covino continuing with the reporting stated that the reduction in the FTEs would be reported later on the agenda as part of the PS quarterly report. However, in terms of an earlier discussion regarding Coler/Goldwater it is important to note that the FTE net reduction of 369 was part of HHC's efforts to reduce the number of beds at those facilities in conjunction with transitioning to the opening of the new facility, Henry J. Carter. Beds were reduced by 41% and staffing by 33% which was achieved through attrition and the redeployment of staff to other HHC facilities. The closure of the beds has had a significant reduction in the facilities' revenues and the transfer of staff and the attrition took longer than anticipated with a great deal of planning as well. Additionally, there were costs that reflected the preparation of the new facility before the opening in November 2013 and the closing along with the decommissioning costs of Goldwater during the year. As a result of those actions, from a budgetary perspective, Coler/Goldwater and Henry J. Carter losses against the budget totaled \$95 million for FY 14 with losses of approximately \$120 million on a P&L basis. Based on the P&L projections for FY 15 and FY 16 significant improvement is expected for the facilities, as the labor force stabilizes and the workload reaches a stable point. HHC for FY 14 against the budget ended the year with a \$218 million deficit in receipts and a \$52 million deficit in expenses for a total net deficit of \$270 million.

Mr. Page added that the bottom-line is that HHC is operating with less capacity for the kind of chronic care that those facilities were providing which in essence going forward the losses will be significantly less. However, the question is how HHC came to conclude that those beds should be closed relative to the service needs.

Ms. Brown in response to Mr. Page stated that when the psych initiative was undertaken by HHC the State was engaging of the effort given that at any point at those facilities there were between 400-500 patients who did not require the level of service provided by the skilled nursing facilities but who needed to be in a supportive and or other types of facilities. Over the past two years, Ms. Brown stated that her office and planning staff in conjunction with the Coler/Goldwater staff have been working very closely with the State and other entities such as community housing providers and to-date HHC has been successfully in placing over 300 of those patient in community based housing. Additionally as part of that strategy, HHC has engaged in working with developers to build housing for which there is exclusivity for HHC patients. One of the most recent and notable project is the East 99th Street and is scheduled to open this fall as part of the Goldwater transitioning. The project includes 175 apartments for HHC patients. Initially it had been intended exclusively for the Goldwater patients but due to the recent success in deploying and working with the various housing organizations in providing alternatives for the Coler/Goldwater patients, HHC has actually been successful in getting those patients out sooner than expected.

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Mr. Page, while thanking Ms. Brown for that background information that provided clarity to the reporting, noted that the Coler/Goldwater initiative was actually a positive way of providing the appropriate level of care for those patients requiring skilled nursing/chronic care and in the long run the costs will be less for HHC to provide that level of care. However, the way in which the data is being reported implies that HHC has taken a huge loss with this initiative but in actuality if what HHC is trying to convey through its record keeping on whether it has been successful or not, the way it is being reported undermines the goals and motivations of those efforts.

Ms. Brown stated that what might be needed is a different type of report. In a similar way in which Dr. Wilson mentioned the psych inpatient that fits within the context of the broad policy shift in direction in managed care, the same applies to long term care. Those patients will be managed in terms of the level of care and the managed care plans payments will not be based on the institutional costs. Therefore, as an initial effort to address the reporting the various divisions within HHC that are involved in this transformation of services and care should work on developing reports for the Committee and the Board that are more reflective of the planned outcomes and the success of those various initiatives, notwithstanding the connection between those state and federal mandates; the impact on HHC revenues and reimbursement and that the overall positive outcome of those actions demonstrates that HHC is going in the right direction and is in a better place.

Mr. Page agreed adding that it is important to show that the interim scoring for HHC is actually the iterative scoring against what HHC was trying to achieve as opposed to a litany of reporting that the numbers are worse than what was expected which has been the constant theme in the reporting and does not present the actual goal of those efforts and therefore needs to change.

Dr. Raju agreeing with the Committee comments added that this is where the operations of the clinical staff are preparing for the transformation of the healthcare system. Unfortunately, the finances are being paid on the old system of managing which is an issue that HHC must address while transitioning to a different model all at the same time. This is a constant reminder of the need for HHC to improve the way in which it manages and as Mr. Page stated there is a need to improve the reporting and have a different mechanism for reporting; however, it is important to note that HHC is straddling its efforts in terms of deciphering how to manage given the circumstances.

Commissioner Banks suggested that by adding footnotes explaining the data might be helpful in providing a better understanding of the reporting.

Mr. Covino stated that Corporate Finance would address those issues raised by the Committee. Continuing with the reporting, a comparison of the FY 14 actual to the prior FY 13 showed that receipts were \$279 million greater than last year due to the restoration of services at Coney Island and Bellevue, totaling \$130 million in increased revenues. Additionally there was an increase in the

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MetroPlus risk pool disbursements of \$100 million versus the prior year and a sub-SLIPA payment of \$100 million was advanced by the State for cash flow purposes. Expenses were \$24 million more than last year due to an increase in fringe benefits and health insurance increased by \$86 million; there was a prior year equalization payment of \$66 million on behalf of FY 12 and FY 13; a retro rate adjustment increase for GHI of \$17 million during the year. There was an increase in the City's actuarial evaluation cost that increased pension costs by \$23 million in FY 14; FICA payments increased by \$23 million due to the non-recurring residents refund that occurred in FY 13. This was offset by a decline in City payments of \$102 million. This year \$39 million was paid to the City compared to \$141 million last year due to cash flow problems. The affiliation decrease reflects the physicians UPL funds that were received during the year that reduced the actual cost, excluding that adjustment, affiliation expenses increased by \$6 million compared to last year. A comparison of the FY 14 actual against the budget, inpatient receipts were down by \$139 million against the budget due to a decrease in workload. The Medicaid fee-for-service was down by \$184 million; paid SNF days were down by 97,000. Outpatient receipts were down by \$107 million and all other below the line items were up by \$28 million due to the receipt of \$35.5 million of IAAF funding that was not included in the budget. Expenses were \$18.3 million over budget due to an increase in allowance expenses and overtime; OTPS expenses were \$35 million greater than budget due to an increase in payments to vendors to reduce the number of days in accounts payable from 83 to 72 which is still slightly higher than the corporate average of 60-65 days. The reporting was concluded.

PS QUARTERLY KEY INDICATORS REPORT – FY 14 YEAR END REPORT – 4TH QUARTER FRED COVINO

Mr. Covino providing the Committee with an overview of the trends for the year-end status stated that since 2010 when HHC initiated a hiring freeze, FTEs are down by over 3,000 with annualized savings of over \$232 million increasing to \$350 million including fringe benefits. However, due to the reduction in FTEs there has been an increase in spending in overtime, allowances and nurse registry cost of approximately \$43 million including fringes the cost increased to \$81 million for a total offset against the savings for a net non-recurring savings of \$288 million.

Mr. Rosen asked if that represented the total from FY 2010 to which Mr. Covino responded in the affirmative, adding that PS expenditures including overtime, allowances and agency nurse costs. Moving on with the reporting, PS expenses compared to budget were \$18.3 million over budget and FTEs decreased by 47. The increase in PS was due primarily to a \$17 million increase in allowance expenses; \$17 million in overtime and \$5 million in transition cost for Coler/Goldwater for the opening of the new SNF, Henry J. Carter. Enterprise IT increased by 22 FTEs due to staffing for the EMR and the conversion of consultants to FTEs. Coney Island hospital was up by 83 FTEs due to the re-opening of the facility that was close in the prior years and was down by 72 FTEs from its normal baseline. During the year the facility was significantly above the FTE cap but has since reduced the staffing to the baseline level. The reduction in FTEs was primarily in clericals; environmental/hotel, aides and

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orderlies. Overtime expenses against the budget were up by \$6.8 million primarily at Coler/Goldwater. Bellevue expenses were up by \$3.1 million due to a delay in hiring staff; Lincoln was up by \$1.7 million due to the trades and the opening of a new psych unit and an expansion of the emergency department. Overtime by major categories showed that nursing overtime increased by 3.1% and all other by 4.9% with a 1% reduction in plant maintenance. Nurse registry costs increased by \$6.8 million of which \$4.7 million of that variance was due to the closure of Bellevue in the prior year. Therefore, the expenses are overstated due to the closure in the prior year. Additionally, \$2.3 million was related to compliance and CMS issues at Harlem relative to staffing concerns. Allowance costs were \$6.8 million over budget due to the facilities effort to reduce the reliance on agencies and temporary staffing. Those facilities, Lincoln, Kings and Queens with significant increases in this area were all working to reduce those costs.

PAYOR MIX REPORTS—INPATIENT/ADULT/ PEDIATRICS OUTPATIENT FY 14 YEAR END KRISTA OLSON

Ms. Olson reported that the inpatient payor mix year-end report showed that there were only minor shifts in the payor mix from FY 13 to FY 14. There was a small decrease in Medicaid overall primarily in managed care with a slight increase in Medicare managed care. This is primarily driven by NCB due to a significant decline in Medicaid plans and a shift in the population due to a temporary closure of the labor & delivery unit. Outpatient adult showed that there was a slight decrease in the uninsured population with corresponding increases in the Medicaid fee-for-service and managed care. All other payors remained constant. Pediatrics remained relative constant with some minor shifts across payors. The variations tend to be greater during the middle of the year. The reporting was concluded.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 9:47 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KEY INDICATORS
FISCAL YEAR 2015 UTILIZATION

Year to Date
August 2014

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 15	FY 14
	FY 15	FY 14	VAR %	FY 15	FY 14	VAR %				
<u>North Bronx</u>										
Jacobi	70,120	70,295	-0.2%	3,298	3,380	-2.4%	5.7	6.1	0.9714	1.0788
North Central Bronx	33,210	34,306	-3.2%	702	1,051	-33.2%	5.6	6.3	0.8838	0.8266
<u>Generations +</u>										
Harlem	50,680	64,584	-21.5%	1,992	1,902	4.7%	5.5	6.0	0.9544	1.0024
Lincoln	89,592	94,866	-5.6%	3,864	3,996	-3.3%	5.1	5.5	0.8370	0.8564
Belvis DTC	8,704	9,648	-9.8%							
Morrisania DTC	12,771	13,217	-3.4%							
Renaissance	7,315	7,852	-6.8%							
<u>South Manhattan</u>										
Bellevue	95,630	94,044	1.7%	4,008	4,085	-1.9%	8.1	7.4	1.2630	1.1470
Metropolitan	67,065	66,827	0.4%	1,339	1,966	-31.9%	5.1	5.7	0.8825	0.7940
Coler				46,044	44,919	2.5%				
Goldwater/H.J. Carter				19,268	25,840	-25.4%				
Gouverneur - NF				12,240	7,488	63.5%				
Gouverneur - DTC	44,440	46,233	-3.9%							
<u>North Central Brooklyn</u>										
Kings County	117,158	114,289	2.5%	3,690	3,874	-4.7%	6.9	6.7	1.0416	1.0925
Woodhull	81,367	82,730	-1.6%	2,034	2,285	-11.0%	5.1	5.4	0.8308	0.8040
McKinney				19,240	19,468	-1.2%				
Cumberland DTC	14,019	14,503	-3.3%							
East New York	12,672	11,837	7.1%							
<u>Southern Brooklyn / S I</u>										
Coney Island	57,876	56,034	3.3%	2,641	2,178	21.3%	7.0	6.3	0.9840	1.0632
Seaview				18,472	18,565	-0.5%				
<u>Queens</u>										
Elmhurst	104,462	106,960	-2.3%	3,492	3,911	-10.7%	6.1	5.7	0.9258	0.8732
Queens	65,656	68,555	-4.2%	2,100	2,207	-4.8%	5.2	5.4	0.8366	0.8986
Discharges/CMI-- All Acutes				29,160	30,835	-5.4%			0.9562	0.9677
Visits-- All D&TCs & Acutes	932,737	956,780	-2.5%							
Days-- All SNFs				115,264	116,280	-0.9%				

Notes:

Utilization

Acute: discharges exclude psych and rehab; reimbursable visits include clinics, emergency department and ambulatory surgery
D&TC: reimbursable visits
LTC: SNF and Acute days

All Pavor CMI

Acute discharges are grouped using the 2013 New York State APR-DRGs for FY 13 and FY 14 beginning December 2013.

Average Length of Stay

Actual: discharges divided by days; excludes one day stays
Expected: weighted average of DRG specific corporate average length of stay using APR-DRGs

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

KEY INDICATORS

FISCAL YEAR 2015 BUDGET PERFORMANCE (\$s in 000s)

Year to Date
August 2014

NETWORKS	FTE's VS 5/31/14	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE		
		actual	better / (worse)	actual	better / (worse)	better / (worse)		
<u>North Bronx</u>								
Jacobi	13.5	\$ 73,404	\$ (4,097)	\$ 90,145	\$ (1,279)	\$ (5,375)	-3.2%	
North Central Bronx	<u>8.0</u>	<u>20,260</u>	<u>(2,183)</u>	<u>29,391</u>	<u>1,488</u>	<u>(695)</u>	<u>-1.3%</u>	
	21.5	\$ 93,664	\$ (6,280)	\$ 119,536	\$ 209	\$ (6,071)	-2.8%	
<u>Generations +</u>								
Harlem	(1.5)	\$ 44,675	\$ (129)	\$ 61,071	\$ (5,165)	\$ (5,295)	-5.3%	
Lincoln	46.0	72,353	2,504	81,716	3,173	5,678	3.7%	
Belvis DTC	5.0	1,586	(166)	2,422	350	184	4.1%	
Morrisania DTC	5.0	2,957	(279)	4,251	80	(198)	-2.6%	
Renaissance	<u>5.0</u>	<u>4,237</u>	<u>936</u>	<u>3,215</u>	<u>126</u>	<u>1,061</u>	<u>16.0%</u>	
	59.5	\$ 125,809	\$ 2,867	\$ 152,674	\$ (1,436)	\$ 1,431	0.5%	
<u>South Manhattan</u>								
Bellevue	18.5	\$ 103,483	\$ (11,716)	\$ 118,063	\$ (2,741)	\$ (14,457)	-6.3%	
Metropolitan	(30.5)	37,985	(5,950)	50,293	1,983	(3,967)	-4.1%	
Coler	(27.0)	8,881	(2,932)	22,657	(2,582)	(5,514)	-17.3%	
Goldwater/H.J. Carter	(6.5)	11,352	(3,809)	20,372	(3,585)	(7,394)	-23.1%	
Gouverneur	<u>4.0</u>	<u>10,886</u>	<u>(1,323)</u>	<u>15,554</u>	<u>1,213</u>	<u>(110)</u>	<u>-0.4%</u>	
	(41.5)	\$ 172,587	\$ (25,730)	\$ 226,939	\$ (5,712)	\$ (31,441)	-7.5%	
<u>North Central Brooklyn</u>								
Kings County	2.5	\$ 103,953	\$ 1,816	\$ 111,493	\$ 3,678	\$ 5,494	2.5%	
Woodhull	12.0	51,452	(1,341)	65,040	(2,194)	(3,535)	-3.1%	
McKinney	4.0	5,760	(656)	7,312	214	(442)	-3.2%	
Cumberland DTC	3.0	7,241	867	4,361	229	1,096	10.0%	
East New York	<u>(6.5)</u>	<u>4,844</u>	<u>791</u>	<u>3,831</u>	<u>41</u>	<u>832</u>	<u>10.5%</u>	
	15.0	\$ 173,249	\$ 1,477	\$ 192,038	\$ 1,968	\$ 3,445	0.9%	
<u>Southern Brooklyn/SL</u>								
Coney Island	(24.5)	\$ 45,364	\$ (10,283)	\$ 60,086	\$ (31)	\$ (10,314)	-8.9%	
Seaview	<u>4.5</u>	<u>5,977</u>	<u>(455)</u>	<u>8,004</u>	<u>244</u>	<u>(212)</u>	<u>-1.4%</u>	
	(20.0)	\$ 51,340	\$ (10,739)	\$ 68,090	\$ 213	\$ (10,526)	-8.1%	
<u>Queens</u>								
Elmhurst	12.5	\$ 76,086	\$ 305	\$ 89,534	\$ (2,405)	\$ (2,100)	-1.3%	
Queens	<u>11.0</u>	<u>45,343</u>	<u>(3,479)</u>	<u>58,635</u>	<u>(813)</u>	<u>(4,292)</u>	<u>-4.0%</u>	
	23.5	\$ 121,429	\$ (3,173)	\$ 148,169	\$ (3,219)	\$ (6,392)	-2.4%	
NETWORKS TOTAL	<u>58.0</u>	<u>\$ 738,078</u>	<u>\$ (41,578)</u>	<u>\$ 907,446</u>	<u>\$ (7,976)</u>	<u>\$ (49,554)</u>	<u>-3.0%</u>	
Central Office	6.5	42,500	6,142	52,584	1,030	7,172	8.0%	
HHC Health & Home Care	(2.5)	2,766	(2,684)	5,793	(560)	(3,244)	-30.4%	
Enterprise IT	<u>20.0</u>	<u>2</u>	<u>2</u>	<u>43,432</u>	<u>7,906</u>	<u>7,908</u>	<u>15.4%</u>	
GRAND TOTAL	<u>82.0</u>	<u>\$ 783,345</u>	<u>\$ (38,118)</u>	<u>\$ 1,009,255</u>	<u>\$ 400</u>	<u>\$ (37,719)</u>	<u>-2.1%</u>	

Notes:

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Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2015 vs Fiscal Year 2014 (in 000's)
TOTAL CORPORATION

	Month of August 2014			Fiscal Year To Date August 2014		
	actual 2015	actual 2014	better / (worse)	actual 2015	actual 2014	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 63,083	\$ 78,711	\$ (15,628)	\$ 133,615	\$ 146,818	\$ (13,202)
Medicaid Managed Care	53,752	55,092	(1,340)	107,902	107,662	240
Medicare	46,761	36,995	9,766	107,414	94,165	13,249
Medicare Managed Care	22,341	16,747	5,594	44,587	36,935	7,652
Other	<u>19,600</u>	<u>16,550</u>	<u>3,050</u>	<u>38,963</u>	<u>38,757</u>	<u>205</u>
Total Inpatient	\$ 205,538	\$ 204,096	\$ 1,442	\$ 432,482	\$ 424,337	\$ 8,145
Outpatient						
Medicaid Fee for Service	\$ 10,550	\$ 15,162	\$ (4,613)	\$ 25,103	\$ 27,039	\$ (1,937)
Medicaid Managed Care	29,617	27,508	2,109	56,509	146,902	(90,393)
Medicare	4,926	3,183	1,744	11,826	8,550	3,277
Medicare Managed Care	7,429	6,207	1,222	14,474	15,635	(1,162)
Other	<u>12,278</u>	<u>12,567</u>	<u>(289)</u>	<u>26,414</u>	<u>40,201</u>	<u>(13,787)</u>
Total Outpatient	\$ 64,801	\$ 64,628	\$ 173	\$ 134,325	\$ 238,328	\$ (104,003)
All Other						
Pools	\$ 5,374	\$ 103,046	\$ (97,672)	\$ 3,510	\$ 101,248	\$ (97,738)
DSH / UPL	-	-	0	100,000	-	100,000
Grants, Intracity, Tax Levy	22,474	32,060	(9,586)	105,818	44,287	61,531
Appeals & Settlements	(1,454)	732	(2,186)	(3,195)	25	(3,219)
Misc / Capital Reimb	<u>4,827</u>	<u>3,588</u>	<u>1,238</u>	<u>10,405</u>	<u>9,933</u>	<u>472</u>
Total All Other	\$ 31,220	\$ 139,427	\$ (108,207)	\$ 216,539	\$ 155,493	\$ 61,046
Total Cash Receipts	\$ 301,559	\$ 408,150	\$ (106,592)	\$ 783,345	\$ 818,157	\$ (34,812)
Cash Disbursements						
PS	\$ 287,417	\$ 272,408	\$ (15,009)	\$ 472,745	\$ 455,259	\$ (17,486)
Fringe Benefits	59,037	72,634	13,597	119,649	125,752	6,103
OTPS	110,257	127,306	17,049	233,952	223,569	(10,383)
City Payments	-	-	0	-	-	0
Affiliation	75,996	76,122	126	168,912	153,446	(15,466)
HHC Bonds Debt	<u>6,838</u>	<u>5,710</u>	<u>(1,128)</u>	<u>13,998</u>	<u>12,139</u>	<u>(1,859)</u>
Total Cash Disbursements	\$ 539,545	\$ 554,180	\$ 14,635	\$ 1,009,255	\$ 970,165	\$ (39,090)
Receipts over/(under) Disbursements	\$ (237,986)	\$ (146,030)	\$ (91,956)	\$ (225,910)	\$ (152,008)	\$ (73,902)

Notes:

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New York City Health & Hospitals Corporation

Actual vs. Budget Report

Fiscal Year 2015 (in 000's)

TOTAL CORPORATION

	Month of August 2014			Fiscal Year To Date August 2014		
	actual 2015	budget 2015	better / (worse)	actual 2015	budget 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 63,083	\$ 67,652	\$ (4,568)	\$ 133,615	\$ 152,459	\$ (18,844)
Medicaid Managed Care	53,752	56,203	(2,451)	107,902	112,407	(4,504)
Medicare	46,761	43,803	2,958	107,414	111,710	(4,296)
Medicare Managed Care	22,341	25,345	(3,004)	44,587	50,785	(6,198)
Other	<u>19,600</u>	<u>21,754</u>	<u>(2,155)</u>	<u>38,963</u>	<u>44,749</u>	<u>(5,787)</u>
Total Inpatient	\$ 205,538	\$ 214,758	\$ (9,221)	\$ 432,482	\$ 472,111	\$ (39,629)
Outpatient						
Medicaid Fee for Service	\$ 10,550	\$ 12,022	\$ (1,473)	\$ 25,103	\$ 27,051	\$ (1,948)
Medicaid Managed Care	29,617	29,684	(66)	56,509	59,367	(2,858)
Medicare	4,926	4,483	443	11,826	10,803	1,024
Medicare Managed Care	7,429	7,517	(87)	14,474	15,033	(560)
Other	<u>12,278</u>	<u>12,132</u>	<u>146</u>	<u>26,414</u>	<u>25,008</u>	<u>1,406</u>
Total Outpatient	\$ 64,801	\$ 65,838	\$ (1,037)	\$ 134,325	\$ 137,261	\$ (2,936)
All Other						
Pools	\$ 5,374	\$ (1,912)	\$ 7,286	\$ 3,510	\$ 4,536	\$ (1,026)
DSH / UPL	-	-	0	100,000	100,000	0
Grants, Intracity, Tax Levy	22,474	18,811	3,662	105,818	95,622	10,195
Appeals & Settlements	(1,454)	-	(1,454)	(3,195)	-	(3,195)
Misc / Capital Reimb	<u>4,827</u>	<u>5,304</u>	<u>(477)</u>	<u>10,405</u>	<u>11,933</u>	<u>(1,528)</u>
Total All Other	\$ 31,220	\$ 22,203	\$ 9,017	\$ 216,539	\$ 212,092	\$ 4,447
Total Cash Receipts	\$ 301,559	\$ 302,800	\$ (1,241)	\$ 783,345	\$ 821,464	\$ (38,118)
Cash Disbursements						
PS	\$ 287,417	\$ 286,581	\$ (836)	\$ 472,745	\$ 476,173	\$ 3,429
Fringe Benefits	59,037	57,302	(1,735)	119,649	120,876	1,227
OTPS	110,257	117,890	7,632	233,952	229,930	(4,022)
City Payments	-	-	0	-	-	0
Affiliation	75,996	75,978	(17)	168,912	168,912	(0)
HHC Bonds Debt	<u>6,838</u>	<u>6,882</u>	<u>44</u>	<u>13,998</u>	<u>13,765</u>	<u>(233)</u>
Total Cash Disbursements	\$ 539,545	\$ 544,633	\$ 5,088	\$ 1,009,255	\$ 1,009,655	\$ 400
Receipts over/(under) Disbursements	\$ (237,986)	\$ (241,833)	\$ 3,847	\$ (225,910)	\$ (188,191)	\$ (37,719)

Notes:

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FY 15 BUDGET ALLOCATION

**FY2015
Budget (in \$000's)**

	Corporate Totals	Jacobi	North Central Bronx	Harlem	Lincoln	Morrisania DTC	Renaissance	Betvis DTC
Cash Receipts								
Inpatient								
Medicaid Fee for Service	\$ 895,778	\$ 69,219	\$ 16,751	\$ 41,503	\$ 55,961	\$ -	\$ -	\$ -
Medicaid Managed Care	674,440	86,860	20,889	46,135	82,341	-	-	-
Medicare	564,475	65,930	16,135	29,802	48,142	-	-	-
Medicare Managed Care	350,019	42,146	10,198	19,965	62,925	-	-	-
Other	266,015	30,359	5,246	13,587	20,359	-	-	-
Total Inpatient	\$ 2,750,727	\$ 294,516	\$ 69,219	\$ 150,991	\$ 269,729	\$ -	\$ -	\$ -
Outpatient								
Medicaid Fee for Service	\$ 206,678	\$ 12,815	\$ 4,286	\$ 9,306	\$ 12,958	\$ 765	\$ 551	\$ 527
Medicaid Managed Care	528,549	51,683	25,152	22,838	58,317	11,362	5,276	9,904
Medicare	58,352	7,568	1,171	1,931	3,132	169	66	121
Medicare Managed Care	110,031	9,060	1,784	4,241	10,863	1,685	673	730
Other	168,647	14,556	4,638	7,879	14,158	1,874	1,571	1,337
Total Outpatient	\$ 1,072,257	\$ 95,682	\$ 37,031	\$ 46,195	\$ 99,429	\$ 15,854	\$ 8,138	\$ 12,620
All Other								
Pools	\$ 485,558	\$ 31,134	\$ 29,155	\$ 58,343	\$ 48,036	\$ 1,015	\$ 1,857	\$ 853
DSH / UPL	2,102,600	113,615	43,686	80,448	106,199	1,973	1,772	1,162
Grants, Intracity, Tax Levy	257,181	12,038	4,566	13,546	13,809	3,802	2,956	1,059
Appeals & Settlements	30,560	1,794	1,683	2,889	(876)	74	103	33
Misc / Capital Reimb	68,958	10,478	278	1,893	3,342	241	87	55
Total All Other	\$ 2,944,857	\$ 169,058	\$ 79,368	\$ 157,120	\$ 170,511	\$ 7,106	\$ 6,774	\$ 3,162
Total Cash Receipts	\$ 6,767,841	\$ 559,255	\$ 185,617	\$ 354,306	\$ 539,668	\$ 22,960	\$ 14,912	\$ 15,782
Cash Disbursements								
PS	\$ 2,453,524	\$ 224,535	\$ 72,929	\$ 138,423	\$ 195,603	\$ 11,991	\$ 8,707	\$ 7,517
Fringes	1,290,787	117,637	39,047	73,329	100,435	7,098	4,995	4,143
OTPS	1,310,244	89,734	34,666	58,463	133,171	5,265	3,948	4,864
City Payments	358,858	50,206	8,736	27,044	30,439	393	181	387
Affiliation	971,839	107,963	40,738	77,958	90,274	2,531	1,626	1,048
HHC Bonds Debt	82,588	-	-	-	-	-	-	-
Initial Reserve	300,000	-	-	-	-	-	-	-
Total Cash Disbursements	\$ 6,767,841	\$ 590,074	\$ 196,117	\$ 375,216	\$ 549,921	\$ 27,278	\$ 19,457	\$ 17,959
Receipts over/ (under) Disbursements	\$ 0	\$ (30,819)	\$ (10,499)	\$ (20,909)	\$ (10,254)	\$ (4,318)	\$ (4,545)	\$ (2,177)

**FY2015
Budget (in \$000's)**

	Bellevue	Metropolitan	Coler	Gouverneur	HJ Carter
Cash Receipts					
Inpatient					
Medicaid Fee for Service	\$ 117,217	\$ 43,761	\$ 68,654	\$ 16,759	\$ 75,437
Medicaid Managed Care	96,176	46,777	209	978	1,221
Medicare	83,094	30,511	753	6,486	3,543
Medicare Managed Care	48,975	25,160	495	2,792	3,194
Other	55,225	7,172	3,775	5,048	3,875
Total Inpatient	\$ 400,687	\$ 153,381	\$ 73,886	\$ 32,062	\$ 87,270
Outpatient					
Medicaid Fee for Service	\$ 14,724	\$ 10,629	\$ -	\$ 3,424	\$ -
Medicaid Managed Care	36,201	36,049	-	16,345	-
Medicare	4,010	2,225	-	1,211	-
Medicare Managed Care	11,652	6,176	-	6,720	-
Other	18,715	7,402	-	5,870	-
Total Outpatient	\$ 85,301	\$ 62,481	\$ -	\$ 33,571	\$ -
All Other					
Pools	\$ 36,786	\$ 29,305	\$ -	\$ 5,535	\$ 6,417
DSH / UPPL	139,692	65,744	21,138	11,147	14,547
Grants, Intracity, Tax Levy	63,464	4,998	1,007	6,579	141
Appeals & Settlements	(5,372)	6,529	3,939	815	(2,565)
Misc / Capital Reimb	13,215	5,119	1,584	1,550	1,275
Total All Other	\$ 247,786	\$ 111,695	\$ 27,668	\$ 25,626	\$ 19,816
Total Cash Receipts	\$ 733,774	\$ 327,558	\$ 101,554	\$ 91,259	\$ 107,086
Cash Disbursements					
PS	\$ 285,731	\$ 123,476	\$ 61,179	\$ 51,551	\$ 48,033
Fringes	147,017	68,382	38,407	25,352	28,746
OTPS	138,946	69,838	21,236	18,554	15,024
City Payments	31,447	9,536	2,982	11,502	8,710
Affiliation	150,911	60,763	7,535	8,113	15,280
HHC Bonds Debt	-	-	-	-	-
Initial Reserve	-	-	-	-	-
Total Cash Disbursements	\$ 754,051	\$ 331,994	\$ 131,339	\$ 115,073	\$ 115,794
Receipts over/ (under) Disbursements	\$ (20,277)	\$ (4,436)	\$ (29,785)	\$ (23,813)	\$ (8,708)

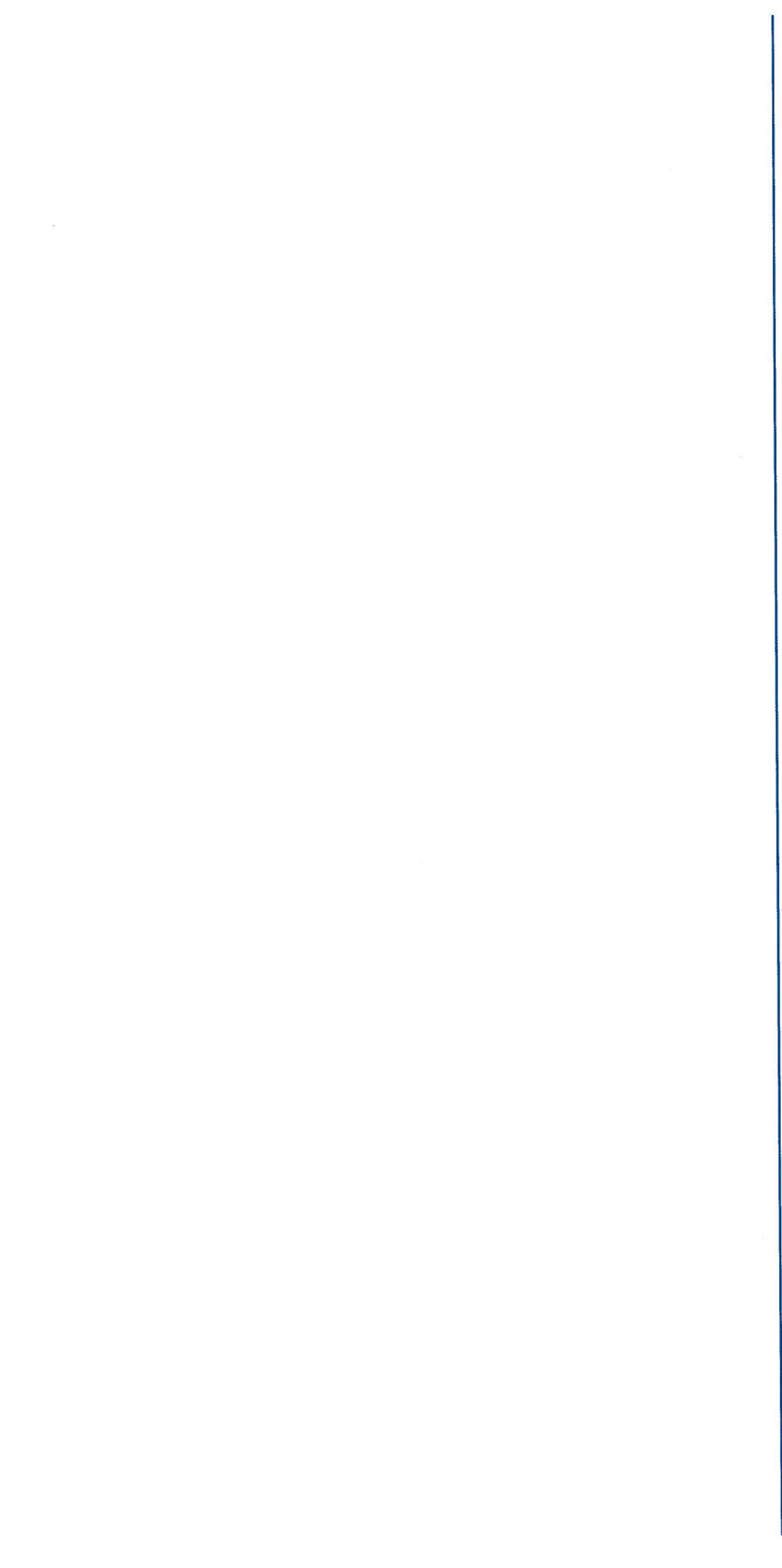
**FY2015
Budget (in \$000's)**

	Woodhull	Cumberland DTC	Kings County	McKinney	East New York	Coney Island	Seaview
Cash Receipts							
Inpatient							
Medicaid Fee for Service	\$ 43,408	\$ -	\$ 111,244	\$ 20,780	\$ -	\$ 54,699	\$ 22,338
Medicaid Managed Care	50,516	-	90,074	2,078	-	38,879	171
Medicare	32,838	-	65,802	2,939	-	86,548	2,127
Medicare Managed Care	21,919	-	39,717	2,865	-	26,005	699
Other	13,034	-	41,724	3,845	-	16,826	7,325
Total Inpatient	\$ 161,714	\$ -	\$ 348,562	\$ 32,507	\$ -	\$ 222,957	\$ 32,661
Outpatient							
Medicaid Fee for Service	\$ 14,401	\$ 2,005	\$ 22,497	\$ 1,286	\$ 1,741	\$ 9,764	\$ 1,485
Medicaid Managed Care	38,614	8,561	51,244	-	10,831	22,627	-
Medicare	3,454	70	7,351	21	118	3,959	-
Medicare Managed Care	10,037	1,413	10,898	-	1,378	3,700	-
Other	12,248	2,013	22,296	2,169	1,502	9,445	781
Total Outpatient	\$ 78,753	\$ 14,062	\$ 114,286	\$ 3,476	\$ 15,570	\$ 49,495	\$ 2,266
All Other							
Pools	\$ 38,412	\$ 2,625	\$ 83,394	\$ -	\$ 1,308	\$ 20,515	\$ -
DSH / UPL	104,151	2,286	168,821	9,299	1,453	61,137	9,225
Grants, Intracity, Tax Levy	11,756	8,238	21,408	72	4,353	5,863	368
Appeals & Settlements	7,140	95	865	313	336	4,019	(62)
Misc / Capital Reimb	2,291	149	3,196	667	95	985	1,188
Total All Other	\$ 163,749	\$ 13,392	\$ 277,684	\$ 10,351	\$ 7,544	\$ 92,519	\$ 10,719
Total Cash Receipts	\$ 404,217	\$ 27,454	\$ 740,531	\$ 46,333	\$ 23,114	\$ 364,970	\$ 45,646
Cash Disbursements							
PS	\$ 151,740	\$ 12,586	\$ 351,121	\$ 20,764	\$ 13,596	\$ 160,113	\$ 28,097
Fringes	82,043	8,530	173,585	11,877	6,695	87,017	17,695
OTPS	63,560	5,795	174,096	15,191	4,487	53,623	7,878
City Payments	14,178	952	66,685	574	1,577	26,902	621
Affiliation	98,637	3,533	23,814	-	-	63,759	270
HHC Bonds Debt	-	-	-	-	-	-	-
Initial Reserve	-	-	-	-	-	-	-
Total Cash Disbursements	\$ 410,158	\$ 31,396	\$ 789,300	\$ 48,406	\$ 26,357	\$ 391,415	\$ 54,561
Receipts over/ (under) Disbursements	\$ (5,942)	\$ (3,941)	\$ (48,769)	\$ (2,073)	\$ (3,243)	\$ (26,444)	\$ (8,915)

**FY2015
Budget (in \$000's)**

	Elmhurst	Queens	Central Office & Reserves	Enterprise IT	HHC Health & Home Care
Cash Receipts					
Inpatient					
Medicaid Fee for Service	\$ 88,007	\$ 41,333	\$ -	\$ 8,707	\$ -
Medicaid Managed Care	68,615	42,521	-	-	-
Medicare	49,514	31,838	-	8,473	-
Medicare Managed Care	23,823	19,140	-	-	-
Other	25,979	12,636	-	-	-
Total Inpatient	\$ 255,937	\$ 147,468	\$ -	\$ 17,180	\$ -
Outpatient					
Medicaid Fee for Service	\$ 17,269	\$ 13,605	\$ 50,247	\$ -	\$ 2,393
Medicaid Managed Care	66,938	44,590	-	-	12,018
Medicare	6,619	7,261	-	-	7,895
Medicare Managed Care	13,868	7,671	-	-	7,482
Other	18,650	19,378	-	-	2,164
Total Outpatient	\$ 123,344	\$ 92,505	\$ 50,247	\$ -	\$ 31,952
All Other					
Pools	\$ 53,263	\$ 37,605	\$ -	\$ -	\$ -
DSH / UPL	101,396	86,710	957,000	-	-
Grants, Intracity, Tax Levy	26,244	8,986	41,772	-	156
Appeals & Settlements	6,262	2,545	-	-	-
Misc / Capital Reimb	3,453	2,239	15,500	-	78
Total All Other	\$ 190,619	\$ 138,085	\$ 1,014,272	\$ -	\$ 234
Total Cash Receipts	\$ 569,900	\$ 378,058	\$ 1,064,519	\$ 17,180	\$ 32,187
Cash Disbursements					
PS	\$ 214,483	\$ 127,253	\$ 62,716	\$ 63,923	\$ 17,459
Fringes	116,985	72,381	26,078	26,171	7,142
OTPS	95,202	79,105	104,733	104,479	8,385
City Payments	33,490	29,092	1,975	1,063	190
Affiliation	126,218	90,868	-	-	-
HHC Bonds Debt	-	-	82,588	-	-
Initial Reserve	-	-	300,000	-	-
Total Cash Disbursements	\$ 586,377	\$ 398,699	\$ 578,089	\$ 195,636	\$ 33,176
Receipts over/ (under) Disbursements	\$ (16,477)	\$ (20,641)	\$ 486,430	\$ (178,456)	\$ (989)

INFORMATION ITEM



Finance Committee

Surgical Solutions

Instrument and Scope Management Program

October 7, 2014

Contract Scope of Services

What Surgical Solutions Provides to Facilities:

Capital Equipment for Endoscopic and Laparoscopic Procedures

- Surgical Solutions provides the surgeon's preference of Surgical towers, video processors, scopes, light sources, cables, workstations.

Disposable Supplies for Laparoscopic Procedures

- Trocars, clip applicers, scissors, verres needles, hasson trocars.

Technical Support

- Surgical Solutions technicians are available for video and scope troubleshooting throughout the procedure and on call 24/7.

Equipment Maintenance and Repair Management

- Surgical Solutions technicians repair malfunctioning equipment to manufacturer's specifications and provide loaner instrumentation if required to assure all procedures are conducted on schedule at the flat procedure rate.

Off-Site and Bedside Procedures

- Surgical Solutions technicians will support endoscopy procedures in the ICU, OR, ER and other patient units as requested to conduct procedures.

Program History

- Bellevue Hospital has received the above services from Surgical Solutions since July 2008.
- Elmhurst Hospital and Kings County Hospital were selected by the New York City Health and Hospitals Corporation Board of Directors to implement the Surgical Solutions' program as a pilot program on July 25, 2013.
- Surgical Solutions commenced the program at Elmhurst Hospital on September 23, 2013.
- Surgical Solutions commenced the program at Kings Hospital on January 20, 2014.

Volume of Procedures

- Bellevue Hospital laparoscopy scope procedures increased 70% (1468 procedures) in Fiscal Year '14 (Sept. 30, 2013 – August 24, 2014) from the baseline of Fiscal Year 2008.
- Bellevue Hospital endoscopy scope procedures increased 31% (895 procedures) in Fiscal Year '14 (Sept. 30, 2013 – August 24, 2014) from the baseline of Fiscal Year 2008.
- Elmhurst Hospital's laparoscopy scope procedures has increased 37% (595 procedures) in Fiscal Year '14 (Sept. 23, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013.
- Elmhurst Hospital's endoscopy scope procedures increased 19% (504 procedures) in Fiscal Year '14 (Sept. 23, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013.
- Kings County Hospital's laparoscopy procedures has increased 15% (163 procedures) in Fiscal Year '14 (Jan. 20, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013.
- Kings County Hospital's endoscopy procedures has increased 15% (669 procedures) in Fiscal Year '14 (Jan. 20, 2013 – August 24, 2014) from the baseline of Fiscal Year 2013.

Improving Patient Care & Patient Safety

- Bellevue Hospital, Elmhurst Hospital and Kings County Hospital experienced 100% readiness by Surgical Solutions for OR start time and on schedule OR turnover.
- OR and Endoscopy Suites work flow has been improved:
 - Provided technicians 24/7 to troubleshoot, update, and assure equipment is readily available to complete procedure.
 - Minimizing the rate of lost trays, missing instruments, and malfunctioning equipment.
 - Provided personnel to participate in Breakthrough RIE to improve procedure room turnover.

Savings

- Bellevue Hospital's scope program avoided 32% in costs with Surgical Solutions in the first year of the current agreement from the baseline of Fiscal Year 2008.
- Elmhurst Hospital's scope program avoided 20% in costs with Surgical Solutions in the first year of the agreement from the baseline of Fiscal Year 2013.
- Kings County Hospital's scope program is projected to avoid 28% in costs with Surgical Solutions in the first year of the agreement from the baseline of Fiscal Year 2013.
- Surgical Solutions supplied capital equipment without an upfront capital expense to HHC facilities totaling the following:
 - Bellevue - \$2,709,551
 - Elmhurst - \$1,965,134
 - Kings - \$3,991,120

Current Performance

Surgical Solutions	Bellevue	Elmhurst	Kings
LAPAROSCOPY PROCEDURES			
FY 14 Eleven month Volume *	3292	2044	777
Projected Annual Volume	3568	2216	1263
FY 13 Annual Volume Without Contract**	2100	1621	1100
Variance better	1468	595	163
ENDOSCOPY PROCEDURES			
FY 14 Eleven month Volume*	4287	2917	3181
Projected Annual Volume	5145	3161	5169
FY 13 Annual Volume Without Contract**	4250	2657	4500
Variance better	895	504	669
Fiscal Year 2013 Baseline Costs			
Without Contract***			
Annual Capital Cost	\$541,910	\$393,027	\$798,224
Costs for Laparoscopy	\$2,529,712	\$1,283,064	\$1,202,717
Costs for Endoscopy	\$349,860	\$164,372	\$206,760
Annual Baseline Costs	\$3,421,482	\$1,840,463	\$2,207,701
Costs With Contract			
FY 14 Contract Cost for Laparoscopy	\$1,320,160	\$888,692	\$628,974
FY 14 Contract Cost for Endoscopy	\$1,029,000	\$591,107	\$956,265
FY 14 Annual Contract Cost	\$2,349,160	\$1,479,799	\$1,585,239
Savings	\$1,072,322	\$360,664	\$622,462

*Kings' procedure volume is 8 months

** Bellevue's annual volume is Fiscal Year 2008

*** Bellevue's baseline costs are Fiscal Year 2008

Endorsements

➤ Improving Satisfaction Among Surgeons and Nurses:

“We have doubled our bariatric volume over the last 3-4 years and Surgical Solutions has been instrumental in providing infrastructure support including equipment as well human personnel. It is safe to say that without them, our advanced laparoscopic/bariatric program would not be where it is today.” – **Dr. Manish Parikh, Bellevue Hospital**

“Prior to Surgical Solutions we spent a great amount of time and energy focused on equipment. We had to search for the right equipment, open multiple sets to make sure we had a full set for the procedure. Surgical Solutions takes care of that now and we now spend 100% of our time and energy on patient care.” – **William McDonagh, Elmhurst Hospital, AED Nursing**

“The overall impression by the clinicians is that there is improved work flow. The clinical team feels they can focus on patient care. Surgical Solutions' personnel are always on site and readily available. There have been no late starts due to equipment related issues. Overall, the clinicians are very satisfied.” - **Dr. Michael H. Mendezsoon, Kings County Hospital**

Next Steps

- Review potential implementation at the following facilities:
 - Coney Island
 - Harlem
 - Lincoln
 - Metropolitan
 - North Central Bronx
 - Queens
 - Woodhull

Thank You