

BOARD OF DIRECTORS MEETING  
THURSDAY, OCTOBER 26, 2017  
A•G•E•N•D•A

<p><b><u>CALL TO ORDER - 3:00 PM</u></b></p>	<p><b>Mr. Campbell</b></p>
<p>1. Adoption of Minutes: September 29, 2017</p>	
<p><b><u>Acting Chair’s Report</u></b></p>	<p><b>Mr. Campbell</b></p>
<p><b><u>Interim President’s Report</u></b></p>	<p><b>Mr. Brezenoff</b></p>
<p>&gt;&gt; <b><u>Action Items</u></b>&lt;&lt;</p>	
<p>2. RESOLUTION <b>adopting</b> NYC Health + Hospitals’ <b>Mission Statement and Performance Measures</b> for Fiscal Year 2017 as required by the <b>Public Authorities Reform Act</b> of 2009, which requires a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission. (TABLED 9/29/2017 Board Meeting - Strategic Planning Committee – 10/11/2017)</p>	<p><b>Mr. Campbell</b></p>
<p>3. RESOLUTION <b>adopting</b> a Second Revised <b>Statement of Policy for the Review and Authorization of Procurement Matters</b> by the Board of Directors of New York City Health and Hospitals Corporation (the “System”) and directing the President of the System to prepare a <b>revision of Operating Procedure 100-05</b> to implement such Statement of Policy. (TABLED 9/29/2017 Board Meeting - Finance Committee – 09/13/2017)</p>	<p><b>Mr. Rosen</b></p>
<p>4. RESOLUTION authorizing NYC Health + Hospitals (“NYC Health + Hospitals”) to execute a revocable five year <b>license agreement</b> with the <b>New York City Department of Health and Mental Hygiene</b> for use and occupancy of approximately 1,437 square feet of space and 1,305 square feet of space at NYC Health + Hospitals <b>Metropolitan</b> and NYC Health + Hospitals <b>Woodhull</b> respectively, for the operation of the <b>New York City Nurse-Family Partnership program</b> at the rate of \$45 per sq. ft. for an annual occupancy fee of \$64,665 for Metropolitan and \$58,725 for Woodhull for a five year total of \$323,325 for Metropolitan and \$293,625 for Woodhull. (Capital Committee – 09/13/2017)</p>	<p><b>Mr. Page</b></p>
<p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a revocable <b>license agreement</b> with the <b>New York City Police Department</b> for its continued use and occupancy of space of 50 square feet of space on the roof of the “N” Building to operate radio communications equipment at NYC Health + Hospitals <b>Queens</b> with the occupancy fee waived. (Capital Committee –09/13/2017)</p>	<p><b>Mr. Page</b></p>
<p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “System”) to <b>procure and outfit such ambulances</b> in the System’s name on behalf of the <b>Fire Department of the City of New York</b> (“FDNY”) through <b>City-wide Requirements Contracts</b> as are, from time to time, requested by FDNY provided that the System receives the required City of New York capital funding explicitly provided for such purchases; such authorization to remain in effect until withdrawn. (Capital Committee – 09/13/2017)</p>	<p><b>Mr. Page</b></p>
	<p>(over)</p>

<p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five year revocable <b>license agreement</b> with <b>T-Mobile Northeast LLC</b> to operate a cellular communications system in approximately 200 square feet of space on the roof of the “A-C” Building at <b>Coler Rehabilitation and Nursing Care Center</b> at an annual occupancy fee of approximately \$309 per square foot or \$61,814 per year to be escalated by 4% per year for a five year total of \$334,805 (Capital Committee – 10/11/2017) <b>VENDEX:</b> Pending</p>	<p><b>Mr. Page</b></p>
<p>8. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute an agreement with 2017 <b>ESA Project Company, LLC, a Bloom Energy affiliate</b> (“Bloom”) to construct four fuel cell co-generation servers (the “Servers”) at the locations on the campus of NYC Health + Hospitals   <b>Kings County</b> and NYC Health + Hospitals   <b>Dr. Susan Smith McKinney</b> shown on the attached site map and to maintain the same, both at the sole cost and expense of Bloom and to sell its entire electrical energy output to the System for use by the Facilities and to obligate the System to purchase from Bloom all of such energy for a term of fifteen years at a total projected cost not to exceed \$39.1 Million to meet approximately 40% of the Facilities’ demand; provided that the use of the Servers requires the System to obtain natural gas from the local utility at an estimated cost of approximately \$18.3 Million for a combined total cost of approximately \$57.5 Million over fifteen years, all on the terms outlined in the Statement of Economic Terms attached hereto. (Capital Committee – 10/11/2017)</p>	<p><b>Mr. Page</b></p>
<p><b><u>Committee Reports</u></b></p> <ul style="list-style-type: none"> <li>➤ Audit</li> <li>➤ Capital</li> <li>➤ Information Technology</li> <li>➤ Strategic Planning</li> </ul>	<p><b>Ms. Youssef</b> <b>Mr. Page</b> <b>Ms. Youssef</b> <b>Mr. Campbell</b></p>
<p><b><u>Subsidiary Board Reports</u></b></p> <ul style="list-style-type: none"> <li>➤ MetroPlus Health Plan, Inc.</li> </ul>	<p><b>Mr. Rosen</b></p>
<p><b><u>Executive Session   Facility Governing Body Report</u></b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Coney Island ➤ NYC Health + Hospitals   Sea View <b>Semi-Annual Governing Body Report (Written Submission Only)</b></li> <li>➤ NYC Health + Hospitals   Coler ➤ NYC Health + Hospitals   Carter (NF &amp; LTACH) <b>2016 Performance Improvement Plan and Evaluation (Written Submission Only)</b></li> <li>➤ NYC Health + Hospitals   Renaissance   Gotham Health</li> </ul>	
<p>&gt;&gt;<b>Old Business</b>&lt;&lt; &gt;&gt;<b>New Business</b>&lt;&lt;</p>	
<p><b><u>Adjournment</u></b></p>	<p><b>Mr. Campbell</b></p>

## NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 29th day of September 2017 at 10:00 A.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. Gordon J. Campbell  
Mr. Stanley Brezenoff  
Ms. Helen Arteaga Landaverde  
Mr. Steven Banks  
Dr. Mary T. Bassett  
Dr. Gary S. Belkin  
Josephine Bolus, R.N.  
Dr. Vincent Calamia  
Barbara A. Lowe, R.N.  
Mr. Robert Nolan  
Mr. Mark Page  
Dr. Herminia Palacio  
Mr. Bernard Rosen  
Ms. Emily A. Youssouf

Karen Lane was in attendance representing Commissioner Steven Banks, in a voting capacity, after he left the meeting at the conclusion of the first Executive Session.

Mr. Gordon Campbell chaired the meeting and Mr. Salvatore Russo, Secretary to the Board, kept the minutes thereof.

### ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on July 27, 2017 were presented to the Board. Then on motion made by Mr. Campbell and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on July 27, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

#### CHAIRPERSON'S REPORT

Mr. Campbell reported that the Executive Committee met on September 6, 2017 to consider and approve a resolution authorizing NYC Health + Hospitals to execute a lease on the fourth floor at 30-30 47<sup>th</sup> Avenue, Long Island City in the Borough of Queens to house Enterprise Information Services employees. He then called for a motion and received the approval of the minutes of the Executive Committee Meeting of September 6, 2017

#### PRESIDENT'S REPORT

Mr. Brezenoff's remarks were in the Board package and made available on NYC Health + Hospitals' internet site. A copy is attached hereto and incorporated by reference.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss a personnel matter.

When the meeting reconvened in open session, Mr. Campbell announced that the Board unanimously voted to approve Dr. Mitchell A. Katz as President and CEO of New York City Health + Hospitals.

At this juncture, Ms. Arteaga Landaverde and Commissioner Banks left the meeting.

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on legislative, budgetary and regulatory issues. He also stated that NYC Health + Hospitals has

received a great deal of Federal and local bipartisan support regarding the withholding of the disproportionate share of hospital funding.

#### ACTION ITEMS

Due to time restrictions, resolution number two, requesting adoption of the Mission Statement and Performance Measures, and resolution number nine, requesting adoption of the revised statement of policy regarding Operating Procedure 100-5, were tabled until the next meeting of the Board of Directors.

#### RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Huron Consulting Group Inc.** to provide consulting services regarding the System's supply chain operations and other operations that impact Other than Personal Services ("OTPS") costs over an eighteen-month period which are estimated to yield estimated ongoing and recurrent annual savings in OTPS expenditures ranging from \$69 million to \$162 million, for an estimated total compensation to Huron, not to exceed \$11.7 million.

Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

#### RESOLUTION

4. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an extension of the existing agreements with **Arcadis U.S., Inc. and with Parsons Brinckerhoff, Inc.** for a term of five years for an amount not to exceed \$1,277,702.94, which consists of the balance of funds left unused from the prior contract with these firms in order for such firms to continue planning and design services for Hurricane Sandy repair and mitigation projects.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

**RESOLUTION**

5. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable **license** agreement with the **Federal Bureau of Investigation** of the United States Department of Justice for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room to house communications equipment at NYC Health + Hospitals/**Coney Island** at an annual occupancy fee of \$9,299 or \$61.32 per square foot to be escalated by 3% per year for a five year total of \$49,370.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

**RESOLUTION**

6. Authorizing the New York City Health + Hospitals (the "Health Care System") to execute a three-year revocable **license agreement** with the **New York City Department of Housing Preservation and Development** for the Corporation's continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the operation of the **Ida G. Israel Community Health Center** managed by Coney Island Hospital Center at an annual payment to HPD of \$130,000 for a total over the three-year term of \$390,000.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

7. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable **license agreement** with **Touro College & University System** for full-time use and occupancy of approximately 11,218 sq. ft. located on the 4<sup>th</sup> Floor of the Samuel Kountz Pavillion at NYC Health + Hospitals/**Harlem** to operate the **Harlem Hospital Center School for Radiologic Technology** at an occupancy fee of \$47 per sq. ft. for a total annual amount of \$5277,246 during the first year to be escalated by 2.5% per year.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board as amended.

**RESOLUTION**

8. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a **Capital Project** for an amount not to exceed \$23,000,000 for planning, pre-construction, design, construction and construction management services necessary for the upgrade of the emergency power distribution system providing a **Type 1 Essential Electrical System** at NYC Health + Hospitals/Harlem.

Mr. Page moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

**SUBSIDIARY AND BOARD COMMITTEE REPORTS**

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by Mr. Campbell at the Board meeting.

Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel issues.

**FACILITY GOVERNING BODY/EXECUTIVE SESSION**

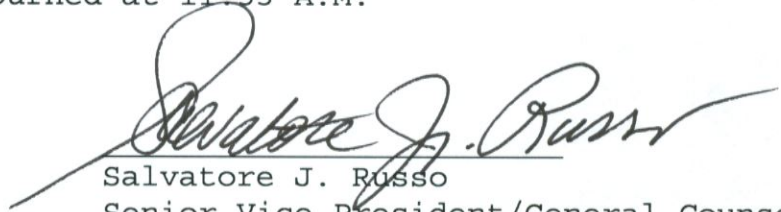
The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that, (1) the Board of Directors, as the governing body of NYC Health + Hospitals/Woodhull, received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as the governing body of NYC Health + Hospitals/Lincoln, the Board reviewed and approved its semi-annual written report; and 3) as the governing body of NYC Health + Hospitals/Gouverneur, the Board

reviewed and approved its semi-annual written report.

The Board also received and approved the 2016 performance improvement plans and evaluations for NYC Health + Hospitals/Cumberland/Gotham Health.

**ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 11:53 A.M.

A handwritten signature in cursive script, reading "Salvatore J. Russo". The signature is written in black ink and is positioned above the printed name and title.

Salvatore J. Russo  
Senior Vice President/General Counsel  
and Secretary to the Board of Directors



# COMMITTEE REPORTS

**Audit Committee – September 13, 2017**

As reported by Ms. Emily Youssouf

**Committee Members Present:** Gordon Campbell, Stanley Brezenoff, Mark Page

This meeting of the Committee was chaired by Mr. Gordon Campbell in the absence of the Committee Chair Ms. Emily Youssouf.

Mr. Campbell directed the meeting to Mr. Telano for an audit update.

Mr. Telano saluted everyone and began with the summary of External Audit being conducted by the City Comptroller's Office of the Electronic Medical Record System or Epic. The audit will be coming to close soon, we hope to receive a draft. It began in September of last year, and we hope that it is winding down.

Mr. Page asked if you have had a discussion with them along the way to get a sense of where they are.

Mr. Telano responded yes we have, they are finished with their fieldwork. They are preparing the report and the preliminary feedback is very positive, they have minor findings.

Moving on to the Audit of the Nurses' Qualifications by the State Comptroller's Office. They have reviewed nurses' files in five different sites. Then they returned to the site to review the temporary agency staff files and any documents we have related to them. One of the areas they are exploring more recently is the process of how Health + Hospitals is informed when nurses are arrested. We are looking into those types of things and fingerprints and those types of background.

Mr. Russo asked if this is for any arrest for anything we're supposed to hear about it. An arrest doesn't mean a conviction. So to be aware of if somebody is going forty in a twenty-mile an hour zone, it is one thing. Whatever action we have to seriously consider will we hear about it?

Mr. Telano answered that that's what they're exploring, as to how we can hear about it. I'm not aware of how we do hear about it myself.

Mr. Russo commented that lurking there potentially is a real problem, not the extremes that we're talking about. We learn about things through these various registries around the country. They can be of significant matter relative to nurse practice and that is true, of all of our medical professions, not just nurses, not just singling them out. There are issues with time lags, there are issues with monitoring those registries. And so the issue itself is one that's worthy of attention. In its extremes, it's a little silly, but not the general crux of it. In fact, it's a lot of work.

Mr. McNulty added that, we screen all vendors every month on the Green Exclusion List, one state and two federal. If the act that they committed is significant enough, they will probably end up excluded from participating in Federal Health Care programs, in which case we would learn about it.

Mr. Telano continued on to the completed audits section. The audit of wire transfers, he asked Mr. Weinman to address these issues. I will go through the three findings quickly. (a) Wire transfer payments can be made to vendors who are not setup or established within the wire transfer system. This is a free form type of payment with no vendor template. There are emergency situations in which the payment needs to be issued. However, we went back two years, and we could not find one of those emergency payments. We also believe, with the development of the corporate-wide supply chain process, that the need for an emergency payment would be minimized. (b) As you can see from the chart below there are numerous conflicting user roles and authority levels.

Title	Create Templates	Approve Templates	Initiate Template Payments	Approve Template Payments	Initiate Free Form Payments	Approve Free Form Payments
Sr. Director - Cash Management	X	X	X	X	X	X
Fixed Asset Director	X	X	X	X	X	X
Deputy Corporate Controller	X	X	X	X	X	X
Sr. Management Consultant	X		X	X	X	X

For example, if you took at the second to last column, Initiated Free Form Payments, which is the issue I mentioned in the first finding, the Deputy Corporate Comptroller could initiate a free form payment and have these other three individuals approve it. These individuals are of lower title. They may not report to him directly, but they would adhere to a request from him. So we have requested that some of this access be removed. (c) There was no written procedures for wire transfers that could be used as a training tool.

Mr. Weinman said thank you, and stated that I do appreciate the audit. It did highlight some of the areas that we have some problems with approval paths. But I want to address what we've changed so far as what we had in the past. It was really two people; one would initiate the wire transfer, the other would approve. One of the two would also release it to the transfer. So that's really three processes. Even though we have the ERP system and it gives us the ability to eliminate that last function, we're retaining that. We look at the compensating adjustments we have made in approval and it should address all these issues. The process of the initiation, there will be three people responsible for the initiation. Three different people responsible for the approval of it, and three different people to initiate the free-form. This will allow us to have three people getting all the transactions that go through the wire transfers. We've already written a policy for unusual transactions above the Senior VP it's either/or, the Senior VP of Finance or myself would review all unusual transactions. By doing this we think will eliminate the possibility of anything going through that hasn't been reviewed by at least three different people.

Mr. Page asked what is meant by unusual transactions.

Mr. Weinman answered that unusual would be anything that is done through the free form. So you could do a template which requires two days to get approval from the bank. In an emergency, as Mr. Telano points out correctly that in the last two years we haven't had an emergency, but if we did or had -- and I last remember we had one after Sandy, so if we wanted to make an immediate payment, it still requires three people. Plus it will require either Mr. Anantharam or myself for review. Most payments are repetitive payments and we already have templates setup for these vendors and they go through the normal course.

Mr. Page commented that I guess my concern was, I had not heard from what you said that you had actually addressed the question of what happens when, in a hierarchy of the supervision, when somebody up here initiates the transaction and asks somebody down here under him or her to approve. And I had not heard how you were dealing with that. So I think when it becomes yourself ultimately approving, to me you don't initiate these things yourself. I mean, maybe not, I don't really know.

Mr. Weinman stated that on all three categories, the initiation, the approval and the all of lower titles. They do not report to each other. So there is no situation where one may tell the other, you know, process this and I'll approve it.

Mr. Telano moved onto the review of the Affiliation Operations of PAGNY and New York City Health + Hospital/Metropolitan. He asked for the representatives to approach the table and introduce themselves. They did as follows: Luis Marcos, CEO; Reginal Odom, Chief Human Resources Officer; Liliana Rodriguez, Affiliate Operating Officer.

Mr. Telano stated that I will go through the five issues first, and then you can respond. The first three issues have to do with the subcontractors that are hired by PAGNY. (a) The first one is being paid without submitting timesheets. (b) The second one was still working and being paid under an expired contract; although, they were in the process of trying to renew one. (c) We

found two subcontracted physicians that did not have their medical clearances on a timely basis, sixty-nine to one hundred twenty-nine days. Moving on to (d) The Radiology and Psychiatry Departments, they do not maintain revised or updated schedules to indicate the real hours that physicians and others worked. And that updated schedule is to be compared to the timesheets to ensure that the timesheet is accurate and legitimate. Lastly, the recalculation process is inefficient resulting in delays.

Mr. Marcos commented that obviously, that statement requires an explanation because if we just leave it like that, it really sounds bad. Let's start with the first one. The standard physicians are getting paid without submitting timesheets.

Mr. Odom stated, thank you for all your work and for your team's work; we appreciate that. Starting off with the issue of the ADV Pediatrics. The issue there, I guess it's important to note, there was no improper payment to this group of employees. We have corrected the issue that was identified. The issue was that the group was being paid without the benefit of the timesheets. What we were using as support was the schedules from the individual groups. Our Chiefs of Service, for the location, were verifying that the hours being done by the particular contractor. But as of July 1st, we've corrected that issue, and we're receiving the timesheets for them going forward, so that should no longer be an issue.

The second issue is a complicated and difficult one. It relates to a protracted negotiation, which you're absolutely right, it took a long time for us to work through with the group of Orthopedics that provided services not only at Metropolitan Hospital, but also Coney and Lincoln Hospitals. We were trying to negotiate one contract to create efficiency for the system as opposed to doing it individually. We thought we could save cost, and at the end, we don't feel like we were successful in doing that. As a result of that, it did take too long. At this point, though, Metropolitan has reached an agreement with the group to address the concern that they had. Metropolitan, during the time of the negotiation, wanted to lower the payment. With the support of Ms. Tracy Green and her great team at Metropolitan, we worked with the contractor to reach an agreement to address any concerns about payment.

Bottom line is that the contractor would not agree to our reduction, but at the end, we kind of forced through the reductions we thought were appropriate. During the time we were disputing the issue, we didn't feel that it was appropriate to make adjustments to the payment because we didn't want to have any negative impact on patient care for this important service. We set a process in place that would account for and recoup those payments that we made during the negotiation period. So we feel that it is in a positive place going forward.

Mr. Campbell asked that is what you put in place at Metropolitan, is that something that you have in place in the other hospitals you're affiliated with or plan to?

Mr. Odom responded yes, the negotiation was an attempt to do them all together.

Mr. Campbell asked system-wide? To which Mr. Odom answered yes, as opposed to the individuals. Metropolitan has locked-in now, and we are trying to lock up the other two following the same format and we think it will be more efficient.

The third issue that you mentioned regarding contractor was that we realized that we need to be a little bit tougher, a little bit more diligent about our approach. I think there were two subcontractors who had not gotten their wage clearance for a prolonged period of time. One of the things I think is important to note is often these subcontractors are people who work in other hospitals. So sometimes they're a little difficult because they see our efforts as duplicative of what they have to do, for example, one works at Mount Sinai. They have to do it at Mount Sinai, they have to do it again so they see our efforts as duplicative so they're not always as responsive as we want them to be. So what we put in place is a plan to start the process earlier, communicate with them earlier and often and at the end to be a little tougher, to kind of insist, at a certain point, if they're not getting this done then they're not going to be able to work. So we're going to increase the pressure we're putting on the contractors to correct the issues that occurred with these two individuals.

I believe the other issue you mentioned was one that I guess we've seen at several of the PAGNY facilities, so we feel that it is an issue we need to address across the Board. There is a consistent problem with scheduling, in any given department when you put a schedule out, probably not an hour later, the schedule is changed because somebody wants to switch a day and somebody wants to change the schedule. What we found is that some departments are much better at reconciling the schedule, and others move on to other items, and once they got the schedule out, they don't go back. The key thing is that, we are not making payments to our employees based on that schedule. The payments are made based on their timesheets. So we are accurately paying people based on the time they actually worked. And that is being verified and signed off by the individual Chief of Service or the appropriate supervisor for all of the employees. So we feel that is an issue that we want to

tackle. We are taking a look at some systems to maybe implement across PAGNY facilities to better help the departments who struggle with scheduling. Some of them frankly tell us that they struggle with the time it takes to go back and reconcile. We know there are a bunch of changes, some people write it in on paper, but we feel that if we move to an electronic system we may be able to make it more efficient. Then the next time around, hopefully when Mr. Telano and his team come in, we can show you nice schedules that line up nicely with our timesheets. That is our goal.

Mr. Page asked if they don't actually amend the rest of the schedule, how do they actually see that they're not either overlapping or leaving gaps, how do they do that without a schedule?

Mr. Odom responded that the payment piece is coming off the timesheet. The Chief of Service or their individual division chiefs are the ones who are responsible to make sure that people are in the places that they're supposed to be. Some of them scribble a lot of notes and they don't go back to the master schedule and produce the final product. They make the changes along the way, but they don't take it to the finish line. So they're doing the work, but they're not completing the project so that we can say to Mr. Telano, here's the nice neat schedule that we actually see. We often say, here is the schedule that we started with, but it had all these variations so it doesn't always line up. I appreciate that you are bringing up this important challenge because we want to make sure we close that gap and that there aren't errors. The division heads manage that on behalf of the employer. They make sure that the people are there when they're supposed to be and that the hours they are signing off on their timesheet are accurate with what they've actually worked and what the plan was.

Mr. Brezenoff asked whether some kind of electronic accommodation would be practical here -- a system that was actually useful for the person trying to manage it, as well as providing the auditable information in terms actual attendance.

Mr. Odom replied yes, we are looking at a particular system that some of the other affiliates are using, it is called AM I ON. They found that it's been helpful to them in terms of how they manage the scheduling. They have told me they do not have the same issues that we have when it comes to audit time because they are able to manage the process of correcting the schedules in a timely manner. So we have been investigating and have spoken to the other affiliates, and we are looking at doing that across the PAGNY facilities.

Mr. Telano continued on to the summary of the audits we are currently conducting. Then stated that that concludes my presentation.

Mr. Campbell then turned the meeting over to Mr. Wayne McNulty for the Corporate Compliance Update.

Mr. McNulty stated that in the interest of time, he would go through the key findings quickly.

We performed a review throughout the system of business associate agreements that are required. A Business Associate Agreement is an agreement between the system and a third-party that provides services on our behalf that involve the use access disposal or transmission of protected health information. We took a look at the Institutional Review Boards that provide research oversight in review on behalf of the system to see whether or not those Institutional Review Boards with us have a Business Associate Agreement in place or require a Business Associate Agreement. Our review, in pertinent part, show that the agreements lack specificity for us to even determine whether or not a Business Associate Agreement was required. That necessitated us to do a review of the agreement itself to ensure that the Institutional Review Board agreements had the adequate internal controls to mitigate certain risks that may arise from the conduct of human subject research.

Listed below is a list of different Institutional Review Boards that we utilized:

Albert Einstein College of Medicine;  
Biomedical Research Alliance of New York;  
Maimonides Medical Center;  
Mount Sinai School of Medicine;  
National Cancer Institute;  
New England Institutional Review Board;  
New York Medical College;  
New York University School of Medicine;  
SUNY Downstate Medical Center; and

## Western Institutional Review Board

We have one internal IRB which is Lincoln, and we have nine or ten external IRBs that we utilize to review, provide oversight and approve of research throughout our system. So we found a number of findings in the IRB authorization agreements that we highlighted as deficiencies. Finding one was that the agreements did not reference any requirements to meet New York Law. There are specific requirements in New York Law that must be in all agreements. Except for the BRANY agreement, none of the other agreements had this specific language that was required to be in them. The research regulations and guidance is very specific, that they do not preempt the State Law, that you must also follow State Law. That's part of the research guidance that the Office of Human Research Protections provides.

Finding two was that except for two agreements, the other agreements were not reviewed by the Office of Legal Affairs, which is required under Operating Procedure 180-9 on Human Subject Research Protection Program.

Finding three was that most of the agreements were deficient from an internal control standpoint. Although, five of the ten had specific information which would reduce certain risks, they did not have enough detail with respect to IRB's roles and responsibilities to reduce risks, to address the full spectrum of risks necessary to serve as effective internal controls that will most likely mitigate the corresponding risks to a desirable level from a compliance perspective.

Deficiencies - deficiency one was the IRB authorization agreement. They weren't specific with respect to having the IRBs be registered with OHRP or the FDA. So even though some provided the IRB registration number, they weren't specific that they had to be registered, and that registration had to be maintained throughout the life of the agreement. The BRANY agreement had that and the others did not. Deficiency two was also the registration with FDA, and possibly, if necessary, registration with the New York State Department of Health. The agreements did not address that other than the BRANY agreement. Deficiency three was compliance for our federal-wide assurance. In order for us to conduct research, we have agreement with the Office of Human Subject Research Protection Administration. That particular agreement has terms of assurance that we have to meet. If we are going to contract with external IRBs, we have to then pass along those obligations to the external IRBs. Because one of the conditions of the term of assurance is that, even when we use the external IRBs, we remain fully responsible for all research oversight. So we would at least have to contractually pass along all those obligations to the IRB.

We should list all the principles that we will follow. We follow the Belmont Principles, an ethical principle of the system. That should be in this agreement that the principles that the IRB would have to look at when they're taking a look at human subject research. This is probably the biggest contract deficiency, it is a notice of unanticipated problems. That should be very specific in the agreement. The guidance under OHRP divides the unanticipated problems into two categories; one being serious adverse events, and the other being no-serious adverse events, and the way you will respond to these two different categories would be different. The contract should layout who specifically will be notified and what time period and so forth. That it's not a provision that is followed -- found in the regulations, so to simply say in the contract that we will follow the regulations would not cover these particular provisions.

Another important provision is knowledge of local research context, and that the IRB has the sufficient membership to represent the cultural sensitivity of the community in which the research is being performed. It is a very important portion of the agreement that should be specific. We found that other than the BRANY agreement, and the National Cancer Institute Agreement that none of the other agreements were specific as to the local research context.

Confidentiality of the subject information. We determined that only that BRANY IRB required a Business Associate Agreement because the other IRBs were only specifically performing research related activities. Although a couple of the IRBs had performed privacy board functions for us, they are still specifically related to research activity, so a Business Associate Agreement is not needed. However, there is specific privacy terms under New York Law that the agreement should address. Specifically, Civil Rights Law as it relates to genetic information, Public Health Law as it relates to HIV information, and General Business Law as it relates to private information. If there's a data breach, who would cover the cost of the particular data breach and so forth. That information should be in the agreement. It's only in the BRANY Agreement with respect to those specific categories. And the Western IRB also had some confidentiality provisions in there.

Again, contract deficiency eight, did not contain the requisite language that is required under New York Law. With respect to conflict of interest, only the BRANY and Maimonides Agreement were very specific as to the conflicts of interest provision.

With respect to standard legal terms and conditions, other than the BRANY and the Western Agreements, none of the other agreements went into detail with respect to the insurance, indemnification, term and termination, choice of law, venue, and other miscellaneous provisions, including force majeure and survival. So we found that the agreements were deficient from that standpoint.

We have three recommendations – one, that the IRB Authorization Agreements that exist should be renegotiated as expired or amended to include the key contract terms that we described. Some of the IRB Authorization Agreements were signed almost ten years ago, three or four of them were nine years old. Recommendation two, that the services provided by the IRB should be reviewed, and we did that review. We already made a determination that only one requires a BAA, but there should be specific provisions in the agreement that make it clear what services they're providing so that if there's an audit, you can tell readily whether or not the services that require a BAA would be needed. Recommendation three is that all agreements should be reviewed by the Office of Legal Affairs before they are executed. Management agrees with the three recommendations, and management responds to also add that, with respect to the oversight of all human subject research, that the system follows all research policies and procedures. Then I just would like to also add that nothing in the report or nothing that the Office of Corporate Compliance found shows that there was any harm to any particular patients or any patient rights were, in any way, violated.

With respect to our summary of compliance report, we received eighty compliance reports for the second quarter, from April 1st to June 30, 2017. No Priority "A" reports. We had fifty-three Priority "B" reports and forty-one Priority "C" reports. Fifty-one percent of the reports come through our confidential compliance help line, which is anonymous if the reporter does not provide their particular name.

Moving along to the monitoring of excluded providers. As I discussed earlier, we perform exclusion searches on all workforce members and vendors on a monthly basis on two federal databases in the Office of Medicaid Inspector General state database.

Since the last time the Audit Committee convened, we have two reports to provide to the Audit Committee. On July 6th, the Office of Corporate Compliance was informed that a physician on the system's list of community physicians who referred home care patients to NYC Health and Hospitals at home was excluded by OMIG effective June 5, 2017, but this particular physician had not referred any patients to that home since 2016. So we do not have an overpayment with the respect to that particular provider.

The second incident, starting on June 22, 2017 when the Office of Corporate Compliance was informed that a health care professional at Gotham East New York Diagnostic Treatment Center was suspended for two months, effective May 24, 2017, but that provider, for whatever reason, came in the day of his or her suspension and saw three patients on that day. So we will have to make adjustments with respect to the billing with respect to those three patients.

We found no workforce members on the Death Masters list or on the Office of Foreign Assets Control list. Finally, this is a status update. We had to brief the Audit Committee in April and June on our compliance efforts with respect to our role in the Delivery System Reform and Incentive Payment Program as a PPS lead. We sent out attestations to our one hundred and ninety-three partners for them to complete regarding whether or not they performed compliance training, whether or not they were certified with OMIG and OIG, and whether or not they screened excluded providers. All one hundred and ninety-three have responded and provided the attestations back so we have a hundred percent rate with the respect to that regard. We're now doing analysis on the data we received.

One important point is that, eleven of the one hundred ninety-three have informed us that they do not screen their providers on a monthly basis with respect to exclusions. So we will be providing education to all the partners on their responsibility with respect to exclusions, and we will be following up with those eleven providers specifically to make sure going forward that they screen all of their providers.

We will report back to the Audit Committee on our risk analysis with respect to the data that we received in the attestations.

Mr. McNulty concluded his report and the Chair called for the executive session to be held. No further business was reported.

**Capital Committee – September 13, 2017****As reported by Mr. Mark Page****Committee Members Present:** Mark Pate, Gordon Campbell, Stanley Brezenoff**Vice President's Report**

Ms. Weinstein started her report by introducing the NYC Health + Hospitals Energy Team; Cyril Toussaint, Marcus Lewis and Diana Eusse. She credited them with the advances made throughout the system, in energy savings, both financially and functionally. Ms. Weinstein announced that Mr. Toussaint would be receiving the 2017 annual Energy Manager of the Year award from the Association of Energy Engineers, for Region 1. The award was presented annually to acknowledge an individual for outstanding accomplishments in promoting the practices, and principles of energy management, and development and providing superior service. These regional awards recognized achievements in energy throughout the country, and this year's honor would be presented to Mr. Toussaint on Tuesday, September 26, 2017.

Ms. Weinstein went on to overview the meeting agenda, which included; an extension of time for the current Arcadis and Parsons Brinckerhoff contracts, for FEMA related work; a license agreement with the Department of Health, for operation of programs at NYC Health + Hospitals / Woodhull and NYC Health + Hospitals / Cumberland; a no fee license agreement with the New York City Police Department; a license agreement with the United States Department of Justice; renewal of a license agreement for the Ida Israel Clinic; a new license agreement for Touro College at NYC Health + Hospitals / Harlem; request for project approval for the separation of power at NYC Health + Hospitals / Harlem; and a resolution regarding the procurement and outfitting of ambulances for the Fire Department of the City of New York.

That concluded her report.

**Action Items:**

*Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an extension of the existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of five years for an amount not to exceed \$1,277,702.94, which consists of the balance of funds left unused from the prior contract with these firms in order for such firms to continue planning and design services for Hurricane Sandy repair and mitigation projects.*

Roslyn Weinstein, Vice President, Operations, read the resolution into the record.

Ms. Weinstein noted that the subject contracts were utilized for FEMA related work, for which both firms had been integral in design of projects at all four effected facilities; NYC Health + Hospitals / Coney Island, NYC Health + Hospitals / Bellevue, NYC Health + Hospitals / Coler, and NYC Health + Hospitals / Metropolitan. She explained that the firms had been on board since immediately after Hurricane Sandy, and the breadth of their services was anticipated to be complete within the next three to five years. The requested approval was for a time extension only, as a portion of the originally approved funds were still available.

Mr. Page confirmed Ms. Weinstein's statements, noting that this approval did not involve a change in services, or additional funding, but was solely an extension of time, associated with the lengthy processes involved in FEMA related projects.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

*Authorizing NYC Health + Hospitals ("NYC Health + Hospitals") to execute a revocable five year license agreement with the New York City Department of Health and Mental Hygiene (the "Licensee") for use and occupancy of approximately 1,437 square feet of space and 1,305 square feet of space at NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Woodhull (the "Facilities"), respectively for the operation of the New York City Nurse-Family Partnership program (the "Program") at the rate of \$45 per sq. ft. for an annual occupancy fee of \$64,665 for Metropolitan and \$58,725 for Woodhull for a five year total of \$323,325 for Metropolitan and \$293,625 for Woodhull.*

Roslyn Weinstein, Vice President, Operations, read the resolution into the record. Ms. Weinstein was joined by Gregory Calliste, Chief Executive Officer, NYC Health + Hospitals / Woodhull and Tracey Green, Chief Financial Officer, NYC Health + Hospitals / Metropolitan.

Mr. Calliste explained that the Nurse Family Partnership program was operated by the New York City Department of Health, and not a Health + Hospitals program. Ms. Green noted that the program would operate closely with Obstetrics and Gynecology (OBGYN) at Metropolitan, providing services to new mothers and hopefully increasing workload in the department.

Mr. Page noted that the program was aligned with the mission of the system, and the Department of Health would be paying for the space they would be occupying.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

*Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a revocable license agreement with the New York City Police Department (the "NYPD" or "Licensee") for its continued use and occupancy of space of 50 square feet of space on the roof of the "N" Building to operate radio communications equipment at NYC Health + Hospitals/Queens (the "Facility") with the occupancy fee waived.*

Juan Izquierdo, Associate Executive Director, NYC Health + Hospitals / Queens, read the resolution into the record on behalf of Christopher Roker, Chief Executive Officer, NYC Health + Hospitals / Queens.

Mr. Page noted that there would be no financial consequence to the system.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

*Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room to house communications equipment at NYC Health + Hospitals/Coney Island (the "Facility") at an annual occupancy fee of \$9,299 or \$61.32 per square foot to be escalated by 3% per year for a five year total of \$49,370.*

Anthony Rajkumar, Chief Executive Officer, NYC Health + Hospitals / Coney Island, read the resolution into the record.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

*Authorizing the NYC Health + Hospitals (the "Health Care System") to execute a three-year revocable license agreement with the New York City Department of Housing Preservation and Development ("HPD") for the Corporation's continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the operation of the Ida G. Israel Community Health Center (the "Ida G. Health Center") managed by Coney Island Hospital Center (the "Facility") at an annual payment to HPD of \$130,000 for a total over the three year term of \$390,000.*

Anthony Rajkumar, Chief Executive Officer, NYC Health + Hospitals / Coney Island, read the resolution into the record.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.



*Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five year, revocable, license agreement with Touro College & University System (“Touro”) for full-time, use and occupancy of approximately 11,218 sq. ft. located on the 4<sup>th</sup> Floor of the Samuel Kountz Pavilion at NYC Health + Hospitals/Harlem (the “Licensed Space”) to operate the Harlem Hospital Center School for Radiologic Technology (the “SRT”) at an occupancy fee of \$47 per sq. ft. for a total annual amount of \$527,246 during the first year to be escalated by 2.5% per year.*

Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals / Harlem, read the resolution into the record.

Ms. Carrington shared a brief slide presentation providing background. She noted that the program had been conceptualized in 1975, and after an intensive accreditation process, opened its doors in 1990, to 15 students. It currently served approximately 263 multi-national students. The population served included all five boroughs, South Korea, Australia, Ireland, and the Caribbean. Ms. Carrington noted that the cost of the school of radiology, not including rent and other associated operational charges were \$729,570 and revenue was \$786,670. Those numbers lead the facility to seek an institution to take over the school, while not impacting the cost or quality of services, or demographic of students.

Ms. Carrington advised that valedictorians of the past ten (10) classes had all been hired at one of the eleven acute care facilities within NYC Health + Hospitals.

Gordon Campbell, Vice Chair, Acting Chairman of the Board, noted that the demographics were quite interesting. Ms. Carrington agreed.

Mr. Page asked whether the school was self-standing from the system. Ms. Carrington said they were on site but not operated by the facility.

Jeremy Berman, Deputy Counsel, Legal Affairs, said they were considered an independent operation.

Mr. Berman advised that the Vendex program, run by the Mayor’s Office of Contracts (MOCs), had undergone some recent changes, and as a result the agency requesting review no longer had the opportunity to perform a preliminary review of vendors. Historically, items that required Vendex approval would include a status of “pending” for items which had been submitted but were not yet approved. Being that documents would now be submitted directly to MOCs, future status stated in Committee and Board agendas would be “submitted” to reflect that documents had been filed for review. Mr. Berman advised that Touro College had completed and submitted necessary Vendex documents under the previous system, in May of 2017. Formerly that would require a Certificate of No Change, to extend approval, but it was unclear whether that process was still in place. Touro College would be permitted to resubmit documents through the new system.

Mr. Berman explained that a new process was still being finalized, and asked for the patience of the Board while a new process was being determined.

Mr. Page asked whether it was being requested that the item be approved, subject to Vendex approval, which was not yet final. Mr. Berman said yes. Mr. Page noted that was not out of the norm, being that items were historically approved with Vendex pending.

Mr. Campbell asked whether items could come back before the committee to state that Vendex had been approved by MOCs. Mr. Berman said that the MOCs terminology was “Vendex Filed” and that would be the information communicated to the Board. He noted that filing resulted in a Department of Investigation report, to be addressed by the requesting agency, and at that time the requesting agency may determine whether the vendor would be considered “approved”.

Stanley Brezenoff, Interim President, NYC Health + Hospitals, asked how the timeline for the new process would affect contract implementation. Mr. Berman said that implementation would proceed and all contracts would feature a clause stating that if final review of documents included a negative finding, then NYC Health + Hospitals would have the right to terminate the contract.

Mr. Brezenoff asked if this was a material change. Mr. Berman said not necessarily. The old process allowed us to operate simultaneously and we may still be able to do that. Mr. Berman advised that Health + Hospitals would have access to the

Vendex system to determine if submission had taken place. Salvatore Russo, General Counsel, said that it would be determined whether or not the agency would have access to submitted documents.

Mr. Page stated that the resolution being discussed could be moved forward, subject to positive conclusion of the Vendex review process, in whichever form that was to take, to be determined between the meeting date and the meeting of the full Board of Directors.

Mr. Berman said there was advantage to Touro College being the entity discussed, as they have agreements with the Department of Education and are a known vendor.

Mr. Campbell asked if Health + Hospitals were subject to Mayoral procurement rules. Mr. Russo said no, we have been able to create our own method of procurement, with exception to certain construction contracts. Mr. Campbell asked if in theory, Health + Hospitals could move forward without Vendex approval. Mr. Berman said he believed that the agreement to participate in the Vendex process was given to the City in exchange for some relationship with the Department of Investigations and NYC Health + Hospitals. Mr. Russo said they would look into the history.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration, pending determination of the Vendex review.

*Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$23,000,000 for planning, pre-construction, design, construction and construction management services necessary for the upgrade of the emergency power distribution system providing a Type 1 Essential Electrical System (the "Project") at NYC Health + Hospitals / Harlem (the "Facility").*

Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals / Harlem, read the resolution into the record. Ms. Carrington was joined by Louis Iglhaut, Assistant Vice President, Office of Facilities Development.

Mr. Page stated that this specific work as necessary and that there were other facilities that would require similar work in the future. He noted that project costs may be much higher at the other facilities, and asked that we consider spreading out these projects, while keeping in mind that patient safety is of highest importance. Ms. Weinstein agreed and advised that additional projects were already built in to the ten year capital plan.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

*Authorizing the New York City Health and Hospitals Corporation (the "System") to procure and outfit such ambulances in the System's name on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts as are, from time to time requested by FDNY provided that the System receives the required City of New York capital funding explicitly provided for such purchases; such authorization to remain in effect until withdrawn.*

Dean Moskos, Director, Office of Facilities Development, read the resolution into the record. Mr. Moskos was joined by Stephen Rush, Assistant Commissioner, Budget and Finance, Fire Department of the City of New York.

Ms. Weinstein explained that historically the Committee would see annual or semi-annual requests for procurement and outfitting but this standing resolution would provide approval for that action to continue, provided funding from the New York City Office of Management and Budget was in place, without presenting resolutions. Ms. Weinstein offered to include details in her meeting reports, if desired.

Mr. Page said that would be fine and acknowledged that the role of Health + Hospitals was strictly as a pass-through. Mr. Campbell agreed.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

There being no further business, the meeting was adjourned at 12:55 P.M.

**Community Relations Committee – September 5, 2017**

**As reported by Josephine Bolus, RN**

**Committee Members Present:** Stanley Brezenoff, Robert Nolan

Mr. Stanley Brezenoff, NYC Health + Hospitals Interim' President, chaired the meeting on behalf of Mrs. Josephine Bolus, NP, BC. Mr. Brezenoff noted that a quorum had not been established and deferred the adoption of the Minutes until the next meeting.

**Chairperson's Remarks**

Mr. Brezenoff began his remarks with a warm welcome to the first fall 2017 meeting of the Community Relations Committee of the Board of Directors. Mr. Brezenoff thanked all who attended the Annual Marjorie Matthews Community Advocate Recognition Barbecue that was held on July 18<sup>th</sup>. Mr. Brezenoff explained that the event is NYC Health + Hospitals' way of recognizing and thanking members of the CABs and Auxiliaries for their support. He added that more than 200 CAB and Auxiliary members, leadership and facility staff were in attendance.

Mr. Brezenoff reported that over the summer months, there had been many initiatives that were launched across the health care system to improve community wellness; visibility and to promote NYC Health + Hospitals' services. Some of these activities included:

- Staff participating in the Puerto Rican Day Parade and LGBTQ Pride Parades
- NYC Health + Hospitals/Coney Island, Metropolitan, Queens and Woodhull serving as "pop-up" enrollment host sites for IDNYC
- Hosting farmers markets at our hospitals and community health centers across NYC, until November, to promote good nutrition and healthy eating habits
- Back-to-School events to promote the importance of physicals and immunization for children, before the start of the school year
- Launch of a new series of Health and Wellness Educational Events throughout Queens through collaboration between Elmhurst Hospital and Queens Library
- MetroPlus opening a new community office in Morris Heights in the Bronx.

Mr. Brezenoff highlighted facility specific recognition and system-wide initiatives. Including:

- Elmhurst becoming the first hospital in Queens to receive "Gold" Safe Sleep Certification
- Woodhull becoming the first Brooklyn Hospital to receive Baby Friendly designation
- Our expansion of maternal depression screenings for pregnant women and new moms at all hospital-based pre-natal clinics and at Gouverneur. This is part of First Lady Chirlane McCray's ThriveNYC program to address mental health in the community. We expect to screen 15,000 patients over the next year through the expansion of the program.
- North Central Bronx becoming the first hospital in the Bronx to receive Certified Safe Sleep Designation from Cribs for Kids. According to Cribs for Kids, its National Safe Sleep Hospital Certification Program recognizes hospitals' commitment to making babies as safe as possible in their sleep environment and to eliminating as many sleep-related deaths as possible.
- Seven of our hospitals being recognized as a Best Hospital for 2017-18 for Heart Failure. Of those, three hospitals also earned Best Hospital for 2017-18 for Chronic Obstructive Pulmonary Disease (COPD) care. The rankings were published by U.S. News & World Report. Mr. Brezenoff presented the "high performing" public hospitals by borough as the following:

**Bronx:**

- NYC Health + Hospitals/Jacobi: Heart Failure
- NYC Health + Hospitals/Lincoln: COPD & Heart Failure

**Brooklyn:**

- NYC Health + Hospitals/Coney Island: COPD & Heart Failure
- NYC Health + Hospitals/Kings County: Heart Failure
- NYC Health + Hospitals/Woodhull: Heart Failure

**Queens:**

- NYC Health + Hospitals/Queens: Heart Failure

**Manhattan:**

- NYC Health + Hospitals/Metropolitan: COPD & Heart Failure

Mr. Brezenoff announced that NYC Health + Hospitals will once again partner with the Centers for Medicare and Medicaid Services to provide Health Insurance 101 Workshops at three of the health care system's facilities. He added that the workshops will cover Medicare Parts A, B, C, and D; Medicaid basics; preventive services and what's new for 2018 and beyond. These workshops will be held on:

- Tuesday, October 17, 2017, 8:30 AM – 1:00 PM at Kings County
- Wednesday, October 25, 2017, 8:30 AM – 1:00 PM at Lincoln
- Wednesday, November 15, 2017, 8:30 AM – 1:00 PM at Bellevue

Mr. Brezenoff concluded his remarks by asking all CAB Chairs to please save the date for this year's annual CAB Conference. He added that this year's Conference will be held on Thursday, November 2<sup>nd</sup> at Baruch College, and that details on this year's conference would be forthcoming.

Before moving the agenda to the CAB's annual reports, Mr. Brezenoff informed members of the Committee, CAB Chairs and invited guests that due to a conflict Joseph Tornello, CAB Chairperson, NYC Health + Hospitals/Sea View was unable to attend tonight's meeting and his report was included in the packet of materials for all to read at their leisure.

**Community Advisory Board (CAB) Annual Reports**

**NYC Health + Hospitals/Coney Island**

Mr. Brezenoff introduced Ms. Roseann Degenarro, Chairperson of NYC Health + Hospitals/ Coney Island CAB and invited her to present the CAB's annual report.

Before presenting the CAB's report Ms. Degenarro conveyed Coney Island's CAB appreciation for Mr. Alvin Young's many years of dedicated services. Ms. Degenarro noted that the CAB will miss Mr. Young who willingly shared a wealth of knowledge and information. She added that the CAB wishes him all the best in his future endeavors.

Ms. Degenarro began her presentation by greeting members of the Committee and thanking them for the opportunity to present. She continued and acknowledged Anthony Rajkumar, Chief Executive Officer, Mei Kong, Chief Operating Officer, Lakeshia Weston, CAB Liaison and the leadership for their dedication and commitment to the CAB and the Coney Island community. Ms. Degenarro gave the following report:

Since the CAB's last report, Coney Island Hospital had received the following awards:

- Level III Patient Centered Medical Home ( PCM H)
- Gold+ Award for the management of stroke patients from the American Heart Association
- Gold Safe Sleep Hospital Certification recognition -the highest award form Cribs for Kids' National Safe Sleep Hospital Certification Program for its commitment to best practices and education on infant safe sleep. She noted that Coney Island Hospital is the city's first public hospital to receive "Gold" recognition.
- The hospital was recognized by US News & World Report as "high performing" for heart failure and COPD care.

Ms. Degenarro highlighted several new programs and initiatives during the past year:

- July 6, 2016 Ribbon Cutting Ceremony for the Emergency Department Critical Care Unit
- OB/GYN started a Women's Cardiovascular initiative to provide follow-up care for women with preeclampsia and eclampsia to minimize the risks of strokes and heart attacks

- Dec 6, 2016 – Launch of the Lactation Lounge for visiting mothers and employees. The President of Delta Children outfitted the lounge.

Ms. Degenarro stated that the hospital is continuing its work on the FEMA projects post Sandy. She highlighted the following projects:

- Construction for the Outpatient Radiology Department to be completed by the end of October 2017
- Construction of the 1<sup>st</sup> floor is near completion. This area will be occupied by staff who were located in Building # 6 (Human Resources, Payroll, PAGNY, and Engineer).

Ms. Degenarro stated that NYC Health + Hospitals/Coney Island persistently reviews the Patient Satisfaction Survey results. The biggest challenge is the inpatient area. She added that initiatives have been put in place to improve the scores.

Ms. Degenarro concluded her presentation by requesting that the NYC Health + Hospitals/Coney Island become a Level 1 Trauma Center. Ms. Degenarro continued and explained that it takes approximately one (1) hour to get to the nearest Trauma Center (Maimonides). She is aware that but stated that “It takes money, planning and time but aren’t the lives of those living and visiting Coney Island worth it?”

Mr. Robert Nolan, Committee member referred to page (7) of the CAB’s report and asked “what happened that improved the operations in the Emergency Department (ED)”?

Mr. Anthony Rajkumar, Chief Executive Officer, NYC Health + Hospitals/Coney Island responded that the opening of a new suite and increase in physicians helped to improve operations in the ED.

Referring to NYC Health + Hospitals/Coney Island becoming a Level 1 Trauma Center, Mr. Bobby Lee, community resident, recommended that the CAB should raise the issue with their elected State representatives.

### **NYC Health + Hospitals/Jacobi**

In the excused absence of Jacobi CAB Chairperson, Mr. Silvio Mazella, Mr. Brezenoff introduced Ms. Sylvia Lask, Vice Chairperson and invited her to present the CAB’s annual report.

Before presenting Ms. Lask, on behalf of Jacobi’s CAB, expressed appreciation and gratitude for Mr. Young’s many years of dedication and commitment to the North Bronx community.

Ms. Lask began her presentation by thanking members of the Committee for the opportunity to present the Jacobi CAB’s annual report. She presented the following summary:

Ms. Lask highlighted special CAB sponsored events, supported by the facility which included:

- The Annual 9/11 Memorial event, which was attended by CAB members, community members, elected officials, district leaders, staff and patients. Ms. Lask added that the event was held at the 9/11 Jacobi Memorial Garden that was established and designed to pay homage to the Bronx victims of 9/11. She noted that this memorial garden is always accessible to the public.
- The CAB’s Legislative Forum, which focused not only on legislative and fiscal issues that impact healthcare, but also on the critical role public hospitals play in responding to emergencies and crisis.
- The CAB’s Annual Mental Health Conference, which focused on access to safe and supportive housing for those with mental illness. Ann Sullivan, MD, Commissioner, NYS Office of Mental Health, provided opening remarks.

Jacobi’s unique "Stand up To Violence" program, a partnership with Senator Klein, is the first hospital-based cure violence program in New York State. Ms. Lask added the program sends messengers into neighborhoods where gun violence is high to educate and intercede.

Ms. Lask reported that the significant health issues facing the North Bronx community include obesity, diabetes, asthma, mental health issues, gun violence and opioid abuse. The CAB learned about these serious illnesses and the hospital’s scope of services and unique programs to address these and other health issues at the CAB’s monthly meetings. She added that the

CAB is kept informed of Jacobi's Comprehensive Addiction Center's services and the community outreach efforts to promote awareness.

Ms. Lask concluded her presentation by stating, "The CAB is proud of Jacobi's long history of medical accomplishments and innovations, unique services and programs, and staff who are dedicated, knowledgeable and compassionate."

Mr. Nolan referred to page (3) of the CAB's annual report and noted that the most frequent complaints raised included wait time in the ER for relatively minor illnesses.

Mr. Christopher Mastromano, Chief Executive Officer responded and noted that NYC Health + Hospital/Jacobi had experienced a staffing issue.

Mr. Lee complimented NYC Health +Hospitals/Jacobi on its new 3D imaging technology.

#### **NYC Health + Hospitals/North Central Bronx**

Mr. Brezenoff introduced Ms. Esme Sattaur-Low, Chairperson of NYC Health + Hospitals/ North Central Bronx and invited her to present the CAB's annual report.

Ms. Sattaur-Low began her presentation by thanking members of the Committee for the opportunity to present. Referring to the former NYC Health + Hospitals' network structure, Ms. Sattaur-Low informed the Committee that the NCB CAB over the past had been focused on becoming an independent CAB. Ms. Sattaur-Low continued and the following overview was presented:

- The most significant health issues in the North Bronx community continues to be diabetes, high blood pressure, obesity and mental illness. Ms. Sattaur- Low stated that to deal with these health issues, the hospital's leadership encourages each department to do educational outreach. She explained that clinical staff would go to various community events passing out educational material that teaches healthy nutrition and provide blood pressure screenings in addition to referrals. Ms. Low added that information about how to get health insurance is also provided.
- NYC Health + Hospitals/North Central Bronx wants to be one of the safest hospitals in the nation; therefore, the leadership holds daily safety huddles to discuss any and all issues that affect patient safety.
- During regularly scheduled monthly meetings, the hospital leadership update the CAB members on any new facility plans and programs. Ms. Sattaur-Low noted that at these meetings, the CAB also discuss patient satisfaction, appointment availability and cycle times.

Ms. Sattaur-Low concluded her presentation by informing members of the Committee that in the coming year, CAB members and leadership look forward to recruiting and filling the CAB vacancies, and to establish North Central Bronx's committee structure.

Mr. Nolan informed Ms. Sattaur-Low that he would assist the CAB in their recruitment efforts by reaching out the Bronx Borough President's office for support.

#### **NEW BUSINESS**

Mr. Ludwig Jones, Chairperson NYC Health + Hospitals/East New York, commented on the issue of behavioral health and children.

Mr. Brezenoff informed the Committee, CAB Chairs and invited guests that NYC Health + Hospitals is the single largest provider of behavioral health services in the City. He noted that the Mayor has made a commitment and working very closely with the NYC Department of Health and Mental Hygiene to address the issue. Mr. Brezenoff noted that no other City comes close to what New York is doing.

Mr. Ed Shaw, Chairperson NYC Health + Hospitals/Metropolitan announced that he attended the NY Association on HIV over 50 Conference in Washington D.C. Mr. Shaw stated that the conference was well attended and informative.

For the purpose of sharing information, Mr. Shaw distributed information on the Fully Integrated Duals Advantage (FIDA) - A New Choice for Adults with Medicare and Medicaid Booklet.

**Finance Committee – September 13, 2017****As reported by Mr. Bernard Rosen****Committee Members Present:** Bernard Rosen, Gordon Campbell, Stanley Brezenoff, Helen Arteaga Landaverde, Barbara Lowe, Mark Page**SENIOR VICE PRESIDENT'S REPORT****P.V. ANANTHARAM**

Mr. PV Anantharam began his report noting that in the two months since the last meeting, it has been a stable period with upcoming challenges. Health + Hospitals made inroads into its global FTE targets with an approximate 300 decrease in headcount since July, and is on track for the FY18 targets. Similarly, there has been a lot of work on revenue cycle, and Health + Hospitals is on track to meet those targets as well. There will be action items later in the meeting on procurement – OP-100 and supply chain work, as well as a presentation on short-term borrowing.

Health + Hospitals ended July with approximately \$400 million with an increase in August. Earlier in the fiscal year, Health + Hospitals paid its obligations to the City, including Malpractice and Retiree Health, for total payments of approximately \$234 million. This still left Health + Hospitals positive by about \$470 million. Mr. Page asked what the positive meant, and Mr. Anantharam answered that even with all those payments, Health + Hospitals ended the month in a positive cash position. Mr. Page asked if the payments were for FY18, and Mr. Anantharam noted they were for FY17. With no further questions, the reporting was concluded.

**KEY INDICATORS REPORT****KRISTA OLSON**

Ms. Krista Olson began reporting on FY17 utilization through June compared to the prior year. Starting with Acute Care Hospitals, ambulatory care visits are down by 4.9%. This remains a similar decline compared to last year, and consistent with the last report. These declines are across most facilities and across nearly all services – including the emergency department, primary care, behavior health, and most specialties.

Ms. Olson reported that inpatient discharges are down by 2.6%, and that the May report showed a decline of 2.5%. This has been stable in terms of the rate of decline. The average length of stay compares facilities against the system-wide average. Elmhurst and Kings County continues to show the largest variance greater than the average, of 7/10ths of a day. This is driven primarily by the discharge and transfer of a number of very long-staying patients out of the acute care setting into post-acute services as a coordinated effort to move them into a more appropriate and less expensive level of care.

Finally, case mix index is up by 3.39% against last year at this time. Gotham Diagnostic and Treatment Center visits continue to decline, with visits down 7.5% compared to this time last year, and the May report was similar at 7.4%. Renaissance remains particularly steep, but declines are also quite large at Belvis and Cumberland. Continuing their positive trend, Post-Acute Care services ended the year up by 2.7% with May similar at 2.8%, with the opening of new beds at Gouverneur and Coler/Carter. With no further questions, the reporting was concluded.

**CASH RECEIPTS & DISBURSEMENTS REPORT****MICHLINE FARAG**

Ms. Michline Farag reported that FY17 closed with a global full-time equivalent (FTE) decline of 2,467 fiscal year in June 2017 compared to June 2016, exceeding the fiscal year-end target by 1,017. Since November 2015, there has been a decline of approximately 4,000 FTEs.

For FY17 through June, receipts were \$12.3 million less than budgeted, which is a significant improvement of over \$100 million since January, due to the revenue cycle initiatives implemented in the second half of the fiscal year. Disbursements are \$10.2 million better than budget. For the comparison of FY17 actuals to FY16 actuals for the full fiscal year, the overall receipts in FY17 are \$30.6 million lower than last year which is a less than 0.5% variance driven by the decrease of \$143.7 million seen in the Grants/Tax levy line. The \$143 million is comprised of two parts, a large Grant amount of \$403 million that was received in FY17 for Care Restructuring Enhancement Pilot (CREP) and Value Based Payment Quality Improvement Program (VBP QIP), and that is offset by City Tax Levy advances across the fiscal years and one time City Subsidy in FY16.

Inpatient receipts are down \$67.1 million versus last year due to 2.6% decline in discharges while outpatient receipts are up \$95.2 million primarily due to increased risk pool distributions of \$108 million. In terms of disbursements, Health + Hospitals is \$236 million lower this fiscal year, \$309 million of that is a payment made to the City in FY16 for FY14. This is offset by a \$79.6 million increase in PS due to FY17 having an extra payroll of \$92 million as well as collective bargaining received in FY17 offset by staffing reductions.

For FY17 actual receipts and disbursements against budget, starting with receipts, the variance against budget continues to decline. The receipts variance are down to \$12.3 million due to the revenue cycle improvements previously noted. On the disbursements side, overall, Health + Hospitals is \$10.2 million better than budgeted.

Mr. Page asked about the City collective bargaining for FY17, and whether it was a commitment made by the City in the last round of bargaining increases. Mr. Covino answered that it follows the pattern, approximately 10% funded by the City over a number of years. Mr. Page noted it was a real commitment that is in the budget, and is one kind of City payment that is a legitimate revenue ongoing. Mr. Page asked about the adjustments back and forth and how up-to-date Health + Hospitals is on City payments. Mr. Anantharam answered that the payments could be charted out, including obligations to the City and laid out by facility, and Mr. Campbell noted that would be helpful. With no further questions, the reporting was concluded.

## **PAYOR MIX REPORT**

**KRISTA OLSON**

Ms. Olson began reporting on the Fiscal Year 2017 year-end payor mix report. Compared to previous quarterly reports, the FY17 payor mix appears to have stabilized compared to FY16. Medicaid overall remains only slightly down compared with FY16 but shows the continued shift from Fee for Service to Managed Care. Medicare plans are up slightly.

The uninsured is up by 3/10ths of a percentage point. Earlier reports showed uninsured up by well over a percentage point, suggesting that efforts to focus on inpatient applications have been successful. Outpatient Adults are also down in Medicaid, again entirely in Fee for Service offset by an increase in Medicare. Otherwise the payor mix here is consistent with the prior year, and the uninsured percentage holds fairly constant.

Finally, outpatient pediatrics similarly shows a slight decline in Medicaid of 1.1 percentage points and uninsured by 6/10ths of a percentage point, offset by a positive increase in the commercial visits, both in Child Health Plus and non-Child Health Plus. Ms. Arteaga Landaverde asked if the figure of the uninsured children was due in part to the gap period. Ms. Olson answered that anecdotally that families may not provide information for insurance enrollment. Ms. Olson continued that confirmation would be provided, but thought that eligibility was through 18 years of age, and that the report covers through 19 years of age. With no further questions, the reporting was concluded.

## **SHORT TERM FINANCING**

**LINDA DEHART**

Ms. Linda Dehart provided a status report on short term capital financing. Through resolutions passed in July 2013, April 2015, and September 2015, the Board authorized equipment and other short term financing up to \$120 million, with the goal of allowing the system to establish a flexible short term financing program with as needed access to capital funds from one or more banks over multiple years. There are two programs – one with JP Morgan Chase for up to \$60 million worth of primarily equipment purchases that closed on July 9, 2015, after development of a secondary Health Care Reimbursement Revenue lien security, and a second with Citibank for up to \$60 million worth of mostly routine renovation and IT projects closed on October 14, 2015.

The JP Morgan Chase loan had an initial drawdown of \$10 million on July 9, 2015 with vouched funds of approximately \$57.59 million. The average variable rate during the drawdown period to August 1, 2017 was 1.1687%. The final variable rate was set at 1.6270% prior to the fixed rate conversion. On August 1, 2017, the \$60 million outstanding loan was converted to a fixed rate at 2.0880% with a final maturity date of July 1, 2022. The encumbrances as of August 14, were approximately \$1 million more than the vouched funds and are working with Office of Facilities Development (OFD) to finish out the funding.

The Citibank loan was a three year revolving loan that was issued in October 2015 with approximately \$10 million drawn. Vouched funds were approximately \$40 million with a little over \$48 million in encumbrances as of August 14, 2017. This variable rate revolving loan is indexed to Securities Industry and Financial Markets Association (SIFMA), with a maturity date of October 14, 2018. The average rate during the drawdown period was 1.2312%, and the rate has been inching up and is up to 1.57%. At the last report, it was shared that discussions had begun about a replacement loan. The Citibank replacement loan is projected to close in October 2017, and is to repay the outstanding \$10 million loan and to retain \$50 million for financing needs. The loan is split into two parts. One is a fixed rate loan, up to \$30 million with a five year maturity and 1.89% indicative rate as of August 23, 2017 tied to five year MainStay Defined Term Municipal Opportunities Fund (MMD). The second is a variable rate loan up to \$30 million with a five year maturity from drawdown, with a drawdown in \$1 million or more tranches, and a 1.38% indicative rate as of August 23, 2017 tied to weekly SIFMA index.

Ms. Lowe asked if the loans were reflected in the budget, and Ms. Dehart confirmed the debt service was in the financial plan. Mr. Page asked if the loans were for equipment with less than a five year useful life. Ms. Dehart answered that it was typically for equipment and IT with an expected five to seven year life. Mr. Page asked if it was not used for anything shorter



than five years. Ms. Dehart answered that that would be confirmed against the list. Mr. Page asked about the difference between vouched and encumbered, and whether the latter was above and beyond for what is vouched for. Ms. Dehart noted it was inclusive. Mr. Page asked if there was another \$8 million above what has been vouched for with respect to the Citibank Loan, and asked about whether vouched amounts represented advance spending of Health + Hospitals cash against the \$120 million loan availability. Ms. Dehart confirmed yes. Mr. Page noted that Health + Hospitals was essentially reimbursing itself, and Ms. Dehart answered affirmatively. Mr. Rosen asked about the \$120 million referenced on the first page, and whether the entire \$120 million has been drawn down. Ms. Dehart noted that arrangements have been made for the entire amount to be drawn down over time. In terms of amounts, there has been a drawdown of \$60 million for the JP Morgan loan and \$10 million for the Citibank loan, and at closing, there would be a net drawdown of \$20 million for a total of \$30 million for the Citibank loan. Mr. Page asked about the drawdown and confirmation that it was for expenditures already made so that Health + Hospitals would not end up with cash for capital versus interest earned in having money in the bank. Mr. Rosen asked if the loan programs were used by institutions. Ms. Dehart confirmed that it was and that there was a great demand on capital projects, equipment and IT, with a faster rate of spending than in the past. Mr. Anantharam noted that when the funds were borrowed, Health + Hospitals did not have as much access to City capital funds. Mr. Page noted that Health + Hospitals was not borrowing as much as it was spending, and Mr. Rosen noted that there was a need and the funds are being used. Mr. Page noted that it is holding aside City versus Health + Hospitals debt, and what entity should be borrowing and the structure of the debt. With no further questions, the reporting was concluded.

### **Action Items**

There were two resolutions for the members to hear – OP 100-05 and Huron Consulting.

#### **OP 100-05**

Mr. Paul Albertson and Mr. Jeremy Berman presented:

*Resolution to adopt a Second Revised Statement of Board Policy for the Review and Authorization of Procurement Matters ("Second Revised Statement") by the Board of Directors (the "Board") of New York City Health and Hospitals Corporation (the "System") and directing the President of the System to prepare a revision of Operating Procedure 100-05 to implement such Statement of Policy.*

Mr. Rosen brought a motion to discuss, and it was seconded and approved.

Mr. Albertson reported that OP 100-05 had been discussed at the July Finance Committee, and that the resolution had been tabled to have the questions addressed for the re-discussion. Supply chain initiatives for the last few years have focused on centralized procurement in terms of standardized goods, supplies and equipment. New PeopleSoft technology has been implemented to facilitate inventory management, low units of measure, and move from "just in case" to "just in time" deliverables and quantities.

The current OP 100-05 was written to reflect the decentralized Health + Hospitals network model. The procedure has processes that are no longer accurate. Normally, the President with Senior Staff implements OP revisions. The difference with the existing operating procedure is that in 2013, the Board adopted a Procurement Policy Statement which essentially contains the entire OP 100-05. To enable the President to adopt a revised operating procedure, the Board is being asked to adopt a revised Policy Statement. The limitations of OP 100-05 are that it does not match the current state of fewer and larger contracts, does not satisfy the City Comptroller, requires President's Deviation for routine matters, does not allow for modern sourcing methods, and prolongs the contracting process.

Modernizing contracting and OP 100-05 facilitates uniform contracting, flexible contracting, and sensible contracting while applying due diligence standards for routine contracting, raising the Contract Review Committee threshold from \$100,000 to \$1 million, and raising the Board threshold from \$3 million to \$5 million. Mr. Albertson noted that raising the thresholds was one of the issues raised at the last discussion and was being revisited at this discussion.

Mr. Albertson continued that the controls were reviewed and revised as to what was going to be implemented. These controls include a supply chain manual jointly approved by Supply Chain Services (SCS) and the Office of Legal Affairs (OLA) with detailed procedures, processes, and controls. Another control is a contract control sheet that is an auditable control for every contract detailing its procurement history, and requires SCS and OLA sign-off for each contract; no contract number can be assigned without this control sheet. There would be departmental audits which includes a review of every transaction between \$100,000 and \$1 million that is not procured by traditional methods by non-sourcing personnel. These audits would be summarized monthly and provided to the Internal Audits Office. Mr. Albertson noted that internal audits would be

performed semi-annually and reported to the Audit Committee. Mr. Albertson reported that there also had been a meeting with Mr. Campbell, Mr. Brezenoff, and Mr. Rosen to discuss the increased controls with a revised policy. Mr. Campbell added that there would be a standardized report to the Board, with all new contracts, including vendor, contract value, and contract description, and that if there were any issues that would be built into the reports. Ms. Lowe asked if the contract values was an issue raised in the last discussion. Mr. Rosen confirmed it was, and Ms. Lowe also noted that an issue from the last discussion had been the Board coordination and time to review contract actions.

Mr. Rosen asked what the departmental audits were, at one time, for less than \$100,000 or over \$100,000 – what is being done now versus what would be done in the future. Mr. Albertson noted that there are two pieces. The operating procedure had been decentralized in the past with independent offices. The thresholds included up to \$3 million at facilities before it had to go to the Board. When procurement was centralized, eight independent purchasing offices were closed to drive standardized agreements that would encompass all twenty-one facilities. Therefore, this revision is seeking to raise thresholds so that corporate Supply Chain can procure for the system. The controls include audits as part of the controls, including periodic audits that would be presented independently to the Audit Committee. Mr. Rosen asked what is being audited – contracts over \$1 million, over \$100,000, or all the contracts. Mr. Berman reported that Internal Audit could audit all the activities of Supply Chain procurement.

Mr. Albertson continued the presentation which had an overview of other New York area hospitals with their requirements for Board approval, including NYU for contracts more than \$5 million, Northwell with no Board review and a review of contracts for more than \$10 million with the President, Presbyterian with Board approval requires dependent on materiality, and Mt. Sinai requiring Board approval for large construction projects. Mr. Albertson concluded the presentation with the proposed revised Board procurement policy statement, “Only include those matters that must be reviewed by Board, Enables President to revise OP 100-05 to meet operational state.”

Mr. Campbell noted that the Board statement right sizes the responsibilities of the Board vis-à-vis the management of these activities as to where they should be. Mr. Rosen asked about the changes to the proposed revised statement. Mr. Berman answered that it had been shortened without as much detail so as to not constrain the President and management to modify; the new statement has general policy goals about what comes before the Board. Mr. Rosen asked if a vote was being sought to adopt this statement, and that if this was adopted, it would go to the Board. Mr. Rosen asked what Health + Hospitals spends in procurement. Mr. Albertson answered approximately \$1.4 billion in expenses which includes all purchases. Mr. Rosen noted that the goal of this revision was to provide more flexibility. Mr. Albertson confirmed that it was, as well as to reflect centralized procurement and more flexibility with larger contracts to achieve savings. Mr. Berman noted that the roles of the network structure were obsolete. Mr. Rosen brought the motion to adopt, and a vote was done, with all in favor.

### **Huron Resolution**

Mr. Albertson and Mr. Graham Gulian presented:

*Resolution authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Huron Consulting Group Inc. (“Huron”) to provide consulting services regarding the System’s supply chain operations and other operations that impact Other than Personal Services (“OTPS”) costs over an eighteen-month period which are estimated to yield estimated ongoing and recurrent annual savings in OTPS expenditures ranging from \$69 Million to \$162 Million, for an estimated total compensation to Huron, not to exceed \$11.7 Million.*

Mr. Rosen advanced a motion to discuss, which was seconded, and affirmed.

Mr. Albertson provided an overview of the framework in which Health + Hospitals is engaged in a continuous, multi-year budget gap reduction process, is striving to appropriately transform itself to meet the changed and changing health care and reimbursement landscapes, and stay true to its mission. Foundational work includes investments in technology (PeopleSoft/ERP, EPIC Clinical and Financials), clinical services redesign and enhancing ambulatory care, revenue cycle standard work, and supply chain work.

Last year, Supply Chain saved \$64 million and the line of sight for FY18 is \$72 million. Even with that progress, Health + Hospitals identified the need to improve Supply Chain processes and reduce Other Than Personnel Spend (OTPS). An RFP was developed to select a partner to assess the savings opportunities against the \$1.4 billion in spend and to identify sustainable long-term opportunities. Huron Consulting was chosen as the partner to conduct this assessment. During this assessment for the past month, Huron interviewed over 50 staff and analyzed over 150 data files.

Huron has identified substantial opportunities for savings over a period of time. There are savings opportunities in every category that could lead to one hundred projects – including a range of physician specialty items or medical/surgical supplies. There is a big opportunity in pharmacy revenue because Health + Hospitals is providing care to many of the disproportionate share of the population who can access medications at a reduced rate with savings from the 340B program. The additional opportunity is in specialty meds as it has grown and become more expensive. Huron is skilled in the development of programs and infrastructure, including staffing and IT models, to capture significant revenue.

The implementation strategy has both long-term objectives such as reducing care variation, accurately ordering sets, and improving vendor performance, as well as short-term objectives of negotiating contracts and improving governance structure. There is a big focus on pharmacy to enhance the 340B program and develop specialty pharmacy. There will also be standardization of supplies and services across the facilities. The work is projected to take eighteen months with a focus on purchased services and IT, support services and facilities, human resources purchased services, physician preference and clinical supplies, lab blood and test utilization, and care variation management. Mr. Albertson provided a summary of the complexity of the initiative, implementation challenges, and confidence to reach the mid-point benefit by categories which also includes leveraging the current strengths and workforce of Health + Hospitals.

The projected financial opportunity is \$138 million to \$317 million over the next three years. Implementation would be across Health + Hospitals twenty-one entities with 42,000 consulting hours from Huron with approximately twenty dedicated on-site consultants. The fixed fee arrangement is based on achievement of milestones where consultant fees and out of pocket expenses will not exceed \$11.7 million. The three-year cumulative return on investment is between 11.7:1 and 27.1:1. The engagement is projected to break even by month eight of implementation in terms of cumulative financial benefits exceeding total fees.

Mr. Campbell asked how the \$11.7 million figure was set. Mr. Albertson answered it had been negotiated, with the starting figure being \$59 million, with the work that would be provided, including staffing and timeline. Ms. Lowe asked if the work was built on the Epic platform. Mr. Albertson noted that there will be integration with Epic, with ties to the clinical and revenue systems, and PeopleSoft HR and Supply Chain. Ms. Lowe asked if the Epic roll-out would dominate the direction of the Supply Chain work. Mrs. Albertson answered that there would be integration planning, and that they would be working with Sal Russo and Pam Saechow. Ms. Arteaga Landaverde recollected that Huron had experience with Epic, and Mr. Albertson confirmed that Huron had experience with both Epic and PeopleSoft.

Mr. Page asked about the three-year line chart which has work starting now, and whether the effort ends at that timeframe or if it is ongoing. Mr. Albertson answered the savings would be sustained beyond that, and the chart is a snapshot of the work for the next few years with the Huron engagement. Mr. Campbell noted that it would be helpful to have discussions with other systems and how the work is maintained after Huron leaves and the laser focus is gone. Mr. Albertson answered there had been discussions about sustainability and noted that there are diminishing returns over time on renegotiations on contracts as pricing can only go so low and the utilization of supplies and whether they are being used appropriately. PeopleSoft technology will standardize purchasing levels and utilization. Supply Chain is also working with Chief Nursing Officer Kim Mendez on use of supplies and standardization across facilities, reflecting the shared governance previously discussed. Mr. Brezenoff noted that there are plateaus over time, but that there also must be safeguards over slippage in terms of no erosion of standardization and maintaining practice, including inventories.

Mr. Rosen asked if starting at \$10.8 million in FY18 which carries over three years, so the second year has an increment of \$47 million, with the third year increment being \$11 million, with an assumption of no slippage with \$69 million going into perpetuity. Mr. Albertson answered affirmatively with the \$10 million repeating itself in the successive years. Mr. Rosen asked if the \$10 million was low because the work is just getting started, and Mr. Albertson confirmed that. Ms. Lowe asked about implementation and the ins and outs of some entities not participating. Mr. Albertson answered that it does not represent what Health + Hospitals is already doing in Supply Chain, including the FY18 \$72 million savings target.

Mr. Rosen asked about the annual savings opportunities on slide 4 and whether those were Health + Hospital estimates or Huron estimates. Mr. Albertson noted it was Huron's. Mr. Rosen asked about pharmacy revenue and whether it was to get people to use the pharmacy. Mr. Albertson noted yes, although it was a different model in the specialty pharmacy as there is a subset of very expensive meds that can be obtained at the 340B reduced price, where instead of the retail pharmacy being able to keep the difference, Health + Hospitals keeps the difference between what it costs at 340B pricing versus what a Managed Care or commercial plan pays. Mr. Albertson noted that there is an annual benefit to Health + Hospitals with a potential pool of 42,000 prescriptions that may have opportunity up to \$100 million, and if 10% is captured that would be \$10 million. Mr. Rosen asked about what Health + Hospitals was doing currently, and the \$60 million is reflective of Health +

Hospitals current initiatives. Mr. Albertson answered affirmatively and noted that the \$60 million will spill over to next year as well. Mr. Campbell requested a progress report in the third quarter, utilizing the chart in slide 4, as well as in the fourth quarter. Mr. Rosen noted that, without Huron, Health + Hospitals would achieve \$60 million on its efforts, and Mr. Albertson noted that it likely would be a bit more than that. Mr. Albertson also noted that Huron would be able to take Health + Hospitals further more quickly on certain initiatives due to their bandwidth and skill set. Mr. Rosen brought the motion to approve, and it was seconded and approved.

**Medical & Professional Affairs Committee – September 13, 2017**

**As reported by Dr. Vincent Calamia**

**Committee Members Present:** Vincent Calamia, Gordon Campbell, Stanley Brezenoff, Barbara Lowe

**Other Board Members Present:** Helen Arteaga Landaverde

**CHIEF MEDICAL OFFICER REPORT**

Machelle Allen MD, Chief Medical Officer, reported on the following initiatives.

**Behavioral Health**

The Office of Behavioral Health (OBH) is working on a system-wide clinical service plan for Behavioral Health services. The focus is on development of more ambulatory care services in collaboration with community partners and a reduction in acute care utilization. The goal is to meet the needs of the communities with increased access to the mental health services which have been proven to be most effective.

**Maternal Depression Screening:** Currently as part of NYC Thrive, all 11 acute care facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal rate is 94.2% and postpartum screening rate is 96.5%; rate of positive screen for prenatal is 7.7% and postpartum is 4.6%. Referral rate for those screening positive for evaluation for possible treatment for prenatal 79% and postpartum is 68.5%. Others are monitored within Maternal Health. We are developing systems and metrics to measure outcome of those referred for treatment.

OBH is actively working on substance use issues in our system specifically in conjunction with Healing NYC – focused programs that address the current opioid crisis in NYC. As part of that program, NYC H+H behavioral health initiatives include: judicious prescribing practices in emergency departments; increasing access to buprenorphine in primary care and emergency departments; increased distribution of naloxone kits to reduce fatal overdose; and establishment of addiction consultation team.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and The Bronx – are open to clinical services. The Manhattan, Brooklyn, and Staten Island sites are recruiting staff and hope to open early in the fall.

Safety in the behavioral health areas is a key priority. Aggression and violence are significant issues in this area that result in both patient and staff injury. OBH is working with facilities to implement best practice programs that provide screening and identification for the potential for violence as well as clinical programming to reduce aggression on the inpatient and emergency services. At the monthly Director’s Council meeting we continue to present best practice models to reduce episodes of violence and cases of staff or patient injury.

The Office of Behavioral Health continues to work on integration of care. In collaboration with One City Health, a consultant group is meeting with each facility to determine steps and needs to achieve co-location and other integration of Primary Care and Behavioral Health. In addition the Collaborative care model in primary care is being extended to maternal health sites.

The Office of Behavioral Health in collaboration with the Office of the Chief People Officer is working with facilities to offer training in Mental Health First Aid. This is a program of NYC Thrive that seeks to provide New Yorkers with the knowledge and skills to identify people with trauma and psychological distress, provide basic support, and refer to appropriate resources for more help and treatment. Health + Hospitals is sending staff from each facility to become trainers in Mental Health First Aid. Classes in Mental Health First Aid are currently being offered at the facilities.

**Delivery System Reform Incentive Payment (DSRIP) Program**

OneCity Health is continuing with efforts to enhance access to primary care for patients, and the range of services available to them.

- All 32 NYC Health + Hospitals primary care clinics that applied for PCMH status have now successfully achieved 2014 Level 3 certification, which is the highest level of recognition conferred by the National Committee for Quality Assurance (NCQA).

In July, OneCity Health hosted the latest Patient-Centered Medical Home (PCMH) Learning Collaborative, providing strategies to improve communication and coordination between providers, and implement systems to better share information. This learning session was a part of OneCity Health's efforts to assist 54 sites in the OneCity Health network toward achieving PCMH recognition, which drives transformation in patient care and improves coordination throughout its developing integrated delivery system.

- Sixteen NYC Health + Hospital facilities and six community partners are currently generating referrals from the primary care setting to OneCity Health partners with community health workers (CHWs). Since January 2017, OneCity Health partners have referred over 860 patients to Community Health Workers (CHWs), who have completed 529 home assessments.

Care management programs continue to expand across the OneCity Health network.

- Transition Management Teams (TMTs) continue to provide 30 days of supportive care management for patients at high risk of readmission across eight medicine and three behavioral health inpatient units, located across eight NYC Health + Hospitals facilities. To date, 1554 referrals have been made to the program, and 896 patients have graduated (completed all 30 days).
- The Health Home At-Risk program continues at 11 NYC Health + Hospitals facilities and two community partner primary care practices. In this program, primary care practitioners make referrals to care coordinators provided by OneCity Health's Health Home lead agencies.

OneCity Health continues to work with community-based organization (CBO) partners to prepare them for value-based payments and improving health outcomes. Throughout July, OneCity Health hosted a series of listening sessions in order to hear from CBO partners about their knowledge and understanding of the changing health care landscape. In addition, OneCity Health selected Community Service Society of New York as a technical assistance partner for CBO capacity building. Support will include providing social service partners with a variety of organizational and educational assistance.

Finally, in late June, NEJM Catalyst published an article by Jeremy P. Ziring, AB, Kathleen S. Tatem, MPH, Remle Newton-Dame, MPH, Jesse Singer, DO, MPH, and Dave Chokshi, MD, all of OneCity Health. Titled "Coverage Expansion and Delivery System Reform in the Safety Net: Two Sides of the Same Coin," the authors describe how maintaining—and optimally, growing—the insured population is crucial both to take care of those who are still uninsured, and for the system's transformation efforts. For example, they discuss how expanding access to high-quality primary care, with integrated behavioral health services, is a linchpin of delivery system improvement.

## Pharmacy

### **Antimicrobial Stewardship Initiative assures optimal antimicrobial therapy prescribing and reduces antimicrobial resistance rates:**

Misuse and overuse of antimicrobials is an enterprise initiative as patients infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays with higher morbidity rates. The NYC Health + Hospitals system selected ASP as the first quarter system wide performance improvement project with an aim to further establish Antimicrobial Stewardship Programs (ASP) to reduce adverse events associated with antibiotic use to optimize the treatment of infections. Each site completed an ASP self-assessment based upon the CDC core elements of performance, identifying what is going well as well as challenges and next steps. The project has now matured and remains an on-going system wide committee to share best practices across the system.

**Assures Judicious Opioid Prescribing as per HealingNYC Initiatives:** The office of Pharmacy is supporting the Office of Behavioral Health 4 – pronged opioid response as part of the Healing NYC Initiative. These include 1. Judicious prescribing, 2. Expanding treatment, 3. Standardizing ED Response, and 4. Overdose Prevention. The office of Pharmacy services is assisting in the planning and designing of reporting metrics and strategies to achieve Judicious Prescribing.

The collaboration thus far has resulted in development of process metrics, and quantitative metrics for the future development of a judicious prescribing of opioids dashboard for NYC H+H.

**Planning and design of expanded naloxone distribution program:** the office of Pharmacy services is developing and implementing a process for a hospital pharmacy's to serve as a central node of distribution throughout the facilities to clinics, the ED and other appropriate locations to facilitate the screening, distribution, counseling and reporting of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

- 10 acute sites and 5 DT&Cs are now OOPP enabling them to distribute naloxone kits
- Naloxone kits are being distributed through the Lincoln ED; A policy and procedure has been written
- Further work is being performed to establish work flows for other appropriate sites

Assuring EPIC systems functionality meets regulatory, safety and efficiency requirements. Supporting supply chain and McKesson's progress toward implementation of a Patient Assistance Program. Continuing progress toward a Standardized Formulary.

## **Accreditation and Regulatory Services**

### **Unannounced Mock Surveys**

The Office of Accreditation and Regulatory Services, as part of its ongoing practice and preparation to ensure continuous survey readiness at system facilities, conducted unannounced mock Joint Commission surveys at Carter and Coler facilities, who were surveyed by TJC earlier this year. Additionally, mock surveys were recently conducted at three of the facilities scheduled to be surveyed survey in 2018 – Coney Island, Kings County and Lincoln hospitals. SeaView's mock survey is being scheduled. The surveys provide a 'snapshot' of the state of readiness, are designed to identify opportunities for improvement in real time, address issues, provide opportunities for education and identify issues which may be system-related. A report on each facility's findings is in progress.

### **Patient Safety Culture Survey**

The Patient Safety Culture Survey was conducted at all NYC Health + Hospital facilities in July. The culture survey is a Joint Commission leadership standard requiring 'leaders create and maintain a culture of safety and quality throughout the hospital', using valid and reliable tools. Survey questions, based on the Agency for Healthcare Research and Quality (AHRQ) survey tool, are designed to assess an organization's culture of safety through feedback from staff and enables leadership to learn about staff perceptions of patient safety in their facility. Results of the feedback from the survey can be used to: Identify areas of strength and opportunities for improvement and/or re-evaluation; Benchmark improvements and measure/track organizational changes over time; Raise staff awareness about real and potential patient safety issues; Identify strengths and areas for patient safety culture improvement. Staff at all NYC H+H facilities (hospitals, post-acute care, diagnostic and treatment centers, and home health care), were eligible to take the survey. Preliminary results show that of 35,500 plus eligible staff, over 20,800 completed the survey, representing a 58% response rate.

### **Value Based Purchasing and Quality Improvement**

In order to transform NYC Health + Hospitals into a high performing health system, care will be standardized based upon evidenced based best practices in order to optimize quality and lower costs. Additionally, these activities will support the transition to value based payment models. NYC H+H is participating in a value based purchasing quality improvement program sponsored by DOH in which provides incentive payments to support financially fragile safety net hospitals. This five year program was launched in April 2015 with a goal of improving quality and financial stability. After diligent review of the DOH menu of metrics, H+H has selected: Catheter Associated Urinary Tract Infection Rate; Catheter Associated Blood Stream Infection Rate; 3-hour Sepsis Bundle; Hospital Acquired Pressure Ulcer Prevalence Rate; Follow-up after Hospitalization for Mental Illness; Diabetes (Hemoglobin A1c) control; System-wide improvement efforts will be developed for each of these initiatives.

### **Chief Nurse Executive**

Kim Mendez, Chief Nurse Executive, reported the committee of the following:

During the months of June, July and August, the Office of Patient Centered Care (OPCC) continued work focused on Nursing and system-wide strategic goals. The following report will highlight the work and achievements over the past three month period.

CNO Council Goals: Operationalize Nursing Philosophy and Culture of Care; foster nursing alignment and collaboration on the integration of care and system strategic imperatives; cultivate a system-wide plan and monitoring framework for Nursing Service fiscal contribution; financial structure and accountability; safe, efficient and effective use of human resources inclusive of standardizing and centralizing were appropriate; monitor and set expectations for continual performance improvement with regard to quality and safety outcomes; patient experience and staff engagement/development and, Integration of Information Services to support regulatory requirements; caregiver shared communication, and promotion of excellence in integrated care delivery and outcomes.

### **System Nurse Practice Council (SNPC)**

In partnership with NYSNA, monthly SNPC meetings have focused on embracing our system Nursing Mission, Vision and Values with concentration on Shared Governance as a framework for staff satisfaction, retention, quality outcomes and overall improved care experience. Based on the principles of partnership, equity, accountability and ownership, the SNPC has begun a journey to develop a framework for Nursing Shared Governance across the system. Goal is to finalize a system-wide Shared Governance framework by 4Q17 with a launch in 1Q18.

### **Nursing Professional Development**

Continuing Professional Education: NYC Health + Hospitals received Accreditation with Commendation for six years for the CME Program. An automation solution for tracking and support CMEs, CEUs, etc. is under review to streamline processes and gain efficiency in workflow. IPFCC (Institute of Patient & Family Centered Care); IPFCC Session on Leadership has been accepted for 8th Annual International Conference on Patient and Family Centered Care. Bellevue is submitting an abstract for session on LGBTQ PFAC for 8th Annual International Conference on Patient and Family Centered Care. IPFCC “Better Together” – Family as Care Partners Grant; IPFCC “Better Together” facility website review/update completed; PFAC’s in New York Survey Grant: New York Public Interest Research Group 73% participation from NYC H+H facilities. Wound Care Team is focusing on HAPU metric through their work on developing standard work for HAPU prevention and Wound Care management. Goal is 4Q17 roll-out. NYSNA /NYC Health + Hospitals partnership to provide Mental Health Certification training for RNs across the system. To date 49 nurses have completed the training in 2017. Goal is to have a two to three additional training dates by end of 2017. Development of system-wide standard core nursing orientation for new hires continues. Curriculum development, competencies, and location logistics are under development with a goal of 1Q18 roll-out for three pilot hospitals. All acute care sites contributed input to support high quality content, streamlining resources, and ensuring training opportunities can be accessed across the system. Additionally, there is collaboration with HR/Workforce Development to simplify system/general new employee training requirements and avoid duplicative training for nurses. IT solutions for some core mandates are being explored.

### **Social Work Council**

Newly developed Social Work Council will kick-off on August 30th, 2017 to provide Central Office guidance and support. Ms. Monefa Anderson, Sr. AVP will provide leadership and oversight. The role of Domestic Violence Coordinators and Social Work to provide enhanced Domestic Violence screening across the system for our patients is an early focus item for this group. In collaboration with OneCity Health/Social Work, a major DSRIP project is underway to transition to an e-referral system is underway. Training, kick-off and monitoring are key deliverables.

### **Care Management**

In partnership with One City Health, the Care Management Task Force has been concentrating on the development of care management delivery service with an enterprise focus to connect patients to the right care setting. A review of current care management programs, functions and roles across all care delivery sites is being analyzed and mapped to yield a care management model that is integrated and operationalized into standard workflow that yields a return on investment.

### **Patient Experience**

With a strategic goal of improving patient and family experience and engagement scores across all settings, the development of a charter, aim statement and project plans is being completed to include metrics and milestones over a 5 year plan. Key areas of focus include Ambulatory Care, Acute Care, Post-Acute Care and Metroplus. Metrics will be aligned with growth, value-based purchasing and national patient satisfaction benchmarks. To ensure integration of Patient Experience and Staff Engagement a Human Experience Council is being launched in partnership with Rosa Colon-Kolacko, Chief People Officer at NYC Health + Hospitals. Key to improving patient experience is improving staff engagement. The progress of the Patient Experience strategic goal initiatives will be monitored and supported by the Transformation Office.

### **Safe Patient Handling (SPH)**

System-wide Policy and Procedure final draft is for Committee approval on 8/24/17. Defined purpose of SPH Committees and Roles; Steering Committee- decision making; Champion Committee- facilitating and communication/subject matter experts; Hospital SPH Committee; implement Steering committee program; Tracking process for “pushing, pulling, lifting, carrying” incidents has been developed; SPH equipment Inventory Fairs to formalize product standardization will be held at Kings, Elmhurst, McKinney and Lincoln in August 2017 on 8/21, 8/29 and 8/30. Union partners involved.

### **OPCC Operations**

Developed and implemented standard work flow for hiring new agency staff. Goal in 2018 is to centralize agency staff procurement process. NYC Health + Hospitals Nurse Excellence Award Ceremony October 24, 2017 2pm-4pm Jacobi Conference Center. Blue Bin Super Mock events were held at Lincoln and Queens Hospitals in August. Nursing is a vital partner in this new Supply Chain standardization of supplies process. NYS Comptroller Office audit of Nursing Quality continues.

### **Live On NY**

First Project ECHO Clinic for Organ Donation nationally was held on June 16th 2017. The facilities involved included Lincoln, Bellevue, Kings, and Elmhurst. Lincoln Hospital had first Donor after Cardiac Death (DCD) on May 22nd, 2017. First ever for hospital; creation of LiveOnNY curriculum into our system-wide nursing orientation program; creation of Kings County Hospital donor council; Organ Donor enrollment day is scheduled for October 4th 2017.

### **Nursing Informatics/ Quality/ Infection Prevention**

CNO Quality & Operational Dashboards under develop for a 4Q2017 launch; Zynx Nursing Care Plans in development with EPIC users; Standard Work for CAUTI, CLABSI – Point Prevalence Studies are completed; CAUTI standardization of policies and products initiated; aligning with NYSPFP CAUTI initiatives; IP Site Visits – Elmhurst, Queens, Coney Island, Metropolitan, Kings County, Bellevue, NCB, McKinney and Coler completed. Revisits scheduled for McKinney and Coler; Special IP projects – Epic IP Module update available end of year; currently a project team is working with the 3 facilities to more fully develop the IP module; Collaborating with Emergency Management for standardization of PPE in all Emergency Rooms; Level 1 and Level 2 PPE will be available along with algorithms for emerging pathogens and communicable diseases; standardization of N-95 respirators.

### **Recent Achievements**

Coney Island Hospital was first hospital in NYC to receive “Gold” Safe Sleep Certification, the highest award of Cribs for Kids National Safe Sleep Hospital Certification Program (July 2017). Kings County Hospital received ACS Level I Trauma designation with no deficiencies. Queens Hospital was awarded a 2017 Gage Award for Innovation and Excellence from America’s Essential Hospitals for their Collaborative Care for Depression Program. Queens Hospital becomes first hospital in Queens to receive “Gold” Safe Sleep Certification, the highest award of Cribs for Kids National Safe Sleep Hospital Certification Program (August 2017). Metropolitan CNO Noreen Brennan, PhD, RN-C had two presentations at the 29th International Nursing Research Congress, hosted by Sigma Theta Tau International, the Honor Society of Nursing, July 27-31, 2017 in Dublin, Ireland. North Central Bronx received “Bronze” Safe Sleep Hospital award from Cribs for Kids National Safe Sleep Hospital Certification Program (August 2017). North Central Bronx was only hospital in the borough to receive the Patient Safety Excellence Award from the Agency for Healthcare Research & Quality (AHRQ). May 2017. Seaview was the proud recipient of the 2017 Intalere Healthcare Achievement Award. They submitted their project “Enhanced Interdisciplinary Palliative Care Services” in the Quality /Patient Care category. This is their third consecutive year to be given an award in this category. (May 2017)



**MetroPlus Health Plan, Inc.**

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of August 1, 2017, was 498,930. Breakdown of plan enrollment by line of business is as follows:

Medicaid	371,470
Child Health Plus	16,262
MetroPlus Gold	8,709
Partnership in Care (HIV/SNP)	4,182
Medicare	8,258
MLTC	1,648
QHP	8,093
SHOP	865
FIDA	187
HARP	10,279
Essential Plan	66,995
GOLDCARE	1,982

We are proud to report that MetroPlus received its highest score for this year's 2016 Part C & D Data Validation. With a score of 100% for reported data this year, we came in higher than the industry average for similar organizations. MetroPlus made a 5% improvement overall from last year's Part C measures and a 4% improvement overall from last year's Part D measures. This score is significant because it reflects our commitment to improving and implementing effective procedures to develop, compile, evaluate, and report information to CMS in a timely manner per agency requirements.

*Grand Openings*

In the past several weeks, MetroPlus held a grand opening ceremony at each of its new Bronx community offices (University Avenue and East Tremont Avenue). These locations were selected because they were identified as key potential growth areas for MetroPlus. Members of the public along with community leaders and elected officials were in attendance. Our Bronx sites will be open seven days a week and staff will primarily focus on marketing. However, they will also help individuals renew their coverage and answer questions from current and prospective plan enrollees.

*Retention*

In addition to enrolling new members, we have continued to focus on retaining our existing members, which is captured in the disenrollment rate. The disenrollment rate or the number of people who leave the plan over the total membership in the plan for Medicaid has declined each month for the year. In fact, for July, it was a low 3.74% and of those transferring from Medicaid to another line of business within MetroPlus, the rate was 3.49%. The H+H facilities with the lowest Medicaid disenrollment rates were Metropolitan at 2.91%, Bellevue at 2.94%, and Harlem with 3.00%.

While the disenrollment rate for Medicaid has been declining, the rate for the Essential Plan (EP) continues to be a concern. That rate for July 2017 was 8.71% and 8.15% if transfers are excluded. This is more than double the Medicaid rate. While some of the higher rate is people who are not paying their premium, most is from those who do not owe a premium. To help reduce the disenrollment rate, we have been increasing our outreach to MetroPlus members. Working with Lincoln Hospital, we recently hosted an EP member event where EP members from Lincoln were invited to attend presentations about our programs and services. Our rewards vendor, Finity, also helped enroll people in the program and explain the various benefits. As part of our overall outreach efforts, we will continue hosting additional member events in cooperation with other facilities.

Another area of concern for us is the impact of a new state review on our overall membership. The state announced that it was conducting an audit of individuals throughout New York who enrolled during the Special Election Period due to loss of prior coverage. Individuals subject to the review will have to provide evidence that their prior coverage was terminated. If they are unable to produce proof of loss of prior coverage, their Plan membership will be terminated. There are 7,000 people statewide subject to this review.

However, the state has not yet shared any details of this review and we do not know how many of the 7,000 can be expected to be MetroPlus members. The state has not explained how someone can satisfy the prior coverage requirement and what happens if someone cannot be contacted. They have also not provided plans with any lists with which to conduct outreach.

*Community Outreach*

We continue to connect with our members in the greater community in various ways, including seven dental screening events where we were able to evaluate 531 of our Medicaid members. As of June 30, nearly 2,500 MetroPlus members have received a dental screening at a community event. We held a teen health session at Lincoln Hospital with 200 attendees where we provided a Zumba class, conducted 120 dental screenings, and completed six annual well visits. MetroPlus and Lincoln further collaborated on a Back-to-School Immunizations Health Event in August. We also recently held a diabetic eye screening at our Brooklyn Community Office and provided personalized gap reports to over 90 members.

*Finity*

We continue to expand our rewards program with our vendor, Finity. To date, nearly 11,000 MetroPlus members have registered for the program, over 13,500 individuals have contacted the vendor's call center, and nearly 650 members have redeemed their rewards.

*State Policy*

Pharmacy update: "the state will help defray the cost of purchasing naloxone at pharmacies by contributing up to \$40 toward the co-pay, the governor's office announced recently. People with health insurance that covers prescription drugs will be eligible for state aid to buy naloxone, a nasal spray that can reverse the effects of heroin and opioid overdose, beginning on Wednesday. The program is funded through the state's Opioid Overdose Prevention Program. Insurers may limit the monthly amount of naloxone that a person can receive. The program does not cover uninsured patients, although they may be able to obtain the drug through other programs." (Politico)

*Federal Policy*

While attempts to repeal-and-replace the Affordable Care Act (ACA) in the Senate have stalled and discussions have turned to stabilizing the markets, many insurers are still concerned that the Administration will refuse to enforce the ACA's individual mandate and/or stop paying cost-sharing reduction subsidies. Thus, they will likely request higher premium rates due to the uncertainty, citing the Administration's "hostile policy messages" as basis for the rate hikes. (NYT)

**Information Item:**

Charles Barron, MD, Deputy Chief Medical Officer, Behavioral Health and Luke Bergman, Assistant Vice President, Behavioral Health presented the committee an update on Behavioral Health,. The overview was on challenges, service innovation and impacts. There was a discussion of the focus on inpatient, outpatient, readmission rates and ALOS in a behavioral health setting. He talked about ThriveNYC and HealingNYC.

## SUBSIDIARY BOARD REPORT

### **MetroPlus Health Plan, Inc. – September 19, 2017**

#### **As reported by Mr. Bernard Rosen**

**Chairperson's Remarks**

Mr. Rosen welcomed everyone to the MetroPlus Board of Director's meeting of September 19th, 2017. Mr. Rosen stated that there was a full agenda and turned the meeting over to Dr. Saperstein.

**Executive Director's Remarks**

Dr. Saperstein stated that MetroPlus' Deputy Chief Medical Officer, Dr. Kathie Rones, is retiring as of Friday, September 22, 2017. Dr. Saperstein introduced the Plan's new Deputy Chief Medical officer, Dr. David Collymore, who just recently started at MetroPlus.

Total Plan enrollment as of August 1, 2017 was 498,930 and as of September 1, 2017 it was a little over 499,000. When the Plan looked at the numbers over the past year, MetroPlus had a somewhat of a yo-yo in enrollment in that the Plan has 499,000 members at the beginning of the month and then the Plan receives about 4,000 to 5,000 retrospectives so that the

Plan has been hanging around the 503,000 – 504,000 mark for almost a year. Dr. Saperstein reported that the Plan is working on several initiatives to not only boost enrollment but to retain the Plan's current members.

Dr. Saperstein stated that the Plan scored 100% on its annual CMS data accuracy audit for Medicare this year, last year the Plan scored 95 – 96 percent.

In order to go after some zip codes where the Plan has not had significant membership, MetroPlus has opened up a number of community offices. Three are in the Bronx, one in a mall in Queens and a new location in Staten Island, all in the hopes of being more visible in the community and increasing membership. Dr. Saperstein stated that in looking at last month's retention, Metropolitan, Harlem and Bellevue only lost under 3 percent of the population but other facilities lost close to 5 percent. MetroPlus will be sharing this information with the various facilities. The Plan has a revolving door, it is bringing in close to 14,000 to 18,000 applications each month and we are losing 14,000 to 18,000 each month. Mr. Still asked if we had a contract that could help us with member retention. Dr. Saperstein stated yes, Finity was brought in to help with the voluntary disenrollment but most of our losses are involuntary disenrollment.

MetroPlus continues to do community outreach events. One of the things that the Plan did not do well on in QARR, even though it was the highest scoring plan in the State, was dental visits. As of June 30th, close to 2500 members have received dental screenings through one of the many community events the Plan has held. MetroPlus has partnered with Lincoln Hospital to do better in the measure of teen well visits. There was a Zumba class held at Lincoln Hospital and 200 teens attended.

Mr. Still asked about for clarification regarding the management indicator report attached to Dr. Saperstein's report. There is a section in the disenrollment's marked "unknown" and Mr. Still inquired why it is labeled that way. Dr. Saperstein stated that sometimes that indicates individuals that have moved out of state or that the Plan has not received a code from the State yet for these members so they remain unknown until the code is received.

There was a brief discussion regarding issues with individuals that MetroPlus has been paying for without being reimbursed by the State.

### **Medical Director's Report**

Dr. Schwartz reported that the Plan received its 2018 CMS Star ratings results and MetroPlus received 3 ½ Stars. This is an improvement from last year, receiving 4 and 5 Stars in 7 out of 9 categories and 4 Stars in both Part C and Part D quality improvement measures. CMS gives a significant weight to plans that improve from one year to the next. The Plan is shooting for 4 Stars and with the improvement from last year the Plan is on the right track. There were several process improvements on both the Pharmacy and Quality Management side. Mr. Williams asked which areas were on the low side for the Plan. Dr. Schwartz replied that it is in 2 areas that the Plan scored only 2 Stars, one is medication adherence and the other is patient satisfaction. There was a brief discussion regarding access and that people have to wait a very long time for an appointment and that leads to a low score in patient satisfaction.

Dr. Schwartz stated that there have been new challenges for the Plan regarding HEDIS/QARR. There were 3 new measures introduced this year around behavioral health that require follow up after an Emergency Room (ER) visit within 7 days. The Plan usually, through claims, is notified three to five months after the member has had an ER visit. Obviously looking through claims is not going to help with the new measures so the Plan is working with NYC Health + Hospitals to figure out what should be the real time alert system between the provider and MetroPlus. This is a very tight timeframe and will be quite a challenge.

Another development in the HEDIS/QARR area is that Telehealth is now considered as a valid event. Previously if a patient needed to follow-up with a Psychiatrist or Psychologist within 7 or 30 days they actually had to see the provider face to face. Now if they see the provider, same time frames, through tele-medicine that counts as a hit. The Plan just started working with One City Health to figure out how to collaborate and implement Telehealth to assist both members and MetroPlus to hit those measures.

Dr. Schwartz reported that the Plan launched a full-scale medication adherence program from a successful pilot developed last year. The program helps high priority members due for a fill to stay on therapy as well as assist non-adherent members with returning to therapies prescribed by their physicians.

Dr. Schwartz stated that Dr. Saperstein covered the member rewards program in his report so she would move on. Mr. Williams stated that in looking at the numbers on the rewards site it is very impressive and the Plan should be congratulated that over a quarter of a million-people visited the site.

The Plan has obtained NYC Health + Hospitals past appointment data feed and launched a post-visit telephonic member experience survey. There were 23,669 members outreached who had a PCP visit at a NYC Health + Hospitals facility and 24 percent, almost 6,000 people, responded. The members that were dissatisfied were identified and the Plan is sending those lists to the Customer Experience Officer in each of the facilities for them to take action and try and correct the dissatisfaction. Ms. Gillen asked if the facility will report back out regarding the outcome after receiving the data. Dr. Schwartz stated that the Plan is working with each facility separately to come up with a strategy.

There was a brief discussion regarding the survey questions and the patient's responses.

Dr. Schwartz reported that the biggest push that the Plan has experienced, since the last meeting, is with pharmacy. The Plan had a change in personnel, restructured the department and are investing resources in pharmacy. This is the Plan's biggest spend so it makes sense that there are investments made in this area. The 3 areas that are being focused on in pharmacy are custom criteria, formulary changes and service warranties.

Dr. Schwartz stated that, as reported in past meetings, behavioral health for children is now being carved in. The requirements were released and MetroPlus is feverishly working on meeting the State deadline which is October 31, 2017. This requires the entire company to come together to fulfill the requirements. There are 2 major obstacles that the Plan has with children's behavioral health. One is the requirements for the network, requiring the Plan to contract with providers it has never contracted with such as school based mental health clinics or foster care agencies. The other challenge is the need to significantly expand the Plan's Utilization Management operation to allow 24/7 coverage. Mr. Still asked if Beacon would be involved in the children's behavioral health program as it is with the adult population and Dr. Schwartz replied yes.

### **Action Items**

Before he read the resolutions Mr. Still stated that each of the following resolutions were reviewed in detail at the Finance Committee and in several of the cases the vendors were present for questions.

This first resolution was introduced by Mr. Dan Still, Chair of the MetroPlus Finance Committee

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus or the Plan") to negotiate and execute a contract with CrowdCircle dba HealthCrowd ("HealthCrowd"), to provide digital communications services for a term of three years with two options to renew for a 1-year term, each solely exercisable by MetroPlus for an amount not to exceed \$800,000 per year.*

Dr. Saperstein gave a detailed overview of the services that StayWell would be providing to the Plan. Mr. Rosen asked if the Plan has had experience with this vendor and Dr. Saperstein stated yes, they created health education brochures for the Plan in the past.

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

The second resolution was introduced by Mr. Still.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute contracts with eleven (11) recruiting firms to provide permanent placement recruitment services on an as-needed basis for MetroPlus. The firms are Health Research, RCM Health Care Services, Execu/Search Group, TekSystems, Cross Country, Momentum, Judge Associates, CES Staffing, Knapp, Response, and Noor. The contract 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 \$500,000 per year.*

Mr. Still stated that this resolution is pretty straight forward in the sense that it is only to be used for hard to recruit titles and on an as-needed basis. Dr. Saperstein stated that the Plan uses LinkedIn and many other sources to do recruitment so the Plan hopes that it will not come close to spending the not-to-exceed amount.

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

The third resolution was introduced by Mr. Still.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Integra Partners, to provide administration of Durable Medical Equipment (DME) Management 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 \$2.2 million per year.

Dr. Saperstein stated Integra is the DME IPA that the Plan has used. They have experience with most of the health plans in NYC managing the DME vendors. The Plan is currently doing it on its own and it is one of the most potentially abused services so this is an opportunity to have an experienced vendor manage the benefit for the Plan.

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

The fourth resolution was introduced by Mr. Still.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Tessellate, to provide Medicare coding validation/risk adjustment services for a term of three years with two options to renew for a one-year term, each solely exercisable by MetroPlus, for an amount not to exceed \$1,950,000 per year.*

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

The fifth resolution was introduced by Mr. Still.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Inovalon to provide coding validation/risk adjustment services for the ACA (Exchange) line of business for a term of three years with two options to renew for a one-year term, each solely exercisable by MetroPlus, for an amount not to exceed \$650,000 per year and for a pilot program for the Medicaid line of business for an amount not to exceed \$384,730 for a one-year term.*

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

The last resolution was introduced by Mr. Still.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Inovalon to provide HEDIS/QARR Software and Support services for a term of three years with two options to renew for a 1-year term, solely exercisable by MetroPlus, for an amount not to exceed \$600,000 per year.*

The adoption of this resolution was duly seconded and unanimously adopted by the MetroPlus Health Plan and Board of Directors.

**\* \* \* \* \* End of Reports \* \* \* \* \***

**Stanley Brezenoff**  
**NYC HEALTH + HOSPITALS**  
**INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**September 29, 2017**

**Federal Update**

The effort in Congress to pass the Graham-Cassidy bill, another Republican vehicle to repeal and replace the Affordable Care Act (ACA) appears to have failed. As of today we are just a few days before the September 30th end of the federal fiscal year, and its deadline for Republicans to take advantage of congressional budget reconciliation rules permitting enactment of legislation germane to the 2017 budget to be passed by a simple (rather than a 2/3ds) majority.

Graham-Cassidy calls for shifting the manner in which the federal government pays its share of Medicaid to a block grant, and gives states the option to include requests in block grant applications for waivers of the ACA's market rules on essential health benefits, the prohibition against medical underwriting, and the required medical loss ratio for plans and enrollees. Analysis of the bill's impact projects funding losses to New York State as high as \$45 billion by 2026.

The ground will continue to shift on federal health care policy, and Congressional efforts to disrupt the ACA, by cutting off cost sharing reductions to health insurers, and other means, will persist. In response, NYC Health + Hospitals' is working aggressively with the Mayor's Office, Hospital Associations and legislative allies such as Congressman Eliot Engel, to delay devastating cuts to Disproportionate Share Hospital (DSH) funding currently mandated under federal law. DSH is our primary source of federal funding.

**Dr. Mitchell Katz nominated to be next President and CEO of NYC Health + Hospitals**

As you know, the period of time for which I committed to serve NYC Health + Hospitals Mayor de Blasio as interim President and CEO is drawing to a close. I am very pleased that Mayor de Blasio has nominated an exceptionally skilled, experienced physician leader to run our essential public health care system. Dr. Mitchell Katz, a Brooklyn native, is currently the Director of the Los Angeles County Health Agency, which combines the Departments of Health Services, Public Health, and Mental Health into a single entity providing integrated care and programming within Los Angeles. The Agency has a budget of \$7 billion, 28,000 employees, and a large number of community partners. For the past five years, Dr. Katz served as the Director of the Los Angeles County Department of Health Services (DHS), the second largest public safety net system in the United States. Dr. Katz' nomination to serve as the next President of NYC Health + Hospitals is being taken up today by the Board of Directors.

**Comunilife and NYC Health + Hospitals Break Ground on Building to Provide Supportive and Affordable Housing in Brooklyn**

Last month I was delighted to join our partners at Comunilife, a leading not for profit affordable housing developer, on the campus of NYC Health + Hospitals/Woodhull for the groundbreaking of a six-story community residence with 89 units of supportive and affordable housing each with their own kitchenette and bathroom. Fifty-four of these studio apartments will be set aside for patients of NYC Health + Hospitals/Woodhull who have behavioral health issues, or are eligible for medical discharge but do not have permanent housing to which to be released. The remaining 35 units will be available to individuals whose income is at or below 60 percent of the area median income.

This facility is going to make a big difference in the lives of future residents with special needs, and for those who would otherwise be severely rent burdened. It helps our health system transform and modernize our delivery model by providing care for those who will live in the new units with more care in the most appropriate setting. It is also a welcome new engine for commerce in the community. NYC Health + Hospitals is proud to continue to support Mayor de Blasio's plan to build and preserve 200,000 units of housing in New York City.

**NYC Health + Hospitals Cuts the Ribbon on a Revitalized Health Center in Jackson Heights, Queens**

In keeping with our commitment to community-based ambulatory care, we recently held a ribbon-cutting ceremony to announce the opening of our renovated NYC Health + Hospitals/Gotham Health center in Jackson Heights, Queens. Funded with \$1.8 million through Mayor de Blasio's Caring Neighborhoods initiative, the upgrade converts a facility that previously offered only pediatrics, to one that now provides pediatrics plus a wider range of services, including women's health, behavioral health, adult primary care, and family medicine. The center will also serve the needs of the surrounding community by employing a full-time nutritionist and a bilingual social worker to support behavioral health services.

The revitalized health center features 13 upgraded exam rooms, new medical equipment and furniture, and an uplifting décor designed to create a welcoming environment for an anticipated 10,000 patients annually.

### **NYC Health + Hospitals Tackles the Special Behavioral Health Needs of Children**

Increasingly, NYC Health + Hospitals' leadership in pediatric behavioral health is being recognized beyond the public health and medical communities. Earlier this month the [New York Times](#) featured our expansion of mental health programs for children and adolescents. Preventative, diagnostic treatment, and training programs include Healthy Steps, 100 Schools and Project Teach address a range of pediatric behavioral health issues such as early childhood development in children who may have experienced toxic stress, better training of pediatric and adolescent providers on identifying and treating behavioral health conditions in primary care settings, and providing enhanced support in schools for students who have emotional, behavioral, or substance-use challenges. Each of these initiatives reflects the strength of our commitment to providing enhanced access to behavioral health services for children and adolescents.

### **U.S. News & World Report Names Seven New York City Public Hospitals Best in Heart Failure and COPD Care**

U.S. News & World Report (USNWR) gave NYC Health + Hospitals an important vote of confidence this month by recognizing seven of our facilities as 2017-18 *Best Hospitals* for the treatment of heart failure. Three of the seven facilities also earned 2017-18 Best Hospitals recognition for the treatment of Chronic Obstructive Pulmonary Disease (COPD) care. The annual Best Hospitals ranking, now in its 28th year, is part of U.S. News & World Report's patient portal, designed to help patients make informed decisions about where to receive care for life-threatening conditions or for common elective procedures. For the 2017-18 rankings, U.S. News & World Report evaluated more than 4,500 medical centers nationwide in 25 specialties, procedures, and conditions. In the Heart Failure and COPD categories, hospitals were evaluated on a number of different criteria involving patients 65 or older, and rated high performing, average, or below average. Congratulations and thank you to each of the named facilities for the hard work that the prestigious USNWR designation represents.

### **US News and World Report "High performing" public hospitals by borough:**

#### **Bronx**

NYC Health + Hospitals/Jacobi: Heart Failure  
NYC Health + Hospitals/Lincoln: COPD & Heart Failure

#### **Brooklyn**

NYC Health + Hospitals/Coney Island: COPD & Heart Failure  
NYC Health + Hospitals/Kings County: Heart Failure  
NYC Health + Hospitals/Woodhull: Heart Failure

#### **Queens**

NYC Health + Hospitals/Queens: Heart Failure

#### **Manhattan**

NYC Health + Hospitals/Metropolitan: COPD & Heart Failure

### **Improving the Health of the Elderly Black Population**

Last week, NYC Health + Hospitals/Harlem sponsored a conference titled *Improving the Health of the Elderly Black Population, a Multidisciplinary Approach*. A main theme was recognizing that this population, despite experiencing significant improvement in life expectancy, continues to be the least engaged and suffer from the worst health outcomes. Recommendations were generated for improving health outcomes within the elderly black population with the expectation that these will redound to the benefit of the wider elderly population in New York City.

The conference was a collaboration between Harlem's Department of Medicine interns and residents who trained between 1975 and 1985 under the leadership of Dr. Gerald Thomson, and current medical staff under the leadership Chief Medical Officer, Maurice Wright MD. Attending were 200 medical professionals from NYC Health + Hospitals acute care hospitals, ambulatory, community-based centers, Long Term Care centers, Home Care, Metro Plus and alumni. Especially appreciated was the keynote

address delivered by NYC Department of Health and Mental Hygiene Commissioner Mary Travis Bassett, MD, MPH. Dr. Mauvareen Beverley AVP, PA CO finance, organized the conference and gave a presentation on Patient Engagement and Cultural Competence and on the inclusion of the patient voice in working to improve health outcomes of the elderly black population.

### **NYC Health + Hospitals/Coney Island Is First Hospital in New York City to Receive “Gold” Safe Sleep Certification**

I am glad to report that three of our facilities, NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/ Elmhurst and NYC Health + Hospitals/ North Central Bronx have been recognized for their commitment to best practices and education on infant safe sleep. This is a vitally serious health concern: In New York City, sleep-related injuries remain one of the leading causes of death among infants.

Cribs for Kids—a leading national advocacy organization dedicated to preventing infant sleep-related deaths due to accidental suffocation—has awarded Coney Island and Elmhurst with “Gold” status, and NCB with “Bronze” status under its *National Safe Sleep Hospital Certification Program*. The facilities are recognized for their commitment to following guidelines recommended by the American Academy of Pediatrics and for providing training for parents and staff. Community outreach at the hospital includes pediatric health fairs, educational baby showers, Lamaze classes, and partnerships with local organizations to provide newborn supplies and car seats to patients. Few hospitals in New York City are recognized at any level by the program, and six are within our system, including NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Metropolitan, and NYC Health + Hospitals/Woodhull, each of which carry “Bronze” status./p>

### **William A. Brown Is Appointed Chief Executive Officer at NYC Health + Hospitals/Coney Island**

Last week we announced the appointment of William A. Brown as chief executive officer at NYC Health + Hospitals/Coney Island. With 38 years of health care leadership in the Midwest and East, Bill comes to the new role most recently from Louisville, Kentucky-based Baptist Health, a health system with eight acute-care hospitals, as well as urgent care and retail-based clinics, home health care, outpatient diagnostic and surgery centers, and a health maintenance organization. His extensive experience in the health care arena includes stints as Chief Executive Officer of VHS West Suburban Medical Center in Oak Park, Illinois, and VHS Westlake Hospital in Melrose Park, Illinois.

Mr. Brown was selected for this important role because of his success in filling many of the needs we have in Brooklyn. We’re pleased that he is looking forward to building on so much of the positive work already underway at the only full-service hospital for the 900,000 residents of southern Brooklyn, and we look forward to working with him.

### **Cutting-Edge Treatment for Severe Stroke at NYC Health + Hospitals/Kings County Is Saving Patients’ Lives**

NYC Health + Hospitals/Kings County’s award-winning Stroke Center has added a cutting-edge, minimally invasive surgical technique to treat acute ischemic stroke, which occurs when a blood vessel carrying blood to the brain is blocked by a blood clot. I’m pleased to report to the board that the first patient to undergo the procedure has been successfully treated.

Mechanical thrombectomy involves the insertion of a catheter through the patient’s groin and threading it into the artery where the blood clot is located. A device called a “stent retriever” is then inserted to trap the clot and pull it out through the catheter. The treatment has demonstrated a greatly improved success rate in the most severe cases of ischemic stroke over the use of blood-thinning medicine alone.

### **Helping to Meet the Transportation Needs of Elmhurst Patients**

NYC Health + Hospitals/Elmhurst has added two new shuttle vans to transport patients and staff to and from NYC Health + Hospitals/Queens. New York State Senator Toby Ann Stavisky sponsored a \$100,000 grant for capital improvements through the Dormitory Authority of the State of New York for the vans, which took their inaugural runs earlier this summer. The new vans make 18 scheduled trips throughout the day between the two hospitals, allowing patients (who receive care at both hospitals) and staff (who work at both locations) to more easily and efficiently move between the two sites, and they allow us to provide patients with improved access to medical care. We are deeply appreciative of Senator Stravinsky’s work on behalf of Elmhurst and the public hospital system.



## **NYC Health + Hospitals/OneCity Health Launches City-wide Program to Better Treat Kids with Asthma and Reduce Hospitalizations**

A key initiative to align the care we provide with the services offered by our community partners, OneCity Health has launched a population health and care management program designed to reduce avoidable hospitalizations among New York City children who suffer from asthma.

The home-based environmental management program assigns community health workers to visit homes to identify asthma triggers, reinforce strategies to help patients and their families maintain control over asthma, and supply free pillow cases, special cleaning supplies, and professional pest control services as needed. An initial 500 home assessments have been completed, with plans to expand the program to hundreds more children and families this year.

Through this initiative, we are doing a better job of connecting primary care physicians with community health workers and home remediation services, helping professionals across these organizations work together to care for patients with asthma. This is exactly the sort of transformational work that will strengthen our care continuum, increase access to health care services, and meet patients where they are in our future state.

## **Potential for Improved Medical Care and Diversion Opportunities among Arrested Individuals Demonstrated**

Vera Institute of Justice (Vera) and NYC Health + Hospitals' Division of Correctional Health Services (CHS) has announced findings from a 2015-2016 pilot program and study titled, *The Enhanced Pre-Arrest Screening Unit (EPASU): Improving Health Services and Diversion Opportunities in Manhattan Central Booking*. EPASU is an innovative strategy outlined by Mayor de Blasio's Task Force on Behavioral Health and the Criminal Justice System Action Plan, to increase diversion opportunities for people with substance abuse and mental health disorders, and reduce over-incarceration. It requires that prior to being arraigned, a person charged with a crime in New York City must go through a medical screening at one of four central booking facilities within the City to determine a defendant's health status and provide care if needed. This is a critical juncture in the adjudication process and opportune for prevention, intervention, and diversion.

Vera and CHS conducted a process evaluation of the pilot from May 2015 through October 2016. As of November 2016, the EPASU offered its services around the clock in Manhattan's Central Booking. The EPASU pilot was operational eight hours a day, five days a week. Since moving to coverage 24 hours a day, seven days a week, CHS has conducted over 35,000 screenings, referring approximately 25 percent for a more in-depth health encounter, likely avoiding an unnecessary hospital run. Results of the pilot demonstrate increased capacity to deliver medical care to people moving through the arrest-to-arrest process, coordinate health services across correctional and community settings, and bolster diversion efforts for people with behavioral health needs.

## **First Lady Chirlane McCray Launches NYC Unity Project, First Ever Citywide Commitment to Support LGBTQ Youth**

NYC Health + Hospitals is partnering with the City to help counter Federal policies that would exclude LGBTQ Americans from fuller participation in American life. Recently, First Lady Chirlane McCray launched the **NYC Unity Project**, the City's first-ever, multi-agency strategy to deliver unique services to LGBTQ youth. It unites 16 city agencies to offer new and enhanced programs and supports, including training and certification for more than 500 Health + Hospitals physicians, as well as a public awareness campaign centered on LGBTQ youth and their families. NYC Health + Hospitals will focus initially on three elements of the wider strategy:

- Partnering with The Fenway Institute/The National LGBT Health Education Center to launching intensive training for our Health + physicians in culturally competent LGBTQ health services. We anticipate 500 of our physicians becoming certified by the summer of 2018, sending a powerful signal to LGBTQ youth in need of care.
- Training 50 healthcare providers to provide clinical care – including transition care – to gender expansive youth throughout the city, and establishing emerging adult clinical programs that specialize in affirming health services for LGBTQ youth.
- Transforming health records to more accurately capture information about patients' gender identity and sexual orientation, including pronouns and other information that can affect quality of care.

## **NYC Health + Hospitals participates in City Hall in Your Borough/Manhattan**

As discussed in previous versions of my report to the Board, Mayor de Blasio has sponsored "City Hall in Your Borough" programs throughout the spring and summer. I'd like to highlight several of the ways in which NYC Health + Hospitals participated by

partnering with the Mayor and City agencies to improve the health of patients and communities during this week's "City Hall in Manhattan". Activities included:

- Announcement of capital funding from Borough President Gale Brewer's office to be used to improve patient care and experience at three Manhattan hospitals.
- City Hall Resource Fair at the Malcolm X and Dr. Betty Shabazz Memorial and Educational Center, 3940 Broadway. The health system will be represented by MetroPlus, various community outreach and local public affairs staff.
- Announcement that NYC Health + Hospitals/Metropolitan has been designated as a Diabetes Center of Excellence by the American Association of Diabetes Educators in recognition of the hospitals expertise in diabetes patient care and education.
- City Hall participation at NYC Health + Hospitals/ Bellevue's regularly scheduled Fresh Food Box program at which patients, employees, and other members of the community obtain locally grown produce at a reasonable price, combined with healthy recipes to prepare the produce.
- Reach Out and Read program where patients in the pediatric waiting room enjoy story-time reading as part of a weekly program.
- GirlTrek walk for health at NYC Health + Hospitals/Harlem with CEO Ebone Carrington and Commissioner Mary Bassett of the Department of Health and Mental Hygiene —involving a lunchtime walk for the Harlem community and hospital staff.

### **OneCity Health Update**

OneCity Health continues to help NYC Health + Hospitals and community partners build a foundation to integrate primary care and behavioral health.

- Ten pilot sites planning for co-location attended instructional webinars on the Co-Location of Primary Care and Behavioral Health Services; topics included implementation, operational measures, quality improvement, billing and screening tools.
- Through the 100 Schools Project, Mental Health Coaches are training staff to identify the early signs of mental illness and substance abuse, and to promote classroom wellness, at 43 New York City schools. The next 58 schools have been identified for implementation. The project was featured in the recent article New York Times article mentioned above titled [\*City Hospital System Is Expanding Children's Mental Health Programs.\*](#)

Through asthma education, intervention, and linkage to primary care teams, OneCity Health partners continue to improve pediatric health.

- Since January 2017, NYC Health + Hospitals and OneCity Health community partners have yielded a 62% conversion rate (up from 20% historically) between enrollment in a primary care site and a successful home assessment.
- Over 30 partners attended OneCity Health's latest asthma webinar, "Partnership in Care", which provided further education on utilizing a written Asthma Action Plan.

To begin to impact patients' social determinants of health, OneCity Health continued with trainings for its social service provider partners.

- OneCity Health has selected NowPow as its vendor for a Closed Loop Referral System, which will enable health care providers to refer patients to community-based organizations to meet their social support needs.
- An immigration attorney from LegalHealth trained 18 staff from NYC Health + Hospitals and other OneCity Health partners to help understand and make client referrals to legal and immigrant health-related services.
- OneCity Health social service partners are beginning to complete assessments which will help OneCity Health direct technical assistance resources and ensure partners' ability to improve patient outcomes within a value-based contracting environment beyond the DSRIP program.

**RESOLUTION**

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Huron Consulting Group Inc. ("Huron") to provide consulting services regarding the System's supply chain operations and other operations that impact Other than Personal Services ("OTPS") costs over an eighteen-month period which are estimated to yield estimated ongoing and recurrent annual savings in OTPS expenditures ranging from \$69 Million to \$162 Million, for an estimated total compensation to Huron, not to exceed \$11.7 Million.

**WHEREAS**, as part of the System's ongoing transformation substantial reforms and improvements have already been achieved in its Supply Chain Services division ("SCS") that, in FY 2017 yielded recurrent annual savings of \$64 Million with further savings already projected for FY 2018; and

**WHEREAS**, with increased manpower and expertise, SCS could achieve even greater savings for the System and could do so faster; and

**WHEREAS**, an assessment by Huron of current performance identified opportunities for a range of increased annual savings in OTPS payments managed by SCS and also by other parts of the System of between \$69 – \$162 million; and

**WHEREAS**, Huron was prequalified through an open competitive process to provide an analysis, of current SCS and other System operations that impact OTPS spending, to identify opportunities for further savings and to assist in implementing new contracts, systems and procedures to secure such savings from among four pre-qualified consultants; and

**WHEREAS**, Huron is considered an industry leader in supply chain performance improvement consulting with a track record of achieving savings at major health systems across the nation.

**WHEREAS**, the proposed contract for Huron's services will be managed by the Vice President for SCS.

**NOW THEREFORE BE IT:**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with Huron Consulting Group Inc. to provide consulting services regarding the System's supply chain operations and other operations that impact Other than Personal Services ("OTPS") costs over an eighteen-month period which are estimated to yield estimated ongoing and recurrent annual savings in OTPS expenditures ranging from \$69 Million to \$162 Million, for an estimated total compensation to Huron, not to exceed \$11.7 million over an eighteen-month period.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute an extension of the existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of five years for an amount not to exceed \$1,277,702.94, which consists of the balance of funds left unused from the prior contract with these firms in order for such firms to continue planning and design services for Hurricane Sandy repair and mitigation projects.

**WHEREAS**, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Coler, NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Coney Island were all damaged by Hurricane Sandy; and

**WHEREAS**, in February 2013 NYC Health + Hospitals issued a Request for Proposals (the "RFP") to secure the services of architects and engineers to help to plan the repair, restoration and hazard mitigation work necessitated by Hurricane Sandy to be funded by the Federal Emergency Management Agency ("FEMA"); and

**WHEREAS**, Arcadis and Parsons were awarded contracts pursuant to the RFP which expired September 30, 2015; and

**WHEREAS**, on March 26, 2015 the NYC Health + Hospitals' Board of Directors approved an extension of the Arcadis and Parsons contracts for an amount not to exceed \$5 Million for a term of one year expiring September 30, 2016; and

**WHEREAS**, on July 28, 2016, the NYC Health + Hospitals' Board of Directors approved a second extension of the Arcadis and Parsons contracts for an amount not to exceed \$2,366,826.50, which was the remaining balance of the funds originally authorized for such contracts, for a term of one year expiring September 30, 2017; and

**WHEREAS**, of the \$5 Million approved for the Arcadis and Parsons contracts, \$1,277,702.94 remains unspent; and

**WHEREAS**, work remains to be done to develop the over-all strategy and priority to further the repair, restoration and hazard mitigation work at the NYC Health + Hospitals' facilities damaged by Hurricane Sandy and to present the same to FEMA; and

**WHEREAS**, NYC Health + Hospitals wishes to continue to use the services of Arcadis and Parsons and to allow them to continue on-going work; and

**WHEREAS**, the Vice President for Corporate Operations shall be responsible for the administration of these contracts.

**NOW THEREFORE**, be it

**RESOLVED** that the New York City Health and Hospitals Corporation be authorized to execute an extension of the existing agreements with Arcadis U.S., Inc. and Parsons Brinckerhoff, Inc. for a term of five years for an amount not to exceed \$1,277,702.94, which is the balance of funds left unused from the prior contracts with these firms in order for such firms to continue planning and design services for Hurricane Sandy repair and mitigation projects.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14<sup>th</sup> Floor Mechanical Room to house communications equipment at NYC Health + Hospitals/Coney Island (the "Facility") at an annual occupancy fee of \$9,299 or \$61.32 per square foot to be escalated by 3% per year for a five year total of \$49,370.

**WHEREAS**, in September 2012, the Board of Directors authorized the President to enter into a license agreement with the Licensee; and

**WHEREAS**, the Licensee has operated communications equipment on the Facility's campus since September 2002, and desires to continue operating its system at the site; and

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

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

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") be and hereby is authorized to execute a revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and in the 14<sup>th</sup> floor Mechanical Room space to house communications equipment at NYC Health + Hospitals/Coney (the "Facility") at an annual occupancy fee of \$9,299 or \$61.32 per square foot to be escalated by 3% per year for a five year total of \$49,370.

## RESOLUTION

Authorizing the NYC Health + Hospitals (the "Health Care System") to execute a three-year revocable license agreement with the New York City Department of Housing Preservation and Development ("HPD") for the Corporation's continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the operation of the Ida G. Israel Community Health Center (the "Ida G. Health Center") managed by Coney Island Hospital Center (the "Facility") at an annual payment to HPD of \$130,000 for a total over the three year term of \$390,000.

**WHEREAS**, in July 2014 the Board of Directors authorized the Health Care System to enter into a license agreement with HPD for the use of the lots to locate a pre-fabricated structure to house the primary care clinic; and

**WHEREAS**, Coney Island Hospital ("the Facility") had operated the Ida G. Israel Community Health Center at 2201-2202 Neptune Avenue in the Coney Island area of Brooklyn (the "Center") until such clinic was destroyed by Hurricane Sandy; and

**WHEREAS**, the Ida G. Health Center has been providing health care services from the new location since September 2015 and its continued presence in the community allows it to meet ongoing health care needs; and

**WHEREAS**, the New York City Economic Development Corporation (the "EDC") has implemented redevelopment plans for Coney Island that will yield 4,500 units of affordable housing; and

**WHEREAS**, EDC's redevelopment plans involve the parcel of land where the Ida G. Health Center is now located, the clinic will be relocated to approximately 23,000 square feet of space in a new structure to be built across the street from its current location on W. 19<sup>th</sup> Street; and

**WHEREAS**, EDC's schedule calls for the new space to be ready for occupancy by December 2020 and the Health Care System is working with EDC to ensure a timely transition of health care services to the new site.

**WHEREAS**, the responsibility for operating the Ida G. Health Center is being transitioned from Coney Island Hospital Center to Gotham Health.

**NOW THEREFORE, be it**

**RESOLVED**, that the NYC Health + Hospitals (the "Health Care System") is authorized to execute a three-year revocable license agreement with New York City Department of Housing Preservation and Development ("HPD") for the Corporation's continued use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the operation of the Ida G. Israel Community Health Center (the "Ida G. Health Center") managed by Coney Island Hospital Center (the "Facility") at an annual payment to HPD of \$130,000 for a total over the three year term of \$390,000.

**RESOLUTION**

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year, revocable, license agreement with Touro College & University System ("Touro") for full-time, use and occupancy of approximately 11,218 sq. ft. located on the 4<sup>th</sup> Floor of the Samuel Kountz Pavilion at NYC Health + Hospitals/Harlem (the "Licensed Space") to operate the Harlem Hospital Center School for Radiologic Technology (the "SRT") at an occupancy fee of \$47 per sq. ft. for a total annual amount of \$527,246 during the first year to be escalated by 2.5% per year.

**WHEREAS**, the SRT is dedicated to training and graduating students with the necessary entry level skills required to function as Radiographic Technologists;

**WHEREAS**, the SRT opened its doors on September 10, 1990 and was operated and maintained by Columbia University while it was the Medical Affiliate for NYC Health + Hospitals/Harlem;

**WHEREAS**, NYC Health + Hospitals/Harlem took over the operations of the SRT approximately ten years ago when Columbia University ceased its affiliation with NYC Health + Hospitals/Harlem and the SRT currently has approximately 250 enrollees;

**WHEREAS**, the SRT has served the community by bringing members of the community into the field of radiology and training such individuals to serve as technicians;

**WHEREAS**, maintaining the required accreditation and operating the SRT as well as the cost of the educational staff furnished through PAGNY, has become burdensome and distracts NYC Health + Hospitals/Harlem from its primary healthcare mission;

**WHEREAS**, with the goal of maintaining the SRT program, the best course of action has been determined to be bringing in Touro to operate the SRT within NYC Health + Hospitals/Harlem through the proposed License Agreement;

**WHEREAS**, under the proposed License Agreement, Touro will use the Licensed Space to continue to operate the SRT, including taking over the employment of the PAGNY educational staff; and

**WHEREAS**, Touro will honor the traditions and past policies of SRT by continuing to train local candidates for radiological work and especially for work within the NYC Health + Hospitals System; and

**WHEREAS**, the responsibility for the administration of the proposed License Agreement shall rest with the Executive Director of NYC Health + Hospitals/Harlem.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with Touro College & University System for full-time, use and occupancy of approximately 11,218 sq. ft. located on the 4<sup>th</sup> Floor of the Samuel Kountz Pavilion at NYC Health + Hospitals/Harlem to operate the Harlem Hospital Center School for Radiologic Technology at an occupancy fee of \$47 per sq. ft. for a total annual amount of \$527,246 during the first year to be escalated by 2.5% per year.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$23,000,000 for planning, pre-construction, design, construction and construction management services necessary for the upgrade of the emergency power distribution system providing a Type 1 Essential Electrical System (the "Project") at NYC Health + Hospitals / Harlem (the "Facility").

**WHEREAS**, there is no separation of emergency feeds and circuits as required by present code, and generators that feed existing transfer switches, life safety, equipment, and critical services, are mixed in both main distribution and electrical panels throughout the facility; and

**WHEREAS**, current code requires the emergency power distribution system provide for the separation of emergency power into three (3) distributions branches, life safety, critical, and equipment; and

**WHEREAS**, it was determined that a code correction project for both infrastructure and additional emergency power receptacles at patient bedside would be incorporated into one (1) code correction project; and

**WHEREAS**, the revision of Operating Procedure 100-5 requires that construction projects with budgets of \$3 million or more shall receive approval of the Board of Directors through Capital Committee; and

**WHEREAS**, the proposed total project budget, inclusive of all contingencies, is estimated to be \$23,000,000 million; and

**WHEREAS**, the overall management of the construction contract will be under the direction of the Vice President - Facilities Development.

**NOW THEREFORE, be it**

**RESOLVED**, the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$23,000,000 for planning, pre-construction, design, construction and construction management services necessary for the upgrade of the emergency power distribution system providing a Type 1 Essential Electrical System, providing for a code compliant Type 1 electrical system in the MLK building at NYC Health + Hospitals.



## **RESOLUTION**

Adopting NYC Health + Hospitals' Mission Statement and Performance Measures for Fiscal Year 2017 as required by the Public Authorities Reform Act of 2009 which require a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission.

**WHEREAS**, the New York State Public Authorities Reform Act of 2009 requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

**WHEREAS**, the Office of the State Comptroller's Authorities Budget Office (ABO) requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain additional questions, on a form provided by that office and requires that the Board of Directors read and understand the mission statement and read and understand the responses provided to the ABO; and

**WHEREAS**, NYC Health + Hospitals has posted on its website a mission statement that is a refined version of the purposes of NYC Health + Hospitals as expressed in the legislation which created NYC Health + Hospitals and in the NYC Health + Hospitals By-Laws; and

**WHEREAS**, NYC Health + Hospitals keeps extensive data on numerous performance measures for internal monitoring and external reporting which is included each year in the Mayor's Management Report; and

**WHEREAS**, the attached "Mission Statement and Performance Measures" uses the same indicators as reflected in the Mayor's Management Report;

**NOW, THEREFORE**, be it

**RESOLVED** that the attached "Mission Statement and Performance Measures" is hereby adopted, as required by the Public Authorities Reform Act of 2009, which requires a local public authority such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist in determining how well it is carrying out its mission.

## **Executive Summary**

NYC Health + Hospitals is required to adopt and to report to the New York State Office of the State Comptroller's Authority Budget Office ("ABO") each year a mission statement and performance measures to assist the System in determining how well it is carrying out its mission. The ABO requires completion of a specific form to achieve this reporting, as well as to respond to some additional questions. Attached is the complete report of our mission statement and the performance measures and the additional responses, all of which require the Board's adoption.

The attached "Mission Statement and Performance Measures" uses the same indicators as included in the Mayor's Management Report.

There have been minor variations on the Mission Statement over the years. All are refined versions of the purposes of NYC Health + Hospitals as expressed in the legislation which created System and in the System By-Laws. The mission statement on the ABO form is the version currently included on our website.

**Authority Mission Statement and Performance Measurements**

**Name of Public Authority:**

New York City Health and Hospitals Corporation (“NYC Health + Hospitals”)

**Public Authority's Mission Statement:**

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect;

To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York;

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

**Date Adopted:** October 26, 2017

**List of Performance Measurements:**

	<b>Indicator</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>Desired direction</b>
1	Eligible women receiving a mammogram screening (%)	76.4%	75.4%	Up
2	Emergency room revisits for adult asthma patients (%)	6.2%	6.9%	Down
3	Emergency room revisits for pediatric asthma patients (%)	3.2%	3.6%	Down
4	Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 30 days (%)	6.8%	7.1%	Down
5	Inpatient satisfaction rate (%)	62.0%	61.0%	Up
6	Outpatient satisfaction rate (%)	77.8%	81.3%	Up
7	Hospital-acquired Central Line-acquired Bloodstream Infection (CLABSI) rate	n/a	1.438	Down
8	HIV patients retained in care (%) (annual)	85.7%	83.5%	Up
9	Calendar days to third next available new appointment - adult medicine	23.0	18.6	Down
10	Calendar days to third next available new appointment - pediatric medicine	5.0	5.1	Down
11	Patient Cycle Time - Adult Medicine	88	79	Down
12	Patient Cycle Time - Pediatrics	70	70	Down
13	Patient Cycle Time - Women's Health	76	88	Down
14	Prenatal patients retained in care through delivery (%)	87.0%	86.1%	Up
15	General care average length of stay (days)	5.2	5.4	Down

Note: Due to change in reporting methodology, CLABSI FY 2016 is not available.

## **ADDITIONAL QUESTIONS:**

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

Yes.

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

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

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

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

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

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

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

Yes.

## **RESOLUTION**

Adopting a Second Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors (“Board”) of New York City Health and Hospitals Corporation (the “System”) and directing the President of the System to prepare a revision of Operating Procedure 100-05 to implement such Statement of Policy.

**WHEREAS**, at its September 22, 2011 meeting, the Board adopted a Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors; and

**WHEREAS**, the current Revised Statement of Policy and Operating Procedure reflects a decentralized, network model, containing processes and roles that are no longer present in the System; and

**WHEREAS**, since such September 22, 2011 the functions of procurement have been centralized into the division of Supply Chain Services; and

**WHEREAS**, the Board wishes to provide for further efficiencies in the System’s procurement functions to ensure its financial wellbeing; and

**WHEREAS**, the Second Revised Statement of Policy maintains the Board’s oversight of the System’s significant contracting activity, and requires its authorizations for certain procurement transactions before they are concluded; and

**WHEREAS**, the New York State Public Authorities Accountability Act requires that entities such as the System have in place written policies regulating its procurement activities and the Board intends that the adoption of the Second Revised Statement of Policy and Operating Procedure 100-05 be in satisfaction of such requirement.

**NOW THEREFORE**, be it

**RESOLVED**, that the Board hereby adopts the Second Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors, in the form attached hereto that shall be binding upon all employees and officers of the System. The Second Revised Statement of Policy shall be effective as of October 1, 2017. The President shall cause a revision of Operating Procedure 100-05 to be adopted.

## EXECUTIVE SUMMARY

### RESOLUTION TO ADOPT A SECOND REVISED STATEMENT OF POLICY FOR THE REVIEW AND AUTHORIZATION OF PROCUREMENT MATTERS BY THE BOARD OF DIRECTORS

#### BACKGROUND:

New York City Health and Hospitals Corporation as part of its efforts to leverage its purchasing ability and promote standardization, has centralized its functions of procurement into a single office, Supply Chain Services, and implemented modern best practices in supply chain management to achieve costs savings while ensuring quality of goods and services and bettering patient experiences and outcomes, while increasing internal controls, accountability and visibility in the procurement process.

In order to meet current-state organization and to further the System's efforts in achieving these goals the prior Revised Statement of Policy for the Review and Authorization of Procurement Matters by the Board of Directors requires revision to enable further changes in the procurement operating procedure, Operating Procedure 100-05.

# Revision of Board Procurement Policy Statement

September 13, 2017



## Supply Chain Initiatives

- Centralized procurement – standardized goods, supplies and equipment
- Goals – decrease costs, improve quality and outcomes
- Implementing PeopleSoft Technology
  - Inventory Management
  - Low Unit of Measure
  - “Just in Case” to “Just in Time” deliveries/quantities
- Continue providing savings





## OP 100-05 Current State

- OP 100-05 was written before Supply Chain centralization
- OP 100-05 has processes that are no longer accurate
- Normally the President, in concert with Senior Staff, implements OP revisions
- The difference with this OP: The Board adopted a detailed Procurement Policy Statement in 2013
- To enable the President to adopt a revised OP, the Board is asked to adopt a revised Policy Statement.



## OP 100-05: Limitations

- Does not match current state of fewer, larger contracts
  - Dollar value limits need to be increased
- Does not satisfy Comptroller
  - Add pieces from PPB Rules to aid in registering of contracts, e.g. “Minor Rules Violation”
- Requires President’s Deviation for routine matters
- Does not allow for modern sourcing methods
  - For example, electronic RFPs
- Prolongs contracting process



# Transforming OP 100-05: Modernized Contracting

## Uniform Contracting:

All procurement falls under Supply Chain Services and Office of Legal Affairs authority

## Flexible contracting:

Allow for combining procurement methods  
Value based purchasing  
Contract extensions and renewals

## Sensible Contracting:

Apply due diligence standard for routine contracting  
Raise CRC threshold from 100K to 1 million  
Raise Board threshold from 3 million to 5 million



# Transforming OP 100-05: Increased Controls

Supply Chain Manual: A document jointly approved by Supply Chain Services (SCS) and Office of Legal Affairs (OLA) with detailed procedures, processes, controls.

Contract Control Sheet: An auditable control for every contract detailing its procurement history and requiring SCS and OLA sign off for each contract. No contract number can be assigned without.

Departmental Audits: Review of every transaction between \$100K and \$1M that is not procured by traditional methods by non-sourcing personnel; summarized monthly; provided to Internal Audits Office.

Internal Audits Review: Performed semi-annual; reported to the Audit Committee.

Board Reports: Monthly reports to the Board of all new contracts, including vendor, contract value, and contract description.



## Board Approval at Other NY Area Hospitals

Hospital	Board Approval Requirement
NYU	> \$5 million
Northwell	No board review Reviews contracts for service/capital > \$10M with President
Presby	Materiality
Mt Sinai	No board approval except for large construction projects



## Revising OP 100-05 Requires Revising Board Procurement Policy Statement

### September 2013 Statement:

A shortened version of OP 100-05 including all methods and limits

### Proposed Statement:

Only include those matters that must be reviewed by Board  
Enables President to revise OP 100-05 to meet operational state



**STATEMENT OF POLICY**  
**FOR THE REVIEW AND AUTHORIZATION OF PROCUREMENT**  
**MATTERS BY THE BOARD OF DIRECTORS OF**  
**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

**I. POLICY PURPOSES AND GOALS**

This Statement of Policy sets forth the requirements of the Board of Directors (the “Board”) of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) for those procurement matters of NYC Health + Hospitals that must receive prior Board authorization. This statement of policy shall be binding upon all officers and employees of NYC Health + Hospitals.

In adopting this Statement of Policy, the Board wishes to preserve NYC Health + Hospitals’ financial wellbeing while maintaining its efficient operations. The intent of this Statement of Policy is to ensure that the Board is informed of the Corporation’s significant contracting activity and that it reviews and authorizes certain procurement transactions before they are concluded.

**II. GENERAL STATEMENT**

In general, and subject only to the specific exceptions noted below, any financial commitment by NYC Health + Hospitals in excess of \$5 million for the procurement of goods or services, including affiliation contracts under which NYC Health + Hospitals will pay for others to provide clinical services, requires the Board’s prior authorization regardless of the procurement method used. Further, the following require the Board’s prior approval regardless of the amount of money involved: (a) all leases, licenses and other agreements for the disposition or acquisition of real property rights; and (b) all contracts for the services of auditors engaged to report on any aspect of the conduct of the business of NYC Health + Hospitals. This Statement of Policy shall not be interpreted to relieve NYC Health + Hospitals from making presentations to the Board and, when appropriate receiving the approval of, or authorization from, the Board regarding non-procurement related matters such as those pertaining to strategic planning, medical and professional affairs, etc. consistent with NYC Health + Hospitals’ past practice and existing Operating Procedures. The Board acknowledges that MetroPlus Health Plan, Inc.’s certificate of incorporation imposes certain requirements for the approval by NYC Health + Hospitals’ Board of certain contracts and it is not intended that this Statement of Policy alter in any way such requirements.

In adopting this Statement of Policy, the Board intends to change the current practices of the Corporation in three ways. First, the threshold for the requirement for Board approval for general contracts is increased from \$3 million to \$5 million. Second, the structure for reporting on contracts below the threshold for presentation to the Board is strengthened. Third, this Statement of Policy, recognizing the centralization of the procurement function within the Office of Supply Chain Services and the increased professionalism of the operation, leaves to the oversight of the President and the Vice

President responsible for Supply Chain Services the task of adopting suitable rules and procedures for the procurement of those goods and services below the threshold for presentation to the Board rather than directing them here.

### **III. PROCUREMENT MATTERS NOT REQUIRING ANY APPROVAL OF THE BOARD**

The procurement matters not requiring prior authorization by the Board are: (i) grant-funded contracts under which the entity providing the goods or services is specified in the grant by the funder; (ii) purchases of goods (such as medical/surgical supplies, pharmaceuticals, all manner of supplies and equipment and utilities used in the ordinary course of the Corporation's business) regardless of the dollar value of such purchases; and (iii) contracts for the maintenance of NYC Health + Hospitals' equipment or related components when the contract is a renewal or replacement of an existing contract with the same vendor and for a scope of maintenance services substantially the same as in the previous contract.

### **IV. PROCUREMENT MATTERS REQUIRING ONLY THE BOARD'S PRIOR AUTHORIZATION FOR THE RIGHT TO EXPEND FUNDS BUT NOT FOR THE ACTUAL CONTRACT**

Construction contracts governed by the New York State General Municipal Law for "Construction Projects" that will cost more than \$5 million require prior authorization of the Board only for the right to expend the needed funds. Once the Board has approved the right to expend the funds, Board authorization shall not be required for the awarding of a contract, selection of the contracting party or any aspect of the procurement process.

For the purposes of this Statement of Policy, a "Construction Project" shall refer to the totality of the work and materials needed to complete a capital improvement or addition to one of the Corporation's facilities and shall include all elements that are planned, budgeted or contracted together. The object of such definition is to afford the Board the opportunity to consider such projects as a single endeavor and determine if the overall effort is worthy and properly funded. That a single entity will oversee or coordinate the entire effort will render the entire effort a single Construction Project. The President shall make such additional related rules regarding Construction Projects as necessary through a revised Operating Procedure 100-5 to be adopted.

Requests to the Board for authorization to expend funds for procurement purposes under this Section IV, shall set forth the spending authority requested, the purpose for which the expenditure is to be made, the procurement method to be used and the source of the funds to be expended.



## **V. CONTRACT REVIEW COMMITTEE**

The Contract Review Committee (CRC) shall be a management committee constituted by the President with one voting member appointed by the Chairperson of the Board. The CRC shall review all contracts that require Board authorization prior to the award of a contract except for leases, licenses and other agreements for the disposition or acquisition of real property rights.

## **VI. OPERATING PROCEDURE**

The President shall adopt a revised Operating Procedure 100-5 to provide a consistent method for ensuring compliance with this Statement of Policy and with best practices with regard to procurement contracts and authorizations of the right to expend funds for procurement purposes in cases where the authorization of the Board is not required by this Statement of Policy.

## **VII. CONTRACT REPORTS**

The President shall provide the Board with reports and such reports shall include matters that the President deems appropriate as well as those matters requested by the Board. The Board believes that the development of an effective reporting structure is an essential tool to assure effective Board governance especially for matters that will not be presented to the Board for authorization.

The Board may select any contract or vendor for review in the course of its duties regardless of whether such contract is subject to Board approval under this Statement of Policy.

## **VIII. PRESIDENT'S AUTHORITY**

The procedures outlined in this Statement of Policy shall be followed in all but exceptional cases, such as emergencies, where the President, or his/her designee, determines in writing to make an exception from the established procedure. The President shall report any such exception to the Board at the meeting immediately following such exception when the exception concerns a matter that would otherwise have been subject to Board approval under this Statement of Policy. The President may take to the Board for prior authorization or as an informational item, any transaction or expenditure that, irrespective of this Statement of Policy, the President determines merits the attention of the Board.

**STATEMENT OF POLICY**  
**FOR THE REVIEW AND AUTHORIZATION OF PROCUREMENT**  
**MATTERS BY THE BOARD OF DIRECTORS OF**  
**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

**I. POLICY PURPOSES AND GOALS**

This Statement of Policy sets forth the requirements of the Board of Directors (the “Board”) of New York City Health and Hospitals Corporation (~~the “Corporation~~ “NYC Health + Hospitals”) for those procurement matters of ~~the Corporation~~ NYC Health + Hospitals that must receive prior Board authorization ~~and for the manner of presentation of certain procurement matters for which prior authorization is mandated.~~ This statement of policy shall be binding upon all officers and employees of ~~the Corporation and shall be implemented by the President of the Corporation by the adoption of appropriately detailed Operating Procedures~~ NYC Health + Hospitals.

In adopting this Statement of Policy, the Board wishes to preserve ~~the Corporation’s~~ NYC Health + Hospitals’ financial wellbeing while maintaining its efficient operations. The intent of this Statement of Policy is to ensure that the Board is informed of the Corporation’s significant contracting activity and that it reviews and authorizes certain procurement transactions before they are concluded.

**II. GENERAL STATEMENT**

In general, and subject only to the specific exceptions noted below, any ~~financial commitment expenditure of funds by the Corporation~~ NYC Health + Hospitals in excess of \$35 million for the procurement ~~of of:~~ (i) ~~Construction Services for “Construction Projects,” as defined below in Section IV;~~ (ii) equipment; (iii) ~~professional services and non-professional services;~~ and (iv) ~~any other expenditure of funds by the Corporation to procure~~ goods or services, ~~including affiliation contracts under which NYC Health + Hospitals will pay for others to provide clinical services, irrespective of how classified~~ ~~require~~ requires the Board’s prior authorization regardless of the procurement method used. Further, the following require the Board’s prior approval regardless of the amount of money involved: (a) all leases, licenses and other agreements for the disposition or acquisition of real property rights; ~~and~~ (b) all contracts for the services of auditors engaged to report on any aspect of the conduct of the business of ~~the Corporation~~ NYC Health + Hospitals; ~~and (c) all affiliation contracts under which NYC Health + Hospitals will pay for the purchase of others to provide clinical services.~~ This Statement of Policy shall not be interpreted to relieve ~~the officers of the Corporation~~ NYC Health + Hospitals from making presentations to the Board and, when appropriate receiving the approval of, or authorization from, the Board regarding non-procurement related matters such as those pertaining to strategic planning, medical and professional affairs, etc. consistent with ~~the Corporation’s~~ NYC Health + Hospitals’ past practice and existing Operating Procedures. ~~The Board recognizes the need to adopt new policies to govern the Corporation’s banking and financing activities and that will be addressed in a separate document.~~ The Board acknowledges that MetroPlus Health Plan, Inc.’s certificate of incorporation ~~requires~~

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~~imposes certain requirements for the approval by the HHC's NYC Health + Hospitals' Board of all certain contracts having an annual expense of \$1 million or more and it is not intended that this Statement of Policy relax~~alter~~ in any way such ~~more restrictive~~ ~~requirements~~.~~

In adopting this Statement of Policy, the Board intends to change the current practices of the Corporation in ~~two key~~three ways. First, the ~~Board shall be informed about all contract spending and not just individual contracts that require Board approval.~~ Second, as set forth in the chart appearing at the end of this Statement of Policy and explained in the following paragraphs, certain transactions of lower dollar value will no longer be presented to the Board for authorization while others of higher dollar value that had previously not required Board authorization will, in the future, require such authorization.

~~Currently, the threshold for having to obtain Board authorization for transactions varies greatly depending upon the size of the contract, the nature of the goods or services purchased and the method for selecting vendors. For example, for non-recurring goods or services purchased by competitive bids, the current threshold is \$1 million while there is no approval required for purchases of recurring goods or services made using competitive bidding. There is no approval needed for purchases made off of City, State, or Federal contracts or using group purchasing organizations, while professional service contracts in excess of \$50,000 require Board approval.~~

~~The new policy will increase the threshold with the result that a category of transactions previously presented to the Board for authorization will no longer be subject to such a requirement. But the new, higher, for Board approval for general contracts is increased from \$3 million threshold will be applied without many of the exceptions that had complicated the former policy. While in the past, construction contracts, City, State, and Federal contracts and contracts made using group purchasing arrangements had not been brought to the Board, now they will be submitted for authorization if they exceed \$3 million in value and if they are for Construction to \$5 million. Second, the structure for reporting on contracts below the threshold for presentation to the Board is strengthened. Third, this Statement of Policy, recognizing the greatly increased centralization of the procurement function within the Office of Supply Chain Services, equipment and either professional or non-professional services. The reason that construction contracts had not been brought to the Board before is because the General Municipal Law strictly regulates the process by which such contracts are awarded and mandates the award to the low bidder. The reasoning had been that, because the Board could have no role in choosing the vendor (the law dictated the award to the low bidder), it could have no meaningful role in any part of the process. Similarly, with the use of group purchasing organizations, the list of vendors has already been vetted by the group purchasing organization. When the Corporation uses such a vendor, there is already assurance that the Corporation is getting a good price by benefiting from volume discounts and that the vendor is a and the increased professionalism of the operation, leaves to the oversight of the President and the Vice President responsible party. Thus, again, the choice of the vendor seemed not to be subject to debate.~~

Thus, while some transactions will be removed from Board consideration, others will be added with the aim being to shift the Board's focus to transactions of higher dollar value.

~~In implementing the changes required by this Statement of for Supply Chain Services the task of adopting suitable rules and procedures for the procurement of those goods and services below the threshold for presentation to the Board rather than directing them here. As indicated below numerous important principles established in the Board Policy, the Board wishes Management to err in favor of presenting matters to the Board for authorization in any cases of any doubt whether Board authorization is required and it shall be the responsibility of management to inform the Board of any cases where there is doubt as to whether the authorization of the Board is required, adopted in September 2011 continue in effect.~~

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### III. PROCUREMENT MATTERS NOT REQUIRING ANY APPROVAL OF THE BOARD

The procurement matters not requiring prior authorization by the Board are: (i) grant-funded contracts under which the entity providing the goods or services is ~~listed~~ ~~unspecified in~~ the grant by the ~~third-party funder~~; (ii) ~~contracts that do not involve any expenditure of funds~~; (iii) purchases of goods (such as medical/surgical supplies, pharmaceuticals ~~and~~ all manner of ~~other~~ supplies and equipment ~~and utilities~~ used in the ordinary course of the Corporation's business) regardless of the dollar value of such purchases; ~~and~~ (iiiiv) contracts for the maintenance of ~~any of our computer systems~~ NYC Health + Hospitals' equipment or related components when the contract is a renewal or replacement of an existing contract with the same vendor and for a scope of maintenance services substantially the same as in the previous contract ~~and (v) those procurement transactions, other than those pertaining to real estate, audit services or clinical services, for less than \$35 million.~~

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### IV. PROCUREMENT MATTERS REQUIRING ONLY THE BOARD'S PRIOR AUTHORIZATION FOR THE RIGHT TO EXPEND FUNDS BUT NOT FOR THE ACTUAL CONTRACT

Construction contracts governed by the NYS General Municipal Law for "Construction Projects" that will cost more than \$35 million ~~and contracts for services made through group purchasing agreements including contracts made through City, State or Federal group purchasing agreements~~ require prior authorization of the Board only for the right to expend the needed funds. Once the Board has approved the right to expend the funds, Board authorization shall not be required for the awarding of a contract, selection of the contracting party or any aspect of the procurement process.

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For the purposes of this Statement of Policy, a "Construction Project" shall refer to the totality of the work and materials needed to complete a capital improvement or addition

to one of the Corporation's facilities and shall include all elements that are planned, budgeted or contracted together. The object of such definition is to afford the Board the opportunity to consider such projects as a single endeavor and determine if the overall effort is worthy and properly funded. That a single entity will oversee or coordinate the entire effort will render the entire effort a single Construction Project. The President shall make such additional related rules regarding Construction Projects as necessary more fully define "Construction Project" as necessary through a revised Operating Procedure 100-5 to be adopted.

#### V. CONTRACT REVIEW COMMITTEE

The Contract Review Committee (CRC) shall be a management committee constituted by the President with one voting member appointed by the Chairperson of the Board. The CRC shall review all contracts that require Board authorization prior to the award of a contract except for leases, licenses and other agreements for the disposition or acquisition of real property rights.

#### V. PROCESS FOR MATTERS REQUIRING BOARD APPROVAL PRIOR TO CONTRACTING

~~For procurement matters requiring the Board's authorization prior to contracting under the general rule of Section II, the prior approval and report of the Contract Review Committee, described below shall be required. For all real estate matters, the Office of Facilities Development shall continue to present all proposed transactions as in the past with the addition of regular briefings of matters not ready for presentation but in earlier stages of development.~~

#### VI. PROCESS FOR OBTAINING BOARD AUTHORIZATION WHERE ONLY AUTHORIZATION FOR THE RIGHT TO EXPEND FUNDS IS REQUIRED BUT NOT FOR THE ACTUAL CONTRACT

~~The President shall adopt a revised Operating Procedure 100-5 to provide for presentations Requests to the Board of requests for authorization to expend funds for procurement purposes under this Section IV, above, settings shall set forth the spending authority requested, the purpose for which the expenditure is to be made, the procurement method to be used and the source of the funds to be expended. The President shall approve a standard reporting format to be used.~~

#### VII. CONTRACT REVIEW COMMITTEE

~~The Contract Review Committee (CRC) shall be a management committee constituted by the President with one voting member appointed by the Chairperson of the Board. The CRC shall review all contracts that require Board authorization prior to the award of a contract. The purpose of such reviews is to ensure that:~~

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- i. ~~The proper procurement methodology was followed;~~
- ii. ~~The contract is ready to be executed;~~
- iii. ~~The required expenditure has budget authorization from Corporate Finance;~~
- iv. ~~The selection process was fair and impartial; and~~
- v. ~~In accordance with applicable Operating Procedures all contract negotiation processes were followed, all standard contract forms were used and that all vendor responsibility investigatory procedures were appropriately followed.~~

~~The CRC shall forward to the Board reports of all contracts requiring prior Board authorization. The President shall approve a standard reporting format to be used.~~

~~**VIII. APPROVAL OF PROCUREMENT CONTRACTS AND THE RIGHT TO EXPEND FUNDS BELOW THE THRESHOLD FOR BOARD AUTHORIZATION**~~

**V. CONTRACT REVIEW COMMITTEE**

The Contract Review Committee (CRC) shall be a management committee constituted by the President with one voting member appointed by the Chairperson of the Board. The CRC shall review all contracts that require Board authorization prior to the award of a contract except for leases, licenses and other agreements for the disposition or acquisition of real property rights.

**VI. OPERATING PROCEDURE**

The President shall adopt a revised Operating Procedure 100-5 to provide a consistent method for ensuring compliance with ~~relevant Operating Procedures~~this Statement of Policy and with best practices with regard to procurement contracts and authorizations of the right to expend funds for procurement purposes in cases where the authorization of the Board is not required by this Statement of Policy.

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~~**VII. CONTRACT REPORTS**~~

The President shall provide the Board with reports ~~and prepared annually showing the total contract spending by the Corporation organized by vendor listing the largest vendors accounting for approximately 80% of the Corporation's purchasing by contracting amount.~~ Such reports shall include ~~such other matters that as~~ the President deems appropriate as ~~well as~~ and those matters requested by the Board. The Board believes that the development of an effective reporting structure is an essential tool to assure effective Board governance especially for matters that will ~~not longer~~ be presented to the Board for authorization. ~~The format for such reports shall be determined by the President in consultation with the Board but, in any case, such report shall indicate the general subject of the contracts outstanding with the listed vendors and the expiration dates of each.~~

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~~Upon presentation of such annual contracting report, the Board may select any contract or vendor for review in the course of its duties of the following twelve months regardless of whether such contract is subject to Board approval under this Statement of Policy. When a contract term will expire during the twelve months following the presentation of the annual report, the Board may determine that it wishes not only to review the contract but also to make any renewal of the contract subject to the Board's prior approval.~~

### **XVIII. PRESIDENT'S AUTHORITY**

The procedures outlined in this Statement of Policy shall be followed in all but exceptional cases, such as emergencies, where the President, or his/her designee, determines in writing to ~~deviate~~make an exception from the established procedure. The President shall report any such ~~deviation~~exception to the Board at the meeting immediately following such ~~deviation~~exception when the exception concerns a matter that would otherwise have been subject to Board approval under this Statement of Policy. The President may take to the Board for prior authorization or as an informational item, any transaction or expenditure that, irrespective ~~of of the monetary thresholds established in~~ this Statement of Policy, the President determines merits the attention of the Board. ~~While the President shall have the sole authority to create a revised Operating Procedure 100-5 to implement this Statement of Policy, he shall present such Operating Procedures to the Board for the information of the Board and he shall not thereafter modify Operating Procedure 100-5 without similarly informing the Board of the proposed modification.~~

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Type of Expenditure	Procurement Method(s)	Approval/Report Current	Approval/Report Under New Structure
Construction	Competitively Bid	No Board Approval	Board Approval for Spending > \$3M & Reports on Total Spending & Major Contracts.**
Professional Services including outside auditors	RFP, Negotiated Acquisition or Sole Source	Board Approval of all Contracts > \$50,000	Board Approval of Contracts > \$3M & Reports & of all contracts for outside auditors.**
Professional Services and non-Prof Services incl. Info. Tech Services	City, State, Federal, Group Purchase Organization	No Board Approval	Board Approval of Contracts > \$3M except renewals of IT maint. contracts w/same vendor for substantially same scope; & Reports**
Non-Prof Services incl. Information Technology Services	Competitively Bid	Board Approval of Non-Recurring > \$1M; no Board Approval for Recurring Contracts	Board Approval of Contracts > \$3M & Reports.**
Medical, Capital & Information Technology Equipment	Competitively Bid	Board Approval of all Purchases > \$1M	Board Approval of Contracts > \$3M & Reports.**
Medical, Capital & Information Technology Equipment	City, State, Federal, Group Purchase Organization	No Board Approval	Board Approval of Contracts > \$3M & Reports.**
Goods for Routine Operations	Competitively Bid	Board approval of non-recurring > \$1M but for Pharmaceutical, Manf. only Distrib. Medically nec. goods; no Board Approval for Recurring Contracts	No Board approval; Reports.**
Goods for Routine Operations	City, State, Federal, Group Purchase Organization	No Board Approval	No Board Approval; Reports.**
If Provider of Goods/ Services Named in Grant Contract; or if No Spending Required	All Methods	No Board Approval	No Board Approval
Real Estate	All Methods	Board Approval of all Agreements	Board Approval of all Agreements
Affiliation Contracts	Sole Source	Board Approval of all Agreements	Board Approval of all Agreements
MetroPlus	All Contracts	Based on MetroPlus' own rules, HHC Board Approval for Contracts w/annual spend > \$1M	Based on MetroPlus' own rules, HHC Board Approval for Contracts w/annual spend > \$1M



~~With all of the above, both before and after, the President may deviate from the requirement for approval in emergencies. With all the above, both before and after, the President may request approval when not required.~~

## RESOLUTION

Authorizing NYC Health + Hospitals (“NYC Health + Hospitals”) to execute a revocable five year license agreement with the New York City Department of Health and Mental Hygiene (the “Licensee”) for use and occupancy of approximately 1,437 square feet of space and 1,305 square feet of space at NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Woodhull (the “Facilities”), respectively for the operation of the New York City Nurse-Family Partnership program (the “Program”) at the rate of \$45 per sq. ft. for an annual occupancy fee of \$64,665 for Metropolitan and \$58,725 for Woodhull for a five year total of \$323,325 for Metropolitan and \$293,625 for Woodhull.

**WHEREAS**, the Program is an evidenced-based community healthcare program that seeks to improve the health, well-being and self-sufficiency of low-income first-time mothers and their children by partnering them with nurses who provide home visits; and

**WHEREAS**, the operation of the Program will be administered through the Licensee and the Licensee will fund and staff the Program; and.

**WHEREAS**, at its May 25, 2017 meeting the Board of Directors authorized the execution of a License Agreement between NYC Health + Hospitals and the Licensee for the Licensee to take over NYC Health + Hospitals’ operation of a Program site at NYC Health + Hospitals/Harlem; and

**WHEREAS**, the proposed license agreement will enable the Licensee to establish sites for the Program at the Facilities where there currently are no such operations; and

**WHEREAS**, the proposed license agreement will be administered by the Executive Directors of each of the two Facilities.

**NOW THEREFORE**, be it

**RESOLVED**, that NYC Health + Hospitals be and hereby is authorized to execute a revocable five year license agreement with the New York City Department of Health and Mental Hygiene for the use and occupancy of approximately 1,437 square feet of space and 1,305 square feet of space at NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Woodhull, respectively for the operation of the New York City Nurse-Family Partnership program at the rate of \$64,665 for Metropolitan and \$58,725 for Woodhull for a five year total of \$323,325 for Metropolitan and \$293,625 for Woodhull.

## EXECUTIVE SUMMARY

### LICENSE AGREEMENT NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#### NYC Health + Hospitals/Metropolitan NYC Health + Hospitals/Woodhull

NYC Health + Hospitals (the "NYC Health + Hospitals") seeks authorization of its Board of Directors to execute a revocable license agreement with the New York City Department of Health and Mental Hygiene ("DOHMH") for the use and occupancy of space at NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Woodhull (the "Facilities").

The Nurse-Family Partnership program is administered by DOHMH. The program provides services to approximately 1,700 clients in all five boroughs of the City of New York. The program is an evidenced-based community healthcare program that seeks to improve the health, well-being and self-sufficiency of low-income first-time mothers and their children by partnering them with nurses who provide home visits. The majority of the program's clients are visited in their homes. The program is voluntary and there is no cost to the client. The program will be administered by DOHMH and will be funded and staffed by its employees while the location of the program and scope of services provided will be at the Facilities. During calendar year 2016, the program served approximately 2,534 clients and provided 27,990 completed visits.

DOHMH will be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insureds.

The license agreement shall be revocable by either party on sixty (60) days prior notice, and shall not exceed a term of five (5) years without further authorization by the Board of Directors of NYC Health + Hospitals. DOHMH shall pay at the rate of \$64,665 for Metropolitan and \$58,725 for Woodhull for a five year total of \$323,325 for Metropolitan and \$293,625 for Woodhull.

**DOHMH / NYC Nurse-Family Partnership Program**

<b>Harlem</b>	<b>SF</b>	<b>Price PSF</b>	<b>Annual Fee</b>
(approved 5/9/2017)	2,480	50	\$ 124,000.00
<b>Metropolitan</b>	1,437	45	\$ 64,665.00
<b>Woodhull</b>	1,305	45	\$ 58,725.00

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a revocable license agreement with the New York City Police Department (the “NYPD” or “Licensee”) for its continued use and occupancy of space of 50 square feet of space on the roof of the “N” Building to operate radio communications equipment at NYC Health + Hospitals/Queens (the “Facility”) with the occupancy fee waived.

**WHEREAS**, in November 2012, the Board of Directors authorized the President to enter into a license agreement with the Licensee; and

**WHEREAS**, the Licensee desires to continue to operate radio communications equipment at the Facility, and the Facility has the space to accommodate the NYPD communications system; and

**WHEREAS**, the Licensee’s radio communications system shall not compromise the Facility’s operations, and it complies with applicable federal statutes governing the emission of radio frequency signals and, therefore, poses no health risk.

**NOW, THEREFORE, be it**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) be and hereby is authorized to execute a revocable license agreement with the New York City Police Department (“NYPD” or “Licensee”) for its continued use and occupancy of 50 square feet of space on the roof of the “N” Building to operate radio communications equipment at NYC Health + Hospitals/Queens (the “Facility”) with the occupancy fee waived.

## **EXECUTIVE SUMMARY**

### **LICENSE AGREEMENT NEW YORK CITY POLICE DEPARTMENT NYC HEALTH + HOSPITALS/QUEENS**

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

The New York City Police Department desires to continue to operate radio communications equipment at the Facility to enhance the performance of its city-wide radio operations network. The NYPD radio communications system will not compromise facility operations, and it complies with applicable federal statutes governing the emission of radio frequency signals and, therefore, poses no health risk.

The NYPD will have the continued use and occupancy of approximately fifty (50) square feet of space on the roof of the “N” Building. Public safety is enhanced by the system’s operation, therefore the occupancy fee will be waived. The Facility will provide electricity to the licensed space. The operation and maintenance of the system will be the responsibility of the NYPD.

The Licensee shall be required to indemnify and hold harmless NYC Health + Hospitals and the City of New York from any and all claims arising out of its use of the Licensed Space.

The license agreement shall not exceed five (5) years without further authorization by the Board of Directors of NYC Health + Hospitals and shall be revocable by either party upon ninety (90) days written notice.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to procure and outfit such ambulances in the System's name on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts as are, from time to time requested by FDNY provided that the System receives the required City of New York capital funding explicitly provided for such purchases; such authorization to remain in effect until withdrawn.

**WHEREAS**, on January 19, 1996, the System and the City of New York (the "City") executed a Memorandum of Understanding (the "MOU") allowing the transfer of the System's Emergency Medical Service ("EMS") ambulance and pre-hospital emergency medical service functions to FDNY to be thereafter managed by FDNY for the benefit of the City; and

**WHEREAS**, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when they have exceeded their useful life; and

**WHEREAS**, at least annually since 1996 and often more frequently, the System's Board of Directors has been asked to approve resolutions authorizing the System to purchase vehicles to be added to FDNY's active fleet of ambulances using City capital funds explicitly earmarked for this purpose; and

**WHEREAS**, given that the System's role is to serve as the purchasing agent for FDNY using only City funds explicitly earmarked for the purchases;; and

**WHEREAS**, it appears to be more efficient for the System's Board of Directors to approve a standing authorization for the System to continue to function at FDNY's direction as its purchasing agent such that ambulances may be purchased whenever requested provided that City capital funding is provided explicitly for such purpose.

**NOW, THEREFORE**, be it

**RESOLVED**, that the New York City Health and Hospitals Corporation (the "System") be and it hereby is authorized to procure and outfit such ambulances in the System's name on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts as are, from time to time requested by FDNY provided that the System receives the required City of New York capital funding explicitly provided for such purchases; such authorization to remain in effect until withdrawn.

**EXECUTIVE SUMMARY**  
**EMS AMBULANCES & INITIAL OUTFITTING EQUIPMENT**  
**FIRE DEPARTMENT OF THE CITY OF NEW YORK**

- OVERVIEW:** The Fire Department of the City of New York ("FDNY") operates the public health care system's Emergency Medical Service ("EMS") program on behalf of New York City Health and Hospitals Corporation (the "System") under a 1996 Memorandum of Understanding (the "MOU"). The MOU requires FDNY to operate and maintain the City of New York's (the "City") active fleet of 460 ambulances as part of the EMS program.
- As part of the MOU between the System and the City, the System collects Medicaid funds for each fee-for-service patient that is admitted to one of its facilities including transports through EMS based on a longstanding agreement between System and the New York State Department of Health ("DOH"). Included in the Medicaid funding arrangement with DOH is the depreciated value of the ambulances. The System, in turn, reimburses FDNY through payments on a quarterly basis for the provision of ambulance services. The reimbursement represents FDNY's pro rata share of Medicaid revenues of which depreciation on the ambulances is included.
- Rather than coming to the System's Board of Directors annually or more often for authorizations from the System to act as the nominal purchasing agent for FDNY using City funds allocated for the ambulance purchases and outfitting, it appears more efficient to approve a standing authorization for the System to continue to play its role in the procurement and funding arrangement described.
- NEED:** Ambulances have an expected useful life of five (5) years and must be replaced after reaching the five-year period to maintain a high-performance fleet. At least annually and often more frequently, FDNY advises the System that additional ambulances have reached the end of their useful life and need to be replaced. Generally, special equipment must be purchased to outfit the ambulances.
- SCOPE:** FDNY has a fleet of approximately 620 ambulances and so roughly one fifth or 55 ambulances need replacement and outfitting each year.
- FINANCING:** Only City funds that are explicitly earmarked for this purpose are used.
- PROCUREMENT:** FDNY manages the procurement and also manages the outfitting of the ambulances.



MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION  
AND  
THE CITY OF NEW YORK  
ON THE PROVISION OF AMBULANCE AND  
PRE-HOSPITAL EMERGENCY MEDICAL SERVICES  
BY  
THE FIRE DEPARTMENT OF THE CITY OF NEW YORK  
FOR THE BENEFIT OF HHC

This Memorandum of Understanding ("MOU"), is made and entered into between the New York City Health and Hospitals Corporation ("HHC") and the City of New York (the "City"), in order to effectuate the transfer of the ambulance and pre-hospital emergency medical service functions performed by the Emergency Medical Service ("EMS") of HHC to the Fire Department of the City of New York (the "FDNY") to be performed by FDNY for the benefit of HHC.

WHEREAS, the parties to this MOU recognize that the availability of high-quality ambulance and pre-hospital emergency medical services is essential to HHC, as the City's public hospital system, and to the health and welfare of all persons in the City of New York; and

WHEREAS, HHC has, until now, operated EMS, which provides ambulance, pre-hospital emergency medical and ancillary services within the City; and

WHEREAS, the personnel and staff of EMS work with great skill, dedication and commitment under difficult circumstances to provide high quality ambulance and pre-hospital emergency medical services; and

WHEREAS, FDNY has completed an operational plan for the performance by FDNY of ambulance, pre-hospital emergency medical and ancillary services now performed by EMS for HHC ; and

WHEREAS, FDNY's operational plan reflects, and the parties believe, that combining EMS's personnel with FDNY's extensive experience operating a highly successful emergency fire response system will result in more effective delivery of ambulance and pre-hospital emergency medical services within the City, benefitting both HHC and the public; and

WHEREAS, the City intends to establish a Bureau of EMS within FDNY to provide ambulance and pre-hospital emergency medical services for HHC and the public; and

WHEREAS, in light of the foregoing, the parties believe that the transfer of EMS functions to FDNY, and the provision of ambulance and emergency services by FDNY to HHC pursuant to agreement, would serve the best interests of the City, the public and HHC; and

WHEREAS, HHC, by resolution of its Board of Directors adopted October 26, 1995, authorized the transfer of functions and the execution of an MOU between the City and HHC setting forth the terms of such transfer; and

WHEREAS, the parties desire by this transfer to enhance the quality, performance and coordination of ambulance and pre-hospital emergency medical services provided within the City;

NOW, THEREFOR, HHC and the City agree as follows:

I. TRANSFER OF FUNCTIONS TO FDNY

1. The parties shall take such steps as are appropriate and necessary in accordance with § 70(2) of the Civil Service Law and this MOU, including obtaining all necessary approvals, to effectuate the transfer to FDNY of ambulance, pre-hospital emergency medical and ancillary functions performed by EMS as set forth in paragraph 6 below ("EMS services").

2. For purposes of this MOU, "transfer date" shall mean the date of the transfer of employees of HHC to FDNY pursuant to paragraph 4 of this MOU.

3. FDNY will establish a Bureau of EMS within FDNY to oversee, direct and command EMS services. The Bureau will be managed by a senior Fire Department staff chief,

the "Chief in Charge, Bureau of EMS" ("EMS Chief"). The EMS Chief or his or her designee will serve as a liaison with HHC.

## II. PERSONNEL

4. As soon as practicable after the expiration of the 20-day notice period provided by § 70(2) of the Civil Service Law, the parties shall transfer from HHC to FDNY necessary permanent officers and employees currently assigned to EMS who are substantially engaged in the provision of EMS services ("HHC/EMS employees"), subject to the following:

(a). Such HHC/EMS employees will be transferred to FDNY without change in permanent civil service status, without loss of civil service seniority and with corresponding civil service titles;

(b). Such HHC/EMS employees will be appropriately oriented in relevant FDNY procedures and policies;

(c). The transfer of such HHC/EMS employees will not affect their membership in or rights with respect to the New York City Employees Retirement System.

5. Notwithstanding any other provision of this MOU, Special Officers employed by HHC who are currently assigned to EMS are not necessary officers or employees substantially engaged in the performance of the functions to be transferred, and shall not be transferred, but shall continue to be subject to the jurisdiction of HHC.

III. SERVICES BY CITY AND COMPENSATION BY HHC

6. The City agrees that, effective on the transfer date, FDNY will provide EMS services for the benefit of HHC, including but not limited to:

(a). The performance of ambulance services, directly or through other providers of ambulance services, consistent with the ambulance services provided by EMS prior to the transfer, subject to the limitation set forth in paragraph 7 below;

(b). Emergency inter-facility ambulance transportation for HHC patients to the extent provided immediately prior to the transfer date by personnel of EMS;

(c). The delivery of pre-hospital emergency medical care by qualified personnel;

(d). A central dispatching system to direct and coordinate responses to requests for emergency ambulance and medical services, which shall incorporate all ambulances operated by FDNY, as well as such voluntary and proprietary ambulances as shall choose to participate and be accepted for participation by FDNY;

(e). Any other services necessary to the performance of terms and conditions of federal or state grants, subsidies or other funding;

(f). Support, administrative and personnel services previously provided by personnel of EMS that are necessary to the provision of the services described in subparagraphs (a)-(e) above.

7. After the transfer date, HHC will continue to be responsible for non-emergency inter-facility transports consistent with current practice.

8. In consideration for the provision of EMS services by the City for the benefit of HHC, as set forth in this MOU, HHC will fund the costs of such services, as follows:

(a). HHC will fund the costs of EMS services for the balance of the City's fiscal year 1996 by means of a payment to the City in the amount of \$62 million,<sup>1</sup> payable in two equal installments due on April 30, 1996 and June 30, 1996.

(b). Unless the funding arrangements set forth in this subparagraph are modified pursuant to paragraphs 10 or 22 below, HHC will fund the costs of EMS services for each fiscal year after fiscal year 1996 as follows:

(i) The City shall apply \$63 million of the HHC subsidy from the City under the New York City Health and Hospitals Corporation Act (Chapter 1016 of the Laws of 1969, as amended) (the "HHC Act") to FDNY as partial payment for the EMS services to be provided by FDNY as set forth in this MOU; and

(ii) HHC, subject to paragraph 9 of this MOU, shall continue to bill for and receive directly all amounts arising from the provision of EMS services by FDNY to patients delivered to HHC hospitals, and prior to the commencement of each fiscal year, the City Budget Director and the President of HHC jointly shall project the amount of collections anticipated by HHC for that fiscal year (the "HHC Projected Collections");

(iii) The amount of the HHC Projected Collections for each fiscal year shall be paid by HHC to the City in four equal payments, subject to adjustment as provided in (iv) and (v) below, with the first three payments to be made on the last day of each of the

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<sup>1</sup> This number assumes that the transfer date is March 1, 1996. In the event that the transfer occurs on a different date, the President of HHC and the City Budget Director jointly shall determine the appropriate amount.

first three quarters of the fiscal year, and the last payment to be made within 60 days of the end of the fiscal year;

(iv) Within 60 days of the end of each fiscal year, the City Budget Director and the President of HHC jointly shall determine the amount actually collected by HHC for that fiscal year as a result of the operations of EMS (the "HHC Actual Collections"). In the event that the HHC Actual Collections are less than the HHC Projected Collections, the amount of HHC's fourth payment to the City under (iii) above shall be reduced by such difference, provided that HHC exercised diligent efforts, as determined jointly by the City Budget Director and the President of HHC, to maximize the amount of the HHC Actual Collections. In the event that the HHC Actual Collections are in excess of the HHC Projected Collections, the amount of HHC's fourth payment to the City under (iii) above shall be increased by such excess.

(v) Notwithstanding the foregoing, in the event that the President of HHC and the City Budget Director jointly determine that as of the conclusion of the second quarter the HHC projected collections are likely to be materially in excess of the HHC Actual Collections, then the President of HHC and the City Budget Director shall agree to revise appropriately the amount of HHC's third quarter payment to the City under (iii) above.

9. As of the transfer date, the City shall be responsible for the billing and collection of all revenues arising from the provision of EMS services to non-Medicaid patients delivered to hospitals other than those operated by HHC. The revenues collected by the City during fiscal year 1996 shall be remitted to HHC; the revenues collected by the City during subsequent fiscal years shall be retained by the City. Commencing October 1, 1996, the City shall pay HHC a reasonable rate, as determined jointly by the City Budget Director and the

President of HHC, for the billing and collecting of non-Medicaid revenues for EMS services provided to patients delivered to HHC hospitals, or shall assume the responsibility for the billing and collecting of such non-Medicaid revenues. \*

10. The Mayor, after consultation with HHC, may modify the funding arrangements set forth in paragraphs 8 and 9 above provided that any such modification does not result in adverse financial consequences for HHC.

11. The parties agree to cooperate with respect to grants and subsidies for EMS services from sources other than the City of New York, as follows:

(a). The parties agree to cooperate in applying for grants and subsidies currently available or which may become available from any source for EMS services, to make best efforts to obtain such funding at a level greater than or equal to the amounts now received and to employ such grants and subsidies as are awarded in a manner consistent with applicable funding conditions;

(b). As soon as practicable, HHC will identify all grants and subsidies authorized by any source for EMS services or for the benefit of EMS; HHC agrees to remit promptly to the City all monies it receives (whether before, on, or after the transfer date) on account of such grants and subsidies to the extent consistent with applicable funding conditions.

12. The City shall provide the following reports to HHC:

(a). Within ninety days after each annual anniversary of the transfer date, FDNY and the City shall report to HHC in writing concerning the services the City has provided pursuant to this MOU. Such report shall include an assessment of the effectiveness of such services, plans for appropriate improvements in such services and quantitative and descriptive information analyzing the level and nature of services.



(b). FDNY and the City will provide such additional reports as HHC reasonably requests in connection with grants, funding, billing or the implementation of this MOU.

13. HHC shall provide the following reports to the City :

(a). Cash receipt reports for EMS services, listing all revenues by source.

(b). Ambulance "drop-off" numbers to HHC hospitals and charges by HHC for:

(i). Medicare patients;

(ii). Self-pay patients;

(iii). Patients covered by third-party insurance.

(c). HHC will provide such additional reports as the City or FDNY reasonably requests in connection with grants, funding, billing or the implementation of this MOU.

**IV. PROPERTY AND CONTRACTS OF HHC AND RELATED MATTERS**

14. For the purpose of providing EMS services as described in this MOU, as of the transfer date FDNY shall have access to and use of HHC real property to the same extent that EMS had prior to the transfer, including but not limited to EMS stations, outposts and other facilities. In addition, as soon as practicable, HHC shall identify all real property currently used primarily by EMS and all leases or other arrangements relating to such property; the City will review such leases and arrangements and determine, in consultation with HHC, the appropriate treatment of each. Except as otherwise provided for by the parties to this MOU or in leases or other arrangements between HHC and third parties, utilities, maintenance and repairs for the EMS facilities will be provided as follows:

(a). Routine non-structural custodial maintenance of such facilities shall be performed by the City;

(b). Utilities (water, heat, electricity), as well as repairs to structures or fixtures, in facilities also used by HHC for non-EMS purposes (for example, EMS stations located in HHC hospitals) shall be the responsibility of HHC, unless the City elects to undertake the responsibility; and

(c). The City shall be responsible for utilities and repairs to structures or fixtures in other EMS facilities.

15. For the purpose of providing EMS services, as of the transfer date FDNY shall, in its discretion, have access to and use of HHC personal property to the same extent that EMS had prior to the transfer. In addition, as soon as practicable, HHC shall identify all personal property, including but not limited to vehicles and equipment, currently used primarily

by or for the benefit of EMS. In consideration for the services to be provided for the benefit of HHC by the City pursuant to this MOU, HHC shall promptly transfer its interests in such property to the City, to the extent that the City so elects. Such personal property shall, during its useful life, be used to the extent practicable for the purpose of providing ambulance and pre-hospital emergency medical services.

16. As of the transfer date, HHC shall provide to the City, to the extent that the City so elects, all goods or services to be provided under contracts, agreements and other arrangements entered into by HHC for the benefit of EMS, including but not limited to arrangements with private ambulance services. As soon as practicable, HHC will identify all such contracts, agreements and other arrangements, and the City will review them to determine, in consultation with HHC, the appropriate treatment of each such contract, agreement and arrangement.

V. GENERAL

17. This MOU is not intended, nor shall it be construed, to create any rights or benefits in any third parties.

18. HHC and the City agree that this MOU shall be read consistently with the HHC Act, the New York City Charter and all other applicable federal, State and local laws and regulations.

19. Within a reasonable time after the transfer date, the City shall publish in the *New York Law Journal* an appropriate notice to members of the bar regarding the transfer of EMS functions from HHC to FDNY.

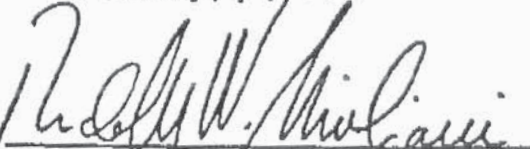
20. The parties shall cooperate: (i) in taking all actions necessary or desirable to implement this MOU, (ii) in exchanging non-privileged information and documentation

relating to EMS services, and (iii) in avoiding adverse financial consequences to either party as a result of the implementation of this MOU.

21. Any disputes between the City and HHC regarding the implementation of this MOU, including but not limited to any disputes between the City Budget Director and the President of HHC regarding payments for services, shall be finally resolved and determined by the City's First Deputy Mayor or such other Deputy Mayor who is designated to sit on HHC's Board of Directors.


22. This MOU may be amended from time to time or terminated by written agreement between the Mayor and the President of HHC.

Agreed to  
As of January 19, 1996

  
\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
President, New York City Health and  
Hospitals Corporation

Approved as to form:

  
\_\_\_\_\_  
Corporation Counsel

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a cellular communications system in approximately 200 square feet of space on the roof of the "A-C" Building at Coler Rehabilitation and Nursing Care Center (the "Facility") at an annual occupancy fee of approximately \$309 per square foot or \$61,814 per year to be escalated by 4% per year for a five year total of \$334,805.

**WHEREAS**, the Licensee currently operates a cellular communications system on rooftop space on the "A-C" Building on the Facility's campus pursuant to a resolution adopted by the NYC Health + Hospitals' Board of Directors in September 2012; and

**WHEREAS**, the Licensee desires to continue its operation of such cellular communications system at the Facility and the Licensee's use of the rooftop space will not compromise Facility operations; and

**WHEREAS**, the Licensee's cellular communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with T-Mobile Northeast LLC (the "Licensee") to operate a cellular communications system in 200 square feet of space on the roof of the "A-C" Building at Coler Rehabilitation and Nursing Care Center (the "Facility") at an annual occupancy fee of approximately \$309 per square foot or \$61,814 per year to be escalated by 4% per year for a five year total of \$334,805.

## EXECUTIVE SUMMARY

### LICENSE AGREEMENT T-MOBILE NORTHEAST LLC

#### COLER REHABILITATION AND NURSING CARE CENTER

The NYC Health + Hospitals seeks Board of Director's authorization to execute a five year revocable license agreement with T-Mobile Northeast LLC ("T-Mobile") to operate a cellular communications system in 200 square feet at the campus of the Coler Rehabilitation and Nursing Care Center ("Coler").

The Licensee has been operating cellular communications equipment at Coler since 2007. T-Mobile will be granted the continued use and occupancy of approximately 200 square feet of space on the roof of the "A-C" Building. T-Mobile will pay an annual occupancy fee of approximately \$309 per square foot or \$61,814 per year with annual increases of 4% throughout the duration of the agreement for a five year total of \$334,805. The Licensee will be responsible for maintaining its equipment, and this arrangement will be at no cost to the Corporation. The equipment complies with applicable federal statutes governing the emission of radio frequency signals for cellular communications system, and does not compromise hospital safety.

The Licensee will be indemnify and hold harmless NYC Health + Hospitals and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming NYC Health + Hospitals and the City of New York as additional insureds.

The term of this agreement shall not exceed five years without further authorization by the Board of Directors and shall be revocable by either party upon six months prior notice.

**Coler - T Mobile (A-C Bldg)**

<u>Year</u>	<u>Prior Term</u>	<u>New Term</u>
1	50,807	61,814
2	52,839	64,287
3	54,953	66,858
4	57,151	69,532
5	59,437	72,314
<b>Total</b>	<b>275,187</b>	<b>334,805</b>

## RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with 2017 ESA Project Company, LLC, a Bloom Energy affiliate ("Bloom") to construct four fuel cell co-generation servers (the "Servers") at the locations on the campus of NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Dr. Susan Smith McKinney (the "Facilities") shown on the attached site map and to maintain the same, both at the sole cost and expense of Bloom and to sell its entire electrical energy output to the System for use by the Facilities and to obligate the System to purchase from Bloom all of such energy for a term of fifteen years at a total projected cost not to exceed \$39.1 Million to meet approximately 40% of the Facilities' demand; provided that the use of the Servers requires the System to obtain natural gas from the local utility at an estimated cost of approximately \$18.3 Million for a combined total cost of approximately \$57.5 Million over fifteen years, all on the terms outlined in the Statement of Economic Terms attached hereto.

**WHEREAS**, the Facilities currently obtain electricity for their operations entirely from Consolidated Edison ("Con Ed"), the projected cost of 40% of which over the next fifteen years would be approximately \$62.8 Million assuming annual 2% increases over June 1, 2018 rates, when the Servers will be on line; and

**WHEREAS**, because peak energy demand in Central Brooklyn strains the capacity of Con Ed, the Public Service Commission required Con Ed to provide subsidies to encourage the construction of energy co-generation plants and energy saving measures by customers in Central Brooklyn; and

**WHEREAS**, Bloom was selected by Con Ed by a competitive selection process involving a demand response auction to provide fuel cell co-generation facilities to the Facilities as well as other proximate locations including Downstate Medical Center with a subsidy from Con Ed; and

**WHEREAS**, Bloom, with the Con Ed subsidy, will provide electrical energy generated by the Servers to the Facilities at \$0.08/Kilowatt Hour which rate will increase by 3.25% annually; and

**WHEREAS**, the System will need to purchase natural gas from the local utility – currently National Grid, to operate the Servers; and

**WHEREAS**, the System's cost of energy from Bloom plus the anticipated cost of natural gas is expected to be approximately \$535,317 per year less than the anticipated cost of energy from Con Ed; and

**WHEREAS**, by using the Servers, the System will be able to supply approximately 40% of the total energy needs of the Facilities without relying on the electrical grid thereby increasing the energy security of the Facilities; and

**WHEREAS**, previously authorized gas turbine co-generation facilities will supply approximately 20% of the Facilities' demands thus bringing the Facilities' total co-generation capacity to approximately 60% of total demand; and

**WHEREAS**, by using the Servers, the System will be able to reduce the System's carbon footprint by the use of energy substantially cleaner than that which would otherwise be provided by Con Edison; and

**WHEREAS**, the proposed contract will be managed by the Vice President for Facility Operations.

**NOW THEREFORE BE IT:**



**RESOLVED**, that New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute an agreement with 2017 ESA Project Company, LLC, a Bloom Energy affiliate ("Bloom") to construct four fuel cell co-generation servers (the "Servers") at the locations on the campus of NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Dr. Susan Smith McKinney (the "Facilities") shown on the attached site map and to maintain the same, both at the sole cost and expense of Bloom and to sell its entire electrical energy output to the System for use by the Facilities and to obligate the System to purchase from Bloom all of such energy for a term of fifteen years at a total projected cost not to exceed \$39.1 Million to meet approximately 40% of the Facilities' demand; provided that the use of the Servers requires the System to obtain natural gas from the local utility at an estimated cost of approximately \$18.3 Million for a combined total cost of approximately \$57.5 Million over fifteen years, all on the terms outlined in the Statement of Economic Terms attached hereto.

**EXECUTIVE SUMMARY**  
**RESOLUTION TO AUTHORIZE POWER PURCHASE AGREEMENT**  
**WITH 2017 ESA PROJECT COMPANY, LLC**

- BACK-GROUND:** In lieu of authorizing the construction of additional generation capacity, the Public Service Commission authorized Consolidated Edison ("Con Ed") to launch a program of incentives for the adoption of energy savings technologies and improvements and the creation of co-generation capacity throughout parts of Queens and Brooklyn. As part of this larger initiative, the Clarkson Avenue Micro Grid Project focuses on the portion of Central Brooklyn in which NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Dr. Susan Smith McKinney (the "Facilities") are located. ESA Project Company, LLC, a Bloom Energy affiliate ("Bloom") was selected by Con Edison pursuant to a competitive procurement process to supply and operate fuel cell co-generation fuel cell energy servers (the "Servers") both for the Facilities and for the Downstate Medical Center operated by the State University of New York across Clarkson Avenue from the Facilities ("DMC"). Having been selected, Bloom is able to benefit from certain subsidies from Con Ed however it remains for New York City Health and Hospitals (the "System") to choose to work with Bloom and, if such a decision is made, to sign a formal contract with Bloom.
- CURRENT STATE:** Currently the Facilities get all their electricity from Con Ed. The proposed contract will supply approximately 40% of the Facilities' electrical demand. For comparison purposes, obtaining that 40% of demand from Con Ed over fifteen years would cost approximately \$62.8 assuming annual price increases of 2%. It is not possible to project with certainty the future price of electricity from Con Ed. The long term trend is for increases but the rate of increases is not known. The Public Service Commission has authorized rate increases of 4% for each of next year and the year after.
- BENEFITS:** The System will benefit in three ways from the proposed Bloom agreement. First, by generating a portion of its own electricity, the System will increase its energy security thus protecting itself from black-outs, brown-outs or other disruptions of the commercial grid. Once the Servers are operational – estimated to be May 2018, the Facilities will meet approximately 60% of their total energy demands from co-generation plants (the fuel cell servers to be authorized by this resolution and gas turbine generators previously authorized) and 40% from the Servers. Second, the System will get electrical energy from the Servers more cheaply than from Con Ed. The exact amounts saved may vary as the cost of natural gas required to operate the Servers and the cost of electricity generated by Con Ed vary but at current rates, the savings will be approximately \$535,317 during the initial year of operations. Third, energy generated by the Servers will be cleaner and produce few greenhouse gases than energy generated by Con Ed. Operation of the fuel cell produce no greenhouse gases and the extraction of natural gas is a cleaner process than the generation of electricity by coal fired power plants.
- PROCUREMENT:** Bloom was the only entity selected by Con Edison to furnish and operate fuel cell servers as part of the Clarkson Avenue Micro Grid Project. Thus, if the System wants to participate in this aspect of the Clarkson Avenue Micro Grid Project, Bloom is the only alternative. DMC has chosen to move forward with Bloom and the NYS Comptroller issued a Declaration of Waiver from competitive solicitation and publication requirements. Although the System does not operate under the same rules as does DMC, the logic of the DMC waiver applies here as well. Bloom is a national company based in California which is a leader in fuel cell electricity generation. Bloom has numerous local and national customers in fields ranging from healthcare to finance. Currently a portion of City Hall's electrical needs are supplied by a Bloom fuel cell server.
- TERMS:** The System will buy natural gas to operate the Servers and will pay Bloom \$0.08/Kilowatt Hour for the energy produced which rate will increase by 3.25% annually. Bloom will sell its energy only to

the System and the System will buy all that is produced. The agreement is for 15 years. Bloom pays all costs to construct and maintain the Servers.

**SITES:** Bloom shall construct and install the Serves at the four locations indicated on the attached site map.

**FINANCIAL TERMS/FINANCIAL ANALYSIS  
POWER PURCHASE AGREEMENT WITH  
2017 ESA PROJECT COMPANY, LLC ("BLOOM")**

**Summary Model**

	Electricity Cost	Bloom Energy
40% KCHC Annual Elec. Use - Kilowatt hours (kWh)	25,798,200.00	25,798,200.00
Cost per kWh	\$ 0.141 <sup>1</sup>	\$ 0.08
Cost of KCHC 40% Electricity Consumption	\$ 3,629,806.74	\$ 2,063,856.00
Total Cost of Natural Gas to KCHC & DSSM	\$ -	\$ 1,030,634.00 <sup>2</sup>
Cost of 40% of Electricity Consumed by KCHC & DSSM	\$ 3,629,806.74	\$ 3,094,490.00
Projected Annual Electricity Cost Savings	\$535,316.74	

**Notes:**

(1) NYPA and CON Edison have received rate increases on supply and delivery of service for 2018.

(2) Using National Grid anticipated new rate (\$0.55) based of service classification for distributed generation systems.

**Efficiency Guaranty:** The project will not hit its financial targets if the system does not perform as promised. To protect against this, Bloom guaranties the efficiency of the system. The benchmark efficiency is that which is necessary to produce the electrical output modeled above. If the system falls below that output with the amount of gas modeled, then Bloom issues a payment to NYC H+H of the amount projected to make up for the energy not produced.

**Maintenance:** All maintenance is performed by Bloom. Apart from purchasing the natural gas to run the system, NYC H+H has no operational expenses whatsoever.

**Option to Purchase:** NYC H+H will have an option to purchase the servers or any of them at its FMV. The purchase price is to be negotiated by the parties based on the value of the income stream to Bloom, the condition of the Servers and current market conditions. If the parties do not reach agreement the price is to be set by binding arbitration.

**Termination:** NYC H+H can terminate the Agreement without cause if it makes a Termination Payment as per the next page keeping in mind that the capacity of the system is 3,100 kW.

# Bloomenergy® Kings County Hospital & McKinney Overall Site Plan

<b>451 Clarkson Ave, Brooklyn, NY 11203</b>	<b>594 Albany Ave, Brooklyn, NY 11203</b>
<b>Bloom ID(s): NHH000.X</b>	<b>Bloom ID(s): NHH002.0</b>
<b>Size: 2.7 MW Total</b>	<b>Size: 400 kW</b>
<b>Interconnections: 9</b>	<b>Interconnections: 2</b>

Site	System	Meter #	Building	Location	Service Voltage	ES Location	Service Length (ft.)	Base Load (kW)	ES Size (kW)	# ES's	Average Export (%)
Kings County Hospital	1	8094912	B(A)	BB-61	208	2	600	276	250	1	1.2%
	2	8094915	B	BB-61	208	2	600	297	300	1	0.7%
	3	8094909	B(C)	BB-64	208	2	600	253	250	1	0.9%
	4	8094901	B	CG-119	208	2	600	226	200	1	1.2%
	5	8094918	E	EB-23B	208	1	350	381	400	2	0.9%
	6	8096427	R	RC030A	480	3	350	416	300	1	0.1%
	7	8096429	R	RC030A	480	3	350	287	300	1	0.4%
	8	8096563	D	CS-16	480	1	600	492	400	2	0.1%
	9	8096428	D	CS-16	480	1	600	432	300	1	0.1%
	10	8125341	DSSM		208	4	100	240	200	1	0.5%
	11	8125340	DSSM		208	4	100	191	200	1	4.1%
<b>Total # ES's 13</b>										<b>Export % Weighted Average 0.80%</b>	
<b>Total Energy Server Output 3,100</b>											



= FUEL CELL INSTALL LOCATIONS

= \*BUILDINGS BLOOM WILL PHYSICALLY INTERCONNECT WITH

**Legend:**  
 Electrical Feed



## KINGS COUNTY HOSPITAL CENTER

\*NOTE: BUILDINGS A AND C WILL BE FED FROM ELECTRICAL SERVICES LOCATED IN BUILDING B.

Month	End of Month Termination Value	Month	End of Month Termination Value	Month	End of Month Termination Value	Month	End of Month Termination Value
1	\$1,361,806	46	\$740,250	91	\$386,434	136	\$206,052
2	\$1,237,430	47	\$736,735	92	\$382,085	137	\$202,362
3	\$1,231,882	48	\$733,220	93	\$377,736	138	\$198,672
4	\$1,227,733	49	\$638,075	94	\$373,614	139	\$195,232
5	\$1,222,185	50	\$634,361	95	\$369,265	140	\$191,542
6	\$1,216,637	51	\$630,648	96	\$364,917	141	\$187,852
7	\$1,211,279	52	\$628,353	97	\$360,568	142	\$184,412
8	\$1,205,731	53	\$624,639	98	\$355,994	143	\$180,722
9	\$1,149,257	54	\$620,926	99	\$351,420	144	\$176,266
10	\$1,143,899	55	\$617,422	100	\$348,287	145	\$171,802
11	\$1,138,351	56	\$613,708	101	\$343,712	146	\$167,090
12	\$1,134,263	57	\$609,995	102	\$339,138	147	\$162,377
13	\$1,038,549	58	\$606,491	103	\$334,796	148	\$159,129
14	\$1,034,281	59	\$602,777	104	\$330,221	149	\$154,417
15	\$1,030,012	60	\$599,063	105	\$325,647	150	\$149,704
16	\$1,027,148	61	\$503,719	106	\$321,305	151	\$145,247
17	\$1,022,880	62	\$499,801	107	\$316,730	152	\$140,534
18	\$1,018,611	63	\$495,882	108	\$312,156	153	\$135,822
19	\$1,014,538	64	\$493,388	109	\$307,581	154	\$131,365
20	\$1,010,270	65	\$489,469	110	\$302,774	155	\$126,652
21	\$1,006,001	66	\$485,550	111	\$297,967	156	\$121,940
22	\$1,001,928	67	\$481,847	112	\$294,606	157	\$117,218
23	\$997,659	68	\$477,928	113	\$289,799	158	\$112,241
24	\$994,523	69	\$474,010	114	\$284,992	159	\$107,263
25	\$899,759	70	\$470,306	115	\$280,422	160	\$103,757
26	\$896,436	71	\$466,388	116	\$275,615	161	\$98,780
27	\$893,113	72	\$462,469	117	\$270,808	162	\$93,803
28	\$891,199	73	\$458,554	118	\$266,239	163	\$89,087
29	\$887,876	74	\$454,424	119	\$261,432	164	\$84,110
30	\$884,553	75	\$450,294	120	\$258,230	165	\$79,133
31	\$881,430	76	\$447,593	121	\$255,026	166	\$74,418
32	\$878,107	77	\$443,463	122	\$251,585	167	\$69,440
33	\$874,784	78	\$439,333	123	\$248,143	168	\$64,463
34	\$871,660	79	\$435,423	124	\$246,154	169	\$59,475
35	\$868,337	80	\$431,293	125	\$242,713	170	\$54,224
36	\$865,014	81	\$427,163	126	\$239,271	171	\$48,973
37	\$770,064	82	\$423,253	127	\$236,073	172	\$44,898
38	\$766,548	83	\$419,123	128	\$232,632	173	\$39,648
39	\$763,033	84	\$414,993	129	\$229,190	174	\$34,397
40	\$760,932	85	\$410,864	130	\$225,992	175	\$29,415
41	\$757,417	86	\$406,516	131	\$222,550	176	\$24,165
42	\$753,901	87	\$402,167	132	\$219,109	177	\$18,914
43	\$750,591	88	\$399,254	133	\$215,662	178	\$13,932
44	\$747,076	89	\$394,905	134	\$211,973	179	\$8,682
45	\$743,561	90	\$390,556	135	\$208,283	180	\$0

Current Model

Fuel Cell Annual Electrical Output	A	25,798,200.00
Bloom Charge to NYC H+H	B	\$ 0.08
Total Value of KWh Produced (A*B)	C	\$ 2,063,856.00
Annual Gas Consumption (Therms)	D	1,873,880.00
Natural Gas Rate (\$/Therm)	E	\$ 0.550
Total Cost of Natural Cost (D*E)	F	\$ 1,030,634.00
Annual Cost of Electricity Delivered by Bloom Energy (C+F)	G	\$ 3,094,490.00
Cost per Kwh Electricity from Con ED	H	\$ 0.141
Annual Cost of Electricity from Con ED (A*H)	I	\$ 3,629,806.74
Projected Annual Electricity Cost Savings (I-G)	J	\$ 535,316.74

Assuming 10% Increase Electricity & Natural Gas Prices	Assuming 10% Decrease in Electricity & Natural Gas Prices	Assuming 15% Increase Natural Gas and 10% Electricity	Assuming 15% Increase Natural Gas and 5% Electricity
25,798,200.00	25,798,200.00	25,798,200.00	25,798,200.00
\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08
\$ 2,063,856.00	\$ 2,063,856.00	\$ 2,063,856.00	\$ 2,063,856.00
1,873,880.00	1,873,880.00	1,873,880.00	1,873,880.00
\$ 0.605	\$ 0.495	\$ 0.633	\$ 0.633
\$ 1,133,697.40	\$ 927,570.60	\$ 1,185,229.10	\$ 1,185,229.10
\$ 3,197,553.40	\$ 2,991,426.60	\$ 3,249,085.10	\$ 3,249,085.10
\$ 0.154	\$ 0.126	\$ 0.154	\$ 0.147
\$ 3,972,922.80	\$ 3,250,573.20	\$ 3,972,922.80	\$ 3,792,335.40
\$ 775,369.40	\$ 259,146.60	\$ 723,837.70	\$ 543,250.30