

BOARD OF DIRECTORS MEETING
THURSDAY, DECEMBER 21, 2017
A•G•E•N•D•A

<p><u>CALL TO ORDER - 3:00 PM</u></p> <p>1. Adoption of Minutes: November 30, 2017</p> <p><u>Acting Chair’s Report</u></p> <p><u>Interim President’s Report</u></p> <p>>> <u>Action Items</u><<</p> <p>2. RESOLUTION: Authorizing New York City Health and Hospitals (the System”) to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System’s five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$17,729,822 to pay PharmScript for patients with no insurance and for the performance of drug regimen reviews. (Medical and Professional Affairs Committee – 12/07/17) EEO: Approved / Vendex: Pending</p> <p>3. RESOLUTION: Authorizing New York City Health and Hospitals (the System”) to execute a five year revocable license agreement with General Vision Services/Cohen Fashion Optical (the “Licensee”) for its continued use and occupancy of 675 square feet of space to operate an optical store on the campus of Jacobi Medical Center (the “Facility”) at an annual occupancy fee of \$46,951, or \$69.55 per square foot to be escalated by 3% per year for a five year total of \$249,267. (Capital Committee – 12/07/2017) Vendex: Pending</p> <p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤ Audit ➤ Capital ➤ Governance ➤ Medical and Professional Affairs <p><u>Subsidiary Board Reports</u></p> <ul style="list-style-type: none"> ➤ MetroPlus Health Plan, Inc. ➤ HHC Accountable Care Organization (ACO) ➤ HHC Capital Corporation <p><u>Executive Session Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Bellevue <p style="padding-left: 40px;">Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Jacobi ➤ NYC Health + Hospitals North Central Bronx <p>>>Old Business<< >>New Business<<</p> <p><u>Adjournment</u></p>	<p>Mr. Campbell</p> <p>Mr. Campbell</p> <p>Mr. Brezenoff</p> <p>Dr. Calamia</p> <p>Mr. Page</p> <p>Ms. Youssouf Mr. Page Mr. Campbell Dr. Calamia</p> <p>Mr. Rosen Dr. Vardanian Mr. Campbell</p> <p>Mr. Campbell</p>
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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 30th day of November 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
Ms. Helen Arteaga Landaverde
Dr. Mary T. Bassett
Dr. Vincent Calamia
Ms. Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Mr. Bernard Rosen

Karen Lane 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 October 26, 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 October 26, 2017, copies of which have been presented to this meeting, be and hereby are adopted.

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

EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Mr. Campbell announced that the Board received the Governance Committee's unanimous recommendation to appoint Kevin Lynch as Senior Vice President and Chief Information Officer of NYC Health + Hospitals and that the Board had approved that appointment with a start date of January 2018.

CHAIRPERSON'S REPORT

Mr. Campbell noted that since the Board began the process of approving contracts prior to VENDEX approvals, there are no new items for today's agenda. Mr. Campbell noted that there are nine items from previous Board meetings pending VENDEX approval, and that two of VENDEX approvals were received since the Board last met. Mr. Campbell said the Board would be notified if outstanding VENDEX approvals are received.

On behalf of the Board of Directors, Mr. Campbell expressed thanks and well wishes to Dr. Ross Wilson for his years of service and commitment to NYC Health + Hospitals.

PRESIDENT' S REPORT

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

Dr. Ross Wilson, Senior Vice President/Chief Transformation Officer, was invited to speak about NYC Health + Hospitals' Accountable Care Organization ("ACO"). Dr. Wilson noted that the ACO has achieved savings in four consecutive years, the only ACO in New York State to achieve this.

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on pending federal and state legislation. Mr. Jurenko spoke about the pending federal tax reform proposal, which includes a repeal of the Affordable Care Act's individual mandate requirement which would lead to 13 million more uninsured in the U.S. Mr. Jurenko noted that there is bi-partisan support for a two-year delay of DSH cuts. Mr. Jurenko spoke about a federal regulatory proposal that would limit the 340B outpatient pharmaceuticals program. This would result in a \$2 million loss to the System. Mr. Jurenko spoke about a pending gap in the state budget, putting potential state funds to NYC Health + Hospitals at risk. Mr. Jurenko spoke about a state legislative bill on enhanced safety net providers awaiting delivery to the Governor. A previous version of the bill was vetoed by the governor.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to renew for a three-year term of January 1, 2018 to December 31, 2020, the **20 requirements contracts previously awarded** in July 2015 for a two-year term with three one-year options, for **health information related professional consultant services** on an as needed basis to meet the System's needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs, with all the necessary funding deriving from previously approved program budgets.

Sal Guido, Senior Vice President/Corporate Chief Information Officer, and Barbara Lederman, Assistant Vice President in IT Business Operations and Enterprise IT Services, gave a presentation on the resolution and explained that consultant contracts such as these allow for flexibility to quickly align with changing technology and new business needs. Ms. Lowe asked about the creation of a budget, and Ms. Lederman explained that this contract is budget neutral because it uses existing budgets. Ms. Lowe asked whether in-house staff could be assigned to this work and Mr. Guido explained that as more projects come in flexibility helps to make sure NYC Health + Hospitals has resources to meet those needs.

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

RESOLUTION

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to take the necessary steps to **implement an Enterprise Resource Planning ("ERP") system** at a cost not to exceed \$5 million in operating funds and \$5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three 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 the System's **Enterprise Information Technology Services division 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 herein described.

Mr. Guido and Janet Karageozian, Assistant Vice President of Business Applications gave a presentation on this application and explained that this resolution is part of a multi-wave project that began in July 2017. The project was originally approved by the Board in December 2015. Ms. Landaverde asked whether PeopleSoft Finance would be capable of talking to Epic Finance. Mr. Guido responded that it would be able to do so. Ms. Lowe asked whether there were considerations for scheduling beyond acute care. Mr. Guido responded that NYC Health + Hospitals wants to first implement the system in acute care, get the work implemented there, and then expand to clinical and post-acute settings.

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

RESOLUTION

4. Adopting a **revised Policy and Guidelines** governing **Community Advisory Boards** (CABs) in all NYC Health + Hospitals' facilities.

John Jurenko, Vice President, Intergovernmental Relations, Kathleen White, Director of Government-Community Relations, and Renee Powell, Director of Community Relations gave a presentation this resolution. They explained that the NYC Health + Hospitals enabling statute requires the system to have community advisory boards at our facilities, and that there is a policy that governs them. The last time the policy was updated was 25 years ago. The Council of Community Advisory Boards approved this at their Community Relations Committee meeting. Ms. Lowe asked about what NYC Health + Hospitals does for CABs in community development. Mr. Jurenko explained that NYC Health + Hospitals does orientation for all CABs annually. Ms. White noted that NYC Health + Hospitals has an annual CAB conference. Ms. Lowe asked about lobbying efforts with CABs. Mr. Jurenko noted that there is a process for each CAB to have a legislative committee, that NYC Health + Hospitals regularly takes bus trips to Albany for CAB members at which CAB members are provided talking points for discussions with elected representatives. NYC Health + Hospitals also seeks input from CAB members as to what issues to highlight in meetings with elected officials.

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

RESOLUTION

5. Authorizing the New York City Health and Hospitals ("NYC Health + Hospitals to execute **lease extension agreement with Third Generation Properties**, for use and occupancy of 2,400 square feet of ground floor space at 2266 Nostrand Avenue, Borough of Brooklyn, to **operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program")**, managed by **Kings County Hospital Center** at a rent of \$86,678 per year, or \$26.11 per square foot for a total of \$115,571 over the sixteen month term.

Roslyn Weinstein, Vice President, Office of Facilities Development, and Sheldon McLeod, Interim Chief Operating Officer, NYC Health + Hospitals/Kings County, were present for a discussion with the Board. Board Members had no questions or comments on this resolution.

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

RESOLUTION

6. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a ten year **lease extension agreement with S Properties LLC** for approximately 13,000 square feet of warehouse and office space at 49-04 19th Avenue/19-10 49th Street, Astoria, New York to **house Correctional Health Services administrative functions** at an initial rent of \$364,000 per year or \$28.00 per square foot to be escalated by 2.75% per year for years 1-5 and 3.0% for years 6-10 a total of \$4,141,546 over the ten year term.

Roslyn Weinstein, Vice President, Office of Facilities Development and Patricia Yang, Senior Vice President for Correctional Health Services were present for a discussion with the

Board. Board Members had no questions or comments on this resolution.

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

RESOLUTION

7. Adopting a **Third Revised Statement of Board Policy for the Review and Authorization of Procurement Matters** by the Board of Directors of New York City Health and Hospitals Corporation (the "System") in the form attached that shall be effective as of December 1, 2017 and that shall enable the President of the System to prepare and adopt a revision of **Operating Procedure 100-06** to implement such Policy.

Jeremy Berman, Deputy Counsel, gave a presentation on the resolution. Mr. Berman noted that the proposed change eliminates the requirement that real estate licenses be brought to the Board when they are up for renewal, that they only be brought to the Board for approval on their first authorization. Mr. Berman noted that all real estate licenses involving healthcare providers would still be brought to the Board. Mr. Page noted that this was a follow up to a request of his to reduce Board time and resources on such licenses. Mr. Campbell asked that on a regular basis Ms. Weinstein bring up any renewals of licenses, before effectuated, to the attention of the Capital Committee.

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

SUBSIDIARY AND BOARD COMMITTEE REPORTS

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

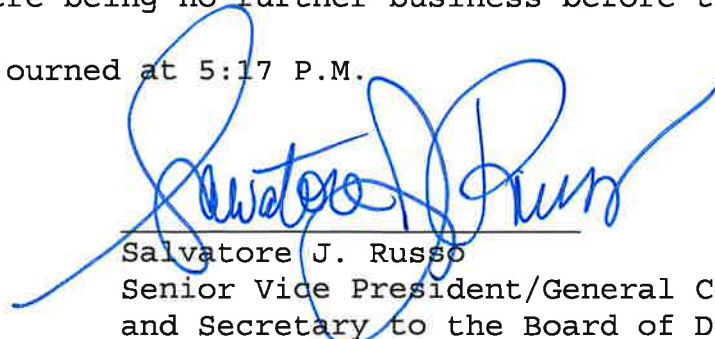
Mr. Campbell received the Board's approval to convene an Executive Session to discuss matters of quality assurance, potential litigation and personnel issues.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

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

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:17 P.M.



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

COMMITTEE REPORTS

Capital Committee – November 8, 2017

As reported by Mr. Mark Page

Committee Members Present: Mark Page, Josephine Bolus, Emily A. Youssouf, Gordon Campbell, and Stan Brezenoff.

VICE PRESIDENT'S REPORT

Roslyn Weinstein, Vice President, explained that there would be three action items on the agenda; a lease agreement for a Women, Infants and Children (WIC) Clinic managed by Kings County; a lease agreement for space occupied by Correctional Health Services; and, discussion of proposed revisions to Operating Procedure 100-06. She noted that a presentation on the Energy Program was planned for the meeting but it was determined that it would be delayed so additional financial information could be added.

Gordon Campbell, Acting Chairman of the Board, asked if the final presentation would include information on how the various options in energy programs were being distributed throughout the enterprise. Ms. Weinstein said yes, we are in ongoing discussion with Mr. Page to include all pertinent information about the energy plan for the system.

Mr. Page said that he had asked for explanation of the options available, and the economics of those various options. Mr. Campbell said that was information he was interested in seeing as well, especially as more energy related projects were brought before the Committee for discussion.

That concluded her report.

ACTION ITEMS

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute lease extension agreement with Third Generation Properties (the "Landlord"), for use and occupancy of 2,400 square feet of ground floor space at 2266 Nostrand Avenue, Borough of the Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program"), managed by Kings County Hospital Center (the "Facility") at a rent of \$86,678 per year, or \$36.11 per square foot for a total of \$115,571 over the sixteen month term.**

Vincent Mulvihill, Deputy Executive Director, NYC Health + Hospital / Kings County, read the resolution into the record on behalf of Sheldon McLeod, Deputy Executive Director, NYC Health + Hospital / Kings County.

Mr. Page asked why the term was for 16 months, and who operated the site. Mr. Mulvihill explained that the program was funded by the State, and managed by Kings County. He said that the area in which the site was located had been under redevelopment and it was unclear whether the landlord would be interested in allowing the WIC to relocate to his property on the other side of the street. The sixteen months was all that was available for the term. In the meantime they would be looking for alternate sites if needed.

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

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

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a ten year lease extension agreement with S Properties LLC (the "Landlord") for approximately 13,000 square feet of warehouse and office space at 49-04 19th Avenue/19-10 49th Street, Astoria, New York (the "Warehouse") to house Correctional Health Services (the "CHS") administrative functions at an initial rent of \$364,000 per year or \$28.00 per square foot to be escalated by 2.75% per year for years 1-5 and 3.0% for years 6-10 a total of \$4,141,546 over the ten year term.**

Patricia Yang, Senior Vice President, Correctional Health, read the resolution into the record.

Emily A. Youssouf asked if the space would be altered. Ms. Yang said that when Correctional Health first moved into the site, they made some alterations, but since then none were required. She explained that the site held warehouse space, PAGNY offices, general office space and the assistance center.

Ms. Youssouf asked if the space was currently occupied by Correctional Health Services. Ms. Yang said yes.

Mr. Campbell asked if the lease would be terminable if Riker’s Island were to close. Ms. Yang said yes.

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

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

- **Authorizing a Third Revised Statement of Board Policy for the Review and Authorization of Procurement Matters (the “Policy”) by the Board of Directors (the “Board”) of New York City Health and Hospitals Corporation (the “System”) in the form attached that shall be effective as of December 1, 2017 and that shall enable the President of the System to prepare and adopt a revision of Operating Procedure 100-06 to implement such Policy.**

Jeremy Berman, Deputy Counsel, read the resolution into the record.

Mr. Berman walked through a Power Point Presentation overviewing the proposed revisions. He explained that the operating procedure being discussed was primarily about procuring goods and services, but there was a portion that indicated that all real estate matters come before the Board of Directors for approval, with no requirements or limitations.

Mr. Berman explained that licenses are terminable, at will by either party, at relatively short term. Those are the most frequently used types of agreements for third parties. Real estate leases are not terminable except in breach of contract, so those are less commonly entered into. The majority of that type of agreement are for larger land use and/or longer term agreements. This revision was focused on licenses.

Mr. Berman noted that over the past five (5) years there had been 60 licenses presented, 45 of which were for renewal, so this proposal would greatly decrease the amount of real estate items presented for Capital Committee and Board of Directors discussion.

This proposed change to policy was to bring only licenses that were being presented for the first time to the Board, except for those which involved medical providers. Those would continue to be brought before the Board for approval of renewals as well as first time agreements. If this request was approved the Operating Procedure would be revised for Presidential sign-off.

Ms. Youssouf said she thought that the Board had to approve all real estate agreements and asked how this was possible. Mr. Berman said that the requirements in the enabling act and agreements with the City of New York, only apply to leases. This requested change would only be with regards to licenses.

Mr. Campbell noted that the Committee would receive reporting on those agreements in lieu of voting.

Ms. Youssouf asked why agreements with medical providers were being handled differently. Mr. Berman said they would be more sensitive types of agreements, and had other regulatory requirements. They can also be for large amounts of money, and there can be questions about duplicate services. Ms. Youssouf said she understood.

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

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

Community Relations Committee – November 14, 2017

As Reported by Josephine Bolus

Committee Members Present: Robert Nolan, Helen Arteaga-Landaverde and Stanley Brezenoff, Interim President.

Mrs. Bolus opened the meeting with a warm welcome to all. Mrs. Bolus thanked Mr. Brezenoff for filling in for her at the September meeting.

Mrs. Bolus began her report by reminding all who had not gotten a flu shot to do so immediately! She noted that CAB members should check with their CAB liaisons for dates and times to get a flu shot at their respective facilities. She continued and highlighted notable community related initiatives and accomplishments from across the system as follows:

- Reported that Health + Hospitals had joined with 16 City agencies to offer new and enhanced programs and supports, including trainings and certification opportunities for more than 500 physicians, as well as a public awareness campaign centered on LGBTQ youth and their families. The Project includes funding for seven new Community Coalitions aimed at reducing

alcohol and substance misuse. The initiative is part of First Lady Chirlane McCray's NYC Unity Project that was launched in late September.

- Announced that a ribbon cutting ceremony was held to promote the acquisition of state-of-the-art 3D breast imaging equipment for the Rita J. Kaplan Breast Imaging Center at Bellevue. Costing over \$1.5 million, this equipment is expected to provide more detailed, higher quality images for more than 10,000 patients a year, and provide patients with faster reports concerning their results. Mrs. Bolus noted that having this equipment will increase early detection of breast cancer, which will provide better treatment options for patients.
- Announced that a Ribbon-cutting ceremony was held at the Bushwick Health Center in Brooklyn on October 25th to mark the official recognition of Health + Hospitals' major program of expanding primary and specialty care at health centers in four boroughs. Mrs. Bolus explained that this expansion will allow Health + Hospitals to serve 42,000 more patients in underserved communities, and that the expansion was made possible through a City government investment of \$40 million, primarily from the Mayor's Caring Neighborhoods Program, and \$10 million appropriation from the City Council.
- Reported that to mark the start of the open enrollment period for health insurance coverage under the Affordable Care Act, the Mayor, elected officials, community stakeholders, CAB members and staff participated in a rally at Harlem Hospital on November 1st. She noted that in New York State, open enrollment will end on January 31, 2018.
- Announced that the last of the Health Insurance 101 Workshops will be held tomorrow at Bellevue from 8:30am to 1:00 p.m. in the Old Medical Library. Mrs. Bolus added that the workshop focuses heavily on helping seniors understand their options during the open enrollment period for the Medicare program, which started on October 15th and will end on December 7th.
- Acknowledged Ernest Baptiste, CEO of Kings County, who would be departing Kings County to take on a new leadership role at Stony Brook University Hospital. Mrs. Bolus added that as CEO of Kings County, for more than five years, numerous milestones were achieved, including the development of a world-class model of mental health services and the successful transition from Department of Justice oversight.

Mrs. Bolus concluded her remarks by expressing sincere thanks and appreciation to Mr. Brezenoff, who was attending his final CRC meeting as Interim President and CEO of NYC Health + Hospitals. Mrs. Bolus noted that while his term was short, he led with vision and vigor. She again thanked Mr. Brezenoff for his tremendous commitment and service to NYC Health + Hospitals.

INTERIM PRESIDENTS REMARKS:

Mr. Stanley Brezenoff welcomed Committee Members, CAB Chairs and invited guests and highlighted key NYC Health + Hospitals events that occurred since the September 12th, meeting as listed below:

- The funding dispute with the State had been resolved. Mr. Brezenoff expressed his appreciation for the solidarity and support NYC Health + Hospitals received from CAB members, labor partners, community allies and elected officials in standing up for what's right when it comes to funding for essential health care system. Mr. Brezenoff continued and noted that the community's commitment speaks to the enormity of NYC Health + Hospitals' mission and obligation to fight harder than ever for every precious dollar needed to continue achieving it.
- Mr. Brezenoff noted that NYC Health + Hospitals is in the midst of training physicians, creating action teams and enhancing the ability of the health care systems' emergency rooms to intervene and save lives in the battle against opioid abuse. Mr. Brezenoff added that this too is an initiative of the Mayor and the First Lady Chirlane McCray that was first announced at a press conference at NYC Health + Hospitals/Lincoln in May 2017.

Mr. Brezenoff concluded his remarks by stating "the year has gone by quicker than he had imagined and the challenges had been significant." Mr. Brezenoff added that he had been here (NYC Health +Hospitals) before and at both times what had struck him the most is the marvelous level of commitment of people at NYC Health + Hospitals, the Community Advisory Boards and community partners. Mr. Brezenoff continued and noted that the one thing that's not lacking at NYC Health + Hospitals when times are tough and resources are in question is the level of the shared commitment of mutual goals, service and support, which made this year especially rewarding. Mr. Brezenoff informed Committee members, CAB Chairs and invited guests that a long term successor had been named, Dr. Mitchell Katz, who will join our staff early next year. Mr. Brezenoff added that Dr. Katz has an established record of achievement and commitment and share the same goals that characterize NYC Health + Hospitals.

Mrs. Bolus moved the agenda to the Action Item of adopting a revised Policy and Guidelines governing Community Advisory Board in all NYC Health + Hospitals facilities. Mrs. Bolus invited Mr. John Jurenko, Vice President, Government, Community Relations and Planning to walk the Committee through the major changes that were being proposed.

Mr. Jurenko began his presentation by informing members of Committee, CAB Chairs and invited guests that the last time NYC Health + Hospitals Policy and Guidelines for CAB had been amended was over twenty-five (25) years ago. Mr. Jurenko continued and presented the following proposed amendments:

- CAB Terms of Appointment: CAB membership terms will change from three 3-year terms to three 2-year terms, not to exceed a total of six years
- The length for an officer's term will be 2-years. No officer will serve more than 2 consecutive terms
- Number of Voting Members: Change from 15 to 35 to 15 to 27 members
- New background screening requirement for CAB members and applicants to align with NYC Health + Hospitals' background screening policy for all volunteers (OP 20-56) Compliance screening required by the Center for Medicare and Medicaid Services (CMS)
- NYC Community Board Representation on CABs: Community Board appointees will be considered in the total complement of members appointed by the Borough President, which should not exceed 1/3 of CABs' membership
- Exceptions, Appeals and Due Process section revamped to create two new sections – "Exceptions" and "Resolution of Disputes"
Under new Resolution of Disputes section:
CABs are to resolve disputes and conflicts within the CAB and establish dispute resolution processes
- New language recommended by the Executive Committee of the Council of CABs was added. It states that, "As a last resort, the President, or his/her designee, in consultation with the facility's Chief Executive Officer and the Chairperson of the Council of Community Advisory Boards or their respective designees, may intervene in any way deemed appropriate, including but not limited to the discontinuance and reestablishment of the CAB or the termination of membership of one or more CAB members."

Mr. Jurenko concluded his presentation by informing all of the next and final step in the process, which would be to present the proposed amendments to the NYC Health + Hospitals Board of Directors on Thursday, November 30th for approval.

Ms. Judy Wessler, representing NYC Health + Hospitals/ Gouverneur CAB informed members of the Committee, CAB Chairs and invited guests, that the CAB was not informed about proposed amendments and expressed concerns with the definition of the word "consultation." Ms. Wessler added that the description is not in sync with judge's ruling. (referring to 1985 Greenpoint CAB vs. New York City Health & Hospitals Corporation). Ms. Wessler continued and noted that the Gouverneur CAB had concerns about two year term limits. Ms. Wessler asked on behalf of the CAB to delay the approval of CAB Policy and Guidelines for two months pending the arrival of NYC Health + Hospitals' newly appointed President. Ms. Wessler asked for a motion. Motion denied.

Mr. Nolan, Board member asked if the Borough Presidents (BP) had been briefed. Mr. Jurenko responded yes. Mr. Nolan asked if reducing the number of community planning board member would diminish the number of Borough President's appointees. Mr. Jurenko responded no.

The following concerns were discussed:

- Need to increase the \$35 reimbursement – it is long overdue
- Background check requirement is a good requirement to add
- Need to review CAB's role in the facility's CEO selection process when a search committee is not convened

Mrs. Bolus opened the floor for a motion. Motion to approve that the amendments to NYC Health + Hospitals Policy and Guidelines for Community Advisory Boards to be presented to NYC Health + Hospitals Board of Directors, was moved, seconded and carried. Motion approved.

COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS

NYC Health + Hospitals/Bellevue

Mrs. Bolus introduced Ms. Louise Dankberg, Chairperson of NYC Health + Hospitals/ Bellevue CAB and invited her to present the CAB's annual report.

Ms. Dankberg began her presentation by greeting members of the Committee, and congratulating Mr. Brezenoff and his team for pursuing and not backing down on getting DSH Federal Funds that the State was withholding. Ms. Dankberg continued and commended William Hicks, CEO, NYC Health + Hospitals/Bellevue and his administration for their dedication and commitment to the community. Ms. Dankberg added a special recognition to Evelyn Hernandez, Sr. Associate Director, Jill Brooker, CAB Liaison and Renee Rowell, Director of Community Affairs, NYC Health + Hospitals. Ms. Dankberg highlighted the following key points and accomplishments:

- Reported that Mr. Hicks and his administration provides the CAB with a comprehensive report during the monthly meetings. Ms. Dankberg added that the CAB had asked local elected officials to attend each full board meeting in addition to participating in the annual legislative breakfast.
- Reported that since the CAB's last report members had participated in many community events such as: community board meetings, passing resolutions regarding health issues, constantly looking for more members by participating in local community events, notifying libraries, tenant associations and senior centers. Ms. Dankberg added that the local newspaper Town and Village featured many of the events.
- Announced the First Lady, Chirlane McCray had promoted her Mental Health initiative by speaking at NYC Health + Hospitals/Bellevue on several occasion.

Ms. Dankberg concluded her report by recommending that NYC Health + Hospitals/Bellevue should have a Sabbath elevator, which would help to attract the orthodox Jewish community. Ms. Dankberg explained that the elevator would automatically stop on every floor. Ms. Dankberg continued and thanked members of the Bellevue CAB for their support.

A pictorial brochure highlighting the Bellevue CAB was distributed.

NYC Health + Hospitals/Metropolitan

Mrs. Bolus introduced Mr. Edward Shaw, Chairperson of NYC Health + Hospitals/ Metropolitan CAB (Met CAB) and invited him to present the CAB's annual report.

Mr. Shaw began his presentation by thanking members of the Community Relations for the opportunity to present Met CAB annual report and acknowledging Alina Moran, CEO, NYC Health + Hospitals/Metropolitan for her leadership and support and all members of the Met CAB for their dedication and commitment to serve the East Harlem (El Barrio) community. Mr. Shaw continued and added that Ms. Moran and the Met CAB have a close working relationship. He presented the following summary:

- Met CAB hosted a Legislative Breakfast, with great attendance from members of the community eager to hear about the health systems legislative priorities for 2017. Mr. Shaw added that a number of CAB members participated in this year's Advocacy Day event in Albany, N.Y.
- Met CAB hosted a successful Annual Public Meeting. Mr. Shaw noted that the CAB honored local community leaders and reported back to stakeholders on our work on behalf of the hospital.
- Met CAB hosted an effective community forum on Housing and the Drug Epidemic. Mr. Shaw added that the forum mainly focused on the rampant opioid use and the need for better services for homeless individuals in

East Harlem. Mr. Shaw noted that the CAB had previously held a forum to raise awareness of synthetic marijuana and other opioids that decimated the East Harlem community.

Mr. Shaw concluded his presentation by stating that, “The CAB continues to be focused on ensuring that Metropolitan Hospital remains open.” Mr. Shaw added and repeated the CAB is focused on ensuring that Metropolitan remains open and ready to serve the complex and evolving health care needs of, ‘El Barrio’, the East Harlem community.

NYC Health + Hospitals/ Sydenham

Mrs. Bolus introduced Ms. Ruth Clark, Chairperson of NYC Health + Hospitals/ Sydenham CAB and invited her to present the CAB’s annual report.

Ms. Clark began her presentation by thanking members of the Committee for the opportunity to present Sydenham’s CAB annual report. The following overview was presented:

- Sydenham CAB had a successful year with six new CAB members and the ability to expand their community and political outreach. She noted that Matthew Washington, Manhattan Deputy Borough President, had attend the CAB’s board meeting.
- The Sydenham CAB developed an English and Spanish Patient Survey, partnered with Health Advocates for Older People, worked with the facility’s leadership to start arthritis classes and worked jointly with the Sydenham Auxiliary to host a Pediatric Holiday Event.
- On October 27th the CAB hosted its Annual Public Meeting. She added this year’s keynote speaker was Robert Christmas, Former Executive director of Sydenham Hospital and presently an International Joint Commission Surveyor. She continued and noted that this year’s honorees included the Honorable David N. Dinkins; Brian Benjamin, NYS Senator; Jackie Rowe-Adams, founder of Harlem Mother’s S.A.V.E; Terrie Williams, Author of “Black Pain”; Rasheedah Ali, Healthcare Advocate; Coreen Simpson, Creator of “The Black Cameo”; and Lynnsue Jolley, Social Worker, Renaissance School Base. She continued and noted that remarks and presentations were heard from Gregory Atwater, Honorable Charles Rangel, Keith L.T. Wright, Hazel Dukes and Gale Brewer, Manhattan Borough President. Music was provided by Danny Mixon Jazz Trio.
- Ms. Clarke reported that the community’s most significant health issues included AIDS and HIV, Asthma, Cancer, Child Obesity, Dental, Diabetes, Hypertension and Mental Health. Ms. Clark added that a major concern of the CAB is that patients do not understand why there are not more subspecialties at Sydenham. Ms. Clark explained that due to the reduction of services, patients are referred to NYC Health + Hospitals/ Harlem and Lincoln. However, the patients view this as a barrier to access quality health care.
- Ms. Clarke expressed the CAB’s concern regarding moving services out of New York City’s Housing Authority (NYCHA) developments. Ms. Clark added that the CAB will continue to work with leadership to develop a better relationship with NYCHA.

Ms. Clark concluded her presentation by stating that the CAB’s message to the community is that, “In order for the Community Advisory Board to be effective, we need your support and feedback... diverse communities have continued to share with us, and this make us stronger.”

<p>Equal Employment Opportunity Committee – November 14, 2017</p>
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<p>As Reported by Robert Nolan</p>

<p>Committee Members Present: Robert F. Nolan, Helen Arteaga Landaverde, Stanley Brezenoff</p>

CHIEF PEOPLE OFFICER/CHIEF DIVERSITY OFFICER REPORT

Matilde Roman, Esq., Senior Assistant Vice President and Chief Diversity and Inclusion Officer, updated the Committee on NYC Health + Hospitals Diversity and Inclusion strategy, which flows directly from the 2015 [NYC Health + Hospitals’ Plan to Enhance Equitable Care](#). Key in this strategy is the establishment of an infrastructure to support diversity and inclusion work system wide; improve health care access through effective communication and language services; improve the availability and integration of key data indicators; enhance staff and organizational capacity to provide culturally and linguistically responsive services; expand communication and outreach strategies; and integrate diversity and inclusion practices, policies and operating procedures to meet diverse patient needs and enhance workplace inclusion.

Ms. Roman updated the committee on key accomplishments of the Office of Diversity and Inclusion over the past six months. Among them were securing \$165,000 for Fiscal Year 2018 from City Hall to improve transgender health services for youth and to continue executing a strategy for the expansion of LGBTQ affirming healthcare services across the system; launching a national Certificate of Advanced Training in LGBTQ Healthcare; successfully completing a communication climate assessment process to evaluate facilities on NYC Health + Hospitals policies, practices and efficacy in providing culturally-responsive care and communications to diverse patient populations; training over 2,000 staff system wide on diversity and cultural competency, LGBTQ health, and interreligious awareness; and implementing the Immigrant Health Care Initiative which included participation in Immigrant HealthCare Rights forums across the city.

2017 CONDITIONALLY APPROVED CONTRACTORS UPDATE

CONDITIONAL APPROVAL CONTRACTS

MICROSOFT CORPORATION CONTRACT

Microsoft Corporation's Volume Licensing Enterprise Agreement contract with NYC Health + Hospitals was awarded in 2013 with a value of \$34.5 million. Microsoft has 3 Job Groups with workforce under-representation in 2017, as follows: Professionals Job Group 1 for females; Professionals Job Group 2 for females; and Professionals Job Group 12 for females. Donna Francis, NYC Health + Hospitals Account Executive; Jim Comey, General Manager of the East Coast of the Health Care Group; Brooke Lowry, Senior Diversity and Inclusion Consultant for Microsoft's World Wide Commercial Business and Office Product Business; Pam London, Human Resource Business Partner in the New York Office; and Tammie Beatty, Talent Management Consultant represented Microsoft Corporation.

Brooke Lowry, Senior Diversity and Inclusion Consultant for Microsoft's World Wide Commercial Business and Office Product Business, emphasized Microsoft's commitment to building a culture of inclusion where all employees feel welcome. In 2017, every Microsoft employee was mandated to complete a one-hour Unconscious Bias training online. The company also invested in a 4-hour, in-person 'Dialogue Across Differences' experiential training held in 2017, and an Inclusive Hiring online workshop for hiring managers in 2016.

Pam London, HR Business Partner in the New York Office, further discussed Microsoft's New York Metro retention and development strategy. Ms. London reported that Laura Clayton McDonnell, District GM and an African American female leader, has been championing the diversity and inclusion strategy along with a team of leaders of the local Employee Resource Group (ERG) chapters (Women@Microsoft; Blacks@Microsoft; GLEAM (Gay and Lesbian employees at Microsoft); and HOLA (Hispanic/Latino)). The team organizes initiatives around talent development, community outreach, and recruiting.

Helen Arteaga Landaverde requested that Microsoft Corporation address its recruiting strategy and Dr. Rosa Colon-Kolacko asked if pipelines are being built to local schools, as part of that strategy. Donna Francis said they are building those pipelines, as well as providing professional development opportunities for recent college hires. Mr. Stanley Brezenoff, Interim President/Chief Executive Officer, recommended that Microsoft Corporation work with technical and engineering schools in the City University of New York (CUNY) to advise on curriculums and cultivate pipelines between CUNY and Microsoft.

Mr. Nolan asked if promotions and bonuses are tied to recruiting and hiring females and minorities to alleviate the pattern of underrepresentation within the cited job groups. Ms. Lowry responded that she offers enhanced sign-on cash bonuses and stock bonuses for both females and minorities.

CANON SOLUTIONS AMERICA, INC. CONTRACT

Canon Solutions America, Inc. holds a 7-year Managed Print Services (MPS) contract for \$74,334,132 which was awarded in 2016. MPS provides the ability to proactively track, monitor and manage all hardcopy output equipment for NYC Health + Hospital's standalone and networked single function and multi-function printers, copiers, print shop devices, scanners and fax devices supporting all NYC Health + Hospitals locations. Canon has 4 areas of workforce underrepresentation in 2017, as follows: Managers Job Group 1C for females; Managers Job Group 1D for females; Sales Workers Job Group 4A for females and minorities; and Administrative Support Job Group 5C for females.

Bill Mayer, Senior Vice President of Human Resources, reported that towards the beginning of the 2017, Canon Solutions, Inc. developed a human resource strategy map that included the creation of two project teams aimed at enhancing diversity and inclusion culture and improving diversity and inclusion talent acquisition. Canon is also beginning to use affirmative action data for talent acquisition specialists to use when recruiting candidates and filling vacant positions

Ms. Landaverde asked if Administrative Support Job Group 5C is staffed with predominantly lower-level employees. Mr. Mayer confirmed that 5C is an entry-level role, mostly composed of Site Representatives in Canon's outsourced services division. Canon will

continue to use its internal pipeline such as its Emerging Leaders programs as an avenue for promotion of minorities and females in Job Group 5C. Twelve candidates were part of this program in 2016, and one candidate is charted to move into a management role this year. Emerging Leaders are also required to take forty hours per year of professional development e-learning courses.

Mr. Nolan asked what presence Canon has in local high schools and colleges such as those on Long Island for building pipelines. Mr. Mayer responded that Canon does not have strong pipelines into these schools, The New York Metro Office will continue to partner with its parent organization to develop diversity and inclusion strategy.

Mr. Nolan asked if there are specific strategies Canon is using to address the underutilization of females. Mr. Mayer responded that the company is accessing marketplace research resources on women in technology professions. Mr. Mayer reiterated Canon Solutions, Inc.'s commitment to raising the utilization of females and minorities in currently underrepresented groups.

Finance Committee – November 8, 2017

As Reported by Bernard Rosen

Committee Members Present: Bernard Rosen, Stan Brezenoff, Helen Arteaga Landaverde, Josephine Bolus, Barbara Lowe, Mark Page, Emily Youssouf

SENIOR VICE PRESIDENT'S REPORT

Mr. PV Anantharam began his report noting that last month KPMG completed its audit of the 2017 financial statement, and it was presented to the Audit Committee. The audit was released to the Comptroller as part of the City's Comprehensive Annual Financial Report (CAFR), and the full 70 page audit report is available on the city Comptroller's website:

(<https://comptroller.nyc.gov/services/financial-matters/nyc-component-units-financial-statements/>).

Mr. Anantharam provided a brief overview of the financials for Fiscal Year 2017. The Net Patient Service Revenue decreased by \$148 million as a result of prior year DSH revenue in 2016 which is non-recurrent in 2017; in-patient utilization also decreased by 2.5% which is also reflected in the numbers. Appropriations from the City were \$723 million and reflects a decrease from the prior year. These changes are due to an increase to the 2016 subsidies that were originally planned for 2017. Grants revenue increased \$502 million due to additional grant funding consisting of city and federal funds for \$140 million Delivery System Reform Incentive Payment (DSRIP) and a little over \$400 million in Value Based Payment Quality Improvement Program (VBP/QIP) and Care Restructuring Enhancement Pilot (CREP) funds, of which half are City funds. Personal services remained relatively flat due to headcount control efforts; generally, in other circumstances, PS would have increased over the past three years on 4.5% on average. Other than personal services increased by \$311 million, or 8.5%, of which \$169 million is a MetroPlus increase, primarily due to an increase in its members. Fiscal Year 2017 ended with a decrease of \$194 million in net position of which \$313 million was non-cash with no impact on regular operating flow; this position would have been better if utilization held steady through the year.

The expected year end cash balance had been about \$200 million, but Health + Hospitals ended at \$600 million. This was partially because the City gave Health + Hospitals additional funds near the end of FY17, and the gap closing initiatives, including the full time employee (FTE) reductions, the revenue cycle initiatives launched last fiscal year which yielded \$100 million, and the grant revenues from VBP and CREP. Overall, it was a successful year considering where Health + Hospitals had started.

Mr. Anantharam noted that Ms. Linda Dehart would provide an update on the interaction with the State on the expected DSH revenue of approximately \$380 million. Through the efforts of Mr. Brezenoff, City Hall, OMB, and the press and legal teams, Health + Hospitals reached an agreement with the State that addresses all of the DSH funds that were being withheld. Ms. Dehart provided an update on the DSH funds release with the State. It had been estimated the amount of funding to be approximately \$380 million, but the actual amount is \$387 million. The State is paying \$268 million in equal payments over the next 3 months, through December. The payment schedule for the \$119 million balance will be set in January, as the State has acknowledged that Health + Hospitals is due that funding, and committed to completing payment by the end of the City Fiscal Year. The \$360 million figure mentioned in press accounts is the total amount of DSH payments Health + Hospitals will receive through December. It is comprised of the \$268 million and \$92 million of other DSH funds that were already scheduled for payment and were anticipated in our budget. With this issue behind Health + Hospitals, Health + Hospitals can focus with the State and other partners on supporting efforts to further delay the federal cuts. Ms. Lowe asked what we had to look forward to with the State, and would there have to be continued lobbying to obtain funds. Ms. Dehart noted that the \$119 million was acknowledged as due to Health + Hospitals; the rest will depend on the federal level which will have to be advocated and lobbied for.

Mr. Brezenoff emphasized two things from the Senior Vice President's report. First, the virtual flat personal services expenses is unheard of in healthcare, particularly with the collective bargaining increases that kicked in. This was achieved through personnel management in which Health + Hospitals met or exceeded the headcount reduction targets. Second, the cash position at the end of the year is important as Health + Hospitals carries that over into the new fiscal year. Mr. Anantharam noted that in regards to DSH, Health + Hospitals hopes to stave off cuts and will work with the State if the cuts are implemented. Ms. Lowe asked if there was a legislative proposal to increase funding. Mr. Anantharam noted it may have been included in the House bill, and that the Senate may be taking it up shortly. Mr. Anantharam finished his report by noting the cash balance being about \$400 million in early November with continuing reliance on supplemental payments throughout the year, and that Health + Hospitals must maintain vigilance on the cash position. With no further questions, the reporting was concluded.

KEY INDICATORS REPORT

KRISTA OLSON

Ms. Krista Olson began reporting on FY18 utilization through September compared to the prior year. Ms. Olson noted that variations in facilities for the first three months may be greater than the rest of the year. Starting with acute care hospitals, ambulatory care visits are down by 2.9% compared to the year-end -4.9%. This remains a decline compared to last year, and consistent with the last report; facilities report vacancies in provider lines contributed to the decline.

Inpatient discharges are down by 3.2%, similar to the year end -2.6%. The largest declines are at Harlem and Metropolitan. Both facilities have seen commensurate increases in observation encounters that offset these declines, so it is not necessarily a decrease in overall volume or the patients being seen. Ms. Youssouf asked for more information on that. Ms. Olson noted that if a patient comes in and does not meet the criteria for admission, and if the facility has an observation unit that the patient stays in observation status with an observation rate which impacts revenue. Ms. Youssouf asked if those observations are counted as discharges, and Ms. Olson noted that they are counted in outpatient visits. Ms. Youssouf asked if there was anything in particular with Woodhull numbers. Ms. Olson noted that there was a decline across the services which is a continuation from last year. Ms. Arteaga Landaverde asked if what was happening at Woodhull was ideal, and Ms. Olson replied no. Mr. Anantharam noted that there is an effort to recruit physicians, and once the efforts take hold, the numbers should increase.

Ms. Arteaga Landaverde noted that she also sat on the Quality Assurance Committee meeting, and that Harlem and Metropolitan had low provider vacancies from what she recalled. Ms. Olson noted that the Harlem and Metropolitan declines were on the inpatient side which is offset by the increase in observations. Ms. Youssouf noted that Harlem's 8.8% decrease in discharges and 3.5% decrease in visits are not necessarily compensating. Ms. Olson noted that visits are a much higher number in terms of volume, over 70,000, and the inpatient discharges are only a few thousand. Mr. Brezenoff noted that observations stays are a policy decision – it may be a good practice clinically but it is not compensated well. Observation stays need to be compensated differently. Mr. Page noted that there is a repeating pattern that practice is enlightened in Health + Hospitals but revenue is not realized by Health + Hospitals. Mr. Brezenoff noted that it likely cost revenue under the old system, and Health + Hospitals is likely coming out behind on this.

Ms. Olson reported that the Average Length of Stay shown in this month's report is using a new methodology. The actual length of stay no longer excludes either one day stays or longer-stay outliers. It does continue to exclude psychiatry and rehab. The expected length of stay is now comparing to the NYC external hospital average – adjusted for the facility specific case-mix. This new methodology allows for drill-down and transparency. Overall, H+H LOS is ½ of one day above the city-wide average; with 6 facilities greater than their corresponding benchmark and 5 facilities below. As noted before, this new methodology for greater transparency in how it is calculated and to begin to understand areas for improvement. Ms. Lowe asked if Health + Hospitals was unique in terms of the patients being served. Ms. Olson noted that to answer Ms. Lowe's question, the reasons for why Health + Hospitals has a higher length of stay are likely a combination of differences in the patients served including greater homelessness and other socio-economic characteristics that may make it more difficult for them to be discharged; documentation and coding differences; and discharge planning processes that could be improved. Ms. Youssouf asked if this was true in some facilities and not others. Ms. Olson noted that it was likely true for all in varying degrees.

Finally, case mix index (CMI) is up by 2.9% against last year at this time. This appears to be in part due to a large increase at Harlem hospital, which would correspond to the increase in observation and decrease in acute discharges mentioned earlier. The majority of other hospitals are also experiencing increases in CMI likely due to improvement in documentation and coding related to some of the revenue cycle initiatives implemented last year such as secondary diagnosis and targeted Diagnosis Related Group (DRG).

Gotham Diagnostic and Treatment Center visits continue to decline, with visits down 10.2% compared to this time last year with the year-end at -7.5%. Renaissance continues its steep decline at 8.4%, but Gouverneur and East New York are particularly large as well. For Gouverneur, provider vacancies may be contributing to that decline, and new providers are being on-boarded.

Post-Acute Care services, which ended on a positive note last year, is now also negative. Days are down slightly by .9%. 12.26 Carter has a decline of 4.8% which is due to their LTAC with nursing home days flat. With no further questions, the reporting was concluded.

CASH RECEIPTS & DISBURSEMENTS REPORT

Mr. Rosen noted that there had been great progress on headcount reductions, with over 4,000 management positions reduced. Mr. Fred Covino confirmed that since November 2015, global full-time equivalent positions had decreased by over 4,400. Ms. Michline Farag continued the reporting on FY18 actuals to FY17 actuals through September. For direct patient care receipts, Health + Hospitals is doing better in the first quarter compared to last fiscal year. Inpatient Receipts are up \$3.6 million and Outpatient Receipts are \$27 million higher. The impact of the revenue cycle initiatives are seen here, with the initiatives rolled out at this time last year.

Overall Receipts in FY18 through September are \$315 million lower than last year; this is due to pools timing. For risk pools, Health + Hospitals received \$93 million more in the first quarter of FY17 due to a large Metroplus payment of \$75 million. A HealthFirst payment was made in June of this year which counts in the last fiscal year. Ms. Youssouf asked why the timing was off. Mr. Covino noted that last year Metroplus advanced \$75 million because of Health + Hospitals request due to its cash position. At this time last year, Health + Hospitals received \$256.7 million more this year in DSH/UPL.

For Total Cash Disbursements, Health + Hospitals is \$109 million higher than last fiscal year, due to a City payment made for \$136.7 million in the first quarter of FY18, and no City payment had been paid in the first quarter of FY17. Ms. Rosen asked if the City payment was made earlier this year, and Ms. Farag confirmed it had been. Personnel Services is down by \$101 million as FY17 had one extra payroll of \$88 million.

For FY18 Quarter 1 actual receipts and disbursements against budget Receipts, Health + Hospitals is \$18 million better than budget in patient care receipts. That is \$10 million better in inpatient and \$8 million better in outpatient receipts. For Cash Disbursements it is on target with a \$6 million variance that is less than a half percent away from budget.

Ms. Youssouf requested a further explanation as it relates to outpatient decreases and the number of discharges. Mr. Anantharam noted that to see the changes in dollars related to utilization, a look into the actuals versus the actuals from the prior page would be more helpful. For the first quarter, the impact of the revenue initiatives in this fiscal year is being seen. Mr. Page asked if the acceleration is due to the revenue initiatives, and are they one shots. Mr. Anantharam confirmed yes, and that some are one shots and others are ongoing. One major initiative includes the reduction in days in accounts receivable which had exceeded 70 days. It is now down to about 60 days, including in-house days, with each day approximately valued at \$7 million. Mr. Page asked if we could maintain this performance, and Mr. Anantharam answered affirmatively. Ms. Arteaga Landaverde asked if the Huron consulting firm would help on these efforts. Mr. Anantharam noted yes and that there was a lot of work ahead, but that this work is outside of that and that weekly reports on A/R days by facility are currently sent out. Ms. Lowe asked what could be done to reduce the wait time on coding. Mr. Anantharam noted that more coding was occurring with more coders, and that maximizing opportunities in coding was important as well. Health + Hospitals is working with Huron on what is happening in the field. Mr. Brezenoff noted that the work is prioritized for local management. Ms. Bolus asked how far Health + Hospitals can go back for billing. Mr. Anantharam noted that it depends on the payor, but generally one year for Medicare and 90 days for Medicaid, with 180 days for managed care contracts. Mr. Page asked about the similarity in cash disbursements in terms of payments. Mr. Covino answered it is consistent about five days after payroll with days in Accounts Payable creeping up.

PAYOR MIX REPORT

Ms. Krista Olson began reporting on the first quarter of Fiscal Year 2018 payor mix report. Inpatient is seeing a slight uptick in Medicare as well as uninsured in this report. Ms. Olson cautioned leaping to any great conclusions given that this represents only three months of data and that this was reported on this one month later last year. Inpatient applications in particular have some lag time before converting from uninsured to insured and that is likely a factor in the reduced performance this year.

One methodological change in the payor mix report has also been made. The threshold of the age of pediatric patients has been changed to be 18 and younger to align with Child Health Plus (CHP) eligibility; in prior years, it had been 19 and younger. There is no major impact from this methodological change. The Outpatient Adult Payor Mix shows a slight positive improvement with a shift of patients. There is also a slight downward trend in Commercial. Ms. Youssouf asked what was in the other category, and if Health + Hospitals gets paid eventually. Ms. Olson noted that the other category includes workman's comp, prisoners, and uniformed services. Mr. Page noted that Health + Hospitals does get paid for the prisoner population, and Ms. Olson confirmed that Health + Hospitals bills Medicaid through a City process. Mr. Page asked if Health + Hospitals gets paid for uniformed services, and Ms. Olson answered payment comes through the City as part of the City subsidy. Mr. Page asked if the cash amount is driven by services provided or is it just designated

as a portion of the City subsidy, and Mr. Anantharam noted that it was the latter. Outpatient pediatrics mimics adults, including a shift to Medicaid Managed Care and a slight decline in Commercial.

Before the meeting close, Mr. Anantharam noted that a Huron presentation would be done the next time that the Finance Committee meets. With no further questions, the reporting was concluded.

Information Technology – November 8, 2017

As Reported by Emily Youssouf

Committee Members Present: Emily Youssouf, Josephine Bolus, Stanley Brezenoff, Gordon Campbell, Karen Lane (for Steven Banks), Barbara Lowe

CHIEF INFORMATION OFFICER REPORT

Sal Guido said there were two Action Items and one Information Item on today's agenda. Therefore, he would not read the CIO Report and people could read it themselves in the package. The report provides updates on Delivery System Reform Incentive Payment (DSRIP) Program, EMR GO Program, Enterprise Resource Planning (Project Evolve), Meaningful Use and QuadraMed 6.2 Upgrade, and Radiology McKesson Project.

INFORMATION ITEM:

GO REVENUE CYCLE UPDATE

David Starr gave a review of the GO Revenue Cycle program. His presentation included an explanation of Revenue Cycle. It listed several Business Functions, including Patient Management for Inpatient Only, Bed Management for Inpatient Only, and Professional Billing and Claims Processing, among others.

Mr. Starr next spoke on Sequencing Background. He reminded the Committee that approval to move forward with the Epic Revenue Cycle was granted in May 2017. He then talked about the Implementation Process and Governance Structure. After that, Mr. Starr spoke to the slides GO Integration with Key Organizational Initiatives and then gave a Financial Update.

ACTION ITEM 1:

ENTERPRISE RESOURCE PLANNING (ERP) FUNDING

Mr. Guido read the resolution authorizing the necessary steps to implement the Enterprise Resource Planning (ERP) system at a cost not to exceed \$5 million in operating funds and \$5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three years. There was an accompanying Executive Summary of the resolution.

Mr. Guido introduced Janet Karageozian of the ERP program. She spoke to the presentation Enterprise Resource Planning, also called Project *Evolve*. Ms. Karageozian first spoke about the ERP Waves and outlined the project's visions for NYC Health + Hospitals.

Ms. Karageozian spoke to Scope and Modules Roll-out, which reviewed the July 2017 go-live and previewed upcoming Waves of rollouts to Supply Chain and Finance. In ERP Waves, she showed which locations already have ERP and which will get it over five Waves, ending in May 2018. She talked about the purchase of software and hardware for the project, as well as Deloitte's role in implementation.

In Budget and Encumbered, Mr. Guido showed that there is \$10.3 million in the Remaining Budget. He said we are not asking for additional funds. We just need your permission to access these monies.

Ms. Karageozian showed the ERP Implementation Deployment Timeline which runs into second quarter 2020. She also reviewed Next Steps, such as continuing the deployment of Finance/Supply Chain Waves 3-5 and Cost Accounting Implementation (going live in July 2018).

The motion to approve the request was passed.

ACTION ITEM 2:

EITS REQUIREMENTS CONTRACTS FOR IT CONSULTING SERVICES

Mr. Guido read the resolution authorizing the renewal of a three-year term of January 1, 2018 to December 31, 2020, the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System's needs for professional services. There was an accompanying Executive Summary of the resolution.

Mr. Guido introduced Ms. Lederman who spoke on the presentation called EITS Requirements Contracts for IT Consulting Services. Ms. Lederman spelled out the Request by specifying the renewal of requirements contracts for a three-year term ending December 31, 2020. She talked about the fact that spending would not require increased or additional funding, and contracts do not guarantee a minimal payment (only pay for actual service provided).

Ms. Lederman spoke to Benefits Associated with IT Consultant Requirements Contracts, including Requirement Contracts allow NYC Health + Hospitals to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost effective manner. She then talked about the Work Order Assignment Process.

The motion to approve the request was passed.

Medical and Professional Affairs – November 8, 2017

As Reported by Dr. Vincent Calamia

Committee Members Present: Vincent Calamia, Gordon Campbell, Barbara Lowe, Josephine Bolus

CHIEF MEDICAL OFFICER REPORT

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

Flu Campaign

The system flu campaign kicked off September 18, 2017 with a goal of improving on our enterprise-wide flu vaccination rate of 79% from last year's flu season. This year's flu program will require 100% employee participation requiring either flu vaccination or written declination from all staff members. Through the Enterprise Pharmacy and Therapeutics Committee in collaboration with Supply Chain 230,000 doses of age appropriate vaccines were purchased to assure readiness for this year's influenza season.

Behavioral Health

The Office of Behavioral Health (OBH) is working on a system-wide clinical service plan for Behavioral Health services. The focus is on development of more ambulatory care services in collaboration with community partners. The goal is to meet the needs of the communities with increased access to mental health services.

Maternal Depression Screening: Currently as part of NYC Thrive, all acute care facilities have formal screening protocols for maternal depression. Processes are underway to extend the screening for maternal depression at the well-baby visits in pediatric clinics.

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

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. Four sites – Queens, Bronx, Manhattan and Brooklyn are open to clinical services. The Staten Island site will open later this month.

The Office of Behavioral Health continues to work on:

- Safety is a key priority, Aggression and violence are significant issues in this area that result in both patient and staff injury
- Integration of care, meeting with each facility to determine steps and needs to achieve co-location and other integration strategies.
- In collaboration with the Office of the Chief People Officer we are working with facilities to offer training in Mental Health First Aid.

Pharmacy

M&PA Office of Pharmacy Services Collaborates with Huron Consulting to develop and design a future state, road map and implementation time line for cost avoiding, revenue generating transformation of Pharmacy services.

Pharmacy services under the supervision of M&PA, supported a month long exploratory analysis of current state of Supply Chain services including the Pharmacy services for opportunities to enhance efficiencies across the system.

During their assessment of H+H's \$1.4 billion OTPS spend, Huron identified significant cost savings opportunity in several key areas.

- Implementation of a central fill and specialty pharmacy services
- Respiratory drug selection and utilization
- Establish physician centric clinical pharmacy program to provide daily review of drug utilization
- Consolidate Infusion centers
- Insource outsourced compounding
- Implement dose rounding

The Office of Pharmacy services, in collaboration with the Office of Quality, Risk, & Patient Safety, is leading an enterprise wide Antimicrobial Stewardship Program (ASP) performance improvement project to assure compliance with 37 CDC core elements for antimicrobial stewardship. A system wide multidisciplinary, collaborative monthly conference is held with the scope of removing barriers to optimal antimicrobial stewardship performance.

The updates of current successes, barriers, and ongoing improvements:

- Ability to Run Therapy reports for all Quadramed sites; extension of antimicrobial stewardship to cover the Ambulatory care services; Gap analysis current state of standard Antibigram; current Pharmacist resources needed to recruit specialist Antimicrobial stewardship to improve management and optimal performance; and treatment recommendations for select diseases are being collated for commonality to evolve into one standard across the system

Other Ongoing Initiatives:

- Judicious Opioid Prescribing
- Expanded Naloxone Distribution
- Epic order sets
- Patient Assistance Program (with Supply Chain)
- Standardized Formulary
- USP 797 and 800 standards compliance for compounding IV admixtures

Chief Nurse Executive

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

November 1, 2017, a Shared Governance Retreat will be held with a focus on first steps of developing a system-wide Shared Governance structure. Several of our system hospitals have established Shared Governance Councils which we will draw on through shared experiences as well as providing a formal overview of shared governance principles, provide tools and other resources to support each facilities next steps.

Nursing Professional Development

- NICHE (Nurses Improving Care for Healthsystem Elders)
NICHE All-Day LEARNING SESSION – to take place at Jacobi Conference Center on November 14, 2017 (no cost to H+H and its attendees). NYU/NICHE Tristate event with CEUs provided.

Social Work Council

- The role of Domestic Violence Coordinators and Social Work to provide enhanced Domestic Violence screening across the system for our patients is an early focus item for this group.
- Ongoing collaboration with One City Health/Social Work regarding DSRIP project focused on selection, training and roll-out of new MOW WOW e-referral system.
- First Social Work Council meeting was well received and staff were engaged. Co-chairs have been established and September meeting featured Jeanne Dzurenko from One City Health to discuss system Care Management strategies and garner social work input/comments. Monthly meetings have been scheduled.

Care Management

- Focus have been on investigation of EBP system-wide approach to inpatient discharge planning functions and actions. AHRQ IDEAL discharge planning process has been reviewed by system CNOs with favorable response. Elmhurst Hospital has completed script for discharge planning Go-live and reconciled with IDEAL best practice process. Launch is planned for 10/2/17.
- Participating as new partner with One City Health as operational metric owner for ED Care Triage for At-Risk Populations and Care Transition intervention – core elements of discharge summary. Three metrics have established deadline of December 8, 2017.
- Review of Care Management standard curriculum for competency & orientation is underway

Workforce Management

- a. Support FTE Management transformation work to develop system-wide productivity models system-wide for both variable & fixed cost centers.

- b. Acute Care Service Line overview of standard staffing guidelines and efficient resource utilization with Nash and ANSOS software systems to support workload analysis and effectiveness. Work sessions at each site are underway with CNO & nursing leadership staff to review current data entry and reporting activity to foster accurate input and appropriate utilization for staffing decisions.
- c. Temporary Staffing/Urgent Staffing Standardization Program underway.

Successfully organized 4 sites for central procurement initiative (Coney, Bellevue, Lincoln and Queens Hospital). Working with Central Office HR, Regulatory and Deputy CMO to ensure practice for agency staff is consistent with NYC H + H staff. Agency PO practice reviewed and standard work under development with A/P leadership.

Patient Experience

With a strategic goal of improving patient and family experience and engagement scores across all settings, the development of a charter, aim statement and project plans is complete and signed-off. Charter includes metrics (target & stretch) and milestones over a 5 year plan. Metrics have been established and are aligned with growth, value-based purchasing and national patient satisfaction benchmarks. To ensure integration of Patient Experience and Staff Engagement a Human Experience Council was launched in September 2017. This executive steering committee will provide guidance and input on strategic project initiatives. Monthly PXO Council meeting held and take-a-away recommendations will focus on system-wide Patient Experience framework, Service Behaviors and Rounding.

Safe Patient Handling (SPH)

- Approved Policy from steering was presented to champions on 9/7/17. Will be working with education when inventory evaluation is completed on 9/15/17.
- Redefined purpose of Committees and Roles: presented to champions on 9/7/17
 - -Steering Committee- decision making
 - -Champion Committee- facilitating and communication/subject matter experts
 - -Hospital SPH Committee- implement Steering committee program
- HR developed monthly report to track “pushing, pulling, lifting, carrying” incidents from SH 900 reporting process. Received first report shared with SPH Committees.
- Inventory Fairs in August to decide final products for standardization: Kings, Elmhurst, McKinney and Lincoln were locations. Dates were 8/21, 8/29 and 8/30. 300 employees attended and filled out evaluation forms. Last product fair is 9/25 at Bellevue. Once done, evaluation forms will be reviewed and recommendations made on standardization.
- Coordinating development of SPH shared drive and SPH email for system-wide communication and resource sharing.
- Discussed SPH training sessions with NYSNA (for nurse educators) - Determine frequency of training, curriculum and session dates
- To attend an upcoming GNYHA SPH training course to support curriculum development.

OPCC Operations

- NYC Health + Hospitals Nurse Excellence Award Ceremony
October 24, 2017 2pm-4pm Jacobi Conference Center
- Blue Bin Super Mock events were held at Lincoln and Queens Hospitals in August. Nursing is a vital partner in this new Supply Chain standardization of supplies process.
- NYS Comptroller Office audit of Nursing Quality continues. Preliminary report is being reviewed for accuracy & validation. Next steps to include system-wide standard P & P plan of correction.

Live On NY

- Organ Donor Enrollment Day October 4th will be celebrated at all 11 acute care facilities.
- ECHO Project – 4th monthly ECHO Clinic scheduled for October 13th 2017 with Lincoln Hospital as presenting facility.
- EMR Access for OPO LiveOnNY Staff – work to finalize a process map for OPO Epic and Quadramed access is underway.

Nursing Informatics/ Quality/ Infection Prevention

- CNO Quality & Operational Dashboards under develop for a 4Q2017 launch.
- EPIC
- Nursing representation present at optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
- Training development action plan underway for upcoming EPIC upgrade. Significant changes.
- Zynx Nursing Care Plans in development with EPIC users.
- Quality Transformation initiatives and associated charters are underway for CAUTI, CLABSI, Pressure Injury prevention.
- Special IP projects – Epic IP Module update available end of year; currently a project team is working with the 3 facilities to more fully develop the IP module.

- Collaborating with Emergency Management for standardization of PPE in all Emergency Rooms. Level 1 and Level 2 PPE will be available along with algorithms for emerging pathogens and communicable diseases; standardization of N-95 respirators.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, reported to the committee on the total plan enrollment as of October 1, 2017, was 500,119. Breakdown of plan enrollment by line of business is as follows:

Medicaid	370,737
Child Health Plus	16,157
MetroPlus Gold	9,186
Partnership in Care (HIV/SNP)	4,243
Medicare	8,183
MLTC	1,715
QHP	7,812
SHOP	864
FIDA	190
HARP	10,439
Essential Plan	68,645
GOLDCARE	1,948

Finity Rewards Program

Our Finity Rewards Program (Finity) is now fully implemented and off to a strong start. As aforementioned, Finity is a loyalty program that rewards members who take healthy actions with points. Those points can then be redeemed for prizes.

Day Care Workers

Last year, we began providing health coverage to employees of the city-funded day care program throughout the city. For this, we created two new plans: (1) Gold Care I, which featured a network of community based PCPs, H+H PCPs, and the H+H hospitals; (2) Gold Care II which also features community based PCPs, H+H PCPs, and H+H hospitals but also includes additional hospitals. Gold Care open enrollment for 2018 began on September 25 and ended on October 6.

Gold Open Enrollment

Open enrollment for our city employee plan, MetroPlus Gold, began on October 2, and ran through October 31. We have already been advertising and conducting events outside major city offices and will continue to advertise on radio, on the subway, in print, and with electronic advertising through the open enrollment period.

Open Enrollment (ACA Products)

During the fall open enrollment period, which started on November 1, 2017, and runs through January 31, 2018, we will be closely coordinating advertising with the city’s Get Covered initiative.

Disenrollment

The disenrollment rate for August was 3.56%, which is the second lowest month in 2017, and significantly below the 2016 average of 4.14%. H+H facilities with the lowest rates are Metropolitan, Bellevue and Harlem.

Member Care: Integrated Case Management

We would also like to briefly touch upon our work in integrated case management. Since the beginning of the year, our case managers have completed over 2,500 home visits with members.

INFORMATION ITEM:

Lora Giacomoni, RN, Assistant Vice President, Office of Quality and Risk Management presented to the committee an update on:

- Value Base Payments (VBP QIP) – provides incentive payments to support financially fragile safety net hospitals; collaboration between DOH, Managed Care Organization, safety net hospitals and PPS; Goal to improve quality and financial stability; payment earned by achieving benchmarks.

Increasing Weight on Performance; H+H Measures on catheter association urinary tract infection and blood stream infection rate; 3-hour sepsis bundle, hospital acquired pressure ulcer; follow up after hospitalization for mental illness within 30 days

and diabetes control-less than; collaborative council updates; electronic event reporting; Justice Center Division of Prevention & Quality Improvement and Performance Improvement

SUBSIDIARY BOARDS REPORTS

HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization ("ACO"), convened on October 31, 2017.

The Board of Directors of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization ("ACO"), convened on October 31, 2017 to discuss 2016 performance results and shared savings distribution.

Among other matters, the Board discussed the following:

- ACO Chief Executive Officer Ross Wilson, MD informed the Board of the ACO's Medicare Shared Savings Program (MSSP) results for 2016, which were released earlier in the month. The ACO saved \$3,592,166 in 2016, for which it will receive shared savings of \$1,586,859. The ACO also achieved a 90.15% quality score. This was the fourth consecutive year the ACO earned savings, making it the only Medicare ACO in New York in New York State to earn savings for four consecutive years. Only 18% of MSSP ACOs nationally have earned savings for four consecutive years.
- Dr. Wilson presented the framework for a proposed amendment to the ACO's shared savings distribution methodology in the ACO's Participant Agreements. The proposal recommended to increase the effect quality performance has on provider incentive payments from 33% to 50%.
- The Board discussed the difference in shared savings distribution from previous years, which was primarily due to the lower cost benchmark that the Centers for Medicare and Medicaid Services (CMS) evaluated the ACO performance by this year. Mr. Brezenoff stated that due to this discrepancy, NYC Health + Hospitals would forego retention of its portion of shared savings in order to further incentivize its providers.

The Board approved the following resolution:

- Authorizing the CEO to negotiate and execute an amendment to the ACO Participation Agreements consistent with shared savings distributees consistent with the proposed shared savings methodology discussed at the meeting.

NYC HHC ASSISTANCE CORPORATION/ONECITY HEALTH SERVICES BOARD OF DIRECTORS - NOVEMBER 14, 2017

The Board discussed the following matters:

- A motion was made, duly seconded, and unanimously accepted to adopt a resolution electing Stanley Brezenoff as Chairman of the Board, electing Israel Rocha as Interim President and Chief Executive Officer, recognizing the Directors designated by the Sole Member and electing Directors of the Corporation to the offices indicated next to their names:

o Stanley Brezenoff	Vice President
o Plachikkat V. Anantharam	Vice President/Treasurer
o William T. Foley	Vice President
o Salvatore Russo	Vice President/Secretary
o Michael Stocker	Vice President
o Donald Ashkenase	Vice President
o Israel Rocha	Interim President/Chief Executive Officer
- Art Byrd, Chief Financial Officer and Chief Operating Officer of OneCity Health Services provided an update on the status of the Request for Proposals (RFP) for an external audit to conduct a review of funds flow pertaining to DSRIP from New York State Department of Health to NYC Health + Hospitals and the appropriateness of funds distribution to all partners, including the largest partner, NYC Health + Hospitals. The RFP will be released by Friday, November 17. In response to Board members' requests, OneCity Health Services management will send additional information pertaining to the scope of the audit.

STANLEY BREZENOFF
NYC HEALTH + HOSPITALS
INTERIM PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
November 30, 2017

NYC Health + Hospitals' Accountable Care Organization Stands Alone in the State with Four Years of Shared Savings

NYC Health + Hospitals recently announced that our accountable care organization (ACO) under the national Medicare flagship program, has achieved shared savings for the fourth consecutive year—the only program in the state to achieve such shared savings success. The ACO was eligible for the savings in part because of its outstanding quality performance, saving the Medicare program \$3.59 million for 2016 and returning \$1.58 million in shared savings to the public health system. Through enhanced care coordination, the health system was able to prevent unnecessary emergency department visits, avoidable hospitalizations, and other high-cost care for the more than 10,000 Medicare fee-for-service patients who are followed through the program.

As a result of our consistent success in the Medicare Shared Savings Program, NYC Health + Hospitals is expanding its value-based payment focus beyond Medicare. It has submitted an application to the New York State Department of Health to become a State All Payer ACO, which would change the payment structure for coordinated care for Medicaid fee-for-service patients and privately insured patients as well. Achieving shared savings for a single year is not easy and is itself a cause for celebration. Savings over four consecutive years, however, is remarkable, given that we are measured against benchmarks of our own past performance. Our success in recent years has made these benchmarks increasingly challenging, and yet, through the focused work of countless members of our hard-working team, especially our front-line providers, we have met our goal yet again.

The reality of tougher benchmarks, however, has meant that shared savings earned in FY 2017 are considerably reduced from previous years' totals. As a gesture of solidarity with NYC Health + Hospitals physicians, whose work is at the core of our ACO's continued record of achievement, we have made the decision this year to forego retention of our portion of shared savings in order to further incentivize our providers.

NYC Health + Hospitals Expands Access to Primary and Specialty Care through Health Centers in Underserved Communities

Earlier this month we issued an important announcement detailing system-wide primary and specialty care expansion in underserved communities. Collectively, seven new or enhanced sites, reflecting \$40 million in City investment, will serve 48,000 New Yorkers, or some 42,000 more patients than before the expansion.

This partnership with Mayor de Blasio demonstrates our commitment to providing equal access to health care. These seven sites will better connect tens of thousands of New Yorkers to primary and specialty care, promoting wellness and care management, as well as smoother transitions to other care when needed—goals that are important to the long-term transformation of our health system.

The announcement was made at a ribbon-cutting ceremony celebrating an upgraded community health center in Bushwick, Brooklyn, one of five NYC Health + Hospitals/Gotham Health centers that have been refurbished with more than \$10 million in funding from New York City's Caring Neighborhoods Initiative. The five sites are in Brooklyn (in Bushwick, Crown Heights, and Brownsville), the Bronx (Tremont), and Queens (Jackson Heights). In addition, two completely new sites are scheduled to open this winter in Brooklyn (Bedford) and Staten Island (Clifton).

32 NYC Health + Hospitals Primary Care Clinics Earn the Highest Level of Patient-Centered Medical Home Recognition

I am pleased to report to the Board that 32 of our hospital and community-based primary care clinics have received the highest-level Patient-Centered Medical Home (PCMH) recognition for meeting rigorous national standards and establishing a model to deliver patient-centered, coordinated, and convenient health care services to New Yorkers. The National Committee for Quality Assurance's PCMH designation is granted to primary care practices that have implemented a delivery model of care that ensures access, communication, and shared responsibility among a cross section of providers, including doctors, nurses, and social workers, who must work together to improve patient health outcomes.

The National Committee for Quality Assurance's PCMH 2014 Level 3 recognition reflects greater emphasis on identifying high-need patients for care management, integrating behavioral health screenings and treatment into primary care practice, and engaging patients in their own care. The 2014 Level 3 designation is expected to yield NYC Health + Hospitals approximately \$60

million in state reimbursements over fiscal years 2018 and 2019. Making high-quality primary care more accessible for our patients is a linchpin of our health system transformation efforts. Meeting these tough national standards for primary care services underscores the commitment to excellence from our clinicians, administrators, and staff and our ability to seize the opportunity to maximize payment incentives to ensure financial sustainability.

NYC Health + Hospitals PCMH Level 3 primary care practices, by borough:

Bronx

NYC Health + Hospitals/Jacobi
NYC Health + Hospitals/Lincoln
NYC Health + Hospitals/North Central Bronx
NYC Health + Hospitals/Gotham Health, Belvis
NYC Health + Hospitals/Gotham Health, Morrisania
NYC Health + Hospitals/Gotham Health centers in Williamsbridge and Tremont

Brooklyn

NYC Health + Hospitals/Coney Island
NYC Health + Hospitals/Kings County
NYC Health + Hospitals/Woodhull
NYC Health + Hospitals/Gotham Health, Cumberland
NYC Health + Hospitals/Gotham Health, East New York
NYC Health + Hospitals/Gotham Health centers in Brownsville, Bushwick, Fort Greene, Greenpoint, and Williamsburg

Manhattan

NYC Health + Hospitals/Bellevue
NYC Health + Hospitals/Harlem
NYC Health + Hospitals/Metropolitan
NYC Health + Hospitals/Gotham Health, Gouverneur
NYC Health + Hospitals/Gotham Health, Sydenham
NYC Health + Hospitals/Gotham Health, Roberto Clemente
NYC Health + Hospitals/Gotham Health centers in Inwood and Harlem

Queens

NYC Health + Hospitals/Elmhurst
NYC Health + Hospitals/Queens
NYC Health + Hospitals/Gotham Health centers in Jamaica, South Jamaica, and Springfield Gardens

NYC Health + Hospitals/Kings County to Open Multidisciplinary Outpatient Heart Health Center

Earlier this month, NYC Health + Hospitals/Kings County proudly launched a new multidisciplinary outpatient Heart Health Center designed to provide heart failure patients with comprehensive services to improve heart health and maintenance in a community-based setting. Staffed by a full-service heart health team, including cardiac specialists, psychologists, psychiatrists, nurse practitioners, nutritionists, pharmacists, and social workers, the new center will help alleviate health challenges that are common to heart failure patients. Patients can walk in, meet with a doctor, be tested—same-day echocardiograms are available—and receive the doctor’s treatment recommendations based on the test results—all under one roof in one visit.

The Heart Health Center will make the patient experience simpler and more streamlined by serving as a medical home base after heart failure patients leave the hospital, facilitating better treatment compliance, more consistency in follow-up visits, and the provision of comprehensive care that keeps patients healthy and out of the hospital and emergency rooms.

NYC Health + Hospitals/Bellevue Is Recognized for Excellence in Six Categories of Heart and Stroke Care

Earlier this month NYC Health + Hospitals/Bellevue announced that it is one of only two hospitals recognized for excellence in six or more categories of heart and stroke care by the American Heart Association/American Stroke Association. This recognition earns NYC Health + Hospitals/Bellevue a prestigious position on U.S. News and World Report’s list of America’s Best Hospitals for outstanding care of heart and stroke patients, and was awarded for Bellevue’s implementation of the AHA/ASA *Get With The Guidelines* program, which establish metrics for high standards for care and patient outcomes.

Congratulations to Bellevue’s Cardiology and Stroke teams, including doctors, nurses, and quality improvement professionals, for truly outstanding work that puts our health care system at the forefront of cardiac care nationally by employing a true multidisciplinary team approach, and providing the fullest range of services. For more details on other NYC Health + Hospitals facilities named to U.S. News & World Report’s Best Hospitals List, [visit our website](#). For details on the Get with The Guidelines program click [here](#).

NYC Health + Hospitals/McKinney Receives Highest Skilled Nursing Facility Rating from Centers for Medicare and Medicaid Services
NYC Health + Hospitals/McKinney, our 320-bed post-acute care and rehabilitation center in East Flatbush, Brooklyn, has received five stars—the highest rating possible—from the federal Centers for Medicare and Medicaid Services for achieving exceptional quality standards. The new rating places NYC Health + Hospitals/McKinney among the top providers of post-acute care in the country. All five skilled nursing facilities in the NYC Health + Hospitals system have received top ranking from the Centers for Medicare and Medicaid Services.

The facility earned the five-star rating for achieving above average performance on 16 different physical and clinical measures for nursing home residents, including for reducing the use of antipsychotic medications among both long-stay and short-stay residents. NYC Health + Hospitals/McKinney also outperformed state and national averages for the percentage of short-stay residents who improved in their ability to move around on their own; the facility has achieved an 83.1 percent success rate, compared to 68.8 percent for New York State and 66.7 percent for the nation.

OneCity Health Update

Israel Rocha, Jr. has been appointed interim CEO for OneCity Health. Mr. Rocha will lead the continued implementation of the transformation agenda set forth by the New York State Delivery System Reform Incentive Payment (DSRIP) program, and provide overall programmatic, operational and strategic leadership for OneCity Health. He will report to the President, and will continue to serve in his role as CEO of NYC Health + Hospitals/Elmhurst.

OneCity Health held meetings with the CEO from each NYC Health + Hospital facility to discuss allocation of resources, workforce development and other initiatives to help NYC Health + Hospitals meet remaining DSRIP goals and earn potential revenue over the final two-and-a-half years of the program. These conversations will continue to ensure OneCity Health and NYC Health + Hospitals are integrated and aligned to meet DSRIP and future transformation goals.

OneCity Health continues with initiatives to further the development of an integrated delivery system focused on improving health outcomes.

- OneCity Health began to formally educate partners about value-based payments (VBP) with the launch of its initial training, “Value Based Payment: The Basics”. Future trainings will cover contracting models, risk-sharing and data analytics to improve outcomes, among other topics, to begin to drive VBP arrangements in the OneCity Health PPS. By April 2020, New York State expects 80-90 percent of Performing Provider Systems’ payments to providers to be VBP arrangements.
- In addition, OneCity Health and its partner, Community Service Society of New York (CSS), are providing technical assistance to build community based organization (CBO) partners’ capacity for value-based contracting. In the initial phase, participating partners are completing organizational self-assessments so OneCity Health and CSS have a foundation on each partner and can tailor individual assistance.
- OneCity Health begin a phased rollout of a web-based social services directory and referral software, NowPow, to OneCity Health partners. NowPow is a web-based technology platform that enables providers to identify community resources, make referrals for patients and clients, and track patient engagement, continuing OneCity Health’s evolution to an integrated delivery system inclusive of social services.

In other OneCity Health news the Journal of the American Medical Association’s JAMA Forum published [“Latent Natural Resources for Health”](#) by Dr. Dave Chokshi, Chief Population Health Officer, OneCity Health and Christopher C. Jennings, founder and president, Jennings Policy Strategies, which lucidly discusses how three latent natural resources – people, policy and data – are ready to be tapped to promote health and reduce medical spending.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to renew for a three-year term of January 1, 2018 to December 31, 2020 (“Renewal Term”), the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System’s needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs, with all necessary funding deriving from previously approved program budgets.

WHEREAS, in July 2015 the Board of Directors approved the award of 20 requirements contracts for the term of January 1, 2015 to December 31, 2017 with three one-year renewal options, such contracts resulting from a Request for Proposals for health information related services on an as-needed basis; and

WHEREAS, the use of the requirements contracts makes easily and promptly available to the System, IT staff with a wide range of experience and knowledge that is not available within the System, is not available in the necessary numbers or is not required on a long term basis, to support major software implementations, complete required milestones and deliverables, training, and maintenance activities where temporary skilled staff may be needed; and

WHEREAS, renewing the requirement contracts will help the System obtain continuity of services, avoid disruptions, delays, or gaps in service to both internal and external end users that rely on these critical systems; and

WHEREAS, funding for the professional services obtained under the requirements contracts derives from previously approved program budgets; and

WHEREAS, the System tracks the utilization and spending of the requirements contracts against the applicable funding source; and

WHEREAS, the overall responsibility for managing and monitoring the requirements contracts shall be under the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to renew for a three-year term of January 1, 2018 to December 31, 2020, the 20 requirements contracts previously awarded in July 2015 for a two-year term with three one-year options, for health information related professional consultant services on an as needed basis to meet the System’s needs for professional services, primarily consisting of staff augmentation, to enable the System to meet its information technology needs with all necessary funding deriving from previously approved program budgets.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to take the necessary steps to implement an Enterprise Resource Planning (“ERP”) system at a cost not to exceed \$5 million in operating funds and \$5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three 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 the System’s Operating Procedure 100-5 but without further Board authorization provided that the System’s Enterprise Information Technology Services division (“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 herein described.

WHEREAS, the System is implementing an ERP system to replace the current disparate business applications throughout the System including: financials, payroll, time & attendance, supply chain and nurse & physician scheduling to sit on one integrated platform for an overall budget of \$72,021,812; and

WHEREAS, in December 2015, the Board of Directors approved the purchase of multiple modules of the Oracle/PeopleSoft ERP software (Financials, Supply Chain and Payroll/Time and Attendance), and associated ancillary and support applications necessary to implement the ERP for an amount not to exceed \$31,301,712 for a five-year term with a five-year renewal; and

WHEREAS, in June 2016, the Board of Directors approved a contract award to Deloitte Consulting LLP to provide ERP software implementation, including project planning, design, management of interfaces and conversions, and planning for system maintenance for an amount not to exceed \$18,203,795; and

WHEREAS, at the time such approvals were obtained, the ERP project was at the stage of implementing and deploying the budget and supply chain modules but now the ERP project is moving forward with the implementation of the payroll/time and attendance, cost accounting and nurse & physician scheduling aspects of the project; 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 overall responsibility for managing the project and monitoring the contracts signed to further the project shall be under the Senior Vice President of Finance, the Vice President of Supply Chain and Senior Vice President/Corporate Chief Information Officer; and

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 to implement an Enterprise Resource Planning System at a cost not to exceed \$5 million in operating funds and \$5.3 million in capital funds, which are allocated in the City Capital Budget, over the next three 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 the System's Operating Procedure 100-5 but without further Board authorization provided that the System's Enterprise Information Technology Services division 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 herein described.

RESOLUTION

Adopting a revised Policy and Guidelines governing Community Advisory Boards (CABs) in all NYC Health + Hospitals' facilities.

WHEREAS, the Board of Directors of NYC Health + Hospitals adopted Policy and Guidelines for CABs on January 7, 1982; amended such guidelines on July 16, 1987; February 27, 1992; and on March 26, 1992;

WHEREAS, the Board of Directors has recognized the need to update the Policy and Guidelines to meet current CAB and facility needs throughout NYC Health + Hospitals' system, especially pertaining to CAB membership terms, number of voting members, new background screening requirement for CAB applicants and members, and resolution of disputes;

WHEREAS, the Office of Government and Community Relations of NYC Health + Hospitals in consultation with the Community Relations Committee of the Board of Directors has been working on revising the Policy and Guidelines with extensive input from the CABs;

NOW THEREFORE, BE IT RESOLVED, that the revised Policy and Guidelines for Community Advisory Boards, dated November 30, 2017 (annexed hereto) be adopted as the Policy and Guidelines governing the Community Advisory Boards in all NYC Health + Hospitals' facilities, in accordance with McKinney's Unconsolidated Laws, Title 18, Section 7384.11.



POLICY AND GUIDELINES
FOR
COMMUNITY ADVISORY BOARDS

Adopted February 27, 1992
Amended March 26, 1992
And November 30, 2017

PREAMBLE

The enabling act which created the New York City Health and Hospitals Corporation, Unconsolidated Laws, Title 18, Section 7384.11 provides: "The Corporation shall establish a Community Advisory Board for each of its hospitals to consider and advise the corporation and its hospitals upon matters concerning the development of any plans or programs of the corporation, and may establish rules and regulations with respect to such boards." Corporation means NYC Health + Hospitals, and hospitals includes the neighborhood health centers and long term care facilities. The following revised Guidelines which detail the workings of CABs in alignment with NYC Health + Hospitals' focus on expanding access to patient-centered and culturally-sensitive care are promulgated.

GUIDELINES

I. ORGANIZATION

- A. There will be one Community Advisory Board (CAB) for each NYC Health + Hospitals facility. All meetings of the CAB and its committees will be open to the public in accordance with the NYS Open Meetings Law, also known as the Sunshine Law.
- B. Each CAB will adopt Bylaws, which will enable it to function effectively. This may include adopting rules which govern General Limits of Debate and Decorum in Debate (see Robert's Rule of Order). Such rules may assist the carrying on of debate in a smooth and orderly manner as may be appropriate to serve CAB needs. The CAB will submit these Bylaws and any subsequent repeal or amendment to them to the facility's Chief Executive Officer or Executive Director for comments prior to requesting approval of the President of NYC Health + Hospitals. The Bylaws, and any subsequent repeal or amendment will be subject to the review and approval of the President of NYC Health + Hospitals or his/her designee and may not be in conflict with the Bylaws of NYC

Health + Hospitals, those policies adopted by the Board of Directors concerning CABs or these or any other guidelines promulgated thereunder.

- C. The number of members on CABs may vary according to the needs of the facilities and the communities served and membership will be consistent with those policies and guidelines approved by the Board of Directors.
- D. Each CAB may have between 15 to 27 voting members. CABs should strive to ensure that such members are representative of the diverse population of the communities served by NYC Health + Hospitals' facilities.

II. RESPONSIBILITIES OF THE CAB

- A. Each CAB will consider and advise NYC Health + Hospitals and the facility upon matters concerning the development of plans and programs of NYC Health + Hospitals and the facility.
- B. Each CAB will by request during regular CAB meetings or as otherwise appropriate be made aware of and given the opportunity to discuss and advise the Chief Executive Officer of the facility on the following:
 - 1) The establishment of priorities in relationship to the most recent community needs assessment and or strategic plans
 - 2) The facility's budget
 - 3) Services which patients receive, reports on problems or issues which develop, and the facility leadership's actions to improve any deficiencies and the patient experience

- 4) Collaborations with other entities including community-based organizations (CBOs), community boards, other governmental agencies and health care providers
 - 5) Other health care and social needs that may be relevant to the health of the community served by the facility
- C. The CAB is responsible for soliciting and representing the view of the community in the facility's catchment areas. It is a responsibility of the CAB to help ensure that the facility's Chief Executive Officer is kept informed of the community's views relating to the delivery of patient care services. It is also the responsibility of the CAB to help ensure that the community is kept informed of the strategic plans and goals of NYC Health + Hospitals and its respective facilities. These responsibilities may be accomplished during CAB reports at the CABs' Annual Public Meetings.
- D. The CABs may consult with outside entities in carrying out their duties and responsibilities.
- E. CABs will not become involved in any manner (including discussion) in any labor or management issues. This includes grievances, negotiations, disciplinary proceedings, the hiring or firing of any employee, and any other labor management issue in any NYC Health + Hospitals facility.
- F. Each CAB will provide the following information and documents to NYC Health + Hospitals' Office of Government, Community Relations and Planning:
- 1) Minutes of full Community Advisory Board meetings
 - 2) Annual CAB Activity Report to the NYC Health + Hospitals Community Relations Committee
 - 3) Accurate and up-to-date roster of members as prescribed by NYC Health + Hospitals, including appointment categories, date of original appointment and terms served

4) Updated By-laws

- G. Each CAB by its designee(s) shall participate on any committee established by NYC Health + Hospitals for the selection of its facility's Chief Executive Officer. If it is determined that a Chief Executive Officer will be appointed without the establishment of a search committee, NYC Health + Hospitals' leadership will inform the CAB's leadership of such plans prior to the appointment being made.
- H. Each CAB Chairperson or an alternate representative that is selected by the full CAB will participate in the Council of Community Advisory Boards.
- I. Each CAB will hold its general election of officers during the month of June. Elected officers shall not be seated until the month of September of the election year.

III. MEMBERSHIP

CAB membership will consist of the following categories:

- Community Representative
- Consumer
- New York City Community Board (NYCCB)
- Non-Managerial Employee Representative
- Ex-Officio

A. Community Representative

A Community Representative will reside, be employed, or be involved in the community served by the facility.

B. Consumers

- 1) A consumer member will be at least 18 years of age, not a direct provider of health care, and a registered patient who utilizes a NYC Health + Hospitals facility as his/her primary source of health care services (Inpatient, Ambulatory, Long Term/Post-Acute Care) within the past 24 months.
- 2) A consumer member may also be the parent or legal guardian of a person who utilizes the facility as his/her primary source of health care services as described above.
- 3) Consumers will constitute at least a majority (51%) of the CAB's membership.

C. New York City Community Boards

New York City Community Boards (NYCCB) will have representation appointed by the Borough President on CABs. Community Board appointees will be considered in the total complement of members appointed by the Borough President as set forth in Article IV section E.

The Borough President's appointments should be in the following preferred order:

- Chairperson of the Health Committee;
- Member of the Health and/or Social Services Committee; or
- Member of the NYCCB

- 1) CAB members who are appointed from the NYCCB shall have the following additional responsibilities:
 - a. To act as a liaison between the CAB and the NYCCB, ensuring that both are informed about their respective

concerns, interests and actions regarding community health planning and NYC Health + Hospitals facility needs.

- b. NYCCB representatives shall notify the Community Advisory Boards of NYCCB actions affecting the NYC Health + Hospitals facility or health services within the area prior to such action being taken. Such notification should foster discussion and feedback by the CAB and/or Chief Executive Officer regarding the proposed actions.

- 2) If a NYCCB member who is appointed to a CAB becomes an employee of the facility or the affiliate, a corporate officer or a corporate employee of NYC Health + Hospitals who holds a direct supervisory position of the CABs, or an employee of an organization that gets grant funding from NYC Health + Hospitals, that member will no longer be eligible to serve on the CAB. The CAB must request that the NYCCB designate another member who is not an employee (as described above) to the CAB.

D. Non-Managerial Employee Representative

There shall be one non-managerial employee representative on a CAB, who will be selected or elected from among the non-managerial employees of each facility. The term of appointment and method of selection/election of the non-managerial employee will be set forth in the CAB Bylaws.

E. Ex-Officio Membership

The following representatives are designated to serve as non-voting, ex-officio members to their respective CABs:

- Chief Executive Officer of the Facility or his/her designee
- The facility's Medical Director or his/her designee
- The facility's Director of Nursing or his/her designee

F. Exclusions from Membership

Persons excluded from membership are:

- 1) Employees of the facility or the Affiliate (except as set forth in sections D and E above), corporate officers, and corporate employees of NYC Health + Hospitals who hold a direct supervisory position of the CABs
- 2) Members of CABs who become employees of the facility or the affiliate (except as set forth in sections D and E above) corporate officers, and corporate employees who hold a direct supervisory position of the CABs
- 3) People who are employed by or whose spouses are employed by a vendor in a contractual relationship with the facility or with NYC Health + Hospitals
- 4) Salaried elected officials, or their authorized representatives
- 5) Persons who have been excluded from participation in any Federal health care program (e.g. Medicare and Medicaid), debarred by the General Services Administration from Federal procurement or non-procurement programs or who appear on the U.S. Treasury Office of Foreign Assets Control list. Exclusion from participation in the foregoing programs is unrelated to an individual's ineligibility to receive personal Federal health care program benefits.

TERMS OF APPOINTMENT

A. Appointment Date

All CAB members will have effective appointment dates that begin September 1st and end on August 31st.

B. Duration

Each CAB member may serve up to three 2-year terms not to exceed a total of six years.

C. Composition

Newly established CABs will be constituted as follows:

1. One-third of members will be given a one year term. Thereafter, all appointees will serve for terms of two years. Consequently some members may serve three terms totaling only five years.
2. Two-thirds of the members will be given two year terms.

D. Re-appointment

CAB members who are eligible and wish to serve additional terms must be reappointed following the completion of each 2-year term. CAB members who have served three consecutive terms will not be eligible for membership on the facility's CAB until one (1) full year from the last date he/she served.

E. CAB Officer Term

The length for an officer's term will be two (2) years. No officer of a CAB can serve more than two (2) consecutive terms in the same office.

F. Unexpired Terms

Unexpired terms are considered vacancies. If a seat becomes vacant with more than half the term remaining, when filled, the new appointee will serve the remaining unexpired portion of the term. If a seat becomes vacant with less than half the term remaining, when filled, the new appointee will serve for the full term consistent with the terms of appointment. The termination date must be consistent with the standard term begin and end dates. Bylaws should include a timetable to act on filling a vacancy.

IV. APPOINTMENT OF MEMBERS

- A. Appointments to the CABs will be made only by the President of NYC Health + Hospitals and by the Borough President.
- B. Each CAB must establish a membership committee to recruit candidates for the Chief Executive Officer's consideration and subsequent recommendation for appointment by the President. The facility's CAB Liaison will also be a member of this Committee. This applies to those staff persons with CAB responsibilities.
- C. The facility's CAB Liaison is responsible for ensuring that the CAB's Membership Committee is provided with all information concerning prospective applicants.
- D. Prior to an appointment, prospective applicants are subject to Operating Procedure 20-56 - Background Investigation of

Volunteers and Other Non-Employees Working in NYC Health + Hospitals facilities and NYC Health + Hospitals Principles of Professional Conduct (POPC).

- E. The Borough Presidents will appoint not more than one-third (1/3) of the CAB membership.
- F. The Chief Executive Officer may petition the President or Borough President to grant an additional term (beyond duration cited in IV B.) to a CAB member if extenuating circumstances exist. The petition must describe the extenuating circumstances in detail.

V. FISCAL AND ADMINISTRATIVE SUPPORT

- A. The facility shall, with the participation and input of the facility's CAB Chairperson or designee, assign personnel to assist the CAB in its work.
- B. Each CAB will be provided adequate and appropriate office and meeting space.
- C. CAB members will be reimbursed for expenses incurred in the performance of their duties as CAB members, and for expenses incurred to attend meetings up to and including \$35.00 per month in accordance with Operating Procedure 40-28.
- D. The Chief Executive Officer will reimburse additional cost to the member of the CAB responsible to represent the CAB at the Council of CABs or (subject to prior approval) any other meeting occurring off-site of the facility, if the \$35.00 monthly allotment is exceeded.
- E. Provision of funds for special purposes such as transportation for persons who are physically unable to use public transportation to participate in CAB activities will be made upon prior review and approval by the Chief Executive Officer.

F. The NYC Health + Hospitals Office of Government and Community Relations will provide advice, information and technical assistance as may be required by CABs. This office will act as liaison with all other departments of the NYC Health + Hospitals.

VI. INTRA-HOSPITAL RELATIONSHIP (Departmental Reports)

A. The Chief Executive Officer is responsible for the operation of the facility and for the application and implementation of established policies. He/she will provide regular oral or written reports to the CAB on developments which affect the delivery of health care.

B. To the extent permitted by law, and policies of the NYC Health + Hospitals, CABs are entitled to complete current information, and shall have access to:

- 1) Information on personnel policies and procedures that affect the operation of the facility.
- 2) Policies and procedures and rules of the facilities and the affiliate that affect patient care.
- 3) Descriptions and protocols of all current and projected research being carried out in the facility.
- 4) Copies of affiliation contracts and all side letters minus personnel information.
- 5) Appropriate information on patient care services and procedures to the extent permitted by law and by policies of NYC Health + Hospitals and the Patient's Bill of Rights consistent with HIPAA Regulations.
- 6) Public documents including, but not limited to, financial or budgetary reports and regulatory survey reports at the time they are formally released by NYC Health + Hospitals.

- C. The CAB will not be given protected health information, quality assurance information, or information deemed confidential or proprietary.

VII. GRANT FUNDED PROGRAMS

When a granting agency requires a grant funded program to have an advisory board, NYC Health + Hospitals or the NYC Health + Hospitals facility may authorize the facility's CAB to serve in that capacity. The CAB authorized to perform such functions must comply not only with the grant funding agency's requirements, but also with these Policy and Guidelines.

VIII. COUNCIL OF COMMUNITY ADVISORY BOARDS

- A. There shall be a Council of Community Advisory Boards composed solely of Chairpersons of NYC Health + Hospitals' facility CABs or his/her selected alternate representative. The CAB Chairperson or alternate representative must attend meetings of the Council of Community Advisory Boards. The Council will represent the CABs of the NYC Health + Hospitals facilities at the various meetings of the NYC Health + Hospitals Board of Directors and/or its Committees and will act as liaison between the CABs of the facilities and the Board of Directors of the NYC Health + Hospitals.
- B. The Executive Committee of the Council of CABs will meet at least four times per year with the Community Relations Committee of NYC Health + Hospitals' Board of Directors. This body will provide the Community Relations Committee with concerns and input related to the Council of the Community Advisory Boards in accordance with these guidelines.

IX. RESOLUTION OF DISPUTES

- A. Requests for clarification regarding the interpretation and/or how the provisions included herein are applied should be submitted or brought to the attention of NYC Health + Hospitals' Office of Government and Community Relations.
- B. CABs will make every effort to resolve disputes and conflicts within the CAB. As such, CABs should develop dispute resolution processes.
- C. As a last resort, the President, or his/her designee, in consultation with the facility's Chief Executive Officer and the Chairperson of the Council of Community Advisory Boards or their respective designees, may intervene in any way deemed appropriate, including but not limited to the discontinuance and reestablishment of the CAB or the termination of membership of one or more CAB members.

X. ESTABLISHMENT/ DISCONTINUANCE OF A CAB

- A. As NYC Health + Hospitals' role in providing health care services and facilities broadens, NYC Health + Hospitals may seek to create additional CABs or broaden roles of existing CABs.
- B. For a new NYC Health + Hospitals facility, the facility Chief Executive Officer will develop a plan for the establishment of a CAB for his/her facility, which should be consistent with these Policy and Guidelines and be subject to the approval of the President of NYC Health + Hospitals.
- C. A CAB may be discontinued by the President if the facility it serves is closed permanently.

XI. EXCEPTIONS TO POLICY

The President may grant exceptions for any of the provisions outlined herein upon request made by the CAB or facility's Chief Executive Officer.

November 30, 2017

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute lease extension agreement with Third Generation Properties (the "Landlord"), for use and occupancy of 2,400 square feet of ground floor space at 2266 Nostrand Avenue, Borough of the Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program"), managed by Kings County Hospital Center (the "Facility") at a rent of \$86,678 per year, or \$36.11 per square foot for a total of \$115,571 over the sixteen month term.

WHEREAS, in November 2012, the Board of Directors authorized the execution of a lease extension with the Landlord which allowed the WIC Program to continue to operate from its current location for an additional five years; and

WHEREAS, the Facility's WIC Program provides nutrition services to pregnant, breastfeeding and postpartum women, infants, and children less than five years of age, who are determined to be at nutritional risk and are of low income; and

WHEREAS, extending the lease at the site will allow continued provision of needed WIC Program services to the community; and

WHEREAS, the program is fully funded by a New York State Department of Health ("DOH") grant and DOH has approved of the site and the lease terms; and

WHEREAS, the Landlord was unwilling to extend the lease for longer than sixteen months so that its expiration coincides with the expiration of a lease at an adjoining property owned by Landlord and thus to create an opportunity for the Landlord to rent both sites together to a single larger uWICser; and

WHEREAS, the proposed lease extension will be administered by the Executive Director of the Facility.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a lease extension agreement with Third Generation Properties (the "Landlord"), for use and occupancy of 2,400 square feet of ground floor space at 2266 Nostrand Avenue, Borough of Brooklyn, to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program"), managed by Kings County Hospital Center (the "Facility") at a rent of \$86,678 per year, or \$36.11 per square foot for a total of \$115,571 over the sixteen month term.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a ten year lease extension agreement with S Properties LLC (the "Landlord") for approximately 13,000 square feet of warehouse and office space at 49-04 19th Avenue/19-10 49th Street, Astoria, New York (the "Warehouse") to house Correctional Health Services (the "CHS") administrative functions at an initial rent of \$364,000 per year or \$28.00 per square foot to be escalated by 2.75% per year for years 1-5 and 3.0% for years 6-10 a total of \$4,141,546 over the ten year term.

WHEREAS, the Warehouse had previously been used by Prison Health Services Inc. ("PHS") which is a subsidiary of Corizon Health, Inc. ("Corizon") for office and storage space in connection with its work to provide health care to the inmates in the custody of the New York City Department of Correction facilities; and

WHEREAS, in August 2015 pursuant to Mayoral executive order, the City of New York transferred the responsibilities for correctional health services provided by the New York City Department of Health and Mental Hygiene ("NYC DOHMH") through its contractor, Corizon, to the System; and

WHEREAS, pursuant to resolution of the System Board of Directors given in December, 2015, in January 2016, the PHS lease for the Warehouse space was assigned to the System and, since the assignment, CHS has been using the building for back office functions, storage and staging for the provision of health care to inmates in the custody of the New York City Department of Corrections; and

WHEREAS, the close proximity of the Warehouse to Rikers Island makes it a good location for serving Rikers and other New York City Department of Correction facilities and the building is configured to support the health care functions that CHS provides, and therefore extending the lease will assist CHS with meeting its program goals; and

WHEREAS, the administration of the proposed lease will be the responsibility of the Senior Vice President for Correctional Health Services.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a ten year lease extension agreement with S Properties LLC for approximately 13,000 square feet of warehouse and office space at 49-04 19th Avenue/19-10 49th Street, Astoria, New York to house Correctional Health Services administrative functions at an initial rent of \$364,000 per year or \$28.00 per square foot to be escalated by 2.75% per year for years 1-5 and 3.0% for years 6-10 for a total of \$4,141,546 over the ten year term.

RESOLUTION

Adopting a Third Revised Statement of Board Policy for the Review and Authorization of Procurement Matters (the "Policy") by the Board of Directors (the "Board") of New York City Health and Hospitals Corporation (the "System") in the form attached that shall be effective as of December 1, 2017 and that shall enable the President of the System to prepare and adopt a revision of Operating Procedure 100-06 to implement such Policy.

WHEREAS, at its September 22, 2011 meeting, the Board adopted a Revised Policy; and

WHEREAS, at its October 26, 2017 meeting, the Board adopted a Second Revised Policy to permit certain changes in Operating Procedure 100-5 dealing with the procurement of goods and services and the Board's requirements for review; and

WHEREAS, a portion of the Policy applies to the Board's approval requirements as to real estate transactions; and

WHEREAS, the Board wishes to further update the Policy with a Third Revised Policy to allow renewals of real estate space licenses of the System's property without Board approval except in those cases where the licensee is a health care provider; and

WHEREAS, the proposed Third Revised Policy will not detract from the requirement to bring all real estate leases to the Board, all licenses for the use of the System's property that have not been previously approved, all licenses of the System's property given to health care providers and all licenses by the System of the property of any third party; and

WHEREAS, the New York State Public Authorities Accountability Act requires that entities such as the System have in place written policies regulating its procurement activities and the Board intends that the adoption of the Third Revised Policy and Operating Procedure 100-06 be in satisfaction of such requirement.

NOW THEREFORE, be it

RESOLVED, that the Board of the New York City Health and Hospitals Corporation hereby adopts the Third Revised Statement of Board Policy for the Review and Authorization of Procurement Matters in the form attached that shall be effective as of December 1, 2017 and that shall enable the President of New York City Health and Hospitals Corporation to prepare and adopt a revision of Operating Procedure 100-06 to implement such Policy.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$17,729,822 to pay PharmScript for patients with no insurance and for the performance of drug regimen reviews.

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its October 2, 2017 meeting and was approved by its approval letter dated October 3, 2017; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, four proposals were received, the two highest-rated proposers presented before the Selection Committee and upon final evaluation by the Selection Committee, PharmScript was rated the highest; and

WHEREAS, under the proposed agreement PharmScript will provide pharmacy services for the System's five post-acute care facilities, implementation to occur in phases over the next three years; and

WHEREAS, PharmScript's services will include providing prescription and non-prescription medications, intravenous infusions, supplies used to administer medications, third-party consultant services to meet NYS Department of Health and CMS Regulations, and third party billing and collections; and

WHEREAS, the proposed agreement for PharmScript's services will be managed by the Senior Vice President for Post-Acute Care.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with PharmScript, LLC to provide pharmacy services for the System's five post-acute care facilities with a term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$17,729,822 to pay PharmScript for patients with no insurance and for the performance of drug regimen reviews.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH PHARMSCRIPT, LLC**

BACKGROUND: The purpose of the proposed agreement is to align the System's skilled nursing facilities with national industry pharmacy models by improving and professionalizing the provision of prescription and non-prescription medications to long term care patients. Conversion to this new model will improve quality, safety and support constant ongoing compliance with state and regulatory compliance. Additionally the System will reduce its costs for such services.

Skilled nursing systems across the country have implemented a similar model to that proposed with a focus on quality control measures and cost savings.

PROCUREMENT: The System issued a Request for Proposals on October 3, 2017. A mandatory pre-proposers conference was held on October 20th, 2017, which five prospective vendors attended. Four proposals were received, evaluated and scored. The two highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on November 6th, 2017, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of the proposed pharmaceutical services, regulatory quality and performance improvement responsibilities, previous experience, and cost. PharmScript was selected on these criteria.

BUDGET: The cost of the proposed agreement will not exceed \$17,729,822 over the full five year term. The costs consist of the System's projected payments to cover services to long term care patients who cannot be qualified for insurance and the cost of a third-party consultant for drug regimen reviews. The total amount has been budgeted and signed off by the Central Finance.

TERM: The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with General Vision Services/Cohen Fashion Optical (the "Licensee") for its continued use and occupancy of 675 square feet of space to operate an optical store on the campus of Jacobi Medical Center (the "Facility") at an annual occupancy fee of \$46,951, or \$69.55 per square foot to be escalated by 3% per year for a five year total of \$249,267.

WHEREAS, in June 2012, the Board of Directors authorized the System to enter into a five year license agreement with the Licensee to operate an optical store on the ground floor of Building No. 1 on the Facility's campus; and

WHEREAS, the services and products provided have proved to be beneficial to patients; and

WHEREAS, Jacobi Medical Center desires to have the Licensee continue operate its optical store on its campus and has adequate space to accommodate the Licensee's needs; and

WHEREAS, the Licensee shall provide optical services, including but not limited to filling new prescription eyeglasses, examining eyes, low vision screening, prescribing and fitting contact lenses, and selling contact lens supplies.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five year revocable license agreement with General Vision Services/Cohen Fashion Optical (the "Licensee") for its continued use and occupancy of space to operate an optical store on the campus of Jacobi Medical Center (the "Facility") at an annual occupancy fee of \$46,951, or \$69.55 per square foot to be escalated by 3% per year for a five year total of \$249,267.

EXECUTIVE SUMMARY

JACOBI MEDICAL

LICENSE AGREEMENT GENERAL VISION SERVICES/COHEN FASHION OPTICAL

The New York City Health and Hospitals Corporation (the "System") seeks authorization from Board of Directors to execute a revocable license agreement with General Vision Services/Cohen Fashion Optical ("GVS/Cohen") for its use and occupancy of space to operate an optical store on the campus of Jacobi Medical Center ("Jacobi").

In June 2012, the Board of Directors authorized the System to enter into a five year license agreement with the Licensee to operate an optical store on the ground floor of Building No. 1 on the Facility's campus. In addition to the Jacobi store, GVS/Cohen currently operates optical stores at Bellevue Hospital Center, Harlem Hospital Center, Lincoln Medical & Mental Health Center, and Metropolitan Hospital Center. The services and products provided have proved to be beneficial to patients. Jacobi desires to continue to have the optical store on its campus and has adequate space to accommodate the store. GVS/Cohen will provide optical services, including but not limited to filling new prescription eyeglasses, examining eyes, low vision screening, prescribing and fitting contact lenses, and selling contact lens supplies.

GVS/Cohen will have the continued use and occupancy of a total of approximately 675 square feet of space on the ground floor of Building No. 1. The GVS/Cohen will pay an occupancy fee of \$46,951 per year, or \$69.55 per square foot. The occupancy fee for the new term represents a 3% increase over the current rate. The occupancy fee will be escalated by 3% per year over the term of the agreement for a five year total of \$249,267. The Facility shall provide hot and cold water, electricity, heating, air conditioning and routine security to the Licensed Space. The Licensee shall be responsible for its own housekeeping, repairs and maintenance.

GVS/Cohen will indemnify and hold harmless the Corporation and the City of New York from any and all claims arising by virtue of its use of the licensed space and will also provide appropriate insurance naming each of the parties as additional insureds.

The license agreement shall not exceed five (5) years without further authorization from the Board of Directors and shall be revocable by either party upon thirty (90) days notice.

Jacobi - GVS/Cohen Fashion Optical

<u>Year</u>	<u>Prior Team</u>	<u>New Term</u>
1	40,500	46,951
2	41,715	48,359
3	42,966	49,810
4	44,255	51,304
5	<u>45,583</u>	<u>52,843</u>
	215,020	249,267

3% escalation