

BOARD OF DIRECTORS MEETING

THURSDAY, MAY 25, 2017

A•G•E•N•D•A

<p><b><u>CALL TO ORDER - 3:00 PM</u></b></p> <p>1. Adoption of Minutes: April 27, 2017</p>	<p><b>Mr. Campbell</b></p>
<p><b><u>Acting Chair’s Report</u></b></p> <p><b><u>Interim President’s Report</u></b></p>	<p><b>Mr. Campbell</b></p> <p><b>Mr. Brezenoff</b></p>
<p>➤ <b>Information Items:</b> *<b>One New York: Health Care for Our Community</b> *<b>Financial Plan</b> *<b>Integrating Palliative Care – Piloting Use of the Medical Orders Life Sustaining Treatment (MOLST) - Lincoln</b></p> <p>&gt;&gt; <b>Action Items</b>&lt;&lt;</p>	
<p>2. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals or the “System”) to take the <b>necessary steps to implement a platform</b> that will integrate <b>Epic revenue cycle modules</b> with existing Epic clinical modules at a cost not to exceed \$138,710,297 in operating funds and \$150,407,693 capital funds, which is allocated in the City’s Capital Budget, over the next five years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance; and training services and facilities all of such procurement to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization provided that the GO Enterprise unit of the Enterprise Information Technology Services division of NYC Health + Hospitals (EITS”) shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established. (Information Technology (IT) Committee – 05/15/2017)</p>	<p><b>Ms. Youssef</b></p>
<p>3. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System) to enter into a contract with <b>Manatt Health</b>, a division of Manatt, Phelps &amp; Phillips LLP (“Manatt”) to <b>prepare a clinical services plan</b> for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as GME impact, over a twenty week period for an amount not to exceed \$4,225,000. (Med &amp; Professional Affairs Committee – 05/18/2017) EEO: Approved / VENDEX: Pending</p>	<p><b>Dr. Calamia</b></p>
<p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to approve a <b>Capital Project</b> for an amount not to exceed \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the <b>Upgrade of Fire Alarm Systems</b> in the “ABC” and “T” Buildings at NYC Health + Hospitals   <b>Kings County</b>. (Capital Committee – 05/09/2017)</p>	<p><b>Mr. Page</b></p> <p><i>(over)</i></p>

<p>5. RESOLUTION authorizing the NYC Health + Hospitals (the “Health Care System”) to execute a revocable <b>license agreement</b> with the <b>New York City Department of Health and Mental Hygiene</b> for use and occupancy of approximately 2,480 square feet of space on the 6th floor of the Kountz Pavilion for the operation of <b>the New York City Nurse-Family Partnership program at Harlem Hospital Center</b> for an annual occupancy fee of \$124,000. (Capital Committee – 05/09/2017)</p>	<p><b>Mr. Page</b></p>
<p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a <b>lease agreement</b> with RXR 32 Old Slip Owner LLC for a ten year term for approximately 20,567 square feet of space on the 5th floor at 32 Old Slip Borough of Manhattan, to house <b>the NYC Health + Hospitals’ Office of the Inspector General</b> at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term. (Capital Committee – 05/09/2017)</p>	<p><b>Mr. Page</b></p>
<p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to <b>designate the auditorium</b> at NYC Health + Hospitals   <b>Gouverneur</b> as the <b>Dr. Emily D. Barringer Community Hall</b> in honor of Dr. Emily Dunning Barringer. (Capital Committee – 05/09/2017)</p>	<p><b>Mr. Page</b></p>
<p><b><u>Committee Reports</u></b></p> <ul style="list-style-type: none"> <li>➤ Capital</li> <li>➤ Community Relations</li> <li>➤ Equal Employment Opportunity</li> <li>➤ Finance</li> <li>➤ Information Technology</li> <li>➤ Medical &amp; Professional Affairs</li> <li>➤ Strategic Planning</li> </ul>	<p><b>Mr. Page</b> <b>Mrs. Bolus</b> <b>Mr. Nolan</b> <b>Mr. Rosen</b> <b>Ms. Youssouf</b> <b>Dr. Calamia</b> <b>Mr. Campbell</b></p>
<p><b><u>Executive Session / Facility Governing Body Report</u></b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Jacobi</li> <li>➤ NYC Health + Hospitals   North Central Bronx</li> </ul>	
<p><b>Semi-Annual Governing Body Report (Written Submission Only)</b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Harlem</li> </ul>	
<p><b>2016 Performance Improvement Plan and Evaluation (Written Submission Only)</b></p> <ul style="list-style-type: none"> <li>➤ Gouverneur Diagnostic &amp; Treatment Center   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 27<sup>th</sup> day of April 2017 at 3:00 P.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  
Dr. Mary T. Bassett  
Josephine Bolus, R.N.  
Dr. Jo Ivey Boufford  
Dr. Vincent Calamia  
Barbara A. Lowe, R.N.  
Mr. Robert Nolan  
Mr. Mark Page  
Mr. Bernard Rosen  
Ms. Emily A. Youssouf

Jennifer Yeaw was in attendance representing Commissioner Steven Banks, and Deborah Brown was in attendance representing Dr. Herminia Palacio, each in a voting capacity.

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 March 23, 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 March 23, 2017 copies of which have been presented to this meeting, be and hereby are adopted.

**CHAIRPERSON'S REPORT**

Mr. Campbell thanked the Board members who participated in the first Fiscal Year 2017 public meeting held in the Bronx on April 19, 2017. He also announced the schedule of the remaining public meetings as follows: NYC Health + Hospitals/Sea View on May 10, 2017; NYC Health + Hospitals/Coney Island on May 17, 2017; NYC Health + Hospitals/Harlem on June 7, 2017; and NYC Health + Hospitals/Elmhurst on June 14, 2017.

Mr. Campbell reported that the Joint Commission visited NYC Health + Hospitals/Woodhull on March 13, 2017 and conducted a four-day survey. He thanked Mrs. Bolus for participating in the leadership session. Mr. Campbell also reported that the Joint Commission has surveyed four out of six hospitals thus far and that we are doing very well.

Mr. Campbell congratulated Dr. Calamia who is being honored with the 2017 United Hospital Fund's Distinguished Trustees Award on May 1, 2017.

Mr. Campbell updated the Board on approved and pending Vendex.

**PRESIDENT'S REPORT**

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

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on the Federal and State budgets, as well as legislative activity in Washington including tax cuts and the implications of the potential repeal of the Affordable Care Act. Assistant Vice President Michelle DiBacco, the System's representative in Albany, highlighted some State budget and legislative issues.

#### INFORMATION ITEM

Dr. Rosa Colon-Kolacko, Senior Vice President, Human-Capital Administration, reported to the Board the goal of NYC Health + Hospitals to create an inclusive and respectful environment for our LGBTQ employees and patients and to provide the LGBTQ community with healthcare equality.

#### 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.

#### FACILITY GOVERNING BODY/EXECUTIVE SESSION

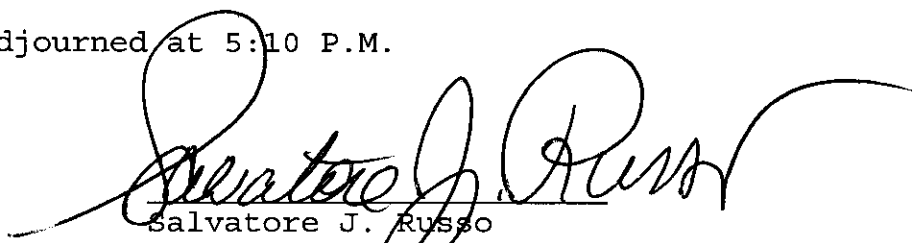
The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell reported that, (1) the Board of

Directors, as the governing body of NYC Health + Hospitals/ Metropolitan, received an oral governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as governing body of NYC Health + Hospitals/Coney Island, the Board reviewed and approved its semi-annual written report; and (3) as governing body of NYC Health + Hospitals/Sea View, the Board reviewed and approved its semi-annual written report.

Additionally, the Board received and approved the 2016 performance improvement plan and evaluation from NYC Health + Hospitals/East New York Diagnostic and Treatment Centers/Gotham Health.

**ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:10 P.M.

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

# COMMITTEE REPORTS

**Audit Committee – April 4, 2017**

**As reported by Emily Youssouf**

**Committee Members Present: Emily Youssouf, Mark Page, Josephine Bolus, RN, Stanley Brezenoff**

Ms. Youssouf called the meeting to order and asked Chris Telano to give his update.

Mr. Telano began with the on-going external audit and gave the Committee an update on the audit by the New York City Comptroller's office of EPIC, which is currently on-going. They finally began their fieldwork on March 21st, and they were provided with the test environment to Epic, and everything seems to be going well.

Ms. Youssouf stated that we are all very glad to hear that.

Moving on to the completed internal audits. The first one was a review of the Physician Affiliate Group of New York known as PAGNY at New York City Health + Hospitals/Jacobi.

Ms. Youssouf asked for the appropriate representatives to come to the table and introduce themselves. They did as follows: Dr. Luis Marcos, CEO; Sandra Maldonado, Chief Affiliation Officer at Jacobi and North Central Bronx Hospital and Reggie Odom, Chief Human Resources Officer for PAGNY.

Mr. Telano stated that I will go over the issues that we noted during our review.

1. The first one had to do with the lack of oversight of the subcontractors that are hired in various departments.
2. We found that a physician in Rheumatology, his credentialing had expired on March 31, 2016, and continued to see patients. We can confirm that he saw patients during July 2016 until this was brought to their attention.
3. Due to a lack of communication, the PAGNY Human Resources Department was unaware that a Residency Director was hired in Neurology.
4. In addition, a Residency Director at OB/GYN received his paperwork, was sent to HR, but they did not process it timely. We also found subcontracted physicians did not have their annual medical clearance and other clearances were done late.
5. We found a clause within the contract not being adhered to.
6. Two departments were not maintaining schedules for their employees indicating their regular hours.
7. Two departments that did maintain schedules, and even though they did keep them updated, they did not reconcile them to their timesheets, resulting in two physicians being paid for days in which they did not work, and there was some other discrepancies between the timesheets and the schedules. Regarding other issues of the timesheets, the director for Pediatrics was signing and approving her own timesheets. Two timesheets were not signed by authorized individuals, and the time worked for one employee did not match the time paid, and employees that are required to work 160 hours a month in the Medicine Department, there was no confirmation by review of the timesheets that this was being adhered to.
8. We also noted that there was some issues related to system access of terminated employees, and in some instances the PAGNY HR Department sent notification to the Enterprise Service Desk, which is the Jacobi Enterprise Information Technology Service Department, but they did not take any action in removing individuals from QuadraMed. We found 15 individuals that still had QuadraMed access, and we found 6 individuals, that had access to the Active Directory. One of these individuals had access to the Active Directory almost a year after they were terminated, and their account was accessed, and since they had access to QuadraMed, we had passed this on to the Office of Corporate Compliance to determine if a breach had occurred, so I'll let Mr. McNulty comment on that.

Wayne McNulty, Chief Compliance Officer explained that the matter is under internal investigation by the Office of Corporate Compliance. I will brief the Audit Committee in June on our findings.

Mr. Telano continued and stated that the last issue had to do with the timely deactivation of ID badges. We found in some cases that PAGNY HR was late in notifying Hospital Police and in other instances Hospital Police did not act timely in deactivating the terminated employees' ID badges.

Ms. Youssouf stated that there are a number of things. I'm sure you have the list in front of you, so perhaps we can go through it and tell us how you addressed or are planning to address the items Chris Telano and his team enumerated.

Dr. Marcos said that let me first thank you for inviting us to the table. I thank the auditors, although I really don't mean it. It's always an opportunity to improve our operations, and my personal feeling is that we have significantly improved over the years, but obviously we still need to work hard to ensure that everything works the way it's supposed to work. With the help of Reggie Odom and Sandra Maldonado, we will address each of the items. Let's start with the issue of subcontracted employees.

Mr. Odom reported that I think there were three departments that had issues regarding subcontracted employees, and I think in one particular instance the department, it was a situation where an individual was late in giving their credentialing information back. It was a known individual who was working at the facility for a period of time, and he was late. That resulted in the finding that Chris Telano articulated. In two other instances, they found that there was new residency directors brought in under the subcontract, so what typically happens under the subcontract is if there's a change there needs to be communication between the department and the HR Department so we can do all the necessary paperwork to get them on-boarded correctly and to make sure all the credentialing is in order. In that instance, unfortunately in two instances, two different departments never communicated they were making a change under the contract, so we were not aware in the PAGNY office that the changes had occurred, so these individuals came on, and because they are paid under a subcontract, it wasn't picked up until a later date.

Ms. Youssouf asked where does the responsibility lie -- is that PAGNY's, or is it Jacobi's responsibility?

Mr. Odom responded that ultimately we take responsibility because of the departments. We need to engage the departments more and make sure that they know their responsibility and that they are pushing this information forward to us. Going forward, what we are planning to do is make sure in our regular meetings with the board, with the chairs of the departments, make sure they are clear about where they stand with their subcontracts. Also we are looking at a monthly report to make sure if there are any changes to make sure everything has been addressed appropriately from a paperwork standpoint.

On the other timesheets issue, the monitoring of timesheets, in response to that situation the departments are very focused on getting the schedule filled and making sure they have the appropriate people needed to cover the schedule. What we found through this audit process, as Dr. Marcos indicated, these things are helpful to us to teach us where we need to focus our attention as well, is that a lot of departments don't close the loop. If during the process I was scheduled to work 3 to 11 on Thursday, and I called out sick, and Sandra picks up for me, what we found is some departments had not been good about going back and making that adjustment in the schedule, so what happens then is there appears to be when you look at my timesheet and Sandra's timesheet, there's an apparent discrepancy in terms of what I work compared to what's on the schedule. We need to work with our departments more closely to make sure that they are pushing forward changes at the end of the scheduling process, not just setting the schedule and leaving it to sit, but to go back and making the adjustments because adjustments always occur.

Mrs. Bolus asked how the pay is done.

Mr. Odom answered that the pay would be done based on the timesheet, and I think that's where there's some discrepancies.

Mrs. Bolus commented that that's where your problem is, there are people who are not there have been paid. Then asked how do you figure that out?

Mr. Odom stated that the pay is driven from the timesheet. What we need to do is make sure that the schedules in the departments actually match up with the timesheet. We believe, we have been paying people appropriately based on the



timesheet, and we believe the timesheets are correct. Where we think the error is, people did not close the loop on the schedule to make any adjustments if someone was on or off. The schedules will appear that Reggie might have been off work when in actuality Reggie was not.

Ms. Youssouf commented that then Reggie would not have not have been paid.

Mr. Odom stated no, Reggie would be paid based on the timesheet. If Reggie completed a timesheet indicating Reggie worked, that is what's been paid on, so there needs to be a matching up of the schedule with the timesheet to make sure that they are accurate. Unfortunately, during the period of the audit, particularly in our Payroll Department at Jacobi, one payroll person was missing and that created some of the backups.

Mr. Russo stated that the question our Board members are getting at was somebody paid that should not have been paid and other people not paid that should have been paid.

Mr. Odom responded that we believe we have been paying people appropriately based on their timesheet. Mr. Russo asked why they would have filled the timesheet if they did not show up.

Mr. Odom answered no, we are saying that the timesheet is accurately reflecting when they work.

Mr. Russo added that theoretically if an individual was on a schedule but did not show up, they would not fill a timesheet as if they were there. To which Mr. Odom answered correct.

Mr. Russo said that if a salary or the money is based on timesheet, then there would be nobody paid for services they did not provide, and people who did show up would be paid, so the answer is if that's correct that no one got paid that should not have been paid and someone who should have been paid was paid. To which Mr. Odom responded that that is correct.

Mr. Telano stated that in one instance an employee did not come to work, it was on a holiday, and they filled out the timesheet as if they worked, and in another instance I believe they were sick and they filled out their timesheet as if they worked, so those were two instances in which they were overpaid, and there was other instance in which they were underpaid.

Ms. Youssouf asked if it was a physician. To which Mr. Telano answered yes.

Ms. Yossouf asked who filled in a timesheet saying he worked, but was not there.

Ms. Maldonado responded that we went back and corrected the timesheets, so if they signed in and it was a holiday, we corrected.

Ms. Yossouf asked if you found out through this audit. Ms. Maldonado replied yes.

Ms. Youssouf stated that we are trying to get to the root of the issue- what are you doing to correct it so that it does not happen again?

Dr. Marcos answered that we are going to do at least two things. The first one that Mr. Odom has instituted, we are going to have our own audits on a quarterly basis.

Mr. Odom added yes, on a quarterly basis, we are going to do an audit of the schedules and compare those to the timesheets to make sure that these kind of issues that were brought up don't occur and that we are reinforcing in meetings with the department chairs the importance of making sure that the schedules are accurately updated or reflected on a regular basis.

Ms. Youssouf asked who is going to do the audit. Mr. Odom answered that our Chief Affiliate Officer, Ms. Maldonado.

Dr. Marcos then said that the second thing is more of a long term, but in the next few months we are going to go to electronic timesheets. Mr. Odom said that we are very much looking forward to moving to the electronic timesheet process. Hopefully

before the next fiscal year starts, we'll move to an electronic timekeeping process, which eliminates this and some of the other issues that were brought up when Chris Telano talked about a person signing their own timesheet. That would be impossible in an electronic system because it will have to go to the secondary approver and can't be signed off by the individual.

Mr. Odom continued on with the next issue, untimely deactivation of terminated employees. With respect to the process, when people are terminated, there is supposed to be immediate notification that the person's been terminated. That's been indicated to several members of the hospital staff, and that communication is then supposed to support their termination from all the appropriate systems. There were several instances that Chris Telano indicated that they discovered where we were untimely in submitting that notice, and in one instance the notice never occurred, so some of that was an individual error, and that's an error that we strongly addressed with the individual who was doing the process. We have taken appropriate action to address it, but going forward I guess we are going to continue to work on making sure that that process happens immediately and that we are also doing a backup check once a month just doing a quick scan and search to make sure that everybody has been terminated and not just when we send a note, we're going to follow up, as I think Chris and his group recommended, follow up to make sure that termination occurs. Typically we get a response back that will tell us it happened, and in the past we weren't really monitoring those responses to make sure we checked off everybody who had gotten terminated, so now we are going to be more actively engaged and monitor that process to make sure the terminations have occurred.

Ms. Youssouf asked if the termination notice is part of Jacobi's responsibility. To which Dr. Marcos responded that the actual turning off in QuadraMed or any system, that is the responsibility of the hospital, but we have to tell the hospital that this person is not working anymore.

Ms. Youssouf asked if that was the thing that was missed. Dr. Marcos answered yes.

Mr. Telano stated that in most of these instances, we found that PAGNY HR did do the right thing and they did send the notification, but it looked like on our end, H + H's end, it was not acted upon.

Ms. Maldonado reported on the last issue, the ID badges. That is pretty similar to the one we just talked about where we did send either it was a late notification or we did send the notification to Hospital Police, but they did not do what they were supposed to do.

Ms. Youssouf stated that it looks like some of these discussions should be with Jacobi. Mr. Telano said yes, and those discussions were held with the appropriate individuals there.

Ms. Youssouf thanked them.

Mr. Telano continued on with the briefing and stated that we did a review of the Delivery System Incentive Payment Program (DISRIP) at OneCityHealth. He asked for the representatives to approach the table and introduce themselves. They did as follows: Christina Jenkins, MD, CEO; Ines Sieben, Chief Operating Officer.

Mr. Telano said that although the primary objective of this audit was to evaluate the operations of the DSRIP program for efficiency and effectiveness, a secondary objective was to recommend the scope of an audit if one was to be done by an external consulting firm. So overall our report consisted of two recommendations:

- One being that the partner portal, which is more or less the crux of the organization, which is the database that shows all the information related to the partners that are paid and also tracks the money coming in, we recommended going forward when there is more activity that an outside auditor should review this portal and especially the general application controls related to this portal to ensure that it is able to handle the higher activity they are expecting in the future.
- We also recommended that the information within the portal related to the funds being received and disbursed are reconciled with H + H Finance Department records. As the money is kept in the a bank account of H + H along with some other Medicaid funds, so this way we make sure that it is looked at regularly.

Dr. Jenkins stated like Dr. Marcos, we are very grateful to have been audited and I'm sincere. I and my management agree with the two recommendations that were made. You should know that we will proceed to have an external audit of the subsidiary with the recommendation of the management team, Internal Audit and also the Board, the CSO, Central Services Organization Board, we just met again a few hours ago, and we will define the scope and issue the RFP within the next few months. With respect to the partner portal, absolutely we expect higher volumes and would appreciate further auditing of those processes and controls. Particularly for our relationship with H + H Finance and the Comptroller, we will continue to deepen those regular relationships, which have been ongoing since the establishment of the subsidiary.

Mr. Telano said that that is it. In the remaining pages of my briefing I list the audits we are currently working on and the status of our follow up.

Ms. Youssouf said thank you very much.

Mr. Brezenoff asked regarding the Jacobi item, whether there is any kind of a communication to share what you found with other facilities concerning the areas of vulnerability.

Mr. Telano said that within the entire organization, no.

Mr. Brezenoff said that these are things that are not confidential right? To which Mr. Telano answered that in the past I have addressed that, and the individual facilities, this is going back probably two, three years, frowned upon and I'll quote them "airing their dirty laundry" so while that is not correct, I agree it was a call above and beyond me.

Mr. Brezenoff stated that since the issue here is in some respect attentiveness to procedure and the like, it seems like lessons will be shared.

Ms. Youssouf then turned the meeting over to Wayne McNulty for the Compliance Report.

Mr. McNulty saluted everyone and stated that I am going to provide the Committee with an update on the system's Human Subject Research Protection program activities. At the February 2017 Audit Committee of the Board of Directors, the OCC had noted that pursuant to an audit conducted by the OCC that it had found several deficiencies with respect to the Human Subject Research Protection program. Since then the Office of Corporate Compliance has been working very closely with the Office of Medical and Professional Affairs and Office of Research Administration to further develop the System's Human Subject Research Protection program.

On March 22, 2017, the OCC working with the System's Chief Medical Officer, Dr. Allen, met with all of the facility chief medical officers here in this boardroom and provided a PowerPoint presentation on the Human Subject Research Protection program. I provided an overview of the development of Operating Procedure 180-9, which is the System's policies/procedures that govern Human Subject Research. We went through the responsibilities of the facility medical directors as it relates to research, went through the responsibilities of the principal investigators as it relates to research. We talked about the audit that was performed by the Office of Corporate Compliance and provided a brief overview of the audit performed by the Office of Internal Audits and told the Committee our findings of the medical directors, and then we also discussed the further development of the Human Subject Research Quality Improvement program.

Over the next couple of months, with the assistance of Dr. Allen, I'll be meeting with the Research Council to go over our findings, and I'll also be working with the Office of Medical Professional Affairs, Legal Affairs and Research Administration to further develop the Human Subject Research Quality Assurance Compliance program. Any questions on that?

The next topic of the report, privacy incidents and related reports for the fourth quarter of 2016, from October 1st to December 31, 2016. We received HIPAA complaints in that particular time frame. We confirmed that 11 were violations of the HIPAA or our internal policies and procedures. Out of those 11 violations, five of those violations were determined to be breaches of protected health information. Some of the incidents were:

- At Elmhurst where a business associate had sent a billing statement to the wrong patient. We had to send a breach notification in that particular incident.
- At Metropolitan Hospital Center we had an employee that disclosed the inpatient status of a patient who happened also to be an employee at Metropolitan to several of his coworkers. They were retrained with respect to that particular instance.
- At Lincoln Medical Center an appointment slip was given to the wrong patient.
- At Kings County Hospital a fax was sent to the wrong patient. We had since retrained the social worker with respect to appropriately send a fax to check the number before it is sent and always include a cover page with respect to the fax.
- At Bellevue Hospital Center we had an employee who improperly accessed a medical record of his or her child, which is a violation of HIPAA policies and procedures, and we are evaluating that employee with respect to disciplinary action.

Mr. McNulty asked if there were any question with respect to the privacy incident.

Ms. Youssouf asked about the HIPAA violation with the child, if the child is very young, a minor, how did they access the records?

Mr. McNulty answered that if you are an employee and you generally have access to medical records as part of your duties and functions, and then you have a family member that is ill, and want to look at that record, you have to go to Medical Records like any other family member and try to get access through Medical Records. You can't because you have access for your duties and functions utilize that access for your personal use.

Moving on to the next item - monitoring of excluded providers, we have no excluded providers or vendors to report in this time period.

Next our review of the Office of Foreign Asset Control Screening, we have no vendors or workforce members or business partners to report that were on the Office of Foreign Asset Control Screening list, which is the screening list that reviews anyone that's involved with terrorist activities.

Moving on to next item, compliance-related reports for the fourth quarter Calendar Year 2016, October 1st to December 31, 2016, we had a total of 88 compliance reports that we received in that period. We received no priority A reports, and priority A reports would be the reports that a patient safety or health or an immediate employee is threatened. We had 34 priority B reports and 54 priority C reports. We received 20 emails and 38 or 43 percent were received by our confidential compliance hotline.

I am briefly going to discuss the next item – the compliance requirements for an effective compliance program under the Medicare and Medicaid program requirements for long-term care facilities. Under New York Law, Health + Hospitals is required to establish an effective compliance program, and that compliance program requirements generally cover eight specific elements. Long before New York promulgated its statute for effective compliance programs, the Office of the Inspector General for the Department of Health and Human Services, issued compliance program guidance for nursing homes in 2000 and in 2008. These compliance program requirements include written policies and procedures, on designation of a chief compliance officer, development of training and education, establishment of a compliance hotline, the implementation of internal audits, the performance of exclusion screening on workforce members and vendors, and systems in place to respond to compliance issues with respect to investigations and mitigation.

Finally, the Legislature, Congress passed the Affordable Care Act, and with respect to the Affordable Care Act, inside the Affordable Care Act there was a requirement for the establishment of a compliance program for nursing homes, and the Department of Health and Human Services finally promulgated a rule with respect to compliance programs for nursing homes, and the rule is very similar to the previous compliance program requirements that were issued by OIG, the elements are the same, the designation of compliance officer. This is new, to make sure that the compliance office has adequate resources. Employee sanction screening is still consistent, training education, audit and monitoring to make sure that you have a disciplinary policy and to make sure that you respond and mitigate any compliance deficiencies that you learn of.

Ms. Youssouf asked, when it says assignment of a specific individual within a high-level personnel of the operating organization, does that mean they want separate compliance officers or is this talking about your office.

Mr. McNulty responded that this is my office. You have to designate one individual to run the compliance organization as it relates to nursing home and long-term care facilities, and that individual has to report to the governing body of the organization, which I report to Mr. Brezenoff in his role, so that satisfies that particular requirement.

Ms. Youssouf asked if there any things in here that we are not currently doing?

Mr. McNulty answered no. We are doing everything that's in the eight elements, so we have long satisfied these eight elements years and years ago. Satisfying the New York requirements, they overlap, so we automatically have to satisfy these requirements here. The one area that's new here to the elements that are not in the New York elements is the adequate resources, but we already had that in our operating procedure that only the president can approve or disapprove the budget of the Office of Corporate Compliance, so we've had that in place for seven or eight years already, long before this was promulgated.

There are additional requirements because we operate five nursing facilities, so they have certain requirements organizations that operate less than five and certain requirements organizations that operate more than five nursing facilities or five or more nursing facilities, so one would be that not only do you have to provide training education, but it must be on an annual basis, so we have to make sure that all training education is done on an annual basis. Second requirement and we already had this in place here, but other of my colleagues at other institutions don't have this in place, the compliance officer must report to the governing body and cannot report to the general counsel, the subordinate of the general counsel, the chief financial officer or the chief operating officer, so only to the governing body. The third requirement is that each nursing facility has to have a compliance liaison. That compliance liaison is not considered a compliance officer. It's just a person at the facility that will provide information to the compliance officer, and we have a compliance officer that is designated to cover all of our facilities as we speak. I will work with the facility CEOs to identify who the compliance liaisons will be, but one again compliance liaison per regulations is not someone who is expected to be a compliance office or qualified to be a compliance. It is just merely someone that's going to provide assistance to the compliance officer as required.

Ms. Youssouf asked if they have any special duties. To which Mr. McNulty replied that other than that, to provide assistance that is all that's in the regulations. It's really to make sure that the compliance officer from the Office of Corporate Compliance is provided with information, so if they know of something, that they funnel that information to the compliance person.

Mrs. Bolus asked if that person can be anybody who works at that facility.

Mr. McNulty answered that it can be a risk manager. It would not be someone you are going to give this specific duty to. They would already be in risk management, quality management, somewhere in that area, and then they would be the designated liaison, and that will be it. I would like to come to the Committee in June and discuss the other requirements in this rule with respect to quality assurance, background screening, so I will be meeting with the facility CEOs and the senior vice president in charge of long-term care for the System within the next two months, and we will come back to the table. There are three different phases of to be implemented over the next years, so I'll just give an update on where we are at to make sure that we are in compliance when those different dates come in effect.

Continuing on to the last topic, DSRIP compliance attestation by OneCityHealth partners, the Office of Corporate Compliance disseminated to all of the PPS partners, all the partners from OneCityHealth that participate in the Delivery Incentive Payment Program an attestation to ascertain their compliance readiness to make sure that they have a compliance integrity program in place. So the attestation will ask several questions of our partners, one, have they done our compliance training which we provided to the partners back in December; two, have they followed our principles of professional conduct, which they are required to adhere to; three, have they certified with the Office of the Medicaid Inspector General that they are in an effective compliance program and have they certified with the Office of the Medicaid Inspector General that they're in compliance with the Deficit Reduction Act of 2005.

We sent out the attestations in February, out of 228 attestation sent out, we received 91 back. All 91 have certified of completing their DISRIP training education requirements. Out of the 91 returned, all have adopted the principles of professional conduct. That includes the principles of professional conduct's core objectives and substantially similar compliance goals. Out of the 91

attestations, 71 had certified that they have provided a certification to OMIG that they have an effective compliance perform, and 55 have certified to OMIG that they are compliant with the Deficit Reduction Act of 2005. OneCityHealth sent out a reminder, I believe yesterday to the partners that they have to provide us with the attestations for the ones that have not, and we have reached out to every partner. We have contacted every single partner by telephone who has not yet provided us with an attestation, so we expect that to be forthcoming, and we'll update the Committee in June.

We were very pleased to hear that there was so many partners that are certified with the Office of Medicaid Inspector General. Per the Office of Medicaid Inspector General guidance, if once the partner is certified with them, those partners are considered of a lower risk as far as how they are going to utilize the DSRIP funds. That's why we have to do that.

Ms. Youssouf asked since the deadline was March 20<sup>th</sup>, is there any penalty, risk that these guys do not do their attestation?

Mr. McNulty answered no, not at this point, it wouldn't put us at any risk. If we get to around June, and then the Office of the Medicaid Inspector General, they ask how many do you have in compliance, they may ask that question, but as long as we have a continuous effort to ascertain compliance in this area, generally we should be okay. I expect that by June, we will be in a range of 90 percent, 95 percent would have been completed, and then we will make sure we wrap it up from there, but that's our target, by June to at least have 90/95 percent, and I will work with Dr. Jenkins to make sure we achieve that goal. That concludes my report.

**Capital Committee – April 4, 2017**

**As reported by Mr. Mark Page**

**Committee Members Present: Mark Page, Gordon Campbell, Josephine Bolus, RN, Emily Youssouf and Stanley Brezenoff**

**Vice President's Report**

Ms. Weinstein noted that the Capital Committee would be discussing authorization of \$5.7 million for Construction Management Services related to the upgrading of the Fire Alarm System at Kings County Hospital.

Prior to discussing the action item, Ms. Weinstein announced that NYC Health + Hospitals had presented the Elmhurst Emergency Department Expansion, to the City, as a possible Design-to-Build project.

Mr. Page asked Ms. Weinstein to explain Design-to-Build, and how it would differ from normal procedure. Ms. Weinstein explained that for a typical construction project the first step would be to hire an architect, and then three prime contractors (unless under the Project Labor Agreement), and then a construction manager (CM). Meaning multiple contracts being managed. If a project is done as design-to-build then the Architect (designer) would hold all the subsequent contracts and had a risk point to ensure work was completed on time and within budget, with minimum change orders.

Emily Youssouf, said it was similar to CM-at-risk and was the most efficient way to work; it sped up the process dramatically.

Josephine Bolus, asked if there would be a penalty for not completing projects on schedule. Ms. Weinstein said yes, those terms would be written into the request for proposals or bid documents, outlining expectations.

Ms. Youssouf said that the practice used to be common practice.

Mr. Page asked if having a design firm spearheading construction would allow for less design upfront and would result in more on-going design. Jeremy Berman, Deputy Counsel, Legal Affairs, said it would allow for more flexibility with design and that was thought to increase efficiency. Ms. Weinstein noted that there would obviously be a level of design that needed to be completed and signed off on to enter into contract for the construction work. Mr. Berman said yes, the architect is a sort of check on the other firms.

Ms. Weinstein said if approval was granted by the City then she would be happy to come to the Committee with an explanation of the type of agreement/services for design-build and the Project Labor Agreement (PLA).

Stanley Brezenoff, Interim President, Chief Executive Officer, said that he believed New York was one of the few states that has this limitation with contracting.

Mr. Page said he was absolutely open to new methods and discussion.

Ms. Youssouf asked if any other agencies were submitting projects to the City. Ms. Weinstein said she believed so. It was currently a pilot, and we had a project ready to go that we were able to present as an option.

Mr. Page asked if there was a timing estimate for approval, and was this anticipated for approval in the current legislative session. Ms. Weinstein said she would have to follow-up on that.

That concluded her report.

**Action Item:**

*Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the Upgrade of Fire Alarm Systems in the "ABC" and "T" Buildings (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").*

Daniel Gadioma, Associate Director, Kings County Hospital Center, read the resolution into the record on behalf of Ernest Baptiste, Executive Director, Kings County Hospital Center.

Mr. Gadioma explained that the current system was functioning but the Fire Department of the City of New York (FDNY) requirements stipulated that Health + Hospitals upgrade the system to meet 1968 code.

Mr. Page asked if there was a more current code that we should be meeting.

Mr. Gadioma explained that NYC Health + Hospitals had been approved to upgrade to that 1968 code and not the more recent code. He noted that the project had been bid and the construction notice had been submitted to the Department of Health.

Mrs. Bolus asked why we would only want to meet the 1968 code and not a more recent one. Mr. Gadioma said there was a more current code but work would be more extensive and expensive. He noted that the FDNY had approved the design being presented.

Ms. Youssouf asked what the monetary difference would be. Mrs. Bolus said she would like to know as well.

Mr. Brezenoff asked how much work had been completed already, for this project. Ms. Weinstein said the project had been designed, and approved by the FDNY (within the last few months).

Mr. Brezenoff asked if this was the minimum requirement to meet code. Ms. Weinstein said there were minimum and maximum requirements to meet and we have approval to meet the minimal needs. She noted that some of the more extensive and more current requirements were for new construction.

Mr. Brezenoff asked for an explanation of what money had been expended to date, what the difference was between the different codes, and what the cost difference would be for those varied options. He asked if there was a timeframe that needed to be met. Ms. Weinstein said yes, but not so tight that we couldn't review this. Ms. Youssouf said she would feel more comfortable with that information as well.

Mr. Page asked what the business norm would be. If we were NYU, what standard would they apply, with the understanding that this isn't new construction?

Ms. Weinstein said she would work on gathering the requested information. She noted that Health + Hospitals did not select which code they subscribe to, but were told by regulatory bodies.

Mrs. Bolus said she would expect that the difference would be great but she looked forward to seeing what it was. Ms. Weinstein explained that other facilities had to update and implement new systems as well and it was dependent upon building systems, age of the building, etc. The main concern is safety of patients and staff.

Mr. Page asked that this come back before the Committee for the May meeting.

There being no further questions or comments, the Committee Chair tabled the resolution.

#### **New Business**

Mrs. Bolus recommended that Health + Hospitals upgrade the portable oxygen tanks that are utilized in the facilities. She said that she currently used one that worked with a lithium battery, that turn on and off when she chooses but she recently noticed the very old green tanks that could be dangerous if dropped and require more hands on attention to use. She recommended we look into purchasing new ones, and what the cost would be.

Mr. Brezenoff said that recommendation was noted and would be investigated.

#### **Medical & Professional Affairs – April 4, 2017**

**As reported by Dr. Vincent Calamia**

**Committee Members Present: Dr. Vincent Calamia, Josephine Bolus, RN, Barbara Lowe, RN, Gordon Campbell, Stanley Brezenoff, Dr. Oxirius Barbot representing Dr. Mary Bassett and Myla Harrison representing Dr. Gary Belkin**

#### **Chief Medical Officer Report**

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

##### *Behavioral Health*

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.

**Maternal Depression Screening:** Currently as part of NYC Thrive, 8 facilities have formal screening protocols for maternal depression. Screening rates for these sites average: prenatal and postpartum screening rate is 100%; rate of positive screen for prenatal is 10% and postpartum is 6%; Referral rate for more extended evaluation and possible treatment for both prenatal and postpartum is 100%. We are developing systems and metrics to measure outcome of those referred for treatment. The Office of Behavioral Health is preparing to add Jacobi, NCB, Elmhurst and Queens in April 2017 to this protocol.

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. There continues to be a gradual downward trend in the number of assaults on staff in Behavioral Health.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Two of the sites – Queens and Brooklyn – are open to clinical services. The Manhattan site is scheduled to open in April and the Bronx site in June. Office of Behavioral Health continues to move forward on substance use disorder services. We are collaborating with DOHMH on four areas: 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 focus of the new services is to increase identification of misuse, increase and de-stigmatize treatment and intervention.

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.

#### *Pharmacy*

Pharmacy and EPIC GO Stabilization for all EPIC Sites: The office of Pharmacy services facilitated the critical fixes needed to assure a stable post Go Live for all three EPIC sites including:

- Facilitated standardization of recording Antimicrobial Indications within EPIC for all three sites. This initiative will be implemented enterprise wide. This initiative is supported by the January 1st, 2017 Joint Commission standard; medication management standards 09.01.01 for core elements of an antimicrobial stewardship.
- Facilitated standardization for recording weights in kilograms (metrics system) within EPIC for all three sites. This initiative will be implemented enterprise wide. This initiative is supported by Institute of Safe Medication Practices, and The Joint Commission.
- Facilitated standardization for medication adult and pediatric labels for unit doses within EPIC for all three sites. This initiative will be implemented enterprise wide. A tip sheet has been developed to facilitate implementation. This initiative is supported by Institute of Safe Medication Practices and The Joint Commission
- Facilitated standardization for rounding to the 100th place within EPIC to simplify dose preparation for all three sites. This initiative will be implemented enterprise wide.
- Facilitated standardization of OBGYN use of oxytocin for three EPIC sites. A webinar has been produced to facilitate implementation. Go Live on March 30th, 2017

*Pharmacy and EPIC GO Live at Coney Island:* Pharmacists from across the system convened at Coney Island to support the safe conversion to a new electronic medical record, EPIC. In collaboration with The GO team; the office of Pharmacy services designed, coordinated, and facilitated a back loading process where pharmacist would verify correct and perfect provider medication orders that were transcribed from Quadramed into the EPIC electronic medical record.

*Patient Assistance Program:* Many pharmaceutical and medical device manufacturers offer patient assistance programs which provide select medications, such as chemotherapy drugs and medical devices, such as stents used in cardiac catheterization at no charge. One in six patients at New York City Health + Hospitals do not have the ability to pay and Health + Hospitals covers the cost of these medications and devices. Five of our hospitals have currently offer some level of in-house patient assistance. It is the intention of New York City Health + Hospitals to have a robust patient assistance program at all 11 acute care hospitals as we believe we can conservatively save \$5M annually.

*Hospital Pharmacy initiated Naloxone Distribution:* the office of Clinical Pharmacy Services in collaboration with Central Office's division of Behavioral Health is developing and implementing a process for a hospital pharmacy initiated screening, distribution, and counseling of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

*Formulary Standardization:* The System's Pharmacy and Therapeutics Formulary committee formulary standardization project continues progress towards a one systems formulary. In addition to the initial threshold of 43% of formulary standardization achieved for EPIC equating to 1720 of 4000 medications line items; a determination of common purchase and dispensing practices has resulted in 1200 of 3900 medication line item standardized across the 11 facilities. Of note the average large medical center has no less than 3500 medication line items.

A SharePoint site has been developed “The Pharmacy and Therapeutic Council” as seen in the hyperlink below, periodically updated, lists the enterprise formulary, provides the minutes, agenda, and supporting documents used for formulary decision making.

<https://share.nychhc.org/central/CMPA/PTC/Pages/index.aspx>

*Standardization of adult code tray content for Queens, Elmhurst, and Coney Island Hospitals* in order to advance Epic’s code narrator build. This will deliver a standardized code narrator build in Epic for adult patients. The benefit is to improve ordering and documenting during the emergency setting and will result in a reduction in the use of verbal orders. The reduced reliance on code carts for non-emergent events will reduce the frequency of cycling through the code carts which would otherwise need replenishment – providing significant labor efficiencies within biomed and pharmacy support group (central supply), reducing wastage associated with carrying superfluous inventory and expiring medications.

*Completed review of following drug classes for formulary standardization with the subject matter experts and reviewed evidence based content:*

- Radiocontrast
- HIV medications
- Amphotericin B, lipid formulation: Abelcet vs Ambisome
- Fosfomycin
- Ophthalmological drugs
- Intravenous Ofirmev

*Simplifi 797:* Achieving compliance with new USP 797 and 800 standards is a longitudinal effort. NYC H+H system is moving toward achieving these standards. The office of Pharmacy services in collaboration with supply chain efforts employed an enterprise solution Simplifi 797 for a central monitor quality compliance capability, which is now live at all facilities. This software application actively establishes updated policies and procedures, continuing education, and quality management reports that is centrally monitored and locally implemented.

The Simplify 797 software system has supported the Joint Commission surveys at Elmhurst – as quality reports were easily obtained and generated. The software has been a “win-win” towards meeting the standards for IV admixtures.

*Med to beds program:* Lincoln Hospital is exploring implementation of a meds to beds program. The meds to beds program provides patients with their medication along with a Pharmacist counseling session upon discharge from the acute facility. Various logistical, operational, financial, regulatory barriers are being resolved to implement this type of program, and to make it reproducible and sustainable.

#### *Quality & Patient Safety*

Institute for Healthcare Improvement - On February 16th and 17th Derek Feeley, President and CEO of the Institute for Healthcare Improvement and several members of his team visited NYC Health + Hospitals. The purpose of this visit was to understand the current system wide governance and infrastructure for quality and patient safety. Representative facilities from each of the three service lines were visited. During these site visits, clinical and administrative leadership had the opportunity to share their existing framework for quality. This included how performance improvement plans are developed, how improvement initiatives are selected and prioritized, and how data is collected, analyzed, and used to drive such improvement. Discussion centered on what is working well and what opportunities still exist. At the conclusion of the visit, initial observations were shared. Most striking was that of an engaged workforce, incongruent with the most recent employee engagement survey. All staff demonstrated a desire for real time actionable data. The formal report from IHI has not yet been received

#### *National Patient Safety Awareness Week*

This year’s National Patient Safety Awareness Week was celebrated at NYC Health + Hospital’s Patient Safety Forum hosted at Bellevue Hospital in order to provide an enriched learning environment for the enterprise’s workforce. There were several

engaging presentations provided focusing on de-escalation and debriefing techniques to improve the quality and safety of the care provided to our patients and their support system. NYC Health + Hospitals continues to emphasize safety as a mission critical initiative that is to be integrated into daily operation and system-wide functioning. We take pride in a proactive, humane, person-centered, and team building approach in order to keep our patients, their caretakers, and our employees safe and out of harm's way. Patient Safety will always remain NYC Health + Hospitals top priority as it supports improved patient satisfaction, employee engagement, financial viability and market share. We congratulate our staff in keeping our patients safe so that all can live their healthiest life while seeking services or working for NYC Health + Hospitals. We thank all who were able to attend and support the Patient Safety Forum and welcome feedback. We end with a message received from one of our participants:

"Not only was the entire program well executed but it was most obvious that much careful thought and preparation went into it. I must also say that the caliber of the presentations were excellent. Many thanks, I was informed and challenged." ~ HMR

#### *Medical Staff Affairs / Centralized Credentialing*

Centralized Credentialing has several key components. The major components are operational and technical. The operation component includes the standardization of policies, the development of system-wide terminology, and development of new workflows, new credentialing and privileging forms. The technical component includes enhancement of IntelliCred and the development of WebView. Policies in development are the Red Flag Policy, the Board Waiver Policy, and the Temporary Privileges Policy. We are developing standardized course work in the areas of moderate and deep sedation and fluoroscopy for the physicians. The new mandated pain management course will be offered to NYC H+H clinicians through our partnerships with New York State American College of Physicians chapter and the Medical Society of the State of New York. We have modified Intellicred to include this information. We are in the process of obtaining hospital approval of 32 distinct delineation of privileges forms which have been vetted by either the Clinical Councils and/or key stakeholders. The hospital approval process is scheduled to be completed by April 30. At the same time, we are working with the vendor on creating electronic versions of the forms and will begin a pilot program at three facilities in early May 2017, and plan to implement usage of the standard DOPs throughout the organization by July 1, 2017.

Central Office MSO continues to collaborate with key departments to ensure that the credentialing process is evolving with the needs of the organization. We have been working with Legal Affairs to identify practitioners who need to complete the 2017 ELM course. We have been working with colleagues to develop the best medical staff structure for Correctional Health Service and Gotham. With the assistance of the Managed Care office a system-wide Credentials Policy and Procedure has been drafted. The use of a system-wide Credentials P&P will ensure compliance with ever-evolving regulatory (NCQA/JC) changes and increase revenue. The department participates in regularly scheduled conference calls with the IntelliSoft Group to discuss key issues. We also have two standing calls with our IT support team to identify and troubleshoot database and technological limitations. Currently, we are working to expand the use of the IntelliCred web crawler feature, an advanced application to help automate the process of obtaining primary source verifications directly from approved websites.

#### *Occupational Health Services*

We are narrowing the metrics that need to be reported from OHS. The department is working with our colleagues in Human Resources to improve the employee experience. Press Ganey data is being monitored. We have been working as a system to find the first available appointment so that staff can be serviced more quickly.

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

##### *DSRIP Year 3 Contracts*

The OneCity Health Executive Committee approved \$85 million in total payments that partners are eligible to receive in their next contracts, which is an increase over the 55M allocation in the previous contracts. The new contracts, which began April 1, 2017 – the start of DSRIP Year 3 - are more targeted to partners' services to help OneCity Health achieve New York State-defined outcomes, such as a reduction in preventable Emergency Room visits.

#### *Clinical Project Implementation*

To help meet these outcomes, OneCity Health continues to initiate and expand a number of transformation efforts and other programs.

- To support partners implementing care management programs, including Health Home At-Risk (primary care setting), Care Transitions (inpatient setting) and ED Care Triage (Emergency Department), OneCity Health continues to train care management staff on critical skills needed to properly care for high-needs patients, including documenting care plans and motivational interviewing. To date, over 77 individuals from NYC Health + Hospitals/Home Care, BoomHealth!, Harlem United, Village Care, Arch Care, Bridging Access to Care, Federation of Organizations, Selfhelp and Community Healthcare Network have been trained. Subsequently, OneCity Health continues to expand these care management initiatives.
- Six NYC Health + Hospital/ Gotham sites and four community partner primary care practices (Community Healthcare Network, SUNY Downstate Medical Center, Center for Comprehensive Health Practice and Brightpoint Health) have begun piloting the Health Home At-Risk initiative. Through this intervention, primary care practitioners can make referrals to care coordinators provided by OneCity Health's Health Home lead agencies, which are NYC Health + Hospitals, Community Healthcare Network and Community Care Management Partners. Six additional NYC Health + Hospital facilities (Belvis, Bellevue, Cumberland, East New York, Gouverneur and Morrisania) will soon begin to generate referrals as well.
- Transition Management Teams (TMTs) are continuing to provide 30 days of supportive care management for patients at high risk of readmission at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. To date, 850 patients have been referred to the program and 463 patients have completed all 30 days. Three OneCity Health community partners – VillageCare, ArchCare, and New York City Department for the Aging– are expected to provide an additional eight TMTs across medicine and behavioral health inpatient units in NYC Health + Hospital facilities in May.
- As part of OneCity Health's clinical asthma program, community health workers (CHWs) from seven community partners have completed over 100 home assessments. Seven NYC Health + Hospital facilities (Elmhurst, East New York, Gouverneur, Harlem, Kings, Lincoln + Queens) and two of community partners (Urban Health Plan and Gentle Touch Medical) are generating referrals to the partners with CHWs. The CHWs - from VillageCare, CABS Home Attendants Service, St. Mary's Healthcare System for Children, Asian Community Care Management, Make the Road New York, a.i.r NYC and NYC Health + Hospitals - complete an asthma assessment, reinforce recommendations from the clinical team, and conduct home visits to evaluate the environment for asthma "triggers."
- OneCity Health community partners continue to conduct outreach to, and engage with, uninsured New Yorkers through Project 11. To date, 38 community partners have connected approximately 2,500 people to primary care and approximately 3,200 individuals to insurance.

#### **Chief Nurse Executive**

Kim Mendez, Chief Nurse Executive, reported the following to the Committee:

As NYC Health + Hospitals continues to evolve in response to changes in the healthcare industry a clear vision for the future of nursing throughout the system is critical. Nursing strategic directions will align with a system-wide integrated healthcare delivery system model, focused on quality outcomes, excellent patient experience, fiscally responsible operations, and a healthy work environment. Goals and aligned actions have been outlined in the Chief Nurse Executive Council and include:

- Develop and implement a system-wide 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 where 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.

The Office of Patient Centered Care, in partnership with the Chief Nursing Officer (CNO) Council and other key system stakeholders, is actively working on establishing and implementing strategies to meet outlined goals and objectives. A draft CNO Council charter has been completed as well as a draft NYC H+H System Nursing Philosophy, Mission and Vision. The latter is being further developed in partnership with NYSNA at the System Nurse Practice Council. Nash Analytics continues to provide valuable data to strengthen fiscal accountability, human resource efficiency, and identify areas of opportunity within a framework that supports patient and staff safety, quality outcomes and service excellence. Work has begun on standardizing collection and use of key nurse sensitive data metrics (NDNQI) as well as seeking opportunities to share expert education resources across the system more efficiently. There is forward movement with the integration of information services e.g. EPIC successful Go Live at Coney Island Hospital in 1Q17 in addition to peripheral supportive work on patient portal, etc. Achieving excellence is our driver and the end of this report will highlight nursing achievements at various NYC H+H facilities.

#### *Office of Patient Centered Care- Key 1Q17 Updates*

System Nurse Practice Council -Monthly meetings in 2017 have begun with NYSNA. Focus is on establishing collaborative goals to foster nursing practice. Key areas of discussion include staff engagement, shared governance, patient satisfaction and system Nursing Philosophy. Partnership with NYSNA in the selection of one or two actionable initiatives are in the next steps planning phase.

#### *NICHE (Nurses Improving Care for Healthsystem Elders)*

Discussing terms of the NICHE (Nurses Improving Care of Health system Elders) contract with NYU NICHE program. Focus is on working with NICHE and all eleven (11) acute care facilities with NICHE designation to better embed the role of the GRN (Geriatric Resource Nurse) on the inpatient unit. Developing a one day learning collaborative with NICHE and NYU's Hartford Institute of Geriatric Nursing to provide NYC H+H NICHE/Site Coordinators with tools and resources to further support the program at each site.

#### *Infection Prevention*

In January 2017, Interim System Infection Preventionist, Mary Fornek- Consultant, began a system-wide high level gap analysis with a focus on areas of vulnerability. Topics under review include: Facility level IP program structure, surveillance & data analysis, staffing, competency model, etc. antimicrobial Stewardship regulatory compliance in partnership with Pharmacy; HAI –CAUTI, CLABSI, ( point prevalence study to begin at acute and post-acute areas in April/May 2017); support for facilities undergoing Joint Commission Survey; opportunities for system-wide standard work e.g. N-95 masks, flu vaccination compliance, safety syringes, urinary catheter and central line P & P, handwashing, HLD.

#### *Live On NY Projects*

Extension of Community HealthCare Outcomes also known as ECHO was launched in February 2017 by NYC Health & Hospital in collaboration with LiveOnNY.

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

Major goal under this directive is the implementation of Safe Patient Handling for 23 NYC H+H facilities in accordance with NYS SPH legislation. To date there has been the establishment of an interdisciplinary System SPH Steering Committee which meets monthly as well as facility SPH Champion meetings. Accomplishments to date include; Successfully conducted the patient handling hazard assessment on 23 NYC H+H facilities; analyzed the current patient handling practice of NYC H+H; developed draft SPH policy and procedures based on the input provided by stakeholders; created and developed positive relationships with SPH Champions, facility-based SPH committees, executive leadership, Union and SPH vendors; active participation in conferences to network and shared legislative update with SPH Champions and committees; established facility SPH Champions and Committees; Collaborated and shared best practices on SPH with facility leadership.

#### *Education Programs*

Continuing Education Providership were Nursing CE program recertified in 10/2016. Valid until 2019 and Physician re-certification required in June 2017. Preparation and required submission underway for onsite March/April 2017 survey visit.

NYSNA Healthcare Workforce Retraining Grant- a partnership program with NYC H+H to provide 200 nurses preparatory training for psychiatric /mental health nurse certification. System-wide plan and timeline development in progress for 2017 & 2018 classes.

*Project Partnerships within NYC H+H*

Partnering with VBP QIP Governance Committee to gather data, review and select metrics to be included in the Facility Transformation Plan to be submitted to DOH by OneCity Health.

Collaborating with ACO and Office of Population Health to develop a Geriatric Provider Workgroup/Council to bring together geriatric providers to discuss opportunities for clinical collaboration; strengthen transitions of care from in-patient to out-patient geriatric practices; embed the care management concept of ACO into the fabric of the geriatric practice with focus on clinical outcomes (HTN Treat-to-Target, Depression Collaborative) and training opportunities.

Partnering with HR/Workforce Development and the Office of Transformation to develop and strengthen the nursing/clinical education arm of Office of Patient Centered Care and looking at opportunities to centralize trainings and education endeavors.

HAI dashboard phase II development that will include pertinent structural changes, updated exclusion criteria, and expansion to include hospital onset C. Difficile infection.

*MetroPlus Health Plan, Inc.*

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of March 1, 2017 was 501,851. Breakdown of plan enrollment by line of business is as follows:

Medicaid	374,982
Child Health Plus	15,637
MetroPlus Gold	7,686
Partnership in Care (HIV/SNP)	4,355
Medicare	8,433
MLTC	1,471
QHP	8,428
SHOP	965
FIDA	176
HARP	8,918
Essential Plan	68,883
GOLDCARE	1,917

**Information Item:**

Kenra Ford, Assistant Vice President of Laboratory, Medical and Professional Affairs, presented to the committee on the Laboratory Transformation Update.

## **SUBSIDIARY BOARD REPORT**

**HHC Assistance Corporation | OneCity Health – April 4, 2017**  
**As reported by Stanley Brezenoff**

Among other matters, the Board discussed the following:

- Dr. Christina Jenkins (OneCity Health CEO) presented the objectives of the OneCity Health internal audit and provided a status update. There were no OneCity Health audit findings, however several recommendations were made including areas on which to focus an external audit. An RFP to procure an independent firm to conduct the audit is scheduled for release this summer.

As next steps for the external audit, OneCity Health management agreed to circulate via e-mail the proposed audit scope to the Board for approval prior to issuance.

- In the past, DSRIP finances were reported to the Board on the State fiscal year (April through March). Today's meeting was necessary because approval is required for a quarter's worth of expenditures from April 1 through June 30, 2017. This time period represents the first quarter of the State's fiscal year and the last quarter of the City's fiscal year. Going forward, all reporting will be done on the City's fiscal year for reporting ease and alignment with other programs now under OneCity Health.
- Ms. Tatyana Seta (OneCity Health CFO) presented the preliminary financial report through December 31, 2016, representing the first nine months of Demonstration Year 2 of DSRIP and highlighted budget versus actual spend in CSO administrative and projects expenses. A 12-month budget versus actual report will be presented at the Board in May.
- A motion was made, duly seconded, and unanimously accepted by the Board to approve the resolution for the Demonstration Year 3 Quarter 1 DSRIP budget for the time period of April 1, 2017 to June 30, 2017.

Dr. Jenkins began the CSO budget discussion by updating the Board on changes to the subsidiary staffing and scope. As such, OneCity Health will schedule a meeting to provide the Board with background on how an increased CSO scope would impact the 12-month budget process. The next meeting should be scheduled within the next four to six weeks.

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

**STANLEY BREZENOFF**  
**NYC HEALTH + HOSPITALS**  
**INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**April 27, 2017 v.6**

**Federal Report**

Washington continues to roil the nation's health care landscape with reports of a revived attempt to repeal and replace the Affordable Care Act (ACA). Congressional Republicans who voted 62 times to repeal and replace the ACA during the Obama Presidency, are now seemingly unable to agree on a path forward for American health care. A proposal floated late last week designed to win support from moderate and more conservative House members would amend Speaker Ryan's American Health Care Act by allowing states flexibility to apply for limited waivers to opt out of some of the ACA's core requirements. One waiver would allow insurers to charge higher premiums for people with pre-existing conditions as long as the state also offered high-risk pool coverage. No timetable or set date for a vote has been announced. In aggressively opposing the American Health Care Act we continue to work closely with the Mayor's office, health care associations, our labor partners and New York's congressional delegation, including Representative Dan Donovan who has reiterated his opposition to the latest proposal for ACA repeal.

**State Budget Update**

The final version of the FY2018 state budget empowers the Governor to prepare a plan reducing Medicaid spending equally and proportionally across all programs affected, in the event that federal budget, statutory or regulatory changes reduce federal participation in Medicaid by \$850 million or more.

The budget also provides \$20 million in new funding for the operations of enhanced safety net hospital systems like NYC Health + Hospitals, serving a high share of Medicaid and uninsured individuals. We expect the distribution methodology to be favorable, and anticipate receiving approximately 40-46%, of the funding. The legislature was instrumental in pushing for this funding in the enacted budget. It represents an important first step in recognizing the challenges facing safety net hospitals.

**Bronx Annual Public Meeting Held**

Last week we held the first of our yearly, state-mandated meetings in each borough to give patients and community members the chance to convey comments and concerns about our operations directly to members of our Board of Directors. The meeting for the Bronx was held at NYC Health + Hospitals/Jacobi, with Robert F. Nolan and Josephine Bolus, RN,MS, APRN-BC representing the Board. Approximately 75 people were in attendance and 19 speakers, many of them from labor organizations, community boards and community advisory boards, addressed the Board.

**MetroPlus Health Plan Opens New Community Resource Centers in Three Boroughs**

MetroPlus is opening new community locations in Brooklyn, Queens, and Staten Island. The three sites will serve as resource centers for New Yorkers to get answers to health insurance program questions and receive assistance to enroll in plans such as Child Health Plus, Medicaid, Qualified Health Plans and the Essential Plan. In Queens, the Flushing Skyview Mall will feature a MetroPlus kiosk to help people find out if they are eligible for no-cost or low-cost health insurance. A second kiosk will offer similar options at the Staten Island Mall, the borough's first MetroPlus location. And in Brooklyn, a new MetroPlus community office has just opened in Sunset Park.

Health care specialists who speak English, Chinese, Spanish, and a number of other languages are available at most MetroPlus community locations. There are now over 20 such sites throughout the five boroughs.

**More Than \$1.5 Million in "CityDoctors" Scholarships Awarded to Students Committed to Practicing Primary Care at NYC Health + Hospitals**

I am pleased to report to you that as a result of our partnership with St. George's University in Grenada, twelve students will receive CityDoctors scholarships worth \$1.5 million to attend St. George's School of Medicine. This innovative program helps bring more primary care physicians into the workforce and into communities across the city, where they are urgently needed. Earlier this month Council Member Jumaane D. Williams and the New York City Council honored the CityDoctors program with a proclamation, recognizing its work to address the looming shortage of primary care physicians in New York City.



The program provides students who have strong ties to the New York City area with a great opportunity to continue their education, and to find job security following graduation. In return for their scholarships, students commit to practicing primary care medicine in New York City's public health care system after graduation. The five-year collaboration between St. George's University and NYC Health + Hospitals has helped 81 students from New York City and its surrounding area attend medical school on scholarships totaling \$7.9 million. The 2017 class of CityDoctors scholarship recipients are a diverse group of women and men, representing Queens, Brooklyn, the Bronx, and Manhattan, as well as Florida and Pennsylvania. Recipients hold undergraduate and graduate degrees from a range of prestigious institutions, including New York University, Columbia University, New York Institute of Technology, University of Texas, Hunter College, and the University of Rochester.

#### **NYC Health + Hospitals Leads Multi-Site, Multi-Agency Drill on Infectious Special Pathogens**

Earlier this month NYC Health + Hospitals led a citywide full-scale special pathogens exercise to assess New York City's readiness to care for patients with contagious and potentially lethal illnesses.

The multiagency drill underscored our system's leadership role in emergency preparedness and in safeguarding the health of New Yorkers in the event of a public health crisis.

We partnered with the New York City Department of Health and Mental Hygiene, the Fire Department of New York, the Office of Chief Medical Examiner, New York City Office of Emergency Management, and New York State Department of Health for the daylong interactive training. The exercise mimicked a real-life response to a special pathogens exposure. Medical professionals from three care sites—NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Elmhurst, and NYC Health + Hospitals/Gotham Health, Morrisania—were challenged with identifying and treating two patients with symptoms of Lassa fever and Middle Eastern Respiratory Syndrome (MERS-CoV) that they didn't know to expect. The scope and complexity of the exercise gave participants a hands-on opportunity to develop strategic skills necessary to keep the public safe in the event that the city confronts a real-life special pathogens exposure.

#### **NYC Health + Hospitals Earns "Leader in LGBTQ Healthcare Equality" Designation in all Five Boroughs**

I am also pleased to report that 22 patient care locations in the NYC Health + Hospitals system have received the designation "2017 Leader in LGBTQ Healthcare Equality" from the Human Rights Campaign Foundation, the nation's leading LGBTQ rights advocacy organization. The 22 patient care locations are found in all five boroughs—including in Brooklyn, where no other provider was so recognized. The honor acknowledges hospitals, community health centers, and nursing homes across the country that embrace LGBTQ inclusion and patient-centered care. Implicit in receiving this designation is the fact that NYC Health + Hospitals has been a leader in caring for LGBTQ patients in New York City. We are committed to providing staff with specialized trainings so LGBTQ patients receive responsive health care in a welcoming environment, and we have zero tolerance for discrimination based on sexual orientation and gender identity.

#### **The Joint Commission Survey of NYC Health + Hospitals/ Woodhull**

Last month the Joint Commission (TJC) conducted an unannounced survey of NYC Health + Hospitals/Woodhull, six weeks ahead of schedule. I am pleased to report that Woodhull will be accredited for the next three years. Over four days, TJC conducted an intensive and rigorous survey involving numerous tracers on inpatient units, ambulatory care clinics, and off-site clinics. Surveyors reviewed processes around central sterile, malignant hyperthermia, medication management, performance improvement, competencies, contracts, facility structure and the environment, including cleanliness. Congratulations to Gregory Calliste, CEO, Ed Fishkin, MD, Chief Medical Officer, Angela Edwards, RN, Chief Nurse Executive, and Sharon Neysmith-Crawford, Associate Executive Director, Quality Management, and the staff of NYC H+H/Woodhull, on a successful survey. Thank you as well to Board Member Josephine Bolus, RN, for representing the Board.

#### **OneCity Health Update**

OneCity Health continues to work on initiatives designed to advance population health by building relationships with community health and social service providers to strengthen continuity of care and keeping more of our patients from unnecessary hospitalizations.

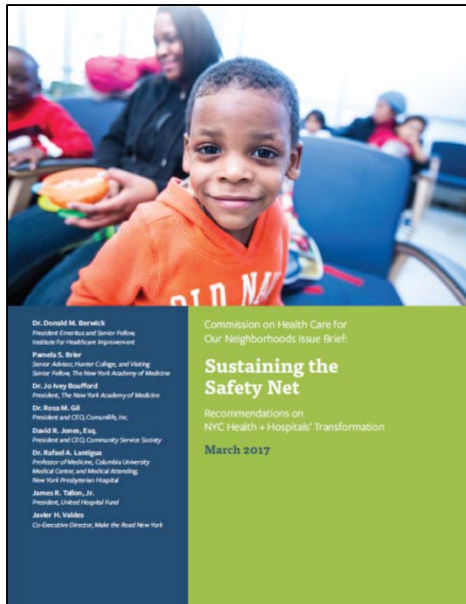
- As part of our efforts to improve cultural competence and health literacy (CCHL), seven partner sites, including five NYC Health + Hospitals sites have completed self-assessments, using the C-CAT survey and other tools, to understand the current state, strengths and opportunities for improvement. Forty-eight additional sites are continuing with the assessment. This initiative will provide the OneCity Health network with additional insights on disparities and gaps in service delivery, and promote best clinical and administrative processes to improve them.

- In addition, 14 community partners will soon begin to conduct focus groups with patients or consumers from our identified priority populations. Feedback from our patients and clients will add to the data on sites and their staff that One City Health is collecting through the CCHL self-assessments. Partners will conduct up to 28 focus groups.
- OneCity Health recently concluded a pilot with our partner First MedCare to create a connection from their Electronic Medical Record to the Regional Health Information Organization (RHIO). Soon we will begin to connect our next wave of partners to the RHIO to ensure our partners can exchange data across our IDS.
- The Greater New York Hospital Association (GNYHA) recently issued a Population Health Curriculum Guide for hospitals and health systems participating in the Delivery System Reform Incentive Payment (DSRIP) program. The guide includes concepts and practices for front-end staff, providers, and partners. Marlee Ickowicz, Project Manager for Workforce and Special Projects at OneCity Health, is a member of the GNYHA DSRIP Workforce Workgroup and provided guidance on the curriculum guide. We are currently developing a strategy to share the curriculum across our IDS.
- To enhance both quality and access to primary care, we've coordinated two trainings for our primary care partners: Through a partnership we have coordinated with The Center to Advance Palliative Care (CAPC), nearly 200 staff members from our community partners have registered to become members. Members will receive access to tools, training and technical assistance aimed at improving both clinical as well as operational skills for the delivery of palliative care, treatment and support services within the primary care environment.
- For our community partners whom we are helping to achieve Patient Centered Medical Home (PCMH) recognition as well as our primary care partners, we will soon host our third learning collaborative which will introduce key concepts in care management. Nearly 80 people attended our first two learning collaboratives.

OneCity Health is continuing to expand a number of our transformation efforts:

- We recently expanded our Health Home At-Risk pilot to NYC Health + Hospitals/Bellevue, in addition to our ongoing pilots in five NYC Health + Hospital/ Gotham sites and four community partner primary care practices (Community Healthcare Network, SUNY Downstate Medical Center, Center for Comprehensive Health Practice and Brightpoint Health). Through this intervention, primary care practitioners can make referrals to care coordinators provided by OneCity Health's Health Home lead agencies, which are NYC Health + Hospitals, Community Healthcare Network and Community Care Management Partners.
- A Transition Management Team (TMT) is now in place at NYC Health + Hospitals/Lincoln, where it will provide 30 days of supportive care management for patients at high risk of readmission. Teams also continue to support patients at NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. To date, over 900 patients have been followed by TMT's into the community.
- As part of our clinical asthma program, our partners have assigned nearly 200 patients to Community Health Workers (CHWs). Seven NYC Health + Hospital facilities (Elmhurst, East New York, Gouverneur, Harlem, Kings, Lincoln + Queens) and two of our community partners (Urban Health Plan and Gentle Touch Medical) are generating referrals to our partners with CHWs. The CHWs - from VillageCare, CABS Home Attendants Service, St. Mary's Healthcare System for Children, Asian Community Care Management, Make the Road New York, a.i.r NYC and NYC Health + Hospitals - complete an asthma assessment, reinforce recommendations from the clinical team, and conduct home visits to evaluate the environment for asthma "triggers."

**Ambition:** To provide recommendations, which consistent with the “Triple Aim” of improving the patient experience, improving the health of populations, and reducing the cost of care, inform NYC Health + Hospitals’ efforts to transform into a sustainable high-performing system that keeps New Yorkers healthy throughout their lives



## Commission Members

*Dr. Donald M. Berwick, Institute for Healthcare Improvement*

*Pamela S. Brier, Hunter College and The New York Academy of Medicine*

*Dr. Jo Ivey Boufford, The New York Academy of Medicine*

*Dr. Rosa M. Gil, Comunilife, Inc.*

*David R. Jones Esq., Community Service Society*

*Dr. Rafael Lantigua, Columbia Univ. and NY Presbyterian Hospital*

*James R. Tallon Jr., United Hospital Fund*

*Javier H. Valdes, Make the Road*

<http://www.nychealthandhospitals.org/transformation-blue-ribbon-commission/>



# Recommendations from the Commission

## Re-envisioning Clinical Infrastructure

- Restructure clinical services, including new investments to expand ambulatory services, to ensure financially-sustainable, high-quality care
- Restructure in a way that balances operational efficiency, patient experience and the health of communities
- Develop a visionary population health strategy, including long-term strategies to address social determinants

## Building Clinical Partnerships

- Partner with other providers to ensure coordinated care across settings and across health care systems
- Explore a range of clinical partnership models tailored to variation in geography, community needs and the capabilities of potential partners

## Sustaining the Safety Net

- Pursue multiple strategies to ensure H+H can continue to fulfill its mission (including strategies to prevent federal DSH cuts and strategies to ensure uninsured patients can access care in the same way as those with insurance)



**NYC Health + Hospitals**  
**FY 2018 Executive Financial Plan**

*Cash Basis*  
(\$ in millions)

	Projected 2017	Projected 2018	Projected 2019	Projected 2020	Projected 2021
<b>REVENUES</b>					
<b><u>Third Party Revenue</u></b>					
Medicaid	1,971.1	2,009.7	2,078.6	2,145.8	2,176.4
Medicare	1,053.5	1,060.5	1,082.0	1,101.1	1,108.0
Other Managed Care	354.7	353.5	353.5	353.5	353.5
Supplemental Medicaid	2,619.5	1,714.1	1,422.0	1,429.6	1,381.0
<i>Disproportionate Share Hospital (DSH)</i>	<i>1,275.1</i>	<i>1,118.5</i>	<i>930.2</i>	<i>952.4</i>	<i>958.3</i>
<i>Other Supplemental Payments</i>	<i>1,344.4</i>	<i>595.7</i>	<i>491.8</i>	<i>477.3</i>	<i>422.7</i>
<b>Subtotal: Third Party Revenue</b>	<b>5,998.8</b>	<b>5,137.8</b>	<b>4,936.1</b>	<b>5,030.0</b>	<b>5,018.9</b>
<b><u>Other Revenue</u></b>					
City Services	423.0	828.6	849.2	852.5	853.4
Grants and Other	611.3	500.1	500.2	500.6	500.6
<b>Subtotal: Other Revenue</b>	<b>1,034.2</b>	<b>1,328.6</b>	<b>1,349.5</b>	<b>1,353.1</b>	<b>1,354.0</b>
<b><u>Revenue-Generating Initiatives</u></b>					
Medicaid Waiver Programs	545.9	482.8	482.9	363.3	361.4
Federal and State Charity Care	-	85.0	369.0	360.5	360.5
Health Insurance Initiatives	206.4	252.3	285.3	315.6	315.6
Development Opportunities	-	-	-	100.0	100.0
<b>Subtotal: Revenue-Generating Initiatives</b>	<b>752.3</b>	<b>820.1</b>	<b>1,137.2</b>	<b>1,139.4</b>	<b>1,137.5</b>
<b>TOTAL REVENUES</b>	<b>7,785.3</b>	<b>7,286.6</b>	<b>7,422.7</b>	<b>7,522.5</b>	<b>7,510.4</b>
<b>EXPENSES</b>					
<b><u>Expenses</u></b>					
Personal Services	2,980.2	2,951.1	2,985.5	3,015.0	3,046.5
Fringe Benefits	1,508.5	1,474.8	1,543.4	1,633.7	1,672.4
Affiliations	1,095.8	1,104.9	1,119.5	1,125.6	1,195.8
Other Than Personal Services	2,612.7	2,078.4	2,397.8	2,556.1	2,381.8
<b>Subtotal: Expenses</b>	<b>8,197.3</b>	<b>7,609.1</b>	<b>8,046.3</b>	<b>8,330.4</b>	<b>8,296.5</b>
<b><u>Expense-Reducing Initiatives</u></b>					
Supply Chain and Care Management Initiatives	63.0	137.0	171.0	204.0	204.0
Restructuring and Personnel Initiatives	55.0	250.0	448.0	544.0	544.0
<b>Subtotal: Expense-Reducing Initiatives</b>	<b>118.0</b>	<b>387.0</b>	<b>619.0</b>	<b>748.0</b>	<b>748.0</b>
<b>TOTAL EXPENSES</b>	<b>8,079.3</b>	<b>7,222.1</b>	<b>7,427.3</b>	<b>7,582.4</b>	<b>7,548.5</b>
<b>INCOME/(LOSS)</b>	<b>(294.0)</b>	<b>64.4</b>	<b>(4.6)</b>	<b>(59.8)</b>	<b>(38.2)</b>
<b>OPENING CASH BALANCE</b>	<b>479.6</b>	<b>185.6</b>	<b>250.0</b>	<b>245.5</b>	<b>185.7</b>
<b>CLOSING CASH BALANCE</b>	<b>185.6</b>	<b>250.0</b>	<b>245.5</b>	<b>185.7</b>	<b>147.5</b>

# Integrating Palliative Care at NYC Health + Hospitals: Piloting Use of the MOLST

NYC H+H Board of Directors Educational Presentation

May 25, 2017

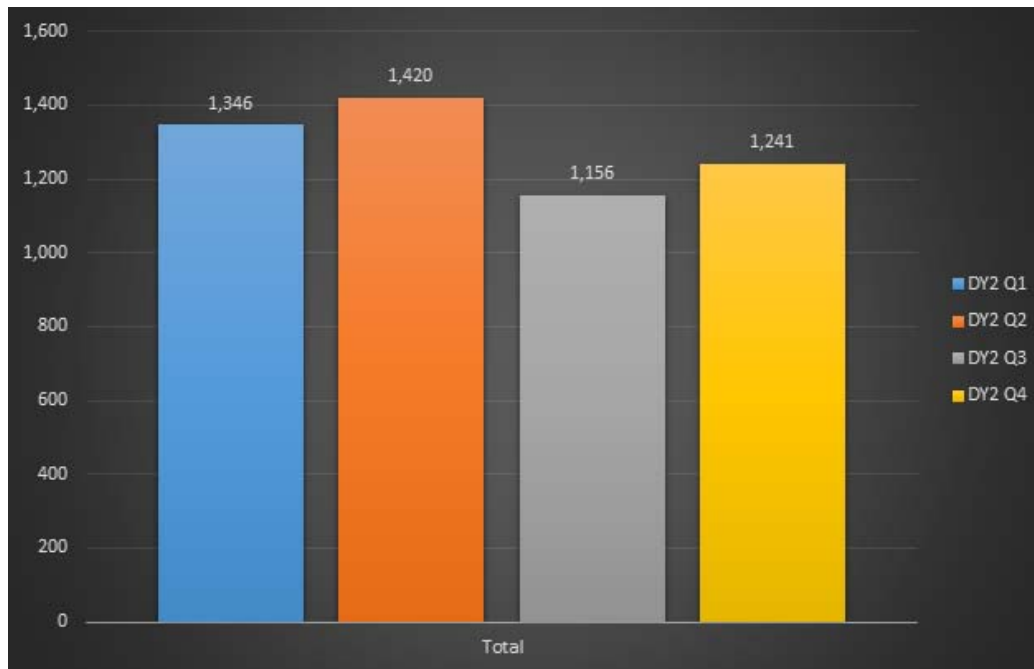


- ❑ “Palliative care is specialized medical care for people with serious illness. It focuses on providing patients with relief from the symptoms, pain and stress of a serious illness—whatever the diagnosis.”
  
- ❑ Transformation efforts are supported by palliative care
  - **patient-centered care**
  - **integrated care systems**
  - **value-based models of health services delivery**
  
- ❑ Robust palliative care services include:
  - Specialty palliative care services by trained multidisciplinary teams (present at each facility with variable size and scope of services)
  - Primary palliative care skills integrated across health care settings
  
- ❑ To date, OneCity Health’s work to enhance palliative care integration has focused on advance directives and clinical skills-building in primary care, and on use of MOLST for end-of-life directives

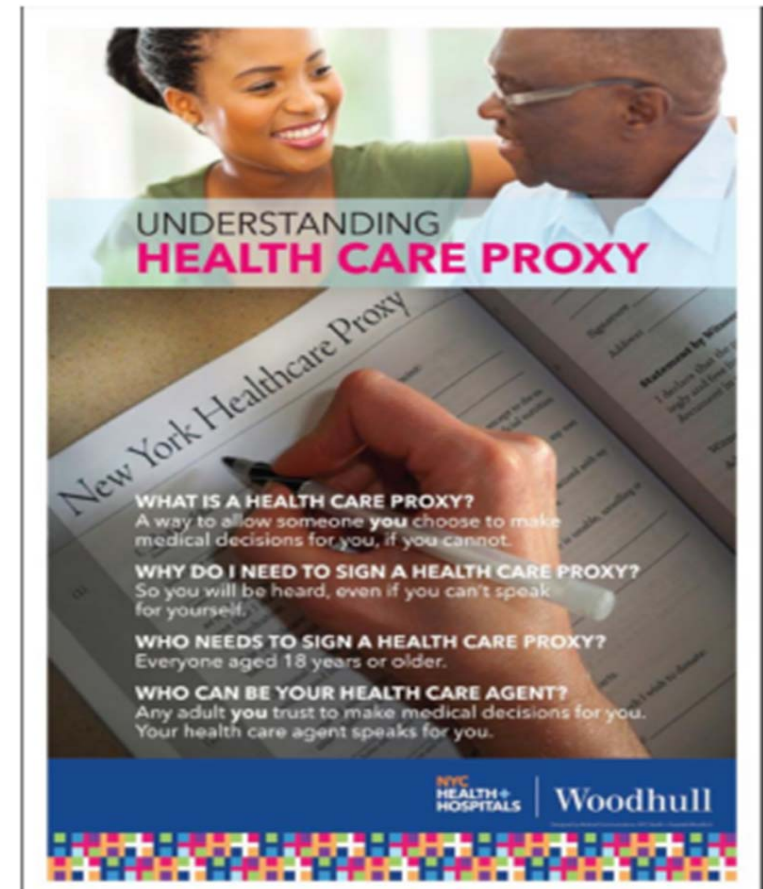
## Health care proxies for primary care patients

### Sustained initial success in administering health care proxies :

- Training focused on meaningful conversations about health care proxies
- Each of 17 sites designed local workflows and care team roles
- Key themes included staff attitudes to advance directives and cultural competency needs



Number of health care proxies completed each quarter in the adult primary care setting for patients with Medicaid, acute care facilities— April 2016-March 2017





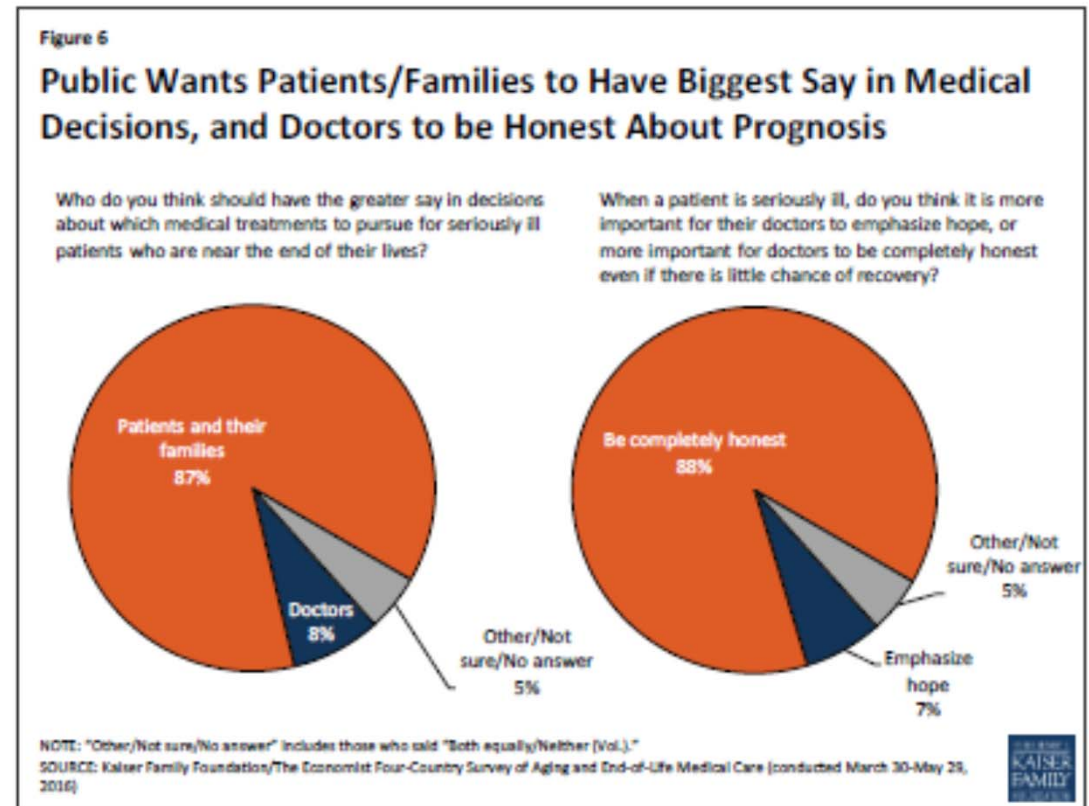
## Building skills for clinical care teams

- **Foundational** training in palliative care skills
  - Center to Advance Palliative Care (CAPC) online CME modules are free to NYC H+H staff and OneCity Health partners
  - 726 active users at NYCH H+H completed 2,358 courses since February 2016
  - 200 individuals from of the OneCity Health network have requested accounts, and access is being expanded
  
- **Intensified** training and QI coaching for primary care teams will begin Summer 2017
  - Initial cohort will include 12 primary care sites for a six-month engagement period
  - Primary care teams will be supported to learn and apply skills for goals of care conversations, pain management, and hospice linkage

The CAPC Online Curriculum			
CAPC is dedicated to providing tools, training and technical assistance to support palliative care program development and growth.		CAPC Designation is available in Pain Management, Symptom Management and Communication Skills.	
The CAPC curriculum was designed to provide member organizations with an integrated approach to enhancing core skills for all frontline clinicians.		Courses roll out on a continuing basis. Members receive FREE CME/CEUs.	
CLINICAL COURSES			
PAIN MANAGEMENT*			
Comprehensive Pain Assessment	Matching the Drug Class to the Pain	Patient Factors that Influence Prescribing Decisions	Assessing Risk for Opioid Substance Use Disorder
Opioid Trials: Determining Design, Efficacy and Safety	Prescribing an Opioid	Prescribing Short-Acting Opioids: Four Case Studies	Monitoring for Opioid Efficacy, Side Effects and Substance Use Disorder
Converting from Short-Acting to Long-Acting Opioids	Prescribing Practice and Opioid Conversions	Advanced Conversions and Opioid Side Effects	Special Populations and Patient-Controlled Analgesia
Managing Pain in Patients at Risk for Substance Use Disorder	Pain Management: Putting it All Together		
COMMUNICATION SKILLS*			
Delivering Serious News	Discussing Prognosis	Clarifying Goals of Care	Conducting a Family Meeting
Advance Care Planning Conversations			
SYMPTOM MANAGEMENT*			
Nausea and Vomiting	Dyspnea	Constipation	Depression
Anxiety			
PREVENTING CRISES THROUGH WHOLE-PERSON CARE			
Care Coordination	Supporting the Family Caregiver: The Burden of Serious Illness		
RELIEF OF SUFFERING ACROSS THE DISEASE TRAJECTORY			
Dementia	Heart Failure (HF) Coming Soon	Chronic Obstructive Pulmonary Disease (COPD) Coming Soon	

## MOLST: a voice for patients and families for end-of-life care

- ❑ The “Medical Orders for Life-Sustaining Treatment” form documents patients’ treatment preferences for end-of-life care
  - Approved by NYS DOH and required as part of DSRIP programming
  - Intended for patients who might die within the next year, and/or who require long-term care services or facility placement
  - Can include non-hospital DNR/DNI orders
- ❑ Completion of MOLST requires specific discussion between providers and patients about end-of-life care options
- ❑ Barriers to use include:
  - Discomfort with goals-of-care conversations
  - Lack of familiarity with MOLST documentation, including legal and regulatory implications
  - Need for operational processes that facilitate use of MOLST



Hamel et al. Views and Experiences with End-of-Life Medical Care in the U.S. The Henry J. Kaiser Family Foundation. April 2017.

## MOLST Pilot at Lincoln Hospital

- ❑ MOLST pilot design is a result of focused collaboration between Lincoln Hospital palliative care staff, hospital leadership, OneCity Health, and Post-Acute Service Line
  - In June 2017, project will kick-off with MOLST team training and Grand Rounds presentation, and operational planning is already underway
  - Initial quality improvement step is for Lincoln palliative care team to support MOLST with 10 patients with end-stage cancer in the outpatient oncology unit
  - Based on initial experience, pilot project team will identify additional settings for MOLST implementation
  
- ❑ A clinician-driven pilot project on MOLST implementation will create:
  - A nucleus of clinical and institutional expertise within NYC H+H on use of MOLST
  - A framework for operationalizing MOLST within NYC H+H, that will be disseminated to other facilities as a toolkit
  - A narrative that demonstrates culture shift towards eliciting and honoring patient preferences and goals of care



## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals’ or the “System”) to take the necessary steps to implement a platform that will integrate Epic revenue cycle modules with existing Epic clinical modules at a cost not to exceed \$138,710,297 in operating funds and \$150,407,693 in capital funds, which is allocated in the City Capital Budget, over the next five years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance; and training services and facilities all of such procurement to be effected in conformity with NYC Health + Hospitals’ Operating Procedure 100-5 but without further Board authorization provided that the GO Enterprise unit of the Enterprise Information Technology Services division of NYC Health + Hospitals (EITS”) shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.

**WHEREAS**, NYC Health + Hospitals has already acquired rights to use the Epic suite of modules including its revenue cycle modules and its clinical modules; and

**WHEREAS**, NYC Health + Hospitals has made significant strides in implementing the Epic clinical modules to achieve a unified and uniform electronic medical record system that can be used throughout the System but has not worked to implement the revenue cycle modules; and

**WHEREAS**, implementing a revenue cycle module will establish a financial management system through medical billing software to enable the System to track every patient care episode, all charges for medical services and the payment of such charges; and

**WHEREAS**, having a revenue cycle platform in place will allow the System to manage patient care to better establish and ensure uniform provision of best practice care and to optimize revenue from health care services; and

**WHEREAS**, using the Epic revenue cycle modules will leverage the investment NYC Health + Hospitals has already made in the Epic suite of modules and permit seamless integration with the clinical modules that would be difficult to achieve were another revenue cycle module to be used; and

**WHEREAS**, EITS will work with the Office of Supply Chain Services to procure contracts under Operating Procedure 100-5 with vendors that supply staff augmentation services, hardware, training and implementation services and will report to the Board of Directors the award of such contracts at regular periodic intervals; and

**WHEREAS**, the head of the GO Enterprise unit of EITS will be responsible for the supervision, management and reporting of this project.

**NOW THEREFOR, IT IS RESOLVED** that New York City Health and Hospitals Corporation be and hereby is authorized to take the necessary steps to implement a platform that will integrate Epic revenue cycle modules with existing Epic clinical modules at a cost not to exceed \$138,710,297 in operating funds and \$150,407,693 in capital funds, which is allocated in the City Capital Budget, over the

next five years including procuring the necessary contracts for: staff augmentation to implement, configure and install the modules; the necessary hardware; software maintenance and subscriptions; hardware maintenance and training services and facilities all of such procurement to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5 but without further Board authorization provided that the GO Enterprise unit of Enterprise Information Technology Services division of NYC Health + Hospitals shall make regular periodic reports to the Board of Directors to detail such procurement and to report on the progress of the implementation program and track the same to the budget hereby established.

## EXECUTIVE SUMMARY

- Background:** Revenue cycle management is a payment practice within the United States health system. The process involves a healthcare provider submitting, and following up on, claims with health insurance companies in order to receive payment for services rendered; such as treatments and investigations. Revenue cycle management speeds up payments and frees up staff time with paperless billing, online bill-pay, payment plans, estimates, and more. It consolidates all of a patient's outstanding balances - inpatient and clinic bills - into a single statement to make paying bills simple and easy to do. It automates coding and charge dropping to reduce administrative overhead, avoid missing charges, shorten A/R days and increase total revenue. It encourages the most clinically effective and cost efficient treatments with integrated clinical and financial decision support.
- Need:** The original plan to achieve an integrated Epic clinical and revenue cycle system was to roll out revenue cycle after completion of the clinical implementation. However, the benefits gained through an integrated system warrant the acceleration of the revenue cycle timeline. The System currently is not able to collect enough of the revenue available to compensate for care provided to patients with insurance. This is due to flaws in coding, billing, collection and management of denials of claims by third party payors. It is essential that the System enhance its revenue, within regulatory bounds, to finance its operations. We anticipate to capture up to \$142 million in annual additional revenue (based on FY 2016 patient volume), once the new revenue cycle product is in place. This expected increase is based on the experience of other national and local health systems that have already implemented the technology.
- Patient Care Benefits:** Patients will benefit from the implementation of a revenue cycle platform because it will yield information about care being delivered that can be used to teach and enforce standard best practices across the System. Patients will also benefit because care givers will be able to focus more attention on their care than on completing forms and logging data.
- Financing:** \$150 Million in capital funds is allocated in the City's Capital Budget for the revenue cycle project. NYC Health + Hospitals shall invest approximately \$139 million from its operating budget to cover the non-capital portion of the costs of the initiative, separate from the Epic clinical program budget. The investment is projected to pay for itself in 2-1/2 years post implementation.
- Budget:** The anticipated schedule for expenditure of the authorized funds and the application of such funds are set forth in the attached budget projection.
- Procurement:** The goods and services required for the proposed implementation will come from many vendors. Among such vendors would necessarily be Epic which would be called upon for additional services and software maintenance. Contracts for such goods and services will greatly range in value from hundreds of thousands of dollars to millions of dollars. All vendors will be procured in accordance with the procurement rules of NYC Health + Hospitals conducted in the normal course by the Office of Supply Chain Services. All contract will be reported to the IT Committee of the Board at regular periodic intervals with such detail and in such format as the Committee requests.

# Board Briefing GO Enterprise Strategy

GO Team

May 2017



# Executive Summary

- Original plan to achieve an integrated EMR with both Epic clinical and revenue cycle was to roll out revenue cycle after completion of the clinical Epic implementation
- Benefits gained through an integrated revenue cycle warrant the acceleration of the revenue cycle implementation timeline
- Revenue cycle project funding, separate from the Epic clinical implementation, will be \$289 million over the next five years:
  - City of New York has allocated \$150 million in capital funds
  - NYC Health + Hospitals will invest \$139 million out of it's operating costs
- The investment is projected to pay for itself in 2-1/2 years post implementation





# Why GO Enterprise

## Drivers Behind Decision

### Quality of Care

- Increase quality of care while reducing patient safety risks.
- Helps us meet national standards.

### Patient Experience

- Helps us become provider of choice for our patients by improving access.
- Helps us ensure patient experience meets national standards.

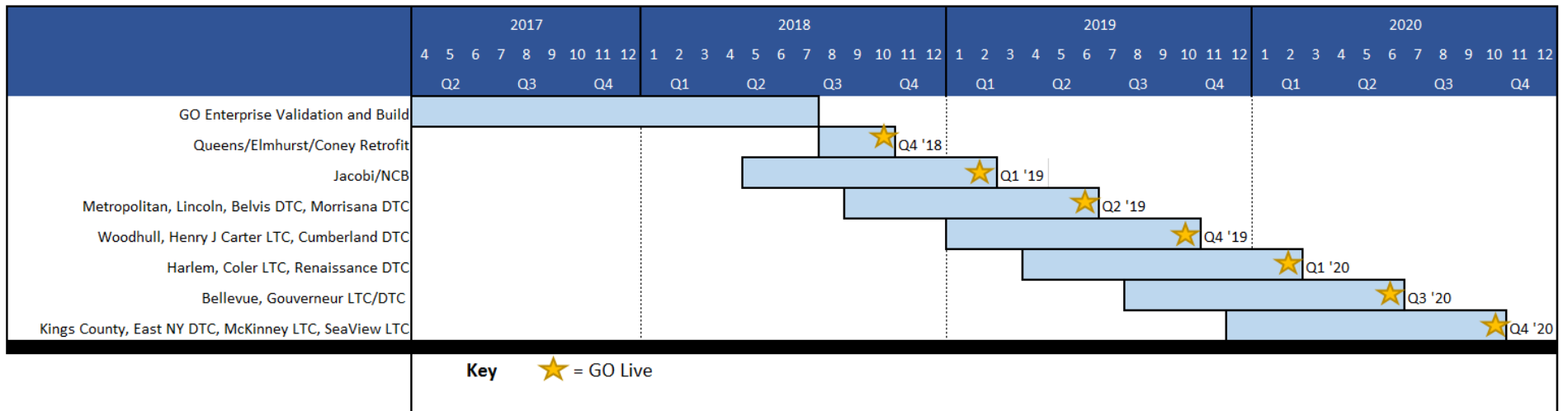
### Transformation

- Establish infrastructure to support Transformation initiatives.
- Sets foundation to allow fully integrated expanded care management services.

### Return on Investment

- Potential 5% return on investment and increased operational efficiencies (\$142M annual benefit).
- Helps us maximize revenue.





GO Enterprise Sequencing: Version 1.2 as of 4/20/17

This may change as we further engage stakeholders.



Costs	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>Capital</b>					
Infrastructure (non Labor)		\$ 9,000,000			
Implementation Labor	3,044,000	50,201,873	49,165,980	32,228,843	6,766,997
<b>Total Capital Investment</b>	<b>\$ 3,044,000</b>	<b>\$ 59,201,873</b>	<b>\$ 49,165,980</b>	<b>\$ 32,228,843</b>	<b>\$ 6,766,997</b>
<b>Operating</b>					
Training facilities, non-capital cost, Maintenance (non Labor) including Quadramed	\$ 9,900,000	\$ 8,200,000	\$ 13,450,000	\$ 14,450,000	\$ 6,000,000
Labor	1,425,315	2,873,865	31,713,668	43,369,546	7,327,903
<b>Total Operating Expenses</b>	<b>\$ 11,325,315</b>	<b>\$ 11,073,865</b>	<b>\$ 45,163,668<sup>1</sup></b>	<b>\$ 57,819,546</b>	<b>\$ 13,327,903</b>
<b>Total Investment</b>	<b>\$ 14,369,315</b>	<b>\$ 70,275,738</b>	<b>\$ 94,329,648</b>	<b>\$ 90,048,389</b>	<b>\$ 20,094,900</b>

<sup>1</sup>GO implementations begin rollouts in the 3<sup>rd</sup> quarter of Fiscal Year 2019 which triggers increases in Operating expenses providing support to LIVE sites

Total Project Cost	
Capital	\$ 150,407,693
Operating	\$ 138,710,297
<b>Total Project Cost</b>	<b>\$ 289,117,990</b>



## **RESOLUTION**

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals” or the “System”) to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP (“Manatt”) to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce as well as the GME impact, over a twenty week period for an amount not to exceed \$4,225,000.

**WHEREAS**, as part of the System’s ongoing transformation it is necessary to adopt a coherent clinical services plan that identifies the services that should be offered and where such services should be offered, how the System should rationalize and balance the service capacity in inpatient and ambulatory care settings, and how the provision of services in one setting might complement the provision of services in other settings, all with attention paid to meeting community needs, enhancing the financial sustainability of NYC Health + Hospitals, and providing high quality care; and

**WHEREAS**, as part of such planning it is also essential to consider the deployment and compensation of the System’s physicians and other medical providers including the use of medical affiliation agreements to furnish many of such medical providers to the System, and to consider the role of such providers in Graduate Medical Education (“GME”) programs, to ensure that such professionals are being deployed across the System to maximize their productivity and to ensure that their compensation is both adequate to attract and retain talent but not wasteful of scarce resources; and

**WHEREAS**, Manatt was prequalified through an open competitive process to perform consulting services such as these for NYC Health + Hospitals and then was selected using another competitive process from among three pre-qualified consultants solicited to perform the services described; and

**WHEREAS**, Manatt has done considerable prior work for NYC Health + Hospitals, and thus has considerable knowledge about the organization that it can draw upon in performing the proposed services; and

**WHEREAS**, the proposed contract for Manatt’s services will be managed jointly by the Senior Vice President and Chief Medical Officer and by the Senior Vice President and Chief Transformation Officer.

**NOW THEREFOR BE IT RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with Manatt Health, a division of Manatt, Phelps & Phillips LLP, to prepare a clinical services plan for the System, including how to staff such services, system wide, facility by facility, taking into account the affiliation workforce and the GME impact, over a twenty week period for an amount not to exceed \$4,225,000.

## **EXECUTIVE SUMMARY**

### **BACKGROUND:**

Much work has been done over the last year to gather information about NYC Health + Hospitals' current state analyzing the System's essential features including patient mix, utilization, revenue sources and rates, organizational and operational impediments to greater efficiency and improved patient care, safety and experience, staffing and the System's place in the healthcare marketplace in New York City. NYC Health + Hospitals is now applying many of the findings made during the last year into practical action. The proposed consulting work is designed to map out the practical application of the findings made in the areas of clinical services and professional staffing.

### **Need:**

During the last year, studies have shown the mismatch of System resources and community needs where the System sometimes struggles to meet the considerable need for primary care and behavioral health care and yet has overcapacity in inpatient care and where certain particular services and facilities are underused and others are overtaxed. Furthermore, it appears that there is a lack of consistency in the way in which affiliate providers are compensated and the mix of affiliate providers and staff on the one hand and employed providers and staff on the other hand is not always logical or designed to best serve community needs, the System's financial sustainability, or high quality care. Study has also indicated the potential for substantial revenue enhancement and/or cost savings by adopting a revised GME strategy focused on rightsizing GME activities in line with the revised clinical services plan and aligned with H+H strategic objectives.

### **Procurement:**

NYC Health + Hospitals issued a Request for Proposals to identify and pre-qualify consultants within fifteen different scopes of work all of which relate to the Transformation of the System now underway. From the many proposals received, generally 5 – 7 vendors within each scope of work were selected by Selection Committees that evaluated the vendors based on written submissions. The Contract Review Committee reviewed the pre-qualification procedure used and the pre-qualification selections made and approved of both. Pursuant to a written procedure proposed by the SVP/Chief Financial Officer and the SVP/Chief Transformation Officer and accepted by the Interim President

applicable to all work orders for particular Transformation services using firms pre-qualified as described above, the proposed consulting services were described to three firms prequalified to perform Clinical Services Redesign work and they were invited to propose to perform such work at a stated price. Manatt was one of such firms. Each of the firms would have been able to access and build upon the work performed under previous consulting agreements including the work that had been previously performed by Manatt. The three firms made competing proposals including cost proposals. A Selection Committee evaluated the proposals, scored them and on the basis of both price and appropriateness, selected Manatt. In accordance with the adopted procedure, that selection and the cost of the contract was presented to an Approval Committee that must approve all Transformation consulting contracts using the pre-qualified pool of consultants. The Approval Committee consists of the Interim President, SVP/Chief Financial Officer and the SVP/Chief Transformation Officer. The Approval Committee approved the selection of Manatt. Being as the contract price exceeds the Board's threshold for review, the contract is being presented to the Board of Directors for approval.

**Deliverables:**

- Identify savings and/or revenue growth opportunities from changes to the current clinical services footprint;
- Rationalize current affiliate staffing roster against current workload by service and site, and identify areas of staff reduction opportunity;
- Identify opportunities to improve current affiliate contracting strategies and contract operations with identification of potential contract savings;
- Assess current GME activities and management across all facilities and make recommendations for a revised GME strategy focused on rightsizing GME activities in line with the revised clinical services plan and aligned with the H+H strategic objectives;
- Align affiliate contracts with the clinical services planning and GME analysis.

**Terms:**

\$4,225,000 allocated among the deliverables and allocable portion payable upon completion of each deliverable. Cost is inclusive of all expenses. Term of contract is 20 weeks.

**32076A**

**TO:** Mitchell Jacobs, Director  
Procurement System Operations  
Division of Materials Management

**FROM:** Keith Tallbe *KT*

**DATE:** April 4, 2017

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

---

The proposed contractor/consultant, Manatt, Phelps & Phillips, LLP, has submitted to the Supply Chain Diversity Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise  Woman Business Enterprise  Non-M/WBE

Project Location(s): Central Office

Contract Number: \_\_\_\_\_

Project: Consulting Services

Submitted by: Division of Materials Management

EEO STATUS:

1.  Approved
2.  Conditionally Approved with follow-up review and monitoring
3.  Not approved
4.  Conditionally approved subject to EEO Committee Review

COMMENTS:

KT:srf

# Proposed Contract Award for Clinical Service Planning and Affiliate/GME Alignment

**Board of Directors Meeting**  
**May 25, 2017**





# Background

## Previous analysis of the NYC Health and Hospital System Clinical Services

- Patient mix
- Utilization
- Revenue Sources and Rates
- Staffing
- Organizational Impediments to improved efficiencies
- Organizational Impediments to improved patient care, safety and experience
- The System's place in the NYC Health care Market place



# Need

## Mismatch of the System's Resources and the Community Needs

- ✓ Lack of capacity in primary care
- ✓ Lack of capacity in behavioral health
- ✓ Varying capacity, including some overcapacity, among inpatient care beds in certain communities

## Lack of alignment among our affiliates

- ✓ In meeting the System's strategic goals
- ✓ In best serving the communities needs
- ✓ In best serving the System's financial viability

Potential for substantial revenue enhancement or cost savings with revised affiliate and GME strategies



# Procurement Process

1. **Prequalification RFP Process**
  
2. **Contract Review Committee**
  - **Approved the process**
  - **Approved the pre-qualification selections**
  
3. **From the pre-selected firms, based on scores and skills, the 3 most qualified were invited to propose and perform the Clinical Services Redesign work**
  
4. **Based on the quality of the proposal, depth of knowledge of our System, expertise in Graduate Medical Education and lowest cost, Manatt Health was selected**



## Deliverables

- ✓ Identify savings and / or revenue growth opportunities
- ✓ Rationalize current affiliate staffing
- ✓ Identify opportunities to improve current affiliate contracting strategies
- ✓ A revised GME strategy – aligned with the revised clinical services plan and aligned with the System’s strategic objectives
- ✓ Align affiliate contracts with the contract services planning and GME analysis

Terms: \$4,225,000 allocated among the deliverables and allocable portion payable upon completion of each milestone. Cost is inclusive of all expenses. Term of the contract is 20 weeks.



## **Business Case**

- 1. A clinical service plan would provide a platform for a strategic approach to workforce and real estate strategies**
- 2. Preliminary analysis of affiliate agreements identified areas of opportunity for significant cost reductions.**
- 3. Low volume of high end specialties suggest an opportunity to reduce cost and increase quality through consolidation**
- 4. High demand for behavioral health services suggests an opportunity to better meet community needs and leverage growth**
- 5. A review of student clerkship arrangements suggest an opportunity for re-alignment of GME endeavors with potential for significant system savings.**



# Summary of Work

We have worked with Manatt on a number of various projects dating back to February 2016. Those projects that have been completed have received an A rating. A full report is available upon request.



# Questions?



## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the Upgrade of Fire Alarm Systems in the "ABC" and "T" Buildings (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").

**WHEREAS**, the existing fire alarm systems for "ABC" and "T" buildings are in working condition but are obsolete and need to be replaced;

**WHEREAS**, it was determined that replacing the existing fire alarm systems will comply with requirements outlined by Fire Department of New York (FDNY) 2015 revised Technology Management Bulletin # 03-2/2012 (see Attachment 1); and

**WHEREAS**, the legalization of the existing fire alarm systems will be permitted to maintain the 1968 Building Code functionality; 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 \$5,783,618 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 \$5,783,618 for planning, pre-construction, design, construction and construction management services necessary for the Upgrade of Fire Alarm Systems in the "ABC" and "T" Buildings (the "Project") at NYC Health + Hospitals / Kings County (the "Facility").



## EXECUTIVE SUMMARY

### UPGRADE OF FIRE ALARM SYSTEMS IN THE "ABC" AND "T" BUILDINGS AT NYC HEALTH + HOSPITALS / KINGS COUNTY

**OVERVIEW:** NYC Health + Hospitals is seeking to upgrade the fire alarm systems in the "ABC" and "T" Buildings at NYC Health + Hospitals / Kings County. The project was designed, estimated and bid in accordance with the NYC Health + Hospitals Operating Procedure 100-5. The project cost is not-to-exceed \$5,783,618.

**NEED:** The existing fire alarm systems in the "ABC" and "T" buildings were installed in 1991. The fire alarm systems for these buildings are obsolete. Therefore, replacing these systems with a modernize and efficient system will comply with Fire Department of New York (FDNY) 2015 revised Technology Management Bulletin #03-2/2012 (see Attachment 1). The new fire alarm system will provide a much safer environment with the upgrade of various fire alarm devices such as circuit cables, strobes, smoke detectors, control boards, and pull stations. In addition, this legalization work will ensure ease of approval of future projects in the "ABC" and "T" Buildings by the FDNY.

**SCOPE:** The scope of work for this project includes the following:

- ❖ Upgrade existing individually coded addressable multiprocessing interior fire alarm systems inside "ABC" and "T" buildings with manual and automatic smoke /heat detection, sprinkler alarm and central office connection in accordance with 1968 NYC Building code reference standard. Devices will be individually annunciated on the fire alarm control panel.
- ❖ Remove all existing fire alarm combination gongs/strobes and warden stations throughout the "ABC" and "T" buildings, after the new fire alarm systems devices are installed, tested and approved by FDNY.
- ❖ Provide fire watch at the "ABC" and "T" buildings throughout the duration of construction.

**CONSTRUCTION:** The project architectural firm of record is MJCL Architects, LLP. It is anticipated that the services of a construction manager will be engaged to coordinate and supervise contract work.

**COSTS:** \$5,783,618

**FINANCING:** General Obligation Bonds = \$5,362,925  
HHC-2010 Bonds = \$420,693

**SCHEDULE:** This project is schedule for completion by September 2018.

**NYC Health + Hospitals / Kings County  
Upgrade Fire Alarm System - "ABC" & "T" Buildings  
Table 1: Total Project Summary**

Line #	Item	Percentage Rates	Costs
1	Construction Cost Estimate <sup>(1)</sup>		\$4,179,860
2	Architect/Engineering Fees <sup>(2)</sup>		\$420,693
3	Construction Management Fees <sup>(3)</sup>		\$556,086
4	Contingency	15.0%	\$626,979
5	<b>Total Project Cost</b>		<b>\$5,783,618</b>

Notes:

- (1) Construction cost estimates from MJCL Architects, LLP.
- (2) Architect/Engineering fees is 7.3% of project cost estimate.
- (3) Construction Management fees based on proposal received from TDX Construction Corporation.



Battalion Chief Thomas J. Pigott – Chief of Technology Management  
Office of Technology Management  
Bureau of Fire Prevention



9 METROTECH CENTER – BROOKLYN, NY 11201

## **TECHNOLOGY MANAGEMENT BULLETIN # 03/2012R**

**Revised March 9, 2015**

**REFERENCE:** Guidelines for Legalization of Existing Building Fire Alarm Systems

**EFFECTIVE DATE:** March 15, 2012

**EXPIRATION DATE:** March 15, 2018 unless revoked earlier for cause

The procedures set forth in this bulletin are the **minimum** requirements necessary to obtain the Letter of Approval for any **existing** building fire alarm systems installed pursuant to the 1968 Building Code or prior codes.

### **1. Existing Building Fire Alarm Systems**

1.1. For simplicity and convenience, the Office of Technology Management has outlined the following four key directions to be followed in order to expedite the plan review and approval.

(A) Where the existing Fire Alarm System has been filed with the Department of Buildings but the plans have not been approved, follow the instructions below:

- Reinstatement of the original Plan/Work Application with the Department of Buildings;
- Submit the fire alarm design and installation documents for review and approval.

(B) Where the Building Information System does not reveal an applicable filing of the existing fire alarm system, but the *current* Certificate of Occupancy bears a record "Fire Alarm and Signal System," follow the instructions below:

- File Plan/Work Application (Form PW-1) as Alteration Type 2 with the Department of Buildings;
- Submit the fire alarm design and installation documents for review and approval.

(C) Where the Building Information System does not reveal an applicable filing of the existing fire alarm system and the *current* Building Certificate of Occupancy does not bear a record "Fire Alarm and Signal System," follow the instructions below:

- Obtain permission to legalize the existing fire alarm system by filing Form TM-4 with the Office of Technology Management. The supporting documents, signed and sealed by the Engineer of Record, shall include a narrative of the system functionality and conditions (equipment, wiring, initiating/notification devices & appliances, etc.) and a copy of the Certificate of Occupancy;
- After the above permission has been granted, file Plan/Work Application (Form PW-1) as Alteration Type 2 with the Department of Buildings;
- Submit the fire alarm design and installation documents for review and approval.

- (D) Where the Building Information System does not reveal an applicable filing of the existing fire alarm system and the Building does not have a valid Certificate of Occupancy, follow the instructions below:
- Obtain a Letter of No Objection from the Department of Buildings;
  - Obtain permission to legalize the existing fire alarm system by filing Form TM-4 with the Office of Technology Management. The supporting documents, signed and sealed by the Engineer of Record, shall include a narrative of the system functionality and conditions (equipment, wiring, initiating/notification devices & appliances, etc.) and a copy of the Letter of No Objection;
  - After the above permission has been granted, file Plan/Work Application (Form PW-1) as Alteration Type 2 with the Department of Buildings;
  - Submit the fire alarm design and installation documents for review and approval. The Engineer on Record shall identify the height and construction classification of the building, number of floors, use and occupancy load on the drawings.
- 1.2. Follow the Technology Management Bulletin **No.: 10/2009** for submission of the fire alarm design and installation documents.
- 1.3. Follow the Fire Alarm Inspection Unit Bulletin **No.: 06-01-11** procedures for scheduling inspection/test.
- 1.4. Recognizing the importance of maintaining a uniform alarm notification tone of a "*three-pulse*" *temporal* pattern in buildings throughout the City, the Office of Technology Management recommends phasing in the conversion of alarm signal with legalization of the existing fire alarm systems. For detailed instructions follow the Fire Alarm Inspection Unit Bulletin **No.: 01-02-12**.
- 1.5. All fire alarm systems legalized under this bulletin shall be connected for central station monitoring for issuance of a Letter of Approval by the Fire Alarm Inspection Unit.
- 1.6. A maximum period of one year from the date of legalization variance approval shall be permitted for the filing and inspection of the subject fire alarm system. The variance shall be expired and without effect afterwards.
2. Existing Sprinkler Monitoring Systems
- 2.1. Follow the Fire Alarm Inspection Unit Bulletin **No.: 03-15-15** procedures for legalizing existing Sprinkler Monitoring Systems.
3. Any applications for legalization of an existing fire alarm or sprinkler monitoring system expired and/or filed on or after March 15, 2018, *must comply with provisions of the current building code in effect.*

## RESOLUTION

Authorizing the NYC Health + Hospitals (the "Health Care System") 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 2,480 square feet of space on the 6<sup>th</sup> floor of the Kountz Pavilion for the operation of the New York City Nurse-Family Partnership program at Harlem Hospital Center (the "Facility") for an annual occupancy fee of \$124,000.

**WHEREAS**, Harlem Hospital Center's Nurse-Family Partnership program for calendar year 2016 served 2,534 clients and provided 27,990 completed visits; and

**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 program has been staffed, funded and operated by Harlem Hospital since 2003; and

**WHEREAS**, the operation of the program will be transferred to the New York City Department of Health and Mental Hygiene and will be funded and staffed by its employees while the location of the program and scope of services provided will remain unchanged.

**NOW THEREFORE**, be it

**RESOLVED**, that the NYC Health + Hospitals (the "Health Care System") be and hereby is authorized 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 2,480 square feet of space on the 6<sup>th</sup> floor of the Kountz Pavilion for the operation of the New York City Nurse-Family Partnership program at Harlem Hospital Center (the "Facility") for an annual occupancy fee of \$124,000..

## EXECUTIVE SUMMARY

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

#### HARLEM HOSPITAL CENTER

The NYC Health + Hospitals (the "Health Care System") seeks authorization of the Board of Directors to execute a revocable license agreement with the New York City Department of Health and Mental Hygiene ("DOHMH") for use and occupancy of space in the Kountz Pavilion at Harlem Hospital Center ("Harlem").

The Nurse-Family Partnership is administered by the DOHMH and 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 has been staffed, funded and operated by Harlem Hospital since 2003. The program is voluntary and there is no cost to the client. The operation of the program will be transferred to the New York City Department of Health and Mental Hygiene and will be funded and staffed by its employees while the location of the program and scope of services provided will remain unchanged. During calendar year 2016, the program served approximately 2,534 clients and provided 27,990 completed visits.

The program will continue to occupy approximately 2,480 square feet of space on the 6<sup>th</sup> floor of the Kountz Pavilion. Harlem will provide utilities and housekeeping services to the licensed space. The occupancy fee will be waived.

The New York City Department of Health and Mental Hygiene 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 licensee 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 the NYC Health + Hospitals. DOHMH shall pay an occupancy of \$124,000 per year calculated at \$50/sq. ft.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") to execute a lease agreement with RXR 32 Old Slip Owner LLC for a ten year term for approximately 20,567 square feet of space on the 5<sup>th</sup> floor at 32 Old Slip Borough of Manhattan, to house the NYC Health + Hospitals' Office of the Inspector General ("H+H OIG") at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term.

**WHEREAS**, in October 2015, the NYC Health + Hospitals' Board of Directors adopted a resolution authorizing its President to enter into a Memorandum of Understanding (the "MOU") with the New York City Department of Investigation ("NYC DOI") to create an Office of the Inspector General for NYC Health + Hospitals under the authority and control of NYC DOI to replace the existing office within NYC Health + Hospitals; and

**WHEREAS**, pursuant to a letter agreement executed by NYC DOI and NYC Health + Hospitals, the entire expenses of the H+H OIG, including but not limited to salaries and other benefits for the staff and the cost of office space shall be the responsibility of NYC Health + Hospitals; and

**WHEREAS**, the H+H OIG currently occupies approximately 16,500 square feet on the 17<sup>th</sup> floor at 160 Water Street and, as a result of staffing increases made pursuant to the MOU, the 160 Water Street space no longer accommodates the H+H OIG's staff which has increased to seventy-five; and

**WHEREAS**, the space at 32 Old Slip provides adequate space to meet the H+H OIG's needs; and

**WHEREAS**, the responsibility for the administering the proposed lease shall rest with the NYC Health + Hospital's Inspector General.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation (the "NYC Health + Hospitals") be and hereby is authorized to execute a lease agreement with RXR 32 Old Slip Owner LLC for a ten term for approximately 20,567 square feet of space on the 5<sup>th</sup> floor at 32 Old Slip, Borough of Manhattan, to house the NYC Health + Hospitals' Office of the Inspector General at a base rent of \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term.

## EXECUTIVE SUMMARY

### OFFICE OF THE INSPECTOR GENERAL 32 Old Slip BOROUGH OF MANHATTAN

**OVERVIEW:** The New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) seeks authorization from its Board of Directors to execute a ten year lease agreement with RXR 32 Old Slip Owner LLC for approximately 20,567 square feet of space on the 5<sup>th</sup> floor of 32 Old Slip, Borough of Manhattan.

**NEED/  
PROGRAM:** In October 2015, the NYC Health + Hospitals’ Board of Directors adopted a resolution authorizing its President to enter into a Memorandum of Understanding (the “MOU”) with the New York City Department of Investigation (“NYC DOI”) to create an Office of the Inspector General for NYC Health + Hospitals under the authority and control of NYC DOI to replace the existing office within NYC Health + Hospitals (the H+H OIG”). Pursuant to a letter agreement executed by NYC DOI and NYC Health + Hospitals, the entire expenses of the H+H OIG, including but not limited to, salaries and other benefits for the staff and the cost of office space shall be the responsibility of NYC Health + Hospitals. The H+H OIG currently occupies approximately 16,500 square feet on the 17<sup>th</sup> floor at 160 Water Street. As a result of staffing increases made pursuant to the MOU, the 160 Water Street space no longer accommodates the H+H OIG’s staff of seventy-five. The 32 Old Slip location will accommodate the IG’s space needs.

**TERMS:** The lease provides for a ten year term for the rental of approximately 20,567 square feet of space on the 5<sup>th</sup> floor of the building. The base rent will be \$52 per square foot for the first five years of the term, \$35 per square foot or \$712,988 for the first year of the term after factoring four months of free rent, \$39 per square foot or \$802,112 per year for each of the second and third years of the term after factoring three months of free rent for each year and a base rent of \$57 per square foot or \$1,172,319 per year for years six through ten for a total base rent of \$10,317,775 over the ten year term. The space will be delivered with the existing furniture in place. Electricity will be sub-metered. NYC Health + Hospitals will pay its proportionate share of real estate tax increases above the 2017/2018 base year and its proportionate share of operating expenses over the 2017/2018 base year. The landlord will provide a tenant improvement allowance of \$65 per square foot, or \$1,336,855.



## SUMMARY OF ECONOMIC TERMS

<b>SITE:</b>	5th Floor 32 Old Slip New York, New York
<b>LANDLORD:</b>	RXR 32 Old Slip Owner LLC
<b>TENANT:</b>	H+H OIG
<b>TERM:</b>	10 years
<b>FLOOR AREA:</b>	Approximately 20,587 square feet
<b>RENEWAL OPTIONS:</b>	None
<b>BASE RENT:</b>	Years 1-5: \$52 per square foot; years 6-10: \$57 per square foot (net effective rent of \$35 per square foot for year 1, net effective rent of \$39 per square foot for years 2 and 3).
<b>FREE RENT:</b>	Ten months
<b>UTILITIES:</b>	Tenant will pay for sub-metered electricity.
<b>OPERATING EXPENSES:</b>	Tenant will pay its proportionate share of increases over the 2017/2018 base year.
<b>REAL ESTATE TAXES:</b>	Tenant will pay its proportionate share of increases over the 2017/2018 base year.
<b>CONSTRUCTION:</b>	The landlord will provide a tenant improvement allowance of \$65 per square foot, or \$1,336,885.

**32 Old Slip - Projected Rent Schedule**

<u>Lease Year</u>	<u>Annual Rent</u>	<u>Per Sq. Foot</u>	<u>Free Rent</u>	<u>Rent (Adjusted)</u>	<u>Per Sq. Ft. for Adjusted Rent</u>	<u>Operating Expense Escalation</u>	<u>Real Estate Tax Escalation</u>	<u>Electricity</u>	<u>Total E+G+H+I</u>
1	\$1,069,484	\$52	\$356,496	\$712,988	\$35	\$0	\$0	\$61,701	\$774,689
2	\$1,069,484	\$52	\$267,372	\$802,112	\$39	\$7,626	\$13,373	\$61,701	\$884,812
3	\$1,069,484	\$52	<u>\$267,372</u>	\$802,112	\$39	\$15,481	\$16,994	\$61,701	\$896,288
4	\$1,069,484	\$52		\$1,069,484	\$52	\$23,572	\$24,140	\$61,701	\$1,178,897
5	\$1,069,484	\$52		\$1,069,484	\$52	\$31,905	\$31,502	\$61,701	\$1,194,592
6	\$1,172,319	\$57		\$1,172,319	\$57	\$40,489	\$39,084	\$61,701	\$1,313,593
7	\$1,172,319	\$57		\$1,172,319	\$57	\$49,330	\$46,893	\$61,701	\$1,330,243
8	\$1,172,319	\$57		\$1,172,319	\$57	\$58,436	\$54,937	\$61,701	\$1,347,393
9	\$1,172,319	\$57		\$1,172,319	\$57	\$67,815	\$63,222	\$61,701	\$1,365,057
10	\$1,172,319	\$57		\$1,172,319	<u>\$57</u>	\$64,563	\$59,075	\$61,701	\$1,357,658
	\$11,209,015		\$891,240	<b>\$10,317,775</b>		<b>\$359,217</b>	<b>\$349,220</b>	<b>\$617,010</b>	<b>\$11,643,222</b>

**Notes:**

Square Footage at 32 Old Slip is 20,567 sq. ft.

Term: 10 Years

Base Rent is \$52/ sq. ft. for first 5 years; and \$57/ sq. ft. for years 6 - 10.

Year 1 includes four months of free rent

Years 2 and 3 includes three months of free rent

S

Revised: 5/4/17

**Comparables**

<b>Address</b>	<b>Floor</b>	<b>Floor Area (sf)</b>	<b>Base Rent</b>	<b>Lease Type (Direct/Sublease)</b>	<b>Real Estate Taxes/Op. Expenses</b>
32 Old Slip, NY, NY	7th	32,515	\$65.00	Direct	Tenant pays Increases above base year
32 Old Slip, NY, NY	30th	28,035	\$78.00	Direct	Tenant pays Increases above base year
180 Maiden Lane, NY, NY	25th	31,000	\$65.00	Direct	Tenant pays Increases above base year
55 Water St., NY, NY	22nd	65,000	\$42.00	Direct	Tenant pays Increases above base year
120 Broadway, NY, NY	10th	8,165	\$38.00	Direct	Tenant pays Increases above base year
180 Maiden Lane, NY, NY	6th	9,200	\$51.00	Direct	Tenant pays Increases above base year
17 Battery Park, NY, NY	2nd	8,739	\$45.00	Direct	Tenant pays Increases above base year

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to designate the auditorium at NYC Health + Hospitals/Gouverneur ("Gouverneur") as the Dr. Emily D. Barringer Community Hall in honor of Dr. Emily Dunning Barringer.

**WHEREAS**, NYC Health + Hospitals Operating Procedure 100-8 ("OP 100-8") authorizes the naming of a NYC Health + Hospitals health care facility or portion thereof to honor an individual who has made a significant contribution to public health including to NYC Health + Hospitals or any of its facilities; and

**WHEREAS**, Dr. Barringer was an early advocate for women's rights in the medical field, was the first female ambulance surgeon and was the first to secure a surgical residency while at Gouverneur; and

**WHEREAS**, Dr. Barringer was President of the American Medical Women's Association in 1942 and, as Co-Chair of its War Service Committee, organized the American Women's Hospital in Europe which provided medical and surgical care during and after the War; and

**WHEREAS**, Dr. Barringer successfully lobbied Congress to allow women doctors to serve as commissioned officers in the Army Medical Reserve Corps and advocated for better treatment of women in prisons; and

**WHEREAS**, in accordance with OP 100-8, the proposed naming of the auditorium at Gouverneur has been recommended by the Gouverneur Community Advisory Board and is supported by the family of Dr. Barringer;


**NOW THEREFORE, IT IS RESOLVED THAT** New York City Health and Hospitals Corporation be and it hereby is authorized to designate the auditorium at NYC Health + Hospitals/Gouverneur as the Dr. Emily D. Barringer Community Hall in honor of Dr. Emily Dunning Barringer.

**MEMORANDUM**

To: Gordon J. Campbell  
Vice Chair & Acting Chair of the Board

Mark N. Page  
Chair, Capital Committee

Copy: Dr. Martha Sullivan  
Executive Director, NYC Health + Hospitals/Gouverneur

From: Stanley Brezenoff   
Interim President

Date: April 12, 2017

Subject: Proposed naming of NYC Health + Hospitals/Gouverneur First Floor Auditorium the "Dr. Emily Barringer Community Hall"

---

This is to confirm my support for the proposed naming of the First Floor Auditorium at NYC Health + Hospitals/Gouverneur the "Dr. Emily Barringer Community Hall."

I note that such a naming is governed by NYC Health + Hospitals Operating Procedure 100-8 which requires that such naming be supported by the Facility's Community Advisory Board, its Medical Board and its Executive Director and that, if the facility or portion thereof is to be named in honor of a deceased individual, that the family of such individual have consented to the proposed naming. All of such requirements have been satisfied in the case of the proposed naming.

With the requirements of the Operating Procedure satisfied, I can enthusiastically recommend to the Board of Directors approval of the proposing naming. Dr. Emily Dunning Barringer, was a pioneer who broke new ground for women in the field of medicine at the start of the previous century. She achieved

many "firsts" as a female physician and worked effectively to open professional opportunities for women and to improve conditions for women in World War II. We are honored that Dr. Barringer was associated with NYC Health + Hospitals/Gouverneur where she was the very first woman to secure a surgical residency. Dr. Barringer stands as an inspiring example of public service and of the importance of opening opportunities for all while serving the broadest possible community.

Martha Adams Sullivan, DSW  
Chief Executive Officer

227 Madison Street  
Suite 1203  
New York, NY 10002

[martha.sullivan@nychhc.org](mailto:martha.sullivan@nychhc.org)  
212-238-8001

January 13, 2017

Dear Mr. Brezenoff:

Pursuant to NYC Health + Hospitals Operating Procedure No. 100-8, I am writing to you to request that NYC Health + Hospitals | Gouverneur first floor auditorium be named the Dr. Emily Barringer Community Hall. This recommendation, which the Gouverneur Community Advisory Board and Medical Board support in the attached letters, is based upon the significant contribution to public health Dr. Barringer made during her life and to her historic link to Gouverneur.

Emily Dunning Barringer, MD remains a well-known figure at NYC Health + Hospitals | Gouverneur today even though it's been more than one hundred and ten years since her history-making residency at Gouverneur. Her achievements in public service, clinical excellence and as an advocate for women's rights exemplify characteristics we hope to exhibit while we work together to pursue our public mission. In fact, for many years Gouverneur held an Emily Barringer Dinner that included an award to a doctor who achieved the highest standards in clinical excellence and public service.

It is important that Dr. Barringer's legacy remain strong at Gouverneur and employees and community continue to gain an appreciation of this special person. Dr. Barringer was a trailblazer who successfully advocated for women's rights in the field of medicine. During her residency at Gouverneur Hospital she became the world's first ambulance surgeon and the first woman to secure a surgical residency.

The Gouverneur Auditorium naming provides a golden opportunity to formally recognize Dr. Barringer's place in Gouverneur's history and to continue to enlighten staff and the public of her public service. The auditorium is quickly becoming a popular venue for Gouverneur, NYC Health + Hospitals, and community events and it's appropriate that those who attend events there gain an understanding of why Dr. Barringer's life remains relevant today.

I feel we have an obligation to honor those who preceded us and made possible the civil rights that we enjoy. It is important that these rights are not taken for granted. Accordingly, I look forward to working with you to name the Gouverneur auditorium after Dr. Emily Dunning Barringer.

Sincerely,



Martha A. Sullivan, DSW  
Chief Executive Officer



February 1, 2017

Dear Dr. Sullivan:

I am writing to you regarding our interest in naming the NYC Health + Hospitals | Gouverneur auditorium after Dr. Emily Dunning Barringer. Dr. Barringer is one of the most renowned clinicians who worked at Gouverneur and became the world's first female ambulance surgeon and the first woman to secure a surgical residency while at Gouverneur Hospital.

In addition to her accomplishments at Gouverneur, Dr. Barringer's lifework and career makes her an ideal candidate to name the auditorium after.

Dr. Barringer was an advocate of women's suffrage and worked to improve medical education for women, public health, and reforms for the treatment of imprisoned women. She was President of the American Medical Women's Association in 1942. As Co-chair of the association's War Service Committee, she organized the American Women's Hospital in Europe, which provided medical and surgical care during and after the war.

During World War II, Barringer lobbied Congress to allow women doctors to serve as commissioned officers in the Army Medical Reserve Corps. Congress passed the Sparkman Act in 1943, which granted women the right to receive commissions in the Army, Navy, and Public Health Service.

Women's rights has made great progress during the last century. Today women's equality is a core civil and human rights principle in the United States and around the world. Across America, women are contributing to our economy and our Nation in innovative and exciting ways. However, establishing true women's equality is not just a matter of empowering one community, it's about empowering all, regardless of their race, religion, sexual orientation, gender identity, or economic status. It's a matter of ensuring everyone has the rights – on paper and in practice – to lead healthy, just, and self-directed lives.

By naming the Auditorium after Emily Barringer, we celebrate her commitment to public service and the progress that's been made in women's rights. It also acknowledges Gouverneur's long history and importance to our community.

As Gouverneur CAB Chairman, I offer my full support to naming the Gouverneur auditorium after this extraordinary person who continues to inspire us.

Sincerely,



Donald Young  
Chairman, Gouverneur CAB



Morris Gagliardi, MD  
Chief Medical Officer, Ambulatory Care

227 Madison Street  
New York, NY 10002

[morris.gagliardi@nychhc.org](mailto:morris.gagliardi@nychhc.org)  
212-238-7218

January 13, 2017

Stanley Brezenoff  
Interim President and CEO  
NYC Health + Hospitals  
125 Worth Street  
New York, New York, 10013

Dear Mr. Brezenoff,

On behalf of the Gouverneur Medical Staff, it is my pleasure to submit this letter of support for the naming of the Emily Dunning Barringer Community Hall.

Dr. Barringer's groundbreaking career paved the way for generations of women in the medical profession. When she earned her medical degree in 1901, the options available to female physicians were limited to the few hospitals that served exclusively women and children. Her application for an internship position at Gouverneur was denied despite receiving the second highest grade for the qualifying exam because of her gender. She gathered support by lobbying political and religious figures and was accepted, becoming the first woman physician to receive post-graduate surgical training in hospital service. She was the first female ambulance surgeon.

Dr. Barringer later successfully lobbied Congress to allow woman physicians to serve as commissioned officers in the medical corps of the Army and Navy. She was also an advocate for women's suffrage and improved access to health care, especially in women's prisons.

Dr. Barringer embodied the spirit of NYC Health + Hospitals/ Gouverneur. She kept patients first and in her perseverance, earned the respect of colleagues and her patients who lived in the tenements of the community we serve today. It would be an honor to remember her in this way.

Sincerely,



Morris Gagliardi, MD MBA  
Chief Medical Officer, Ambulatory Care

## Marco, Karla

---

**From:** Sanford Steever on behalf of Sanford Steever  
**Sent:** Thursday, November 10, 2016 4:08 PM  
**To:** Marco, Karla  
**Subject:** Re: Emily Barringer Auditorium at Gouverneur Hospital

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails. If it looks suspicious, send it as an attachment to [spamadmin@nychhc.org](mailto:spamadmin@nychhc.org)*

Dear Karla (if I may),

Thank you for email and its exciting news. I would consider it a great honor for my grandmother's work to be commemorated in such a way. I am one of five living grandchildren and am sure they would welcome such an honor. As it turns out, I will be seeing three of them this weekend in Virginia so I will let them know what you propose. I will also speak with my brother in eastern Connecticut. You may be interested to know that one of her great grandchildren, Dr John Steever, is at Mount Sinai in NYC where he carries on her work in public health issues.

I will try contacting you on Monday. I will be driving back from Virginia with one of my cousins.

Looking forward to speaking with you,

Sanford B Steever

Sent from my iPhone

On Nov 10, 2016, at 3:25 PM, Marco, Karla <[marcpk@nychhc.org](mailto:marcpk@nychhc.org)> wrote:

Good afternoon,

I received your contact information from the Connecticut Women's Hall of Fame, where your grandmother, Emily Dunning Barringer is an inductee. I work at NYC Health + Hospitals | Gouverneur, where—as I'm sure you know—Dr. Barringer was the first female physician to hold a surgical residency! I am eager to speak with you, as we are hoping to name our newly renovated auditorium after Dr. Barringer. We would love to invite you to join us at the opening ceremony, once a date is selected. Also, as has been requested by the Gouverneur Board of Directors, we would like approval from a member of Dr. Barringer's family that we are able to dedicate our auditorium in her name. If possible, this approval is needed by Monday November 14<sup>th</sup>.

Please let me know if you are available on Monday to speak on the phone with our CEO, Dr. Martha Sullivan and myself. If not, a written approval by Monday via email is fine too. We look forward to speaking with you, and hopefully meeting you soon!

Best wishes,

**Karla W. Marco**

Director of Development

Auxiliary of NYC Health + Hospitals Gouverneur

T: 212.238.7011