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| <p><u>CALL TO ORDER - 3 PM</u></p> <p>1. Adoption of Minutes: April 21, 2016</p> | <p>Dr. Barrios-Paoli</p> |
| <p><u>Chair's Report</u></p> | <p>Dr. Barrios-Paoli</p> |
| <p><u>President's Report</u></p> | <p>Dr. Raju</p> |
| <p>➤ Information Item: * NYC Health + Hospitals Office of Diversity & Inclusion Presenter: Matilde Roman, Senior Director</p> <p>>>Action Items<<</p> | |
| <p>2. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a five-year contract with Canon Solutions America to provide System-wide Managed Print Services with one, two-year option to renew solely exercisable by NYC Health + Hospitals, in an amount not to exceed \$74.3 million for seven years. (Information Technology Committee – 05/12/2016) EEO: / VENDEX: Pending</p> | <p>Dr. Barrios-Paoli</p> |
| <p>3. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to negotiate and execute an amendment to increase funding and extend the contract for an active/active data center and business continuity services with SunGard Availability Services. The initial funding increase is in an amount not to exceed \$8,010,000 for the remainder of the Contract term through October 31, 2016. The funding for the two-year extension plus a one-year renewal option (exercisable at the NYC Health + Hospital’s sole discretion) is in an amount not to exceed \$23,142,062, for a total of \$31,152,062 (including a contingency of \$3,018,530 for additional power and cooling and/or changes to the equipment). (Information Technology Committee – 05/12/2016) EEO: Approved</p> | <p>Dr. Barrios-Paoli</p> |
| <p>4. RESOLUTION authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to negotiate and execute an addendum to its contract with The Advisory Board Company’s Clinovations division that will extend its term through March 31, 2017 and add additional services during the final month of the existing contract to provide for leadership and consulting services to support the optimization of the Epic installation at Elmhurst and Queens Hospitals and to achieve the go live installation of Epic at Jacobi Medical Center and North Bronx Hospital with two one-year options to renew, exclusive to NYC Health + Hospitals, for an amount not to exceed \$3,790,517 for the initial term and \$4,344,432 for each of the two renewal terms for a total not to exceed amount of \$12,479,381. EEO: / VENDEX: Approved</p> | <p>Dr. Barrios-Paoli</p> |
| <p>5. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a three-year contract, with two two-year options to renew, in an amount not to exceed \$15,518,873, with Base Tactical Disaster Recovery, Inc. to provide project management consulting services for the repair, restoration and hazard mitigation of NYC Health + Hospitals facilities damaged by Hurricane Sandy. (Capital Committee – 05/12/2016) EEO: Approved / VENDEX: Pending</p> | <p>Ms. Yousseuf</p> <p><i>(over)</i></p> |

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| <p>6. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$10,855,666 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Energy Conservation Measures upgrade project at NYC Health + Hospitals Harlem. (Capital Committee – 05/12/2016)</p> | <p>Ms. Youssouf</p> |
| <p>7. RESOLUTION authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a contract with Loeb & Troper LLP, CPAs for Annual Financial and Compliance Audits of twenty-two (22) Corporation Auxiliaries. This contract is for audit services for calendar years 2015 through 2017 with two separate one year renewal options in an amount not-to-exceed \$855,000. The NYC Health + Hospitals, at its sole option and discretion, may renew this Agreement for an additional one or two successive one-year term(s). (Audit Committee – 04/12/2016) EEO: Approved / VENDEX: Pending</p> | <p>Ms. Youssouf</p> |
| <p><u>Committee Reports</u></p> <ul style="list-style-type: none"> ➤Capital ➤Community Relations ➤Finance ➤Information Technology ➤Medical & Professional Affairs | <p>Ms. Youssouf Mrs. Bolus Mr. Rosen Dr. Barrios-Paoli Dr. Calamia</p> |
| <p><u>Subsidiary Board Report</u></p> <ul style="list-style-type: none"> ➤MetroPlus Health Plan, Inc. | <p>Mr. Rosen</p> |
| <p><u>Executive Session / Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤Jacobi Medical Center ➤North Central Bronx Hospital | |
| <p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤Harlem Hospital Center | |
| <p>2015 Performance Improvement Plan and Evaluation (Written Submission Only)</p> <ul style="list-style-type: none"> ➤Gouverneur Diagnostic & Treatment Center Gotham Health | |
| <p>>>Old Business<< >>New Business<<</p> | |
| <p>Adjournment</p> | <p>Dr. Barrios-Paoli</p> |

NEW YORK CITY 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 21st day of April 2016 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:

Dr. Lilliam Barrios-Paoli
Mr. Gordon J. Campbell
Dr. Ramanathan Raju
Dr. Mary T. Bassett
Dr. Gary S. Belkin
Dr. Jo Ivey Boufford
Josephine Bolus, R.N.
Dr. Vincent Calamia
Barbara A. Lowe, R.N.
Mr. Robert Nolan
Mr. Mark Page
Ms. Emily Youssouf

Jennifer Yeaw was in attendance representing Commissioner Steven Banks and Steven Newmark, Senior Advisor for Health Policy, was in attendance representing Deputy Mayor, Dr. Herminia Palacio, each in a voting capacity. Dr. Barrios-Paoli chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on March 24, 2016 were presented to the Board. Then on motion made by Dr. Barrios-Paoli and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on March 24, 2016, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Dr. Barrios-Paoli reported that the Joint Commission made an unannounced visit to NYC Health + Hospitals/Jacobi on April 7, 2016 and conducted a five-day survey.

Dr. Barrios-Paoli thanked the Board members who participated in the annual public meetings on April 4, 2016 in Staten Island, on April 11, 2016 in Manhattan and on April 19, 2016 in the Bronx. She reminded the Board of the remaining 2016 annual public meetings: May 11, 2016 at NYC Health + Hospitals/Queens and May 18, 2016 at NYC Health + Hospitals/Woodhull.

Dr. Barrios-Paoli reported that the NYC Health + Hospitals Board of Directors, sitting as the sole member of the Accountable Care Organization ("ACO"), had noted the good performance of the ACO and passed a resolution to add a director to the ACO Board. After a detailed review, management recommends that the expanded Board configuration provides sufficient protection, due in particular to the ACO's status as a wholly-owned subsidiary of NYC Health + Hospitals.

Dr. Barrios-Paoli updated the Board on approved and pending Vendex.

PRESIDENT'S REPORT

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

ACTION ITEMS

RESOLUTION

2. Adopting the New York City Health and Hospitals Corporation (hereinafter "NYC Health + Hospitals" or the "System") **Principles of Professional Conduct**, which, as required pursuant to 18 N.Y.C.R.R. § 521.3(c)(1), and as recommended under the U.S. Department of Health and Human Services Office of the Inspector General Compliance Program Guidance to Hospitals (1998) and the U.S. Sentencing Commission Guidelines (2015), sets forth in writing NYC Health + Hospitals' compliance expectations and commitment to comply with all applicable Federal and State laws.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

3. Authorizing the President of the NYC Health + Hospitals to execute a revocable **license agreement** with the **New York City Department of Education** for use and occupancy of approximately 300 square feet of space for South Richmond High School's work-study program at the **Sea View Hospital Rehabilitation Center and Home** with the occupancy fee waived.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

4. Authorizing the President of the NYC Health and Hospitals to execute a five year revocable **license agreement** with **New York University Medical Center** for its continued use and occupancy of 4,000 square feet of space on the 7th floor of the **"A" Building** to operate a laboratory for patient pulmonary evaluation at **Bellevue Hospital Center** at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75%

per year for a total occupancy fee over the five year term of \$1,153,734.

Dr. Barrios-Paoli moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

5. Authorizing the President of the NYC Health and Hospitals to execute a revocable five year license agreement with **New York University School of Medicine** for its continued use and occupancy of a total of 58,571 square feet of space in the **C&D, Administrative and Hospital Buildings at Bellevue Hospital Center** to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305.

Dr. Barrios-Paoli moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

INFORMATION ITEM

Dr. Ross Wilson, Chief Medical Officer, provided the Board with a summary of the progress that has been made in the general reduction of patient wait time, as well as the progress in behavioral health patient wait time. In addition, he described changes in staffing requirements and additional physical space requirements to accommodate the patients that are served.

BOARD COMMITTEE REPORTS

Attached hereto is a compilation of reports of the NYC Health + Hospitals Board Committees that have been convened since the

last meeting of the Board of Directors. The reports were received by Dr. Barrios-Paoli at the Board meeting.

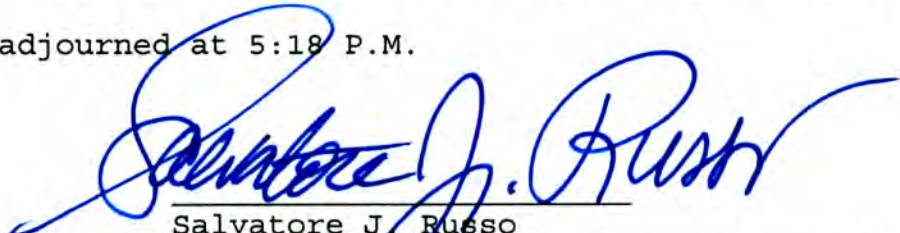
Dr. Barrios-Paoli received the Board's approval to convene an Executive Session to discuss matters of quality assurance and personnel.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Barrios-Paoli reported that, 1) the Board of Directors, as the governing body of NYC Health + Hospitals/Metropolitan, received an oral report and written governing body submission and reviewed, discussed and adopted the facility's report presented; (2) as governing body of NYC Health + Hospitals/Coney Island, the Board reviewed and approved its semi-annual written report; (3) as governing body of NYC Health + Hospitals/Sea View, the Board reviewed and approved its semi-annual written report; and (4) the Board received and approved the 2016 performance improvement and annual evaluation from the NYC Health + Hospitals/Gotham Health, East New York.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:18 P.M.



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

COMMITTEE REPORTS

Audit Committee – April 12, 2016

As reported by Ms. Emily Youssouf

An Audit Committee meeting was held on Tuesday, April 12, 2016. The meeting was called to order at 2:30 PM by Dr. Lilliam Barrios-Paoli, Board Chair, acting as Committee Chair on behalf of Emily Youssouf who could not be present.

Action Items:

Mr. Christopher Telano, Chief Internal Auditor read the first item into the record.

Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute a contract with Loeb & Troper, LLP, CPAs for annual financial and compliance audits of 22 Corporation auxiliaries.

This contract is for audit services for calendar years 2015 to 2017 with two separate one-year renewal options in an amount not-to-exceed \$855,000. The Corporation at its sole option and discretion may renew this agreement for an additional one or two successive one-year terms.

Dr. Barrios-Paoli asked if there were any questions.

Mrs. Bolus answered that the only thing she found problematic the timing of the resolution being presented. It was agreed any time any contract came within six months, we would review it at least six months in advance. This one ended in December 2015.

Mr. Martin agreed but thought that the caveat only pertained to real estate.

Mrs. Bolus added "for anything".

Mr. Martin stated his apologies. He recalled the discussion surrounding real estate; however, going forward, we can make sure to bring others at or before the six-month timeframe as well.

Mr. Telano asked if they would like the representative from Loeb & Troper to come to the table.

The representatives introduced themselves as follows: Mr. Gary Kamath, Partner; Mr. Eric Goldfarb, Partner and Ms. Carol Parjohn, Director of Internal Audits.

Dr. Barrios-Paoli asked if anybody had any questions or concerns. For the purpose of full disclosure, when I ran a not-for-profit many years ago, my auditor was Loeb & Troper, and I was happy.

Mr. Telano stated that just to make a couple of points is that each auxiliary is required to have an annual audit of its financial statement per Operating Procedure 10-20, and each auxiliary must be separately incorporated and registered under New York State Law, and their goal is to enhance facility and patient care. Just to bring up some numbers, for calendar year 2014, which is the last year we have data available, the revenues range from a low of \$12,000 at Harlem Hospital to a high of \$1.4 million for the Children of Bellevue Auxiliary. Please note that the VENDEX approval is pending.

Mrs. Bolus asked if we have any way of educating the person who gets elected to be chair of the auxiliary or whoever on bookkeeping. Is there a requirement for anyone within Bellevue or any other auxiliary?

Mr. Martin responded that in my experience it really depends. Some auxiliaries we try to bring on a bookkeeper or accountant type to be part of the auxiliary. Others will go out and hire an accountant or a bookkeeper to do the books for them. It is the two methods that I have seen at the facilities.

Dr. Barrios-Paoli asked if there were any other questions, do I have a motion for approval.

Mr. Page asked if the resolution was for a renewal of the contract. To which Mr. Telano responded that this is a renewal, they also were the auditors for the last five years.

Mr. Page then asked do you find that you are actually doing the accounts for the auxiliaries, or are you auditing accounts that they put together for you?

Mr. Kamath answered that they do hire outside accountants to do their own books. A lot of them have some good books. We do prepare the financials for them and usually we expect the clients to verify the financials because it is their responsibility, but more or less we do prepare the financials, but they do review that internally and internal audit reviews the books also before it is finalized.

Dr. Barrios-Paoli asked for a motion to approve. It was duly seconded and unanimously approved.

Mr. Wayne McNulty, Chief Compliance Officer and Senior Assistant Vice President and read the following resolution into the record:

Adopting the New York City Health and Hospitals Corporation (hereinafter "NYC Health + Hospitals" or the "System") Principles of Professional Conduct (POPC), which as required pursuant to 18 NYCRR Section 521.3(c)(1), and as recommended under the US Department of Health and Human Services Office of the Inspector General Compliance Program Guidance to Hospitals (1998) and the US Sentencing Commission Guidelines (2015), sets forth in writing NYC Health + Hospitals' compliance expectations and commitment to comply with all applicable federal and state laws.

Paraphrasing from the executive summary, he stated that the POPC is a guide that sets forth NYC Health + Hospitals' compliance expectations and commitment to comply with all applicable federal and state laws. It describes NYC Health + Hospitals' standards of professional conduct and efforts to prevent fraud, waste and abuse. The POPC also serves as the formal "Standards of Conduct," also often referred to in the compliance and governance community as a "Code of Conduct" or "Code of Ethics", for NYC Health + Hospitals.

The legal requirements under Social Services Law 363-d and 18 NYCRR Part 521 is as part of our participation in the Medicaid program, New York State's mandatory provider compliance program regulations requires a condition of participation that NYC Health + Hospitals is required to establish and maintain an effective compliance program, which includes, among other things, the development and promulgation of written policies and procedures that describe compliance expectations embodied in a code of conduct or code of ethics. Additionally, under the Federal Sentencing Guidelines similar to Part 521, the Federal Sentencing Guidelines also require that organizations put together a standard of conduct.

We have an existing POPC, and we are now updating that existing POPC. The updated POPC outlines Health + Hospitals compliance expectations and mandates that all NYC Health + Hospitals workforce members, and workforce members includes trainees, volunteers, all medical staff members, all Health + Hospitals employees, all Board of Directors, any affiliates, and business partners affirmatively participate in NYC Health + Hospitals Corporate Compliance and Ethics Program that underscores the types of practices and conduct that are prohibited. It sets a tone from the top to establish the importance of compliance and protects whistleblowers from retaliation.

Mr. Page stated that in your reading, you mentioned the Board of Directors. However, it is not actually written.

Mr. McNulty stated that it is on page ten, the definition of "workforce members".

Then Mr. Page asked why it wasn't listed on page five as well. To which Mr. McNulty responded that we can do that as well with the resolution going forward.

As mentioned before, the POPC sets the guide for the Corporation, for the System to make sure they have the standards of a professional conduct, and Section II it goes forward with who the POPC applies two. In Section II it states that it applies to workforce members, whether permanent or temporary, and including all NYC Health + Hospitals employees, students, trainees throughout NYC Health + Hospitals' facilities, units and entities.

It also applies to NYC Health + Hospitals business partners who are required by law or contract to comply with this POPC, including POPC's core objectives specified in Section III below.

Business partners include OneCity Health/Delivery System Reform Incentive Payment Program -- it applies to all contractors, subcontractors, agents and other persons or entities that on behalf of NYC Health + Hospitals provides billing and coding functions, furnishes healthcare services or items or monitors the healthcare provided by NYC Health + Hospitals As you look at the core objectives, the first bullet, it sets forth our mission and the principles of professional conduct, and if you turn to page 11, it goes through the principles, the guiding principles and makes sure that's covered also in principles of professional conduct. It discusses to prevent, identify and correct unlawful and unethical behavior, and in also the last bullet on that page, deliver high quality, medically necessary care and services for all individuals specifically to ensure that only healthcare professionals and other health professionals who are duly licensed, certified, credentialed or otherwise qualified in accordance with federal and state law, medical staff bylaws and associated rules and internal policies are authorized to deliver care to patients.

Continuing, the key point that was missing in the existing principles of professional conduct is to maintain a respectful, healthy and productive, safe, work environment with the goals of preventing discriminatory and other inappropriate forms of conduct reducing the likelihood of illnesses and injuries and helping workforce members realize their full potential.

That includes provide equal employment opportunities for all workforce members and all employment candidates regardless of any protected characteristic including without limitation race, age, gender, gender identity, sexual orientation, religion, ethnicity, disability or any other protected class covered federal, state and local anti-discrimination laws, to promptly respond and address all acts and threats of violence, intimidation, discrimination or harassment or disruptive behavior, to encourage workforce members to realize their full potential, to provide reasonable accommodations to workforce members with disabilities, and to perform initial and periodic health screenings of all workforce members as required applicable law and internal policies and procedures.

The POPC prohibits and promptly reports to all appropriate parties allegations of retaliation, harassment or intimidation in response to workforce member, business partner or other stakeholder participation in the Corporate Compliance Program. The Corporate Compliance Program will not work effectively if we do not have firm anti-retaliation policies, and we have established that throughout the System, and we take that very seriously.

The workforce member responsibilities under the principles of professional conduct is to not engage in any act of conduct that would be contrary to any of the System's core objectives that we just went over in Section III, not engaging in any unprofessional conduct, fully cooperating with any internal or government investigation, and reporting any event, occurrence, activity or other incident that appears to violate applicable law or NYC Health + Hospitals policies and procedures.

The business partners have similar responsibilities, as the workforce members. They must either adopt a code of conduct that is substantially similar to our code of conduct, and they cannot engage in any act that is contrary to our code of conduct or that interferes with us carrying out our core compliance objectives, and lastly they can't engage in any conduct that's considered professional misconduct, which is listed on page 15, Section VI.

To highlight a couple of key areas: improper billing practices including up-coding, submitting multiple claims for a single service or submitting a claim to more than one primary payor at the same time, unbundling, submitting claims in a piecemeal or fragmented way to improperly increase payment.

Any violation of state human subject research laws or NYC Health + Hospitals Human Subject Research Protections Program Policies and Procedure.

If you violate the principles of professional conduct of any NYC Health + Hospitals policies or procedures, workforce members and business partners would be subject to disciplinary action, fair and firm disciplinary action, including termination of employment contract or other affiliation with Health + Hospitals as applicable.

Section VIII describes how to report violations of policies and procedures or applicable law under the POPC, and Section IX on page 17 is what we discussed earlier about the prohibition of retaliation and for whistleblower protection.

Lastly on Section X is some informational items for workforce members to stay informed about the NYC Health + Hospitals policies related to Corporate Compliance Program. So the next steps is that we will present this if the Committee here adopts this resolution to present this to the full Board of Directors and then the Office of Communication and Marketing, and they are going to brand this document and create this in pamphlet file to distribute it to the workforce members. We will include this in all new employee orientation and all continuous compliance education. We will be going out to the facilities, outreach through our Compliance

Departments to speak to all employees throughout the facilities, and we are going to take this document and reduce it to a one-page, plain English version and also facts and questions that can go out to the employees, a simplified version of this.

Mr. McNulty asked if there are any questions about the principles of professional conduct.

Dr. Barrios-Paoli asked for a motion to approve the resolution. It was unanimously approved with the recommended changes put forth by Mr. Page.

Capital Committee – April 12, 2016
As reported by Ms. Emily Youssef

The meeting was chaired by Lilliam Barrios-Paoli, PhD, Chair, Board of Directors.

Vice President’s Report

Roslyn Weinstein, Vice President, Operations, noted that the meeting agenda would discuss a work study program at Sea View Hospital and space(s) leased by New York University (NYU) at Bellevue Hospital Center. Ms. Weinstein first wanted to update the Committee on the construction of the Department of Health sites for primary care services, and the Vanderbilt Clinic on Staten Island. Ms. Weinstein advised that the Certificate of Need (CON) for the Vanderbilt Clinic had been submitted and a Request for Proposals (RFP) would be issued shortly for design of the modular building. The project was on time and on budget for opening by fall of 2017.

Ms. Weinstein explained that, of the six (6) Department of Health (DOH) sites, construction had begun at Crown Heights and would soon begin at the Tremont Avenue site. All CONs that had been submitted had been approved and those pending submission, were for Brownsville, Junction Boulevard, and Bedford (at Troupe Avenue). The projects were on time and on budget and expected to be open by December 2016.

Ms. Weinstein said she would provide a more detailed report on the primary care sites at the May Capital Committee meeting, along with an update on the Federal Emergency Management Agency (FEMA) projects throughout the system.

That concluded Ms. Weinstein’s report.

Action Items

Authorizing the President of the NYC Health + Hospitals (the “Health Care System”) to execute a revocable license agreement with the New York City Department of Education (the “Licensee”) for use and occupancy of approximately 300 square feet of space for South Richmond High School’s work-study program at the Sea View Hospital Rehabilitation Center and Home (the “Facility”) with the occupancy fee waived.

Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center and Home, read the resolution into the record.

Mr. Mascia was joined by James McKeon and Sandi Miller, South Richmond High School.

Mr. Mascia noted that license agreements had been in place for this program for approximately 10 years and the program had been successful.

Dr. Barrios-Paoli asked if a goal of the program was to lead the students into the healthcare field. Mr. McKeon explained that the students were individuals who had a difficult time in traditional school settings. Mr. McKeon thanked the members of the Committee for their historical approvals of space resolutions and said that he was sure the program had helped a significant number of young adults feel capable and competent. He said that it teaches them the importance of being on time, responsible, respectful, and socially adept, and how to present themselves appropriately, and that while he found it difficult to provide data to confirm the positive impact of the program, he was confident in it.

Dr. Barrios-Paoli asked how many students participated in the program. Mr. McKeon said ten (10). The limit is 12 students to one teacher and one paraprofessional but currently there were 10 students.

Dr. Barrios-Paoli asked if there were any disciplinary issues with the students. Mr. McKeon said no, while they may have had trouble in the conventional school setting, they do not in this professional setting.

Mr. Page asked if there was a traditional classroom component. Mr. McKeon said yes, the students spend one half of their day in the classroom and the other half working at Sea View. He said classrooms are monitored by one teacher and two paraprofessionals.

Josephine Bolus, RN, asked if the students were all from Staten Island. Mr. McKeon said yes.

Mr. Mascia said that while descriptions of the program may allude to the fact that the students are disturbed in some way, there has never been any evidence of that on site. There have not been any disciplinary issues or problems of any sort.

Mrs. Bolus asked if Sea View pays for heat and lighting of the classrooms. Mr. Masica said yes, the building is occupied with other tenants as well, so we have to heat the building either way.

Mrs. Bolus said it sounded like a great program.

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 President of the NYC Health + Hospitals (the "Health care system") to execute a five year revocable license agreement with New York University Medical Center (the "Licensee" or "NYSoM") for its continued use and occupancy of 4,000 square feet space of space on the 7th floor of the "A" Building to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center (the "Facility") at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734.

William Hicks, Interim Chief Executive Officer, Bellevue Hospital Center, read the resolution into the record.

Mr. Hicks was joined by Michael Rawlings, Interim Chief Operating Officer, and Christopher Roberson, Director, Bellevue Hospital Center.

Mr. Hicks explained that this resolution would renew an existing agreement with NYU to operate a research lab that had originally been built-out five years ago through research grant funding. He noted that the lab was in space within the Administrative Building, that was unoccupied by Bellevue at the time the lease was originally signed.

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 President of the NYC Health + Hospitals (the "Health care system") to execute a revocable five year license agreement with New York University School of Medicine ("NYUSoM" or the "Licensee") for its continued use and occupancy of a total of 58,571 square feet of space in the C&D, Administrative and Hospital Buildings at Bellevue Hospital Center (the "Facility") to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305.

William Hicks, Interim Chief Executive Officer, Bellevue Hospital Center, read the resolution into the record.

Mr. Hicks was joined by Michael Rawlings, Interim Chief Operating Officer, and Christopher Roberson, Director, Bellevue Hospital Center.

Mr. Hicks explained that this lease included all non-affiliate space occupied by NYU; including, residency space, administrative office space, laboratories, etc.

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.

Equal Employment Opportunity Committee – April 12, 2016
As reported by Mr. Robert Nolan

Salvatore J. Russo, Senior Vice President and General Counsel, Legal Affairs, started the report by having his colleagues introduce themselves to the Committee. Matilde Roman, the Interim Chief Diversity Officer for the newly established Office of Diversity and Inclusion stated that her focus is on expanding our outreach on how to support our system-wide staff and provide culturally competent responsive care including language services as well as creating a more inclusive environment for staff across the system. Strategies include imbedding policies, initiatives and programs to allow us to help further, as an organization, talent inquisition, talent development, and better patient outcomes and patient satisfaction. This includes training staff and including staff in conversations on creating better experience for patients and employees.

Blanche Greenfield, Senior Counsel, Legal Affairs, handles employment related matters and assists and provides legal oversight to our very dedicated facility EEO Officers. The EEO Officers work to implement procedures set forth in our EEO policy statements and handle internal and external requests for discriminations as well as requests for accommodations based on a medical condition as well as pregnancy related conditions.

Paul Albertson, Senior Assistant Vice President, Supply Chain Services was created a couple of years ago by consolidating all of the hospital based Purchasing Departments to have system-wide standardized contracts and to improve quality and cost. Mr. Albertson recently acquired software and downloaded 8,500 vendors that NYS utilizes as subcontractors. Antonio Martin stated that this is helpful and that we need to enlarge our pool of M/WBE subcontractors. We have millions spent annually and we need our M/WBE subcontractors to get their fair share.

Mr. Russo stated that under the leadership of Dr. Raju, who is a nationally regarded figure in Diversity and Inclusion, that we need to go beyond the AA/EEO Office and that with this new tri-prong attack with these shared initiatives we will do a much better job to bring vendors to the system as well as to maintain a diverse staff to our vendors and to our hospitals including our Chief Diversity Officer and Supply Chain leadership. This will enable the system to bring vendors who are supportive of M/WBE and a diverse workforce.

2016 CONDITIONALLY APPROVED CONTRACTORS UPDATE

Sharon Foxx, Assistant Director, Affirmative Action/EEO reported on three conditionally approved contractors. Sodexo Operations, LLC has a total of four underutilizations. They are in Senior Management Job Group 1D, Sales Job Group 4A and Professionals Job Group 2C for females and in Clericals Administrators Job Groups 5B for minorities. The second contractor she reported was US Foods, Inc. They had seven underutilizations. The underutilized groups as reported are Managers Job Group 1C for females and minorities, Administrative Professionals Job Group 2A for females, Sales Job Group 4A for females and minorities and Operators Warehouse Job Group 7A and Drivers Job Group 7B for females. CareTech Solutions, Inc. has a total of four underutilizations. They are Professionals Job Group 2D (Operations) and Professionals Job Group 2I (Other IT) for minorities and Technicians Job Group 3E (IT Entry Level) and Tech Job Group 3F (IT Senior Level) for females.

EEO COMPLAINT AND REASONABLE ACCOMMODATIONS 2015

Blanche Greenfield reported on the EEO Complaint System-Wide for 2015. Ms. Greenfield stated that if someone files internally and if they are not happy with the results, they can file externally and that often our people avail themselves of all the rights under the EEO policy. This includes working with an outside agency such as the New York City Commission on Human Rights, the New York State Division of Human Rights, the U.S. Equal Employment Opportunity Commission (EEOC) or the U.S. Department of Health and Human Services.

During 2015, 478 requests were made for ADA/AAC accommodations and 325 or 79% were granted. A portion of those are a number of workplace injuries and/or illnesses and often an employee needs a modification of their job duties. Also, there are those that are on workman's compensation leave receiving full pay. If an employee qualifies under the Family Medical Leave Act (FMLA), they can be out for 12 weeks and they continue to receive their medical benefits. Ms. Greenfield stated that often we see individuals who have exhausted their 12 weeks and need additional time. In addition, some employees may be undergoing cancer treatments and want to come back part time, or an individual has a lifting restriction and goes to the EEO Officer for an accommodation.

Finance Committee – April 12, 2016

As reported by Mr. Bernard Rosen

Senior Vice President's Report

Mr. P.V. Anantharam reported that Health + Hospital's cash condition continues to deplete even with a large influx of cash received in December 2015 that is steadily winding down from the \$500 million cash on hand in January 2016 to approximately \$300 million in February 2016 and slightly below that amount this month. There were some positive outcomes for H+H that occurred earlier this week that will improve the cash flow. Mr. John will further update the Committee on the cash status. As previously reported there have not been any major change in utilization over the past eight months. Consequently, the detailed reporting has been changed from monthly to quarterly. The report is included in the packet. The report was concluded.

Cash Flow

Mr. Julian John stated that H+H ended the month of March 2016 with a cash balance of approximately \$243 million or 15 days of cash on hand. There were no DSH or UPL funds received in March 2016; however, it is anticipated that \$63 million in OP UPL funds will be forthcoming at the end of April 2016. Additionally, \$204 million is also expected in DSH preservation funding from OMB around April 15th.

Supplemental Medicaid Update

Ms. Linda Dehart reported that there were no major changes in the previous month's reporting of the DSH and UPL status. H+H continues to push the State and Federal on a major payment that is due to H+H in the coming months. As reflected in the numbers Julian just provided, the timing of projected UPL receipts was adjusted to be more conservative. The receipt of those payments continues to depend on CMS approval of the final UPL methodologies and review of DOH submissions. At this time CMS staff capacity to simultaneously review the multiple UPLs in process appears to be more limited than previously understood. As previously reported, the DSH projections in our cash flow for the end of this fiscal year were at substantial risk. Since last month, DOH informed H+H that they were not projecting any additional DSH payments to H+H before July 2016; however, a commitment was made to try to find a way to accelerate payments into this fiscal year. Based on that commitment, a \$156 million DSH payment is projected for receipt in June 2016, down from \$265 million. The reporting was concluded.

Mr. Anantharam stated that given the release of the State budget and the impact to H+H, the Intergovernmental team would update the Committee on that process.

NY State Budget Overview

Mr. John Jurenko stated that the overview would covers some of the major actions covered in the State budget and actions taken by H+H with its community health advocates and labor union partners as part of process that began back in the fall of 2015. These discussions with the legislators during that time were about H+H budget status and the need for additional funding; the need for a change in the DSH pool funding methodology and the distribution; and the looming federal cuts that will come down next year. Those meetings were with legislators across all five boroughs from the fall to winter. There were some very positive meetings; however not all of H+H expectations were realized. Ms. Michelle Dibacco would update the Committee on some of the details of those issues. One of the major requests from H+H was for the State to change the indigent care adjustment pool methodology to align with the larger indigent care pool. A second part of that request related to the exclusion that was included in last year's budget that prohibited public hospitals that are run by a public benefit corporation from receiving vital access provider funds (VAP) which excluded public hospitals given that by including the publics all of the room would have been taken up in the pool. Additionally, another request was for value-based purchasing (VBP) or volume program funds. Ms. Dibacco was successful in getting the Senate Assembly to be supportive of H+H request of this action. While the Senate was supportive it was not included due to the Senator's political conference. Although it was kept in by the Legislature it was dropped by the Executive. H+H provisions were contained in a side letter between the SDOH and the Legislature on issues that require follow-up on post budget. While the funding was not forthcoming, there is commitment and support from the Legislative and some of the representatives from H+H community health advocates and unions have also rallied in support of H+H on this matter. Mr. Jurenko extended thanks to those groups for their support and H+H will continue its effort in addressing this request in the months ahead. Particularly at risk for H+H is approximately \$300 million if the formula distribution remains unchanged. On the federal side, there is also a campaign in Washington on getting those cuts pushed back. Last year Congress pushed cuts back. There are ongoing efforts by H+H and its advocates to continue to press this issue with the delegates. After the Presidential election there will be a need for H+H to retool its lobbying campaign for Washington accordingly relative to the big issues that affect H+H and the City.

Ms. Dibacco stated that part of the big issue was the Governor's proposal to increase the minimum wage to \$15 hourly and to eliminate the cap on local growth in Medicaid expense for the City of New York that would have been \$190 million in the first year of State fiscal year (SFY). For the minimum wage the majority of funding that will be allocated will be for homecare providers. There was not enough funding to support the healthcare field with the minimum wage for NY. The cap for local admin was rejected in the final budget that made an issue with the global cap that requires that a funding mechanism to fill that cap to address this new legislation was enacted called the statewide Medicaid Integrity and Efficiency Initiative, a budget mechanism that allows the State to find cost savings and avoidance for the Medicaid fraud and integrity in a way to make up for cost sharing for NYC. Some of the other global cap issues included that there was an increase in the cap by 3.4%. There were two new provisions that the SDOH would need to review, one the minimum wage and deciding how that impacts the cap and new reporting as well. Other issues, the push between the healthcare industry and the insurance industry for Health Republic. The healthcare industry wanted a guarantee fund or health Republic insurance fund with the details to be forthcoming by the new legislation. Uncompensated care fund for the D&TCs the State share of \$54.4 million is included for the SFY. There is a minor issue with the Federal waiver to drawdown the federal share. There was no contingency language in the budget for the 2015-2016 federal share; however, with the commitment letter, the SDOH will work to get the Federal waiver back. While the State funding is available, the federal portion is outstanding.

Mr. Jurenko stated that in terms of Gotham working with the Community Healthcare Association of NY, (CHANYS) for FQHC statewide there was an oversight by the State whereby the deadline was missed for putting in a waiver for the federal dollars; however, the State has agreed to cover the costs. The FQHC will need to be aggressive in holding the State accountable for that action.

Ms. Dibacco stated that there is also new capital funding that was a push for H+H and other healthcare associations that there is not enough capital funding of which there is \$200 million in new funding; \$30 million has been earmarked for (CB), and \$5 million for mammography. The language allows for bondable and non-bondable projects which was different in priority to projects not previously funded by the capital plan. Access med mal, the Governor had proposed to change the coverage eligibility and decrease the funding by \$25 million but was rejected. The program was extended for one year at the same funding level as last year. Medicare highlights, the Governor had proposed to carve out transportation for managed long term care plans and the adult day health centers which was rejected by the Legislature. There was some new language regarding the managed care reimbursement rates. One is to extend the requirement for reimbursement rate for the outpatient behavioral health to ensure that it is equivalent to fee-for-service for the next two years. Another new provision was to include language that ensured that payments for managed LTC plans would be accurately sound and complied with regulations. There were two issue for Correctional Health. The Governor had proposed to allow local jails to restore mental health competencies for individuals awaiting trial at local correctional facilities. This was rejected by both houses. The Assembly had included new Legislation that H+H supported which was Medicaid for inmates that would provide Medicaid prior to release. Those were some of the main highlights.

Mr. Rosen asked when would the Legislature sessions end and whether before that date if it was possible for some bills to pass that could impact H+H in and adverse or positive way. Ms. Dibacco stated that it is June 16, 2016 and yes it is possible for there to be some bills that are passed during that period that could benefit H+H.

Mr. Jurenko stated that there is a bill that Assemblyman Goffried and Senator Hannon put in that would redistribute DSH hospital funds based on actual provision of services. There is a possibility that there might be some movement on that bill this year. There are hundreds of bills that are tracked that range from staffing ratios; medical malpractice bills; Staten Island specific bills for funding emergency departments on Staten Island; labor issues, pensions, etc. Mr. Jurenko stated that he reviews the agendas weekly in conjunction with Ms. Dibacco. The first two weeks in June is usually a very busy time in that a number of bills will move through both houses of the Legislature. Staying on top and tracking all of those issues is a major undertaking. In summary H+H would like to have its issues in statutory language but that was not accomplished but will continue to be addressed with the Legislature and Mr. Anantharam and the finance staff to get those issues addressed this year.

Committee member, Josephine Bolus asked if there is a document that would summarize how the Legislature voted and whether a copy could be shared with the CABs. Mr. Jurenko stated that GNYHA puts together a report that shows how the legislators voted relative to the budget and that he would follow-up on whether that could be shared with them. The report was concluded.

Cash Receipts & Disbursement Report

Mr. Fred Covino reported that in February 2016, global FTEs declined by 135, this is in addition to the reduction of 159 in January 2016 and 97 in December 2015. March's number will continue this trend with FTEs down by 127. However, Global FTEs are still up 611 this fiscal year and 1,558 above the target for June of 2016. Comparing FYTD February cash receipts vs last year, receipts for

the month were up \$80 million due to the receipt of the MetroPlus Enhancement of \$68 million and a City payment for the impact of collective bargaining on pensions. Fiscal year- to- date (FYTD) receipts were up by \$374 million. This increase was due primarily to increases in DSH/UPL and tax levy receipts from the City. Comparing FYTD February cash disbursements vs last year, Disbursements for the month were up \$31 million due a \$28 million "Structured Lump Sum" payment to NYSNA members and growth in FTEs. FYTD disbursements were up by \$433 million. This increase was primarily due to payments made to the City, Increased staffing levels and the collective bargaining for the affiliates contained in the new contracts and Retro payments for NYSNA "Structured Lump Sum". Comparing FYTD February cash receipts vs Budget, Receipts were up \$9 million for the month and down \$50 million year to date, due to a combination of some declines in workload and aggressive budgeting. Comparing FYTD January cash disbursements vs budget, disbursements for the month were \$5 million over budget. Fiscal year to date disbursements were \$115 million over budget. This variance is primarily due to increased staffing levels, increased OTPS expenditures and prior year affiliates costs.

Committee member Mark Page asked what the projected attrition rate through the end of the current FY was without factoring in any replacements or new hires.

Mr. Covino stated that it was approximately 300 FTEs or more as a net of backfills and hires and 600 FTEs without those hires. The backfills have been at 50% of the vacancies based on where those vacancies have occurred.

Mr. Page stated that the FTE situation, the target itself does not begin to address the issues relative to H+H's revenues to expenses shortfall. The fact that there is no control over that is a bigger problem on the creditability of what H+H is attempting to achieve.

Mr. Rosen added that based on the presentation by the various Networks/facilities there are well defined plans on what the issues are and the steps that are being taken to address those issues and the difficulties involved in achieving those targets. However, there is an ongoing need to monitor those actions.

Mr. Covino stated that H+H finance has been monitoring those actions through the VCB to ratchet the headcount down cautiously and aggressively.

Mr. Rosen stated that it's the dollars that count and not so much the FTEs. Mr. Covino added that compared to budget, expenses are \$55 million off that target.

Mr. Page added that while it is clear how H+H operates its services which is consistent with its mission and dealing with the limited resources is a huge challenge. However, the problem is that it is easy to describe the impact of a headcount constraint as extremely damaging in some areas and extremely careful if it is focusing in another area it can be less damaging. There are various motivations. Focusing on the catastrophic version that sometimes circumvents achieving those targets. It is unfortunate that this type of mechanism is necessary which clogs the work in terms of the timing of hiring staff. It would be more productive if it were possible for the hospitals to decide which positions are needed and getting the required staff on board as quickly as possible. However, there would need to be some type of close monitoring of that process to ensure compliance with established parameters.

Mr. Covino stated that the VCB meets often during the week to ensure that those critical items are addressed as quickly as possible. Mr. Page added that in addition to that action it is important that the message of achieving the target is re-emphasized.

Mr. Covino stated that every effort is made to ensure that message is made clear to the hospitals.

Mrs. Bolus commented that the delay in hiring FTEs has created a void in staffing for nurses and doctors and it is not clear why this is not being addressed.

Antonio Martin, Executive Vice President/Corporate COO, stated that in an effort to move the process along faster, the VCB as Mr. Covino stated meets often during the week to address those critical hires particularly for the clinical vacancies in the ER, psychiatry and primary care those vacancies are being approved as quickly as possible.

Mrs. Bolus stated that it relates specifically to the amount of time it takes to hire staff and to process the staff after being selected.

Mr. Martin stated that there is a need to further streamline the process and H+H has been addressing that issue as it relates to critical staffing needs. There have been ongoing efforts to address those issues with finance and HR departments.

Dr. Barrios-Paoli added that based on her experience having worked at Lincoln Hospital there are too many people involved in the process which adds to the processing time. Therefore, there should be some consideration to reduce the number of people involved in expediting the paperwork for getting staff on board in a timely fashion. The processing time could take three to four months.

Mr. Martin stated that the number of hand offs is currently being reviewed by the HR department in an effort to improve the process and it is expected that there will be some improvement.

Mrs. Bolus added that given the current technology this process should be much faster. There have been instances that she was made aware of whereby some of the paperwork has fallen through the “cracks” by some employees.

Mr. Rosen asked if it is possible to have key positions excluded from the VCB.

Mr. Martin stated there are a number of positions that are exempt from that process based on the service areas.

Mr. Page reemphasized that it is important to note that as positions are being considered for replacements it should be documented that those positions are needed.

Mr. Martin stated that is a major requirement and there is a lot of time and effort that goes into that process that requires working with the hospitals on getting their request expedited; however, there is an ongoing effort to improve that process so that the paperwork moves as quickly as possible for those critical vacancies. The reporting was concluded.

Information Item

Quarterly Update on Short Term Financing

Ms. Linda Dehart stated reported that H+H has two loans with two different banks for \$60 million each for a total of \$120 million. One of the banks, JP Morgan Chase unspent balance is \$2 million with outstanding encumbrances of \$47 million. The second loan with Citibank, unspent balance is \$9 million with encumbrances of \$6 million. A number of those projects are IT related and the Office of Facilities Development (OFD) is working with the facilities and IT on the various projects that require funding. The reporting was concluded.

Governance Committee – March 22, 2016

As reported by Dr. Lilliam Barrios-Paoli

The meeting of the Governance Committee was convened in executive session to deliberate on the following personnel action item:

Action Item

To consider the following nominee to the corporate officer level position of Senior Vice President / CIO:

- *Sal Guido, Enterprise IT Services*

Mr. Guido, having served in this position in an acting capacity for approximately 10 months, has done an excellent job. His transparent and collaborative style, his efforts and accomplishments to date is evidence of his capability to lead our IT services as a corporate officer.

After discussion by the Committee regarding Mr. Guido’s experience and performance, the committee was prepared to vote on the motion.

Dr. Barrios-Paoli called for the Committee’s vote on the action item, which was seconded and approved for consideration by the full Board.

Medical & Professional Affairs Committee – April 22, 2016

As reported by Dr. Vincent Calamia

Chief Medical Officer Report

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives.

ACO

The ACO has received its updated patient attribution data for 2016, expanding to include new ACO partner Community Healthcare Network (CHN). CHN provides an array of primary care, dental, nutrition, mental health and social services to mostly low-income and uninsured New Yorkers, aligning well with the mission of NYC Health + Hospitals and the ACO. Their network is made up of 11 federally qualified health centers throughout Brooklyn, the Bronx, Queens and Manhattan. The ACO is incorporating Medicare claims data for CHN into its core performance management tools to build out this partnership, and leadership from CHN have joined the ACO Clinical Leadership committee.

The ACO successfully submitted its 2015 quality performance data on March 10th. As with the prior two years, this was a significant undertaking, integrating IT quality measure reports and a substantial manual chart review effort by Quality Management teams at every facility.

Dr. Nick Stine, Chief Medical Officer of the ACO, was recognized as one of the Crains 40 under 40 for 2016, for his contribution to the success of the ACO with quality and cost.

Office of Emergency Management

The National Ebola Training and Education Center (NETEC) won the CDC's Award for Excellence in Partnering – Domestic. NETEC is co-lead by Emory University Hospital, University of Nebraska Medical Center and NYC Health + Hospitals / Bellevue. Funding comes from the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control (CDC). The award recognizes programs' initiative and effectiveness by establishing and sustaining strategic partnerships with government, private sector, volunteer and not-for-profit organizations.

Epic Go Live

This is on schedule for this week at Elmhurst and Queens Hospitals and, special thanks was extended to Kenra Ford, AVP Lab and Victor Cohen AVP of Pharmacy for their extraordinary assistance through this process.

Office of Ambulatory Care Transformation (OACT)

Analysis of staffing needs in our adult primary care setting.

Similar to last year, the analysis shows that to support existing patient needs and sustain access, we need to fill over 60 vacant positions (20 PCPs, 14 RNs, and 28 care team support roles). In addition, we need 36 additional PCP FTE and 28 RN FTE to meet "access" targets. Needs vary by site, and site-specific detail is available through the Office of Ambulatory Care Transformation. Facilities are being encouraged to address vacant positions as soon as possible.

OACT and Breakthrough have launched a joint effort to address "visit flow" in our primary care setting.

Patient experience scores have historically been brought down by "moving through your visit" scores. This work is a centralized effort to tackle this key aspect of patient experience and access, and develop enterprise-wide standards and guidance. Work has begun at Kings County and Morrisania, and three main focus areas have been identified: (i) better processes to greet and address unscheduled patients, (ii) standard work to ensure the clinic starts on time every day, and (iii) tighter handoffs between phases of the visit (registration, vitals, exam, and nurse education).

Collaborative Care for Depression:

As of 4/1/16 – 14 sites were billing retroactively for Collaborative Care services delivered from April 2015 – January 2016 and 14 sites were actively billing for Collaborative Care visits in real time. The remaining sites are actively engaged in putting the processes in place to implement billing as soon as possible. Revenue management has confirmed that NYC H+H has begun to receive payment from Medicaid for some of these claims.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee the total plan enrollment as of March 1, 2016 was 486,614. Breakdown of plan enrollment by line of business is as follows:

| | |
|-------------------------------|---------|
| Medicaid | 386,083 |
| Child Health Plus | 13,534 |
| MetroPlus Gold | 4,674 |
| Partnership in Care (HIV/SNP) | 4,490 |
| Medicare | 8,419 |
| MLTC | 1,047 |
| QHP | 20,313 |
| SHOP | 960 |
| FIDA | 194 |
| HARP | 7,359 |
| Essential Plan | 39,541 |

MetroPlus membership increased from February to March despite the high number of Medicaid members losing their eligibility as a result of New York State changing the recertification process to an electronic format. The significant part of our growth was in the Essential Plan, Medicaid, and QHP. We have been conducting outreach efforts to these members and have been able to assist a considerable number to recertify.

One of our new challenges involves lack of payment of the \$20 monthly premium by Essential Plan (EP) members. We have been losing almost 2,000 EP members each month due to lack of payment. We are doing consistent outreach to educate and assist this new population so that they can maintain continuity of coverage.

As our efforts to improve our services continue, we are embarking on a partnership with ZocDoc so that we can facilitate our members' making appointments with their providers. ZocDoc provides a scheduling system on a paid subscription basis for medical personnel. The scheduling system can be accessed by subscribers both as an online service and via the deployed office calendar software, or integrated with provider websites. The subscriber's schedules are available to the end users – patients – free of charge.

The end user-searchable database includes specialties, range of services, office locations, photographs, personnel educational background and user-submitted reviews. For each doctor the users are able to review the free slots in the schedule and make appointments for specific time slots. The user has the option to create a login and enter their demographic, health issues, history, and insurance information. ZocDoc is a two-sided online platform that enables patients to find doctors in their geographic and insurance networks and book appointments instantly.

Because of the size of our membership, MetroPlus is listed as a plan that can be chosen by participating users. All of our providers will be listed. For participating community doctors, members will be able to make appointments online. For all other providers, including Health + Hospitals', only the providers' names and scheduling phone number will be listed. Our ultimate goal is to have our providers participate with ZocDoc so that our members can schedule appointments via Android, iOS, or web application. Statistics show that 40% of the appointments booked through ZocDoc occur within 24 hours.

MetroPlus has been working with the PPSs assigned to us by the Department of Health on the agreements for the supplemental DSRIP programs, namely Equity Performance and Equity Infrastructure. A standard agreement template has been settled upon by all the PPSs. We are awaiting the attestations outlining the PPS' selection of activities so we can proceed with contracting. The participating PPSs are as follows: Advocate Community Providers, Bronx Lebanon Hospital Center, Maimonides Medical Center, Mount Sinai Hospitals Group, Nassau Queens PPS, SBH Health System (St. Barnabas Hospital), and Medical Center of Queens.

INFORMATION ITEM:

Lauren Johnston, RN Senior Assistant Vice President of Patient Centered Care and Vickie Norvell, Director of Health and Home Care presented to the committee an overview of the Certified Home Health Agency (CHHA):

- Lead Health Home

- Care Management
Telehealth
Transitions of Care

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer Office of Medical and Professional Affairs presented to the committee on Affiliate Performance Indicators.

Affiliate Performance Indicators Acute Care:

- Satisfaction with Care Provider: Ambulatory Press Ganey Care Provider-Ambulatory Overall Mean Score using all standard questions
- Communication between Physician and Patients: Inpatient HCAHPS/CAHPS communication with MD Domain Top Box Performance
- Length of Stay (LOS) Reduce average LOS for Acute pts. Total discharges/days; exclude 1 day stays
- Appointment Fill Rates in Primary Care Fill Rate >85%
- Primary Care Panel Size >= 1500
- ED Cycle Time - Improve median time from triage to exit from ED for admitted patients
- 30-Day All Cause Readmission Rates - 20% reduction over 5 years for patients with any 2nd admission after discharge

Documentation of co-morbidities for Outpatient Services Increase documentation of all primary and secondary diagnoses for all primary care services.

Strategic Planning Committee – April 12, 2016
As reported by Mr. Gordon Campbell

Mr. Gordon Campbell introduced himself as the new appointed Chair of the Strategic Planning Committee.

Information Item

NYC Health + Hospitals' Vision 2020 Plan & System Scorecard

Raven Carter, MBA/FACHE, Director, Patient & Family Experience
Udai Tambar, Chief Transformation Officer

Mr. Campbell introduced Udai Tambar, Chief Transformation Officer, and Raven Carter, Director, Patient & Family Experience and invited them to lay out Dr. Raju's daring and ambitious Vision 2020 Plan. He informed the Committee that, for the first time in the history of NYC Health + Hospitals a dashboard has been developed with built in metrics that the Board could use to evaluate the President. The dashboard will also be useful for senior management as well as the facilities. Mr. Campbell explained that the idea is to identify not every single metric, but only the ones that rise to the top. The dashboard will not only track NYC Health + Hospitals' progress, but would also include targets so that facilities and staff will know if they are on track or if they are falling short and what needs to be done to achieve their goals. Mr. Campbell stated that every single one of the 2020 Vision goals is to help us get to where we really want to be in terms of making sure that the system is strong and vibrant, not only today, but going forward.

Mr. Tambar informed the Committee that scorecards are fairly common in healthcare and in City management. It is also being used by the Centers for Medicaid and Medicare Services (CMS) and for the Mayor's Management Report. It is also a scorecard that will be used to coordinate the Vision 2020 strategy. The idea is to flag issues and opportunities early in order to learn from them and create some transparency for all stakeholders. Mr. Tambar also informed the Committee that the Vision 20/20 Plan & System Scorecard will be presented in two parts. Ms. Carter will first present the 20/20 Plan, its framework, initiatives and the development of the scorecard; and he would describe the current scorecard and the plans going forward.

Ms. Carter began her presentation first by stating that the Vision 20/20 Plan is an outcome of Dr. Raju’s HHC for Tomorrow’s speech that was delivered last April. In that speech, Dr. Raju identified improving the patient experience as his number one priority across the entire system. That call to action led to questions such as: how to get there, how to get to these aggressive goals, what are the steps to be taken and how to involve patients and staff to make those goals an actual reality.

Ms. Carter described the strategic and creative process of the Vision 20/20 Plan as the following:

- Created by the 20/20 Visionaries (a multi-disciplinary team of 400+ formal and informal leaders from across the health system)
- 3 interactive retreats over a 7 month period in 2015 that resulted in 22 initiatives to be implemented by year 2020
- Includes evidence-based best practices from around the country



Ms. Carter reported that the plan includes strategies that the visionaries came up with as a roadmap for success. She explained that the visionaries’ role is not only to help with what is needed to realize the vision, but also to be ambassadors of change and to serve as the system’s communication teams. Ms. Carter informed the Committee that the visionaries have developed five strategies listed in the Strategic Framework chart below and that they will ultimately help to implement these strategies in various different capacities. She added that a bottom-up grassroots effort was used so that the ambassadors of change can be reaching every aspect of the health system. She noted that our success depends on all working together to accomplish our goals.

Ms. Carter described the strategic framework as presented in the graphic below:

Strategic Framework



Ms. Carter stated that these five key strategies were laid out in the plan and the scorecard. She added that the plan had 22 initiatives that will be implemented across the health system over the next five years. She noted that some initiatives are new, or are an expansion of existing initiatives, while others are about creating a standardized framework so that it is guaranteed that no matter where the patients choose to receive care in the NYC Health + Hospitals system, they will receive the same type of care and services and will be treated with dignity along the way. Mr. Martin emphasized that, because these initiatives are very critical to achieving the President’s 2020 Vision, the engagement of the workforce is primary. He noted that once the workforce is effectively engaged, all the other initiatives become doable.

Ms. Carter stated that each of the 22 initiatives have a detailed work plan and will be led by an Executive Sponsor and each action in the plan builds on the work of previous actions. As noted below, included in this work plan are: 1) metrics that will be used to measure progress on each of the five key strategies; 2) the definition and the source of the data, and 3) a few initiatives that are aligned with that metric and are aimed at improving that particular metric.

Anticipate & meet patient needs

| METRIC | DEFINITION | INITIATIVE |
|--|---|--|
| 1 Out-patient overall mean satisfaction | roll-up average of all outpatient scores from each section of the survey; by discharge date | <ul style="list-style-type: none"> • Universal behavior standards • Team huddles • Ambulatory care expansion • Primary care transformation • Population health management • Tech-enabled rounding • Centralized call center |
| 2 In-patient rate-the-hospital top box score | % in-patients surveyed who rank hospital 9 or 10 out of 10; by discharge date | <ul style="list-style-type: none"> • Universal behavior standards • Team huddles • Rounding on patients and staff • Nurse direct call • Training led by own experts • After-visit communication • Tech-enabled rounding |

Ms. Carter informed the Committee that to obtain patient satisfaction data, patients are surveyed once a week by facilities using a third party vendor, Press Ganey, who have been NYC Health + Hospitals’ partner since 2012. She added that Press Ganey works with 60% of hospitals throughout the US. Press Ganey is approved by CMS to measure satisfaction using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey tool. Mr. Campbell asked what percentage of inpatients and outpatients are surveyed. Ms. Carter answered that not all the patients (100%) are surveyed and that different surveys are used for inpatients versus outpatients. She stated that only 15% of inpatients are surveyed and 9%-10% of outpatients. She added that while the responses are lower than Press Ganey’s other clients, the sample sizes are statistically significant. She informed the Committee that Press Ganey’s rule is that in any given period that data is collected, 30 to 50 responses per that time period makes the data stable. As such, a high or a low score would not sway the results on either side.

Mr. Campbell asked since the data is collected by facility, is it statistically significant by facility or does it vary. Ms. Carter reiterated that across the board inpatient and outpatient data are stable to allow us to make assumptions and collect information. Ms. Carter informed the Committee that the surveys are done in 13 languages and that the data is a true representation of the population that we serve.

Mrs. Bolus asked what the impact would be if the outpatient clinics were separated from the hospitals and renamed with different names. For example, the “S” and the “E” Buildings are sections of Kings County hospital that house most of the outpatient clinics. Mr. Martin countered that scores could be collected for individual clinics. He added that depending on the particular service area, the survey will include satisfactory rates in those clinics. Mr. Tambar asked if Ms. Bolus’ question was more about how NYC Health + Hospitals is presented to the patient. Mrs. Bolus clarified that the question is about how patients are perceiving us. If they are perceiving us as a portion of the inpatient hospital and are being shifted to another portion, are they transferring the same idea that they had of the hospital’s inpatient side to the outpatient clinics. Ms. Carter answered that in addition to the data portion of the patient surveys, there are also comment sections where patients could share their personal experience. Ms. Carter stressed that both inpatient and outpatient surveys are about the patients’ holistic experience at that facility. At the end of the day, patients hold on to previous experiences.

Mr. Bernard Rosen, Committee member, asked if the initiative is the activity to be done to help improve the metric. Ms. Carter responded affirmatively. She added that each initiative ties back to an area of focus and to the metric. Mr. Campbell added that these initiatives may change over time as best practices at a facility can be replicated at another facility and throughout the entire system. Mr. Tambar and Ms. Carter clarified that each initiative is tied to other initiatives. Each initiative has a leader and its own

detailed work plan with a time factor. For instance, universal behavior standards is expected to be implemented and communicated throughout the entire system by the end of Calendar Year 2016.

Engage our workforce where each of us is supported & personally accountable

| METRIC | DEFINITION | INITIATIVE |
|---|--|--|
| 3 Staff completing leadership development | cumulative YTD managers completing executive fellowships or middle-management training ~5,000 employees eligible | <ul style="list-style-type: none"> • Training led by our own experts • Personal improvement plans |
| 4 Employee engagement | survey of employees "I would recommend this organization as a good place to work"; baseline: Q3 2015; actual: Q1 2016; target: national safety net average | <ul style="list-style-type: none"> • Universal behavior standards • Team huddles • Rounding on staff • Talent acquisition • Training led by own experts • Employee recognition • Personal improvement plans |

Ms. Carter reported on the Employee engagement metric. She stated that in the same way that patient feedback is collected, employee feedback is also collected through surveys. A full survey was conducted 12 to 18 months ago. Starting this year with the implementation of this plan, quarterly post checks will be conducted. In fact, a post check survey was completed on March 13, 2016. Another one is due this summer and a more in-depth survey will be done in the fall. The first quarter post check survey that is listed on the scorecard will be updated on a quarterly basis. Ms. Carter explained that, unlike the full survey, the post check survey only consists of seven questions. She noted that both surveys focused on whether the employees would recommend the organization as a good place to work. She commented that talking positively about one's place of work in the community is a good indicator of employee engagement. Mr. Campbell added that retention is also a measure of employee engagement since the better the employees feel about the organization, the more likely that they will stay in that organization.

Mrs. Bolus made a recommendation to poll the Board members as well. She explained that while decisions are being made about what is happening in the clinics and the hospitals, not even one Board member has shared the experience of standing in those long lines, waiting for four to five hours to be seen.

Ms. Carter described the Rounding on Staff initiative, which is a key initiative for the employee engagement metric. She explained that rounding is a practice that has been used for many years in the healthcare system. Rounding is about our leaders being visible to their staff; not managing from a desk but managing from having interaction with patients, staff, trying to reduce barriers to figure out what are the things that are challenging to them in their work place and how they can help and really be partners. Ms. Carter informed the Committee that one of the 2016 initiative is leader rounding on staff. Each facility is working on a plan of having a set schedule and a plan for the leaders to be out and interacting with the staff and patients to get a sense of what is truly happening at their facility. She agreed with Mrs. Bolus that until leaders start interacting with people and walking in their shoes, they will not be able to have a true vision of what is happening. She added that, while one can wait for an annual evaluation, it is the day-to-day interaction, the day-to-day "thank you," and the day-to-day problem solving that happen in the field is really where we see employee engagement. Mr. Campbell asked Mr. Martin to talk about Dr. Raju's and Dr. Wilson's plan of using teleconferencing meetings at some sites. Mr. Martin responded that video conferencing technology is being used for a number of meetings so leaders can stay at their facilities. Also, the idea is to hold all the meetings in one day, Wednesday, for example. He emphasized that it is very important for executives to be visible at their facilities and to interact with their staff.

Provide high quality safe care in a culturally sensitive coordinated way

| METRIC | DEFINITION | INITIATIVE |
|---|--|---|
| 5 Hospital-acquired infections – CLABSI SIR | observed / expected Central Line Associated Blood Stream Infection - Standardized Infection Rate; data not finalized for 5 months after the reporting period | <ul style="list-style-type: none"> Purposeful rounding on patients |
| 6 DSRIP on track funding vs. max available | total PPS \$ awarded / total potential (up to \$1.2 B over five years); cumulative since April 2015; reported January & July | <ul style="list-style-type: none"> Ambulatory care transformation |

Ms. Carter reported on rounding on patients. She explained that research has proven that making routine checks on patients, is being proactive in treating and answering their concerns and complaints. As such, you will be able to anticipate if they are on the verge of having an infection, or may fall. In addition, you will be able to assess if they have what they need and to monitor for any changes in their clinical condition. This initiative focuses on working with the nursing staff and the nursing leadership on hardwiring 1-2 hour (s) rounding on patients and making that a team-based approach. Ms. Carter commented that this is an example of an initiative that is not necessarily new, but is improved to ensure that it is in place 24/7 on all shifts at the bedside. The improvement is to be proactive about the patients’ plan of care instead of first waiting for something to happen or having to wait for the patients to call.

Mr. Campbell added that this initiative has been selected because there is an issue in the hospitals and this is one initiative that will be replaced with another one as DSRIP will be with us for the long haul.

Expand access to serve more patients (market share)

| METRIC | DEFINITION | INITIATIVE |
|--|--|---|
| 7 Access to appointments new adult patient TNAA days | average days to third next available appointment for new adult patients (primary care only) | <ul style="list-style-type: none"> Ambulatory care expansion Primary care transformation MetroPlus membership growth Centralized call center Urgent care pilot |
| 8 Unique patients thousand | 12-month cumulative unique patients across entire system, not double counting those visiting many sites; high estimate | <ul style="list-style-type: none"> Ambulatory care expansion Primary care transformation MetroPlus membership growth |
| 9 MetroPlus members thousand | active MetroPlus members across all categories at the end of the quarter | <ul style="list-style-type: none"> Ambulatory care expansion MetroPlus membership growth |
| 10 Patient revenue (proportion of expenditure) | patient-generated revenue / operating expense (cash receipts & disbursements YTD) | <ul style="list-style-type: none"> Primary care transformation |

Mr. Rosen asked if primary care clinics were the focus of the Access to Appointments – New Adult Patient TNAA Days metric. Ms. Carter responded affirmatively. Mr. Campbell added that MetroPlus will be looking at sites and everything else and will develop targets to get to where they need to be.

Increase efficiency through investment in technology & capital (organizational reform)

| METRIC | | DEFINITION | INITIATIVE |
|--------|---|---|--------------------------------|
| 11 | EMR budget variance | EMR implementation over or under budget | • EPIC / GO EMR implementation |
| 12 | EMR implementation on track | estimate of milestones completed on time: Green = 100%; Yellow = missed milestones have no impact on go-live dates; Red = delays expected for go-live | • EPIC / GO EMR implementation |
| 13 | Contractor performance at service level | % vendors compliant with Key Performance Indicators (for 11 biggest spend contracts); KPIs vary by contract | • Rounding on staff |
| 14 | FEMA projects on track | % milestones on track (green or yellow) | • -- |

Mr. Martin referred to the Contractor Performance at Service Level metric and stated that Mrs. Bolus would like this metric because she consistently queries him about how well the vendors are performing. Ms. Carter clarified for Mr. Rosen that the top 11 contracts represent the system's biggest spend (i.e., 75% of the total spend). Mr. Rosen also asked if rounding on staff means that they will be meeting on these issues. Ms. Carter answered that rounding on staff or patients essentially means that an individual goes to that particular area, a unit or a department. In most cases, they have a strict set of standard questions that they ask. The questions provide a framework for a conversation but it is meant to be an informal conversation that collects what is happening in your day and how can I help at the end. Mr. Martin added that, not only a report, but also a follow-up is done at the end of that conversation.

Mrs. Bolus stated that she had noticed at some facilities that employees were being recognized as "Employee of the Month." She asked if the employee recognition program is system-wide. Mr. Martin answered that employee recognition is part of staff engagement. There are many things that can be done to make sure that employees are engaged and that they are valued. He emphasized that the rounding is very important because it involves the leadership walking around and interacting with different employees in an effort to identify what can be done to make their jobs better instead of having leaders sitting in their offices assuming that everything is ok.

Ms. Carter concluded by stating that employee recognition is one initiative that is part of the Vision 2020 plan to really look at how employees and physicians are being rewarded. This initiative is expected to be in place by Calendar Year 2017, after the implementation of the universal behavior standards initiative.

Ms. Carter turned the meeting over to Mr. Tambar to present the System's Scorecard, which is presented below:

System Scorecard – 2015 Q4

| METRIC | LEAD | TARGET Q4 | ACTUAL Q4 | | PRIOR Q | PRIOR YR Q4 | TARGET 2020 |
|--|--|-----------|-----------|-------|---------|-------------|-------------|
| PATIENT EXPERIENCE | | | | | | | |
| 1 | Out-patient overall mean satisfaction | COO | 80% | 78% | Y | 78% | 93% |
| 2 | In-patient rate-the-hospital top box score | COO | 62% | 59% | R | 62% | 80% |
| EMPLOYEE ENGAGEMENT | | | | | | | |
| 3 | Staff completing leadership development | COO | 536 | 536 | G | 462 | 370 |
| 4 | Employee engagement (5 point scale) | COO | 4.1 | 3.5 | R | 3.6 | 4.1 |
| QUALITY | | | | | | | |
| 5 | Hospital-acquired infections – CLABSI SIR | CMO | 1.00 | 0.86 | G | 0.85 | 0.50 |
| 6 | DSRIP on track (funding vs. max available) | OneCity | 90% | 100% | G | 100% | 90% |
| ACCESS (MARKET SHARE) | | | | | | | |
| 7 | Access to appointments (new adult patient TNAA days) | CMO | 14 | 22 | Y | 21 | 14 |
| 8 | Unique patients (thousand) | COO | 1,200 | 1,238 | G | NA | 2,000 |
| 9 | MetroPlus members (thousand) | M+ CEO | 480 | 482 | G | 472 | 1,000 |
| 10 | Patient revenue (proportion of expenditure) | COO | 60% | 58% | Y | 56% | 70% |
| EFFICIENT SUPPORT (ORGANIZATIONAL REFORM) | | | | | | | |
| 11 | EMR budget variance | CIO | 0% | 0% | G | 0% | 0% |
| 12 | EMR implementation on track | CIO | 100% | 90% | Y | 90% | 100% |
| 13 | Contractor performance at service level | COO | 100% | 91% | Y | 91% | TBD |
| 14 | FEMA projects on track | COO | 100% | 92% | Y | 100% | 100% |

Mr. Tambar informed the Committee that the scorecard was developed by the Transformation Office. The goal is to empower the leaders to make informed decisions with accountability and transparency. As part of this transparency and in order to show visibility for this Committee and the Board, the Transformation Office will report to the Strategic Planning Committee on a quarterly basis as these indicators are expected to change on a quarterly basis. Mr. Tambar shared with the Committee that the Transformation Office is working with the Communications Department staff to figure out how to roll the scorecard to the employees and with the IT Department to figure out how to automate some of the support.

Mr. Tambar informed the Committee that the scorecard data was originally shared with Mr. Martin's Operations and Logistics staff comprised of the Executive Directors of the facilities. The data provided are facility-specific and will provide the Executive Directors with a sense of how they are doing. The next level is to create a facility level scorecard with a few sub-indicators. This document would be helpful to Mr. Martin and Dr. Raju to visibly see what they are doing well and what they can improve.

Mr. Tambar described the structure of the scorecard as the following:

The scorecard is comprised of five main strategies:

1. Patient Experience
2. Employee Engagement
3. Quality
4. Access (Market Share)
5. Efficient Support (Organizational Reform)

Mr. Tambar defined key terms/elements of the scorecard including accountable staff and key time frames

- Chief Operating Officer - COO
- Chief Medical Officer - CMO
- CEO of MetroPlus - M+ CEO
- Chief Information Officer - CIO
- Target Q4: Last 3 months of 2015
- Actual: Actual data
- Prior Quarter: Q3 – July, August and September 2015
- Prior Year Q4: Last 3 months of 2014
- Target 2020: Dr. Raju's goals for the Corporation
- Green: On or above the target
- Yellow: Below the target while still trending in the right direction
- Red: Did not meet the target and also below target compared to previous year and previous quarter

Mrs. Bolus made a recommendation to also include the lead's title at the bottom of the scorecard.

Mr. Tambar stated that the goal of the scorecard is not to be punitive but to figure out how to get better overall as a system, acknowledge where there is excellence in the system and identify areas that could be improved in a very transparent and collaborative way.

Mr. Rosen asked how the numbers were obtained for the outpatient overall mean satisfaction. He asked if they were obtained through written or oral surveys. Mr. Martin answered that they were collected through Press Ganey, an independent contractor that partnered with NYC Health + Hospitals to do the surveys. Mr. Martin agreed with Mr. Rosen that the scores were not bad at all; however, he pointed out that they are still below Dr. Raju's overarching goal of 93% by year 2020. While 78% is a lift, yearly incremental progress is needed to reach the 2020 goal especially as we expand access with MetroPlus.

Mr. Rosen asked how the 80% target compared to other hospitals. Ms. Carter responded that looking at Press Ganey's National database, the patient experience targets equate to the 90th percentile. Therefore, NYC Health + Hospitals' ambitious goal is to be better than 90% of the hospitals in the US.

Mr. Tambar noted that these scores reflect aggregate data for the entire system. However, he stressed that for real change to occur, it should happen facility by facility, department by department and the data needs to cascade in that level. He added that the goal is to create the tools to go to that next level.

Mr. Martin added that the idea is to also hold leadership accountable. As the expectations are very clear, if certain metrics are not being met, the leaders would be expected to have a very critical conversation with the Chief Operating Officer.

Mr. Rosen questioned the 59% rate for inpatient hospital top box score compared to the 80% target rate. He recalled that it was said in another meeting that it is tough to survey inpatients. Mr. Martin answered that it is multifactorial particularly if the inpatient stay begins with the ED and they were there for a long period of time. Mr. Martin acknowledged that the ED is not the best place to be admitted; however, since a number of inpatient stays begin in the ED, the unpleasant ED experience overshadows the rest of the patient's experience on the floors.

Mr. Rosen asked about the statistics on the inpatient satisfaction survey for the voluntary sector. Ms. Carter answered that most hospitals used the same independent contractor used by NYC Health + Hospitals and that the 80% target is based on the current statistics within Press Ganey's national database.

Mrs. Bolus observed that for prior quarters, inpatient rate was 61% and 62% while the 2020 target is at 80%. Mr. Tambar explained that looking at October-November-December (Q4), the score was 59%; (last year Q4) it was 61% and the previous three months of last year (Prior Q), it was 62%. Ms. Carter added that a rapid improvement is not expected for this metric. The 59% score is lower than the prior quarter and prior year as this quarter is the one being used to start implementing the plan. It will take several quarters of improved data with a steady approach to reach the 2020 target.

Mr. Tambar noted that the targets will also change as data are updated by the facilities. Mr. Tambar shared with the Committee that the plan is to report the data to this Committee on a quarterly basis and to focus on a particular strategy and to go deeper into the metric and the initiatives. He noted that today's focus was centered on the Patient Experience metric.

Mr. Campbell made a recommendation to have a Press Ganey representative at the next meeting to talk about how the survey is administered and to provide answers to a lot of Mr. Rosen's questions. Mr. Tambar accepted Mr. Campbell's recommendation and promised to show a survey sample or template as well.

Mr. Rosen asked if the 0.50% target of hospital-acquired infections – CLABSI SIR is also at the 90th percentile. Mr. Tambar answered that it was benchmarked but he was unsure about the percentile.

Mr. Campbell commended Dr. Raju and the team for a great presentation.

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

**RAMANATHAN RAJU, MD
NYC HEALTH + HOSPITALS PRESIDENT AND
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
April 21, 2016**

Good afternoon. As is customary, I will highlight just a few items from my report to the board. The full version is available to all here and will be posted on our website.

JOINT COMMISSION VISIT TO JACOBI

A team of Joint Commission Surveyors spent 5 days this month conducting a comprehensive survey of NYC Health + Hospital/Jacobi. Interviews were conducted with leadership on infection control processes, medication management, credentialing and privileging, data use, emergency management and leadership. Robert Nolan, ably represented the NYC Health + Hospitals Board at the leadership session, where he was asked about the Board's role in ensuring quality and a culture of safety.

Jacobi received requirements for improvement, some of which were corrected during the survey, while others will soon be implemented. At the conclusion of the survey, the survey team mentioned several processes that they recommended Jacobi submit to the Joint Commission for inclusion in its Best Practice Library.

Of several areas singled out for praise, were engagement of all staff, including the medical staff, Maternal Modified Early Warning System/Scoring, Post-Partum Hemorrhage In-Situ Drills/Simulation, the Bronx Emergency Preparedness Coalition, Behavioral Health's Violence Reduction Program and the Re-Admission Reduction Project.

Elmhurst, Harlem, McKinney and Metropolitan remain to be surveyed this year.

NYC HEALTH + HOSPITALS LEADERSHIP APPOINTMENTS

On April 5 we announced the appointment of four health care executives who will fill senior leadership positions and help guide our transformation in support of the Vision 2020 goals of financial stability, growth and improving the patient experience.

Richard J. Gannotta has been appointed Senior Vice President for Hospitals, and Maureen E. McClusky has been appointed Senior Vice President of Post-Acute/Long Term Care.

Each will lead newly created leadership structures based on service lines. The new structure replaces the system's previous organization based on geographic networks centered around hospitals. The change will help strengthen and elevate post-acute/long term care as a strategic area of opportunity to reduce unnecessary hospital admissions and improve health outcomes. Welcome to Richard and Maureen.

Gregory Calliste has been appointed Chief Executive Officer, NYC Health + Hospitals/Woodhull, and Eboné M. Carrington has been appointed Chief Executive Officer, NYC Health + Hospitals/Harlem. These hospital CEO positions have been upgraded from an Executive Director title to reflect the shift away from operations-based management to strategic leadership and responsibilities for growth and patient experience. Welcome and congratulations to Gregory and Ebone.

NATIONAL VOLUNTEER WEEK

Last week we celebrated National Volunteer Week, an opportunity to thank the many individuals whose generous contributions of time and talent provide vital support in our effort to provide the best patient experience to all who seek our care.

Our volunteer community – more than 8,500 people strong – infuses our mission with the extra dose of human kindness that is so helpful to the healing process. The benevolent heart can express itself in many ways, and we are grateful that our volunteers eagerly take up a multitude of diverse giving opportunities across our system.

Whether it be tutoring pediatric patients, assisting in occupational therapy, helping communicate with patients in their native languages, or offering uplifting entertainment, each volunteer endeavor is a donation of love, and each is an affirmation of the finest aspects of the human spirit. NYC Health + Hospitals gratefully offers thanks, recognition, and the encouragement to continue to support us in our mission to help each New Yorker lead their healthiest life.

UNITED HOSPITAL FUND HOSPITAL AUXILIAN AND VOLUNTEER ACHIEVEMENT AWARDS

On March 8 the United Hospital Fund held its 23rd annual Hospital Auxilian and Volunteer Achievement Awards celebrating the contributions of volunteers and auxiliaries who extend our ability to provide the best care possible to patients and their families. We offer our gratitude and congratulations to the honorees.

Joseph Lazarus, NYC Health + Hospitals/ Bellevue
Alicia Goudie, NYC Health + Hospitals/ Carter
Iqra Yaseen, NYC Health + Hospitals/ Coler
Miriam Beyers and Asheka Cuffy, NYC Health + Hospitals/ Coney Island
Jacqueline Narine, NYC Health + Hospitals/ Cumberland
Alejandro Lorca and Maria Rodriguez, NYC Health + Hospitals/ Elmhurst
Kim K. Siak and Dalia Soto, NYC Health + Hospitals/Gouverneur
Rosaly H. Graves-Wilson and Rev. David Mubiru, NYC Health + Hospitals/Harlem
Valencia Porter, Friends of Harlem Hospital
Adriana Coku, NYC Health + Hospitals/Jacobi
Corey Grignon and Janet Quamina McCollin, NYC Health + Hospitals/Kings County
Dolores Glover and Luis Mercado, NYC Health + Hospitals/Lincoln
Marguerite Dorsey and Lynda Kaufman, NYC Health + Hospitals/Metropolitan
Janet Farr and Esme Sattaur-Low, NYC Health + Hospitals/North Central Bronx
Lorraine Brown-Dwyer and David Michael, NYC Health + Hospitals/Queens
Sarah B. Caliman-Walker, NYC Health + Hospitals/Renaissance
Gustavo Mueses and Joselinne Vallejo, NYC Health + Hospitals/Woodhull

ADDITIONAL BENEFITS FOR IDNYC CARDHOLDERS THROUGH NEW INTEGRATIONS WITH NYC HEALTH + HOSPITALS AND DOHMH

On April 21 Mayor de Blasio and Speaker Mark-Viverito announced expanded benefits for the city's more than 830,000 IDNYC cardholders through a new partnership with NYC Health + Hospitals and the Department of Health and Mental Hygiene (DOHMH). Cardholders will be able to link their IDNYC number to their health care services during the patient registration process at NYC Health + Hospitals and use their IDNYC card to access DOHMH immunization records. These benefits will streamline patient registration and ease access to medical records. The IDNYC card will also serve as a membership card for ActionHealthNYC participants receiving health care services at designated NYC Health + Hospitals locations.

Expanding on ways New Yorkers can access City services, IDNYC has partnered with NYC Health + Hospitals to allow IDNYC cards to serve as a registration card to help improve the patient experience by reducing registration wait times, streamlining the registration process and providing patients with a convenient way to register at patient care locations within the health system. Once a patient's IDNYC card number has been linked in the system, the patient can use the IDNYC card during registration at any NYC Health + Hospitals patient care location. The initial NYC Health + Hospitals rollout has started at NYC Health + Hospitals/Coney Island, with plans to expand citywide throughout 2016 and 2017.

NATIONAL MINORITY QUALITY FORUM AWARD AND RECOGNITION FROM MODERN HEALTHCARE

On April 10, Dr. Ram Raju, President and CEO of NYC Health + Hospitals received the "Booker T. Washington Award" from the National Minority Quality Forum (NMQF) for efforts to advance diversity in health care, reduce health disparities, and provide health equity to all patients. The National Minority Quality Forum is a Washington, DC-based not-for-profit, non-partisan, independent research and education organization founded in 1998. The organization is dedicated to improving the quality of health care available for and provided to all populations. Dr. Raju accepted the award on April 11 at NMQF's "Leadership Summit on Health Disparities and Congressional Black Caucus Spring Health Braintrust" in Washington, D.C.

In presenting Dr. Raju with the award, Tomás León, President and CEO of the American Hospital Association-affiliated Institute for Diversity in Health Management, cited Vision 2020 as a roadmap to enhancing equitable care that builds on NYC Health + Hospitals' exceptionally diverse workforce, looks to improving patient experience and outcomes, and helps to build healthier communities.

Also this month, DR. Raju, placed #24 on Modern Healthcare's 2016 "50 Most Influential Physician Executives and Leaders." This is his fourth consecutive year ranking among the top half of this annual list. Modern Healthcare's list honors physicians

working in the health care industry who are deemed by their peers and an expert panel to be the most influential in terms of demonstrating leadership and impact. These physician leaders are innovators, excel in community services, and demonstrate reputable executive authority. These awards and recognitions reflect the work of every employee of NYC Health + Hospitals, whose dedication to our patients—and efforts to empower them to live their healthiest lives possible, are what distinguishes the public hospital system and makes it essential to New York City.

NATIONAL IMMIGRANT HERITAGE MONTH

Throughout April, New York City celebrates the contributions of the millions of immigrants who have shaped our great city. Way back on April 17, 1907, more immigrants arrived at Ellis Island than on any other date in history.

NYC Health + Hospitals has proudly joined the city's observances with our first-ever system-wide celebration of Immigrant Heritage. We are hosting a series of special events to salute our staff's diversity, share ethnic dishes from our homelands, and strengthen our understanding of religious beliefs among our colleagues and staff.

We have also launched a resource website diversity.nychhc.org available to all of our staff. Under the direction of our new Office of Diversity and Inclusion, the new site offers valuable information about the cultures, norms, and customs of the patients and communities we serve. It also features population demographics for each of our patient care locations, key documents in our top 13 languages, and the latest online courses to help our staff strengthen their cultural responsiveness.

Our health system is unique because we serve patients from more than 170 foreign countries – and much of our staff —hail from similar backgrounds. If a patient tells us they are from any corner of the globe, we can likely find someone in our system who comes from that same corner of the world. Even when we don't share the same place of origin, the experienced and compassionate health care workers in our system have gained so much knowledge and expertise in caring for our city's immigrant population that we can always find someone who can communicate with that patient, and who understands their culture.

I invite you to join in the celebrations by taking pride in our roots and making a commitment to learn more about the cultures and customs of others in our workforce and community. Together, we can work to provide culturally responsive care for our patients regardless of their background or culture.

THE FUND FOR NYC HEALTH + HOSPITALS SECURES TOM'S OF MAINE DONATION FOR CANCER PATIENTS

Earlier this month, through The Fund for NYC Health + Hospitals' longstanding partnership with the American Cancer Society (ACS), Tom's of Maine and New England made a sizable donation of natural personal care products to NYC Health + Hospitals sites that treat women who are either survivors of breast cancer or who are getting screenings for breast cancer.

The arrangement was facilitated by Duane Chandler, Assistant Director of The Fund, who worked with ACS' Kristina Thompson and Tom's of Maine General Manager Nancy Pak. At the time of the donation, Pak said, "At Tom's of Maine, we've always believed that our goals should include more than just making a profit. We are proud to be a positive and sustainable force for good in the communities where we operate."

NYC Health + Hospitals/Bellevue, Coney Island, Queens, Kings County, and Lincoln were chosen because of their commitment to cancer care, demonstrated by their designation as certified Cancer Care programs. These facilities will be able to distribute the items to more than 3,100 patients.

ONECITY HEALTH UPDATE

March 31, 2016 was the end of DSRIP Year One and was a reporting deadline to the New York State Department of Health (NYS DOH) for our clinical projects which were underway across the entire OneCity Health network.

As we noted last month, we surpassed our quarterly target for Project 11. We recently shared a new Project Participation Opportunity to identify additional community partners to be a part of this project. Over the next 12 months, we have committed to administering 55,000 Patient Activation Measure surveys while also implementing new procedures to link uninsured New Yorkers and low- and non-utilizers of Medicaid to primary care and social services.

Additionally, we'll begin trainings as needed with both NYC Health + Hospitals and community-based partner staff to engage clients and patients in a culturally responsive way so that they actively participate in managing their health conditions.

For the integration of palliative care into the Patient Centered Medical Home (PCMH), we surpassed our commitment to provide simple advance care planning and did so within NYC Health + Hospitals primary care sites. Moving forward, we'll begin to implement additional interventions throughout our partner network to ensure patients' symptoms and advanced illnesses are appropriately managed in the primary care setting.

Our asthma home-based self-management implementation work continues at both select NYC Health + Hospitals and community partner sites.

OneCity Health has initiated pilots for multiple other DSRIP clinical projects:

ED Care Triage planning at four NYC Health + Hospitals facilities, which begins the effort to connect patients with primary care from the Emergency Department.

Care Transitions planning at two NYC Health + Hospitals facilities, for which our goal is to provide a supportive transition to the community for patients who were admitted to the hospital and reduce readmissions.

Health Home At-Risk planning at five NYC Health + Hospitals sites, in which the objective is to extend care management services equivalent to the New York State Health Home program.

We concluded our recent slate of Project Advisory Committee (PAC) meetings, which were held with our community partners in each of our four borough-based hubs. PAC Meetings are important opportunities for us to engage with our partners and provide updates on project implementation.

APRIL 2016 PROGRAM OF THE MONTH
GO-ELECTRONIC MEDICAL RECORD IMPLEMENTATION
APRIL 2016

This month NYC Health + Hospitals reached a critical milestone with the first phase of our adoption of the best, top-of-the-line Electronic Medical Record available today, EPIC. The new EMR is absolutely integral to all of our transformation goals; excellence in patient experience, expanded access, and growth. It's how we will provide better care to all of our patients, in every care setting, across our system. It's how we will meet the future.

As you all know, on April 2, we went live at Queens, Elmhurst, and for Home Care. And I want to highlight something unprecedented about our achievement, in that we not only went live with our EMR, EPIC, we did it simultaneously with Cerner-Lab and Cerner-Soarian interfaces. This was, and will continue to be, a monumental undertaking. One that is built on the expertise, and dedication of thousands of our colleagues.

However, we know it's not time yet to declare "mission accomplished". Based on the experience of other large systems, we understand that we will continue to tweak the system, and we will resolve workflow issues as they arise. But the first phase went as planned – on time and on budget. And that is cause for all of us to be very proud.

With the new EMR, the possibilities for better serving our patients are enormous. But instead of me talking about all the benefits, take a few minutes now to read for yourself the feedback we have received from the new users in our system.

Please join me in thanking Go Live leads Queens CEO Dona Green and Elmhurst CEO Wayne Zimmerman, as well as Sal Guido, our Chief Information Officer, and Edward W. Marx, Chief Information Officer -EPIC, for the strength of their leadership and hard work.

TEAM OF THE MONTH
GO-ELECTRONIC MEDICAL RECORD IMPLEMENTATION "MVPs"

Everyone involved in the EMR implementation deserves our deepest appreciation. So many people worked so hard, so intelligently, with so much commitment to our cause, that if I read all their names we would all be here until next month's Board Meeting.

Nevertheless I'd like to highlight the contributions of four colleagues who were truly instrumental in getting us to where we are today, and whose work on EMR personifies that of hundreds of others across our system.

Others will no doubt be recognized as the implementation process continues. But today, these four are Go-Live Most Valuable Players (MVPs) and our Team of the Month.

Pamela Saechow is Senior Assistant Vice President for Enterprise IT Services, and our EPIC implementation Project Manager. The success of this monumental task depends on all of us---but a lion's share of the responsibility falls on her shoulders. With over a decade working in EPIC development, she is making a tremendous difference for us every day.

Ginu John is our Interim Director for Epic Implementation Training. In a very short time frame the vitality and resourcefulness of Ginu's leadership enabled us to develop a comprehensive program that met the training and support needs at each facility. Under very stressful conditions, he embodies the kind of accountability that we need to succeed.

Agnes Ho-Periola joined us in 1990 as a staff nurse in psychiatry, and has served our patients with distinction ever since. As Elmhurst's Nurse Champion during EMR GO implementation, Agnes helped create our EMR for Behavioral Health. As a SuperUser during GoLive, she contributed to the solution for many build and workflow issues. We are very lucky to have the benefit of her experience, and her compassion.

Jennifer Coard is Breakthrough Deployment Officer at NYC Health + Hospitals/Queens. Her expertise was critical to our development of rapid problem solving capabilities needed to overcome integration challenges across our operations. The external support of Jennifer and the rest of the Breakthrough team were essential in maintaining the patient and staff trust that, at the end of the day, is what made this first phase of EMR implementation a success.

RESOLUTION

Adopting the New York City Health and Hospitals Corporation (hereinafter “NYC Health + Hospitals” or the “System”) Principles of Professional Conduct (“POPC”), which, as required pursuant to 18 N.Y.C.R.R. § 521.3 (c)(1), and as recommended under the U.S. Department of Health and Human Services Office of Inspector General Compliance Program Guidance for Hospitals (1998) and the U.S. Sentencing Commission Guidelines Manual (2015), sets forth in writing NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws.

WHEREAS, pursuant to Social Services Law § 363-d and its implementing regulations found at 18 N.Y.C.R.R. part 521, NYC Health + Hospitals, as a condition of participation in the New York State Medicaid Program (“Medicaid”), is required to establish and maintain an effective Compliance Program;

WHEREAS, pursuant to the mandatory compliance program regulations found at 18 N.Y.C.R.R. § 521.3 (c)(2), NYC Health + Hospitals is required to establish written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics;

WHEREAS, pursuant to NYC Health + Hospitals Corporate Compliance Plan (2011), the System: (i) follows the guidelines set forth by the U.S. Department of Health and Human Services Office of Inspector General (“OIG”) Compliance Program Guidance for Hospitals (1998); and (ii) adopts the principles set forth under the U.S. Sentencing Commission Guidelines Manual (2015) (“Commission Guidelines”);

WHEREAS, pursuant to § II (A)(1) of the OIG Compliance Program Guidance for Hospitals found at 63 Fed. Reg. 8987, 8989-90 (1998), it is recommended that hospitals develop standards of conduct for all affected employees that include a clearly delineated commitment to compliance by senior management;

WHEREAS, pursuant to subdivision 1 of the *Commentary* to § 8B2.1 of the Commission Guidelines, it is recommended that organizations to establish standards of conduct, as well as internal controls, to prevent and detect criminal conduct;

WHEREAS, the existing POPC, which serves as the NYC Health + Hospitals code of conduct, has been in effect since 2010 and has now been updated to include a broader scope of topics covered;

WHEREAS, similar to the existing POPC, the updated POPC:

- Outlines New York City Health + Hospitals’ compliance expectations;

- Underscores prohibited practices and conduct;
- Sets a tone from the top to establish the importance of compliance; and
- States New York City Health + Hospitals' commitment to protect whistleblowers from any form of retaliation.

WHEREAS, the updated POPC has been expanded to specifically focus on the following compliance expectations and key points pertaining to New York City Health + Hospitals' commitment to conduct its business, clinical, and administrative operations in a lawful and ethical manner:

- The affirmative obligation of the following individuals and entities to participate in the NYC Health + Hospitals Corporate Compliance and Ethics Program in carrying out their NYC Health + Hospitals functions and duties: (i) all NYC Health + Hospitals workforce members (whether permanent or temporary), including all NYC Health + Hospitals Members of the Board of Directors, employees, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) all NYC Health + Hospitals business partners, who are required by law or contract to comply with the POPC, including OneCity Health/Delivery System Reform Incentive Payment ("DSRIP") Program partners, as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals;
- The prevention of fraud, waste and abuse as it relates to workforce members and business partners;
- The prohibition of workplace violence, discriminatory practices, or other conduct that inhibits: (i) workplace safety; (ii) equal opportunities for all workforce members; and/or (iii) the protection of the internal and external environment in which New York City Health + Hospitals operates;
- New York City Health + Hospitals' commitment to high quality and medically necessary patient care;
- The continued identification and resolution of conflicts of interest;
- New York City Health + Hospitals' focus on best information governance practices; and

- The proper use of funds related to the Work Trace Center Health Program, Delivery System Reform Incentive Program (DSRIP), clinical research, and grant funded projects and initiatives.

NOW, THEREFORE, be it

RESOLVED, that the Audit Committee of the NYC Health + Hospitals Board of Directors hereby adopts the updated NYC Health + Hospitals Principles of Professional Conduct to serve as NYC Health + Hospitals' official: (i) *Standards of Conduct/Code of Conduct*; and (ii) written commitment to comply with all Federal and State laws; and

FURTHER RESOLVED, that, the following individuals and entities have an affirmative obligation to adhere to the updated POPC in carrying out their NYC Health + Hospitals functions and duties: (i) all NYC Health + Hospitals workforce members, (whether permanent or temporary), including all NYC Health + Hospitals Members of the Board of Directors, employees, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) all NYC Health + Hospitals business partners, who are required by law or contract to comply with the POPC, including OneCity Health/Delivery System Reform Incentive Payment ("DSRIP") Program partners, as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals.

RESOLUTION

Authorizing the President of the NYC Health + Hospitals (the "Health Care System") to execute a revocable license agreement with the New York City Department of Education (the "Licensee") for use and occupancy of approximately 300 square feet of space for South Richmond High School's work-study program at the Sea View Hospital Rehabilitation Center and Home (the "Facility") with the occupancy fee waived.

WHEREAS, in February 2011, the Board of Directors authorized the President to enter into a license agreement with the Licensee, and

WHEREAS, the Licensee operates a work-study program on the Facility's campus which provides interns who assist the Facility with various administrative tasks; and

WHEREAS, the Facility benefits from the services provided by the interns and has space on its campus to accommodate the Licensee's needs.

NOW THEREFORE, be it

RESOLVED, that the President of the NYC Health + Hospitals (the "Health Care System") be and hereby is authorized to execute revocable license agreement with the New York City Department of Education (the "Licensee") for use and occupancy of approximately 300 square feet of space space for South Richmond High School's work-study program at the Sea View Hospital Rehabilitation Center and Home (the "Facility") with the occupancy fee waived.

RESOLUTION

Authorizing the President of the NYC Health + Hospitals (the "Health care system") to execute a five year revocable license agreement with New York University Medical Center (the "Licensee" or "NYSoM") for its continued use and occupancy of 4,000 square feet space of space on the 7th floor of the "A" Building to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center (the "Facility") at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734.

WHEREAS, in June 2011 the Board of Directors of the Corporation authorized the President to enter into a license agreement with the Licensee, and the Facility desires to allow the Licensee the continued use and occupancy of the space; and

WHEREAS, the Licensee operates research center on the Facility's campus to study the effects of the environment on the pulmonary system; and

WHEREAS, the research center, known as the Environmental Lung Disease Research Center, seeks methods to prevent, and to find cures for, illnesses caused by pollution, pesticides, transmittable disease, asbestos and other related conditions; and

NOW, THEREFORE, be it resolved, that the President of the NYC Health + Hospitals (the "Health care system") be and is hereby authorized to execute a revocable license agreement with New York University Medical Center (the "Licensee" or "NYSoM") for its continued use and occupancy of 4,000 square feet of space on the 7th floor of the "A" Building to operate a laboratory for patient pulmonary evaluation at Bellevue Hospital Center (the "Facility") at an occupancy fee rate of \$54.60 per square foot for an annual occupancy fee of \$218,400 to be escalated by 2.75% per year for a total occupancy fee over the five year term of \$1,153,734.

RESOLUTION

Authorizing the President of the NYC Health + Hospitals (the "Health care system") to execute a revocable five year license agreement with New York University School of Medicine ("NYUSoM" or the "Licensee") for its continued use and occupancy of a total of 58,571 square feet of space in the C&D, Administrative and Hospital Buildings at Bellevue Hospital Center (the "Facility") to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305.

WHEREAS, in May 2011 the Board of Directors of the Corporation authorized the President to enter into a license agreement with the Licensee, and the Facility desires to allow the Licensee the continued use and occupancy of space in the C&D, Administrative and Hospital Buildings; and

WHEREAS, the Licensee, a not-for-profit medical school, in its role as Bellevue's academic affiliate provides health care services including the diagnosis and treatment of patients, the provision of education to students and post-graduate trainees and other health care professionals and medically related research; and

WHEREAS, prior to the license agreement authorized by the Board of Directors in May 2011, the space was occupied under the affiliation agreement between New York University School of Medicine and the Corporation, and this license shall allow NYUSoM to continue its use and occupy of Facility space.

NOW, THEREFORE, be it

RESOLVED, that the President of the NYC Health + Hospitals (the "Health care system") be and hereby is authorized to execute a revocable license agreement with New York University School of Medicine, ("NYUSoM" or the "Licensee") for its continued use and occupancy of space in the C&D, Administrative and Hospital Buildings at Bellevue Hospital Center (the "Facility") to house Research Programs and Administrative Offices at an occupancy fee of \$54.60 per square foot for 15,691 square feet of laboratory space and \$48.60 per square foot for 42,880 square feet of administrative office space for a total annual occupancy fee of \$2,940,697 to be escalated by 2.75% per year and an additional \$165,517 for utilities per year for a total of \$3,106,214 and a five year total of \$16,362,305.



Office of Diversity & Inclusion

at NYC Health + Hospitals

Prepared by:

Matilde Roman, Esq.

Senior Director

Board of Directors Meeting – May 26, 2016



Office Mission & Vision

DEPARTMENT'S MISSION

Provide excellent patient-centered, culturally and linguistically responsive care in a welcoming environment and create an inclusive work environment where differences are valued, allowing individuals to achieve and contribute to their fullest potential.

DEPARTMENT'S VISION

- Enhance delivery of equitable care and access to services
- Foster a more diverse and inclusive work environment

OFFICE'S ROLE

Serve as **Conveners**, **Connectors** and **Checkers** to: (1) support strategic diversity and inclusion initiatives and embed effective diversity and inclusion practices into day-to-day operations, practices, processes and employee development; and (2) support direct care providers and front-line workers in meeting and exceeding patient expectations through the delivery of equitable, culturally responsive and linguistically appropriate services. Duties entail:

- Policy development, systems design and support
- Creation of innovative programs and initiatives
- Central coordination, monitoring and oversight
- Technical assistance, guidance and expertise

Everyone

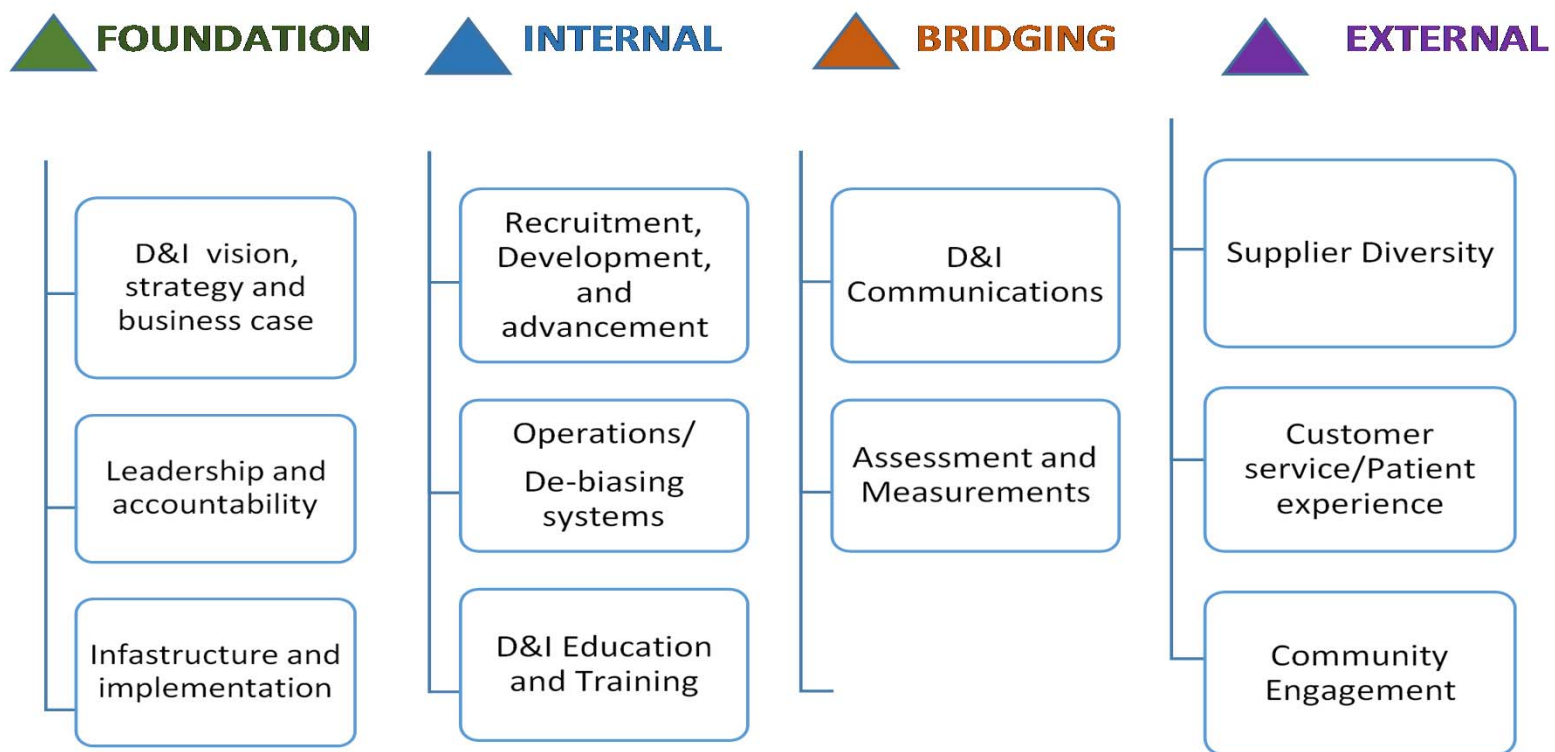


Business Case





DIVERSITY & INCLUSION FRAMEWORK



Thank you



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to negotiate and execute a five-year contract (the "Contract") with Canon Solutions America to provide System-wide Managed Print Services with one, two-year option to renew solely exercisable by New York City Health and Hospitals Corporation, in an amount not to exceed \$74.3 million for seven years.

WHEREAS, New York City Health and Hospitals Corporation does not currently have a System-wide management program of its print devices creating inefficiencies and excess costs;

WHEREAS, a Request for Proposals to address this concern was issued on April 6, 2015 and Canon Solutions America was chosen by the selection committee based on the scoring criteria set forth in the Request for Proposals; and

WHEREAS, estimated savings from the contract are \$5.8 million over the initial term, and \$5.5 million for the two-year option; and

WHEREAS, the Senior Vice President/Corporate Chief Information Officer shall be responsible for overall management and monitoring of the Contract.

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute a five-year contract (the "Contract") with Canon Solutions America to provide System-wide Managed Print Services with one, two-year option to renew solely exercisable by New York City Health and Hospitals Corporation, in an amount not to exceed \$74.3 million for seven years.

Executive Summary

Proposed Contract Canon Solutions America for Managed Print Services

Objective:

The NYC Health + Hospitals (Health + Hospitals) developed and conducted a Request for Proposal to evaluate the opportunity to move towards a Managed Print Services (“MPS”) environment for printers and multi-functional devices (“MFD”) across the entire organization. The objective is to work with a single supplier who will be responsible to provide hardware service on all desktop printers and MFDs while also providing new MFD hardware when necessary. Further, the MPS Vendor will provide consultative services that will assist in reducing the total number of pages printed over time while also reducing total cost through the process of redirecting print to lower cost machines and migrating from color pages to black and white. The MPS Vendor will also recommend ways to repurpose existing devices across the entire organization which will result in a reduction of new printer hardware purchases.

Current State:

Health + Hospitals utilizes Multi-Functional Devices (“MFDs” to include high-speed print shop devices) and Desktop Printers to support the majority of Health + Hospitals’ printing needs.

There are 2,434 MFDs currently in use at Health + Hospitals. Health + Hospitals utilizes 1,050 (43%) Canon devices, 1,056 (43%) Xerox devices, 312 (13%) Ricoh devices, 15 (<1%) Konica Minolta devices, and 1 (<1%) HP device. Regarding device ownership; 1,200 (49%) devices are rented, 600 (25%) devices are leased, and 634 (26%) devices are owned. 2,385 (98%) of the devices are serviced by the original equipment manufacturers, while 49 (2%) of the devices are serviced by a third party. This service includes the parts, labor, maintenance, and toner to ensure the devices are operating correctly. Health + Hospitals prints roughly 225M black and white pages and 15M color pages for a total of 240M pages per year. Click volumes for these print shop devices are included in the MFD click volume totals listed above.

There are approximately 22,356 networked and local printers currently utilized at Health + Hospitals. There is currently no model standardization at Health + Hospitals; there are several hundred different printer models currently in use. Health + Hospitals prints roughly 207M black and white pages and 33M color pages for a total of 240M pages per year.

Health + Hospitals spends of \$11.5M annually on its current state non-standardized managed print services.

Award Recommendation:

After evaluating proposals submitted by multiple interested parties, the NYC Health + Hospitals Evaluation Committee is recommending for Canon to be awarded the Managed Print Services contract. Canon agrees to support all Service Level Agreements required by Health + Hospitals (to include aggressive response time and up-time requirements) by offering 30 (thirty) full-time employees for use across the organization. These service levels will greatly improve the existing services being performed by multiple incumbents. Canon will service 2,434 MFD devices and 22,356 printers throughout the term of the 5 year agreement. Canon has agreed to absorb nearly \$2.6M in competitor’s early termination costs to ensure that Canon will be capable to service the entire fleet of MFDs within NYC Health + Hospitals.

Executive Summary

Proposed Contract Canon Solutions America for Managed Print Services

Financial Results:

Canon's financial proposal equals \$54.1M in projected future print related costs over the next 5 years under Canon's Managed Print Services solution. Without Canon's proposed solution, Health + Hospitals was estimated to spend \$60.M over the next 5 years for all related managed print services and hardware. Canon's solution will result in a \$5.8M savings over the five year contract term.

- **Estimated 5-Year Costs Prior to RFP: \$60,027,579.27**
- **Canon's 5-Year Managed Print Services Solution: \$54,148,070.00**
- **5 Year Cost Savings: \$5,879,509.27**

Including extension years:

- **Estimated 7-Year Costs Prior to RFP: \$85,752,996.01**
- **Canon's 7-Year Managed Print Services Solution: \$74,334,132.00**
- **5 Year Cost Savings: \$11,418,864.01**

Canon's financial offering, of which 19.7% will be through an M/WBE provider, incorporates a guaranteed 5% reduction per year on all non-fixed costs (fixed costs being hardware only). Through the NYC Health + Hospitals / Canon partnership, additional cost reduction is possible through further click volume reductions. As the number of printed pages go down, the overall cost of these services will also reduce.

Canon Service Offering:

Canon will provide right-sizing services by strategically reducing the number of printers and recommending an appropriate MFD inventory based on print volume and staff requirements. Canon will track, monitor and manage all hardcopy output equipment and their associated supplies for Health + Hospitals' local and networked printers, multi-functional devices, copiers, scanners and facsimile devices supporting all Health + Hospitals facilities.

The enterprise MPS program will include break/fix/parts/labor maintenance service support for current and future equipment along with delivering timely, comprehensive and highly detailed usage reports while providing leading technology, multi-functional devices ("MFDs"), continuous education and best practice protocol to achieve print avoidance. Print avoidance will be achieved through a variety of technical and cultural changes recommended by Canon and approved by Health + Hospitals. For example, user tracking results in increased visibility to who prints what and why, creating a sense of ownership and accountability of print related costs. Working with Health + Hospitals Senior Leadership, Canon will help develop policies and assist in educating staff on proper printing procedures (what should be printed versus what shouldn't). Health + Hospitals and Canon will mutually agree to annual print reduction targets that will be achieved through the adoption of various technologies and educational programs.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: MANAGED PRINT SERVICES

Project Title & Number: MANAGED PRINT SERVICES

Project Location: CORPORATE WIDE

Requesting Dept.: ENTERPRISE INFORMATION TECHNOLOGY SERVICES/ Supply Chain Services

Successful Respondent: CANON SOLUTIONS AMERICA

Contract Amount: \$74,334,132 for 7 years

Contract Term: 5 Years with 2, 1-Year Options to Renew

Number of Respondents: 7

(If Sole Source, explain in Background section)

Range of Proposals: \$56,707,025 - \$61,890,764 for a 5-year contract (5-yr proposals submitted)

Minority Business Enterprise Invited: Yes No If no, please explain: _____

Funding Source: General Care Capital
 Grant: explain _____
 Other: Cost Center by Facility

Method of Payment: Time and Rate _____
Other: Health + Hospitals will be invoiced monthly for repair/parts/labor maintenance service support for current and future equipment

EEO Analysis: Supply and Service Report submitted to EEO (pending approval).

Compliance with Health + Hospital's McBride Principles? Yes No

Vendex Clearance Yes No N/A (Pending Approval)

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET(continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

NYC Health + Hospitals currently utilizes Multi-Functional Devices (“MFDs” to include high-speed print shop devices) and Desktop Printers to support the majority of NYC Health + Hospitals’ printing needs.

There are 2,434 MFDs currently in use at Health + Hospitals. NYC Health + Hospitals utilizes 1,050 (43%) Canon devices, 1,056 (43%) Xerox devices, 312 (13%) Ricoh devices, 15 (<1%) Konica Minolta devices, and 1 (<1%) HP device. In regards to device ownership; 1,200 (49%) devices are rented, 600 (25%) devices are leased, and 634 (26%) devices are owned. 2,385 (98%) of the devices are serviced by the original equipment manufacturers, while 49 (2%) of the devices are serviced by a third party vendor. The service includes the parts, labor, maintenance, and toner to ensure the devices are operating correctly. The NYC Health + Hospitals prints roughly 225M black and white pages and 15M color pages for a total of 240M pages per year. Click volumes for print shop devices are included in the MFD click volume totals listed above.

There are approximately 22,356 networked and local printers currently utilized at Health + Hospitals. There is no model of standardization currently in place at Health + Hospitals; there are several hundred different printer models currently in use. Health + Hospitals prints roughly 207M black and white pages and 33M color pages for a total of 240M pages per year.

NYC Health + Hospitals spends a total of \$11.5M annually on its current state non-standardized managed print service. With the Manage Print Service initiative, Health + Hospitals sees an opportunity to consolidate its supplier base and drive standardization and operational efficiencies across the organization. In centralizing the contracting process and leveraging the volume of the entire organization, Health + Hospitals expects to realize cost savings through a comprehensive, well thought-out, print management program, while maintaining or improving the current levels of quality and service/support.

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

The proposed contract was not presented to CRC. Former Health + Hospitals President, Alan Aviles has signed a waiver to present the RFP for Managed Print Services prior to release which is attached in this document.

Has the proposed contract’s scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

Not applicable

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

Selection Committee Members

1. **Jim Gomez – Former Assistant Vice President, EITS**
2. **Craig Franklin – Network Chief Information Officer**
3. **Eli Tarlow –Network Chief Information Officer**
4. **George Bonanno – Associate Director, Supply Chain Management**

CONTRACT FACT SHEET(continued)

5. Gil Vega – (withdrew committee membership after the voting process was finalized)
6. James Linhart – Deputy Comptroller
7. Jerry Childs – Coordinating Manager A, Coney Island Hospital
8. Michael Cosmi – Director, Information Services, Network Services
9. Richard Plaza – Assistant Director, Desktop Technologies

Firms Submitted Proposal

1. Canon – considered and selected finalist
2. HP
3. Lexmark
4. Pitney Bowes – considered
5. Xerox - considered
6. Auxilio
7. Ricoh

Canon is currently a supplier of products and services to NYC Health + Hospitals. In addition, other incumbents who provide similar services to NYC Health + Hospitals also participated in the RFP process. As collectively decided by the Selection Committee, Canon's current performance was the most beneficial amongst all incumbents providing Manage Print Services to NYC Health + Hospitals today. Reference checks with other Hospital systems similar in size to NYC Health + Hospitals were conducted amongst the RFP finalists; Canons references resulted in the most complimentary out of all finalists. Canon was the only finalist to offer a reference of comparable size and scope to NYC Health + Hospitals. During the evaluation phase of this process, Canon received the highest scores when compared with the other 2 finalists.

Scope of work and timetable:

Health + Hospitals selected Canon to provide a comprehensive and innovative enterprise managed print services program (MPS) including an initial fleet replacement where necessary, tracking of print volumes across departments and facilities, recommendations based on tracking to re-direct printing to Multi-Functional Devices (MFDs) while reducing color printing.

The selected supplier will provide right-sizing services by strategically reducing the number of printers and recommending an appropriate MFD inventory based on print volume and staff requirements. Health + Hospitals expects that the selected Supplier will track, monitor and manage all hardcopy output equipment and their associated supplies for Health + Hospitals' local and networked printers, multi-functional devices, copiers, scanners and facsimile devices supporting all Health + Hospitals facilities.

The enterprise MPS program will include break/fix/parts/labor maintenance service support for current and future equipment along with delivering timely, comprehensive and highly detailed usage reports while providing leading technology, multi-functional devices ("MFDs"), continuous education and best practice protocol to achieve print avoidance. Print avoidance can be achieved through a variety of technical and cultural changes recommended by the Supplier. User tracking results in increased visibility to who prints what and why, creating a sense of ownership and accountability of print related costs.

Working with NYC Health + Hospitals Senior Leadership, selected Supplier will help develop policies and assist in educating staff on proper printing procedures (what should be printed versus what shouldn't). NYC Health + Hospitals and the Supplier will mutually agree to annual print reduction targets that will be achieved through the adoption of various technologies and educational programs.

CONTRACT FACT SHEET(continued)

Further, the selected Supplier will be responsible for managing the acquisition (and removal) of the physical devices as well as providing the necessary service and support for all hardcopy output equipment.

NYC Health + Hospitals’ owned MFDs will be serviced by the selected Supplier until the device reaches end of life. At that point, the device will be replaced by the selected Supplier’s proposed technology (contingent of an approval by Health + Hospitals).

NYC Health + Hospitals’ rented and leased devices will either be serviced by the selected Supplier or replaced with selected Supplier’s proposed technology (which Supplier will then service).

All existing contracts and current service providers will be replaced by the selected Supplier through a mutually agreed upon transition plan between NYC Health + Hospitals and selected Supplier. The networked and local printers are owned by Health + Hospitals and will be serviced by the selected Supplier throughout the contract. Health + Hospitals is also open to Supplier proposed solutions based on Supplier’s experience in implementing a managed print services program at similar organization to Health + Hospitals.

Below is a timetable which will take 84 days to cover all sites.

| |
|---|
| Project Initiation and Planning |
| Review project plan for all locations |
| Kick off meeting for program |
| Identify H+H escorts for 4 PDS Teams across Regions |
| Confirm Server and Monitoring requirements |
| Complete IT Security requirements for VPN |
| Review process changes - Managing printers, MFP, Fax, Ticketing procedures |
| Confirm toner logistics per facility |
| Create transition communication & Confirmation Meeting with Each Facility |
| Pre Rollout Tasks |
| Finalize project plan |
| Finalize resources and logistics |
| Team conference call - review project plan |
| Service launch prep meeting - Ticketing mgmt, Hot swaps, Dispatching, end user follow ups |
| Pre Rollout Meeting - all locations |
| Technical / Process Set up Tasks |
| Set up Device Monitoring - FM Audit |
| Set up Help Desk Processes - Remedy Configuration |
| Set up Device SLA Configurations |
| Testing - ticketing procedures |
| Set up Portal/ user accounts |

Provide a brief costs/benefits analysis of the services to be purchased.

CONTRACT FACT SHEET(continued)

| | | Estimated Current Year Costs | Estimated Future Fiscal Years Costs | Estimated Canon Savings |
|---------------------------|---------|-------------------------------------|--|--------------------------------|
| Year 1 | FY 2017 | \$ 11,534,803.23 | \$ 11,629,790.00 | \$ (94,986.77) |
| Year 2 | FY 2018 | \$ 11,765,499.30 | \$ 11,197,492.00 | \$ 568,007.30 |
| Year 3 | FY 2019 | \$ 12,000,809.29 | \$ 10,797,821.00 | \$ 1,202,988.29 |
| Year 4 | FY 2020 | \$ 12,240,825.47 | \$ 10,429,936.00 | \$ 1,810,889.47 |
| Year 5 | FY 2021 | \$ 12,485,641.98 | \$ 10,093,031.00 | \$ 2,392,610.98 |
| Total 5-Year Costs | | \$ 60,027,579.27 | \$ 54,148,070.00 | \$ 5,879,509.27 |
| Extension Years | | | | |
| Year 6 | FY 2022 | \$ 12,735,354.82 | \$ 10,093,031.00 | \$ 2,642,323.82 |
| Year 7 | FY 2023 | \$ 12,990,061.92 | \$ 10,093,031.00 | \$ 2,897,030.92 |
| Total 7-Year Costs | | \$ 85,752,996.01 | \$ 74,334,132.00 | \$ 11,418,864.01 |

Provide a brief summary of historical expenditure(s) for this service, if applicable.

| Spend Type: | Annual Spend |
|----------------------------------|-------------------------|
| MFD Device and Service Costs | \$ 7,483,163.92 |
| Printer Toner Spend | \$ 3,816,891.24 |
| Additional Printer Supply Spend | \$ 77,628.54 |
| Outsourced Printer Service Spend | \$ 157,119.58 |
| Total | \$ 11,534,803.28 |

Provide a brief summary as to why the work or services cannot be performed by the Corporation’s staff.

The current products and services cannot be provided by the Corporation’s staff because Health + Hospitals is not a distributor or a manufacturer of printers and other equipment required for a Managed Print Services program. NYC Health + Hospitals’ staff also does not have expertise to repair and maintenance the type of equipment required for a Managed Print Service program.

Canon has been selected as they are able to provide adequate staffing to support all Clinical areas on a 24/7 basis, and maintain an inventory of all critical parts to complete any repair within the required time frames. Further, on-site staffing will be provided for each facility to support the response time requirements, up-time requirements, and overall goals of NYC Health + Hospitals.

Canon will also provide a dedicated technical support by providing their personnel to proactively monitor devices, clear paper jams, swap out consumables when toner is low, prior to an NYC Health + Hospitals employee making a request to the Enterprise Service Desk

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such

CONTRACT FACT SHEET(continued)

property and ownership thereof enter into contract price negotiations?

No.

Contract monitoring (include which Senior Vice President is responsible):

Eli Tarlow, Assistant Vice President, Enterprise IT Services /Network CIO & IT Services
Sal Guido, Senior Vice President, Infrastructure Services, EITS Network Services

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O.:

Date

Analysis Completed By E.E.O.:

Date

Managed Print Services Contract with Canon Solutions America

Eli Tarlow, Assistant Vice President, Enterprise IT Services
Sal Guido, Senior Vice President, CIO, Enterprise IT Services

Board of Directors Meeting – 5/26/2016



Current State

- Health + Hospitals currently has multiple contracts for printers, service and toners.
- Health + Hospitals prints roughly:
 - 432 million black & white pages and
 - 48 million color pages
 - total of 480 million pages per year
- Employee to Printer Ratio
 - 2:1, above industry standard
- Current Annual Cost: **\$11,534,803.23**
- Health + Hospitals sees an opportunity for a Managed Print Services (MPS) - a program that gives enterprises full control over their office print devices to gain visibility and control of their printing, which helps save money and boost productivity.
- Health + Hospitals sees an opportunity to consolidate its supplier base and drive standardization and operational efficiencies across the organization.



Core Benefits

- Average cost reduction of **\$1,631,266.29** per year through consolidation of print vendors and services to one managed program, assuming average annual spend of \$10.6 million from \$12.2 million currently
- **Reduced complexity** of print management by reducing the quantity and model variation of print assets
- **Improved end user experience** through increased service presence and improved response time to all print related needs
- Provide **full visibility** to Health + Hospitals management on print, costs, volumes, and assets through consolidated reporting and vendor management of asset database
- Develop a **strategic program** through continuous education and best practice protocol to achieve print reduction targets



Procurement Methodology

- RFP posted in the City Records
- 7 vendors submitted proposals
- 3 vendors submitted the most competitive proposals and were invited for verbal presentations:
 - 1) Canon
 - 2) Pitney Bowes
 - 3) Xerox
- Auxilio, HP, Lexmark and Ricoh submitted weak proposals that were not beneficial to the Corporation



Evaluation Committee

1. Jim Gomez – EITS
2. Craig Franklin – EITS
3. Eli Tarlow – EITS
4. George Bonanno – Metropolitan Hospital
5. Gil Vega – Woodhull Hospital
6. James Linhart – Central Office, Finance
7. Jerry Childs – Coney Island Hospital
8. Michael Cosmi – EITS
9. Richard Plaza – EITS



Canon Solutions America – The Selected Vendor

- Canon is the selected vendor of the eRFP based on the following criteria:
 - **Managed Print Service Staff Coverage**
 - **Right Sizing and Consultative Solutions**
 - **Best Service Levels**
 - **Best Customer Service Offering**
 - **Transition and Implementation**
 - **Cost**
 - **References**
 - **Value Adds**

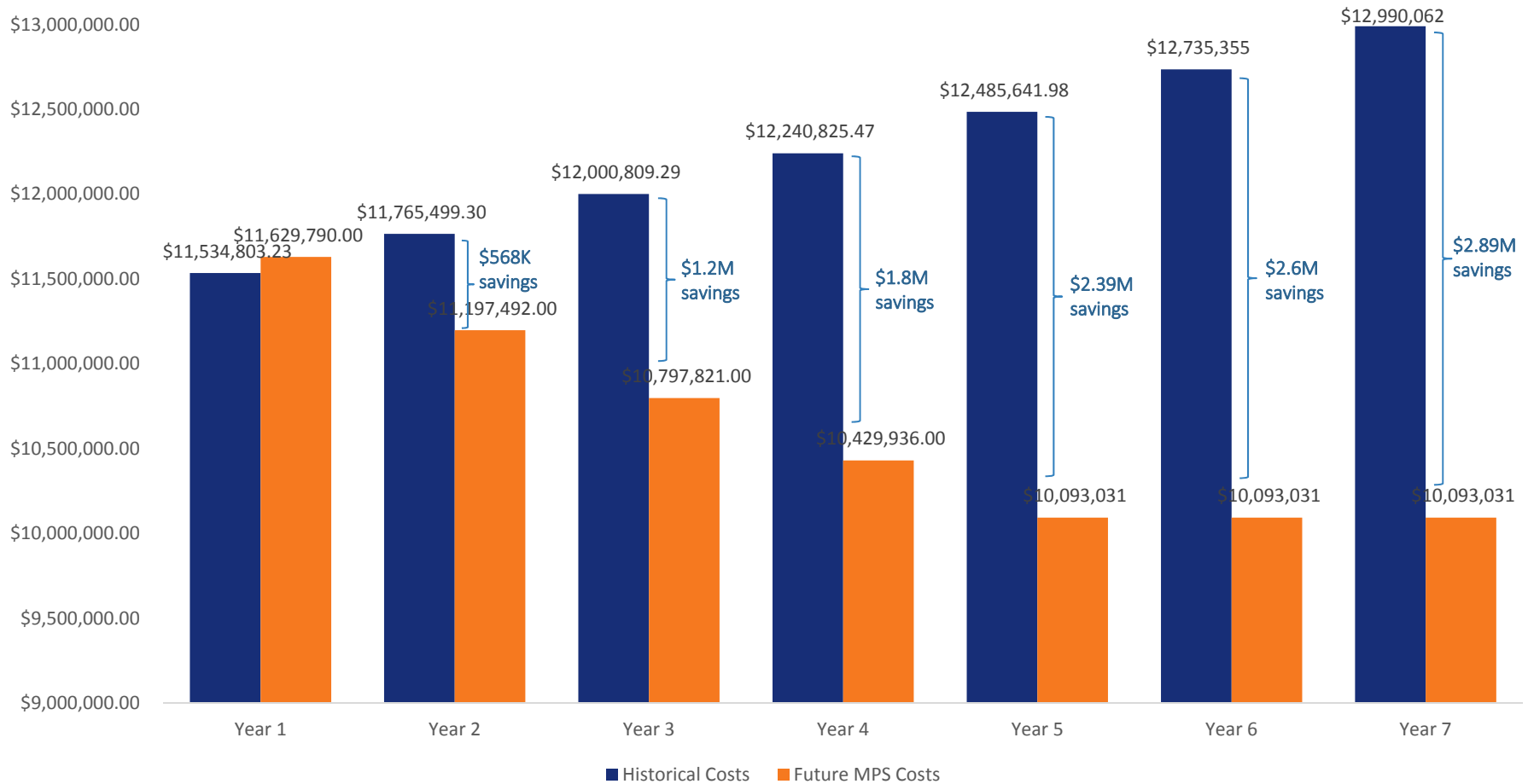
- Canon has the experience in consolidating, enhancing and sustaining some of the most complicated national and global enterprise engagements with long term partnerships.

- With Canon's knowledge, they are able to customize solutions within clinical areas to meet the unique needs that clinical environments require, while utilizing a corporate approach to provide optimized solutions to the Health + Hospitals's administrative and business areas.



7-Year Contract Budget

Not to Exceed: \$74,334,132 over 7 contract years (5 years + 2, 1-year extensions)



Summary

We are seeking authorization to enter into a contract with Canon Solutions America in an amount not to exceed \$74,334,132 with total savings of \$11,418,864.01 to provide Managed Print Services throughout Health + Hospitals for a period of 5 years + 2 one-year extensions.



Resolution

Authorizing the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) to negotiate and execute an amendment to increase funding and extend the contract (the “Contract”) for an active/active data center and business continuity services with SunGard Availability Services (“SunGard”). The initial funding increase is in an amount not to exceed \$8,010,000 for the remainder of the Contract term through October 31, 2016. The funding for the two-year extension plus a one-year renewal option (exercisable at the NYC Health + Hospital’s sole discretion) is in an amount not to exceed \$23,142,062, for a total of \$31,152,062 (including a contingency of \$3,018,530 for additional power and cooling and/or changes to the equipment).

WHEREAS, the Contract with SunGard, which was procured originally via a GNYHA third party contract, provides an active/active redundant data center that expires on October 31, 2016; and

WHEREAS, SunGard has hosted mission critical servers and computer systems and has provided customized solutions for NYC Health + Hospitals under the Contract; and

WHEREAS, the extension of the Contract is required to allow sufficient time to conduct a competitive solicitation and contract award process, plan, prepare and design a transition and then migrate to a new data center with the selected vendor (if other than SunGard) prior to the expiration of such extension; and

WHEREAS, the increase in funding for the Contract is required to cover the costs associated with increasing the power and cooling capacity for the Data Center; and

WHEREAS, the Contract will be managed and monitored under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT the New York City Health and Hospitals Corporation (the “NYC Health + Hospitals”) be and hereby is authorized to negotiate and execute an amendment to increase funding and extend the contract (the “Contract”) for an active/active data center and business continuity services with SunGard Availability Services (“SunGard”). The initial funding increase is in an amount not to exceed \$8,010,000 for the remainder of the Contract term through October 31, 2016. The funding for the two-year extension plus a one-year renewal option (exercisable at the NYC Health + Hospital’s sole discretion) is in an amount not to exceed \$23,142,062, for a total of \$31,152,062 (including a contingency of \$3,018,530 for additional power and cooling and/or changes to the equipment).

Executive Summary – Alternate Data Center (Business Continuity/Disaster Recovery)

The accompanying resolution requests approval to both extend and amend the contract with SunGard Availability Services (SunGard) for total not to exceed amount of \$31,152,062, which includes a contingency of \$3,018,530. The extension is for a two-year term with a one-year option to renew for SunGard to continue to provide an active/active redundant data center. The extension is required to allow sufficient time to conduct a competition, plan, prepare and design a transition and then migrate to a new data center with the selected vendor, should the incumbent vendor SunGard not be selected.

NYC Health + Hospitals has a current contract with SunGard, via a GNYHA third party contract, to provide a Tier 4 active/active redundant Data Center for the Jacobi Data Center that expires October 31, 2016. Under the contract, SunGard provides space, power and environmental, including cabinet space, caged cabinets, power, cabling, and professional services in an active redundant Data Center. SunGard also assists the NYC Health + Hospitals with conducting annual disaster recovery mainframe planning and testing.

SunGard hosts mission critical servers and computer systems for the NYC Health + Hospitals in its Tier 4 Backup Data Center. Data center tier standards measure the quality and reliability of a data center's server hosting ability. Tier 4 data centers are considered the most robust and are less prone to failures. SunGard has provided customized solutions for the NYC Health + Hospitals for the last four years.

The total not to exceed amount for the extension is \$23,142,062, including the contingency, for costs that may be incurred in the event of any additional power and cooling needs and/or moves or changes to the equipment. The remaining spending authority is to increase the current contract by \$8,010,000 to cover the costs associated with an increase to the maximum power and cooling reserve for the current contract. The funding will be paid through the Enterprise IT Services (EITS) operating budget.

At the time EITS entered into the current contract, the original spending authority included the anticipated maximum projected kilowatt (KW) power load needed to support the IT equipment installed in the data center. This power load is used to calculate the data center cooling and square footage requirements; and includes reserve power capacity to allow for changes in power requirements due to growth or changes to the IT equipment housed in the data center.

EITS determined that it was reaching the maximum power and cooling capacity for the size of the Data Center, and entered into a contract modification with SunGard to increase the reserve power available to NYC Health + Hospitals. An increase to the reserve power would eliminate the need to buildout additional Data Center space to support the IT equipment. The total monthly cost, including the increase to power, is currently \$890,000 per month. The annualized cost of the current contract is \$10.7 million.

As a result of a decrease in on-going power needs and other efficiencies, EITS was able to negotiate a reduction in the monthly cost during the extension term to approximately \$559,000 for an annualized cost of \$6.7 million, approximately 37% less than the current spend. This reduction in costs represents a savings of approximately \$4 million per year, for a savings of \$12 million over the three year extension term including the renewal option.

EITS is planning to conduct a competition to ensure that a new contract is in place prior to the expiration of the contract extension period with SunGard.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title: SunGard Disaster Recovery Data Center
Project Title & Number: Alternate Data Center (Business Continuity/Disaster Recovery)
Project Location: SunGard Data Center, New Jersey
Requesting Dept.: Enterprise IT Services

Contractor: SunGard Availability Services

Contract Term: 2 Years with 1 year option to renew

Contract Amount: \$31,152,062 which includes a contingency of \$3,018,530

Number of Respondents: Extension and Amendment via GNYHA Contract
 (If Sole Source, explain in Background section)

Range of Proposals: \$ _____ to \$ _____

Minority Business Enterprise Invited: N/A If no, please explain: Extension

Funding Source: General Care Operating
 Grant: explain _____
 Other: explain _____

Method of Payment: Lump Sum Per Diem Time and Rate
 Other: explain Monthly Payments

EEO Analysis: Approved 4/27/16

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No N/A (X)

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET (continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

NYC Health + Hospitals utilizes SunGard Availability Services as an active/active redundant data center to backup and replicate applications, data and services which reside at the Jacobi Data Center in the Bronx. Enterprise Information Technology Services (EITS) is requesting approval to extend and amend the contract for a total not to exceed amount of \$31,152,062, which includes a contingency of \$3,018,530.

The extension is for a two-year term with a one-year option to renew for SunGard to continue to provide an active/active redundant data center. The extension is needed to allow sufficient time to conduct a competition, plan, prepare and design a transition and then migrate to a new data center with the selected vendor.

NYC Health + Hospitals' current contract with SunGard, to provide a Tier 4 Backup Data Center for the Jacobi Data Center expires October 31, 2016. Under the contract, SunGard provides space, power and environmental, including cabinet space, caged cabinets, power, cabling, and professional services in an alternate Data Center. SunGard also assists the NYC Health + Hospitals with conducting annual disaster recovery mainframe planning and testing.

SunGard hosts mission critical servers and computer systems for the NYC Health + Hospitals in its Tier 4 Backup Data Center. Data center tier standards measure the quality and reliability of a data center's server hosting ability. Tier 4 data centers are considered the most robust and are less prone to failures. SunGard has provided customized solutions for the NYC Health + Hospitals for the last four years.

The total not to exceed amount for the extension is \$23,142,062, including the contingency, for costs that may be incurred in the event of any additional power and cooling needs and/or moves or changes to the equipment. The remaining spending authority is to increase the current contract by \$8,010,000 to cover the costs associated with an increase to the maximum power and cooling reserve for the last 9 months of the contract term. The funding will be paid through the EITS operating budget.

At the time EITS entered into the contract, the original spending authority included the anticipated maximum projected kilowatt (KW) power load needed to support the IT equipment installed in the data center. This power load is used to calculate the data center cooling and square footage requirements; and includes reserve power capacity to allow for changes in power requirements due to growth or changes to the IT equipment housed in the data center.

EITS determined that we were reaching the maximum power and cooling capacity for the size of the Data Center, and entered into a contract modification with SunGard to increase the reserve power available to NYC Health + Hospitals. An increase to the reserve power would eliminate the need to buildout additional Data Center space to support the IT equipment.

EITS is planning to conduct a competition to ensure that a new contract is in place prior to the expiration of the contract extension period with SunGard.

Contract Review Committee

**Was the proposed contract presented at the Contract Review Committee (CRC)?
(include date):**

N/A

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

Not Applicable. This is an extension and amendment to an existing contract VIA GNYHA.

Scope of work and timetable:

SunGard provides space, power and environmental to the Corporation. The contract scope includes cabinet space, caged cabinets, power, cabling, and professional services. In addition, SunGard assists the Corporation with conducting annual disaster recovery mainframe planning and testing. Costs are billed monthly.

The current contract with SunGard expires on October 31, 2016. Following approval of this extension from the Contract Review Committee and the Board of Directors, the extension will be for two years and one year renewal option.

Provide a brief costs/benefits analysis of the services to be purchased.

The total monthly cost, including the increase to power, is currently \$890,000 per month. The annualized cost of the current contract is \$10.7 million.

As a result of a decrease in on-going power needs and other efficiencies, EITS was able to negotiate a reduction in the monthly cost during the extension term to approximately \$559,000 for an annualized cost of \$6.7 million, approximately 37% less than the current spend. This reduction in costs represents a savings of approximately \$4 million per year, for a savings of \$12 million over the three year extension term including the renewal option.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

| Year | Amount |
|--------|--------------|
| FY2014 | \$ 5,471,462 |
| FY2015 | \$ 9,935,178 |

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

This contract submission is for the Tier 4 Backup Data Center for the Jacobi Data Center. Data center tier standards exist to measure the quality and reliability of a data center's server hosting ability. The Uptime Institute uses a 4-Tier ranking system as a benchmark to determining the dependability of a data center.

Tier 4 data centers are considered the most robust and are less prone to failures. They are designed to host mission critical servers and computer systems, with fully redundant subsystems (cooling, power, network links and storage) and compartmentalized security zones controlled by biometric access controls methods. All cooling equipment is independently dual-powered, including chillers and heating, ventilating and air-conditioning (HVAC) systems guaranteeing 99.995% availability.

NYC Health + Hospitals currently does not have the ability to provide for this internally.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No artistic/creative/intellectual property will be produced from this contract. All data stored at the SunGard facility will be owned by HHC and secured by SunGard using HHC requirements. All installed equipment at the SunGard facility will be owned by HHC.

Contract monitoring (include which Senior Vice President is responsible):

Sal Guido
SVP/Corporate Chief Information Officer

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O._

Analysis Completed By E.E.O.

**NYC
HEALTH +
HOSPITALS**

31536C
31536D

Gail Proto
Senior Director
Affirmative Action/EEO
160 Water Street, 13th Floor
New York, NY 10038
Gail.Proto@nychhc.org
Tel: 212-788-3383

TO: Hilary Miller, Manager of Administration
EITS IT Financial Administration
Office of Information Technology

FROM: Gail Proto *G.P.*

DATE: April 27, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Sungard Availability Services, LP (Wayne, P.A. and Carlstadt, N.J.) has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate

Contract Number: _____

Project: Managed IT Services

Submitted by: Office of Information Technology Services

EEO STATUS:

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

COMMENTS:

GP/srf

SunGard Availability Services – Alternate Data Center

Board of Directors Meeting
May 26, 2016



Background Summary

Current SunGard contract, procured via GNYHA third party contract, to provide an active/active redundant data center expires October 31, 2016

- SunGard provides:
 - space, power and environmental, including cabinet space, caged cabinets, power, cabling, and professional services in an alternate Data Center
 - hosts mission critical servers and computer systems in an active redundant data center
 - assists NYC Health + Hospitals with conducting annual disaster recovery mainframe planning and testing



Request

- Spending authority in the amount of \$31.15 million, made up of:
 - \$23.14 million – for contract extension (including \$3.02 million contingency)
 - \$8.01 million – increase to current contract
- Extension of the contract term for two-years with one-year renewal to allow sufficient time to conduct a competition, plan, prepare and design a transition and then migrate to a new data center with the selected vendor, should the incumbent vendor SunGard not be selected.
- Increase of current contract spending authority to cover additional costs attributed to an increase in the maximum power and cooling reserve available to NYC Health + Hospitals.
- Contingency is needed to pay for costs incurred in the event of any additional power and cooling needs moves and/or changes to the equipment.



Reduction in On-Going Costs

Replacement of the end of life equipment with new energy efficient infrastructure has decreased the power and cooling needs moving forward, resulting in savings. NYC Health + Hospitals will realize significant savings during the extension compared to current spend:

- Current contract monthly cost, including the increase to power, is currently \$890K per month - \$10.7 million annualized cost.
- Extension monthly cost reduced to \$559K for an annualized cost of \$6.7 million, approximately 37% less than the current spend
- Savings of approximately \$4 million per year - savings of \$12 million over the three year extension term



Budget Overview

FY16 Operating OTPS Budget (Non-Epic EMR)

| FY16 - IT Budget | | | | | |
|------------------|-----------------------------------|---|------------------|--|----------------|
| | | Includes, but not limited to | (\$ in millions) | | |
| | | | Total Budget | Expenditures [Paid or in Progress] as of 12/31/2015 ⁽¹⁾ | Balance |
| 1 | Maintenance | Radiology/Picture Archiving and Communication System, Dentrax, Microsoft, Quadramed, Mcafee, Cerner, Oracle, Sungard and CISCO Smartnet | \$138.9 | \$71.2 | \$67.7 |
| 2 | Services | Consulting Services for Business Intelligence, PeopleSoft, Desktop Support, Enterprise Service Desk and Enterprise Operations Center | \$43.5 | \$17.0 | \$26.5 |
| 3 | Upgrades | Information Security & Risk Management, Application Standarization, Secure File Transfer, MobileIron, Secure Texting and PC Refresh | \$26.9 | \$7.6 | \$19.3 |
| | Total (IT OTPS Budget) | | \$209.3 | \$95.8 | \$113.5 |

(1) Paid or in progress represents received amounts from the OTPS system and accruals



Questions?



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute an addendum to its contract with The Advisory Board Company’s Clinovations division (“Clinovations”) that will extend its term through March 31, 2017 and add additional services during the final month of the existing contract to provide for leadership and consulting services to support the optimization of the Epic installation at Elmhurst and Queens Hospitals and to achieve the go live installation of Epic at Jacobi Medical Center and North Bronx Hospital with two one-year options to renew, exclusive to NYC Health + Hospitals, for an amount not to exceed \$3,790,517 for the initial term and \$4,344,432 for each of the two renewal terms for a total not to exceed amount of \$12,479,381.

WHEREAS, NYC Health + Hospitals’ entered into a contract with Clinovations pursuant to a March 30, 2015 Exception to Policy dated to provide professional services for the Epic implementation from April 1, 2015 to June 30, 2016 for not more than \$4,008,000; and

WHEREAS, as demonstrated by the successful deployment of Epic at Queens and Elmhurst Hospitals on time, Clinovations has the significant experience in Epic implementation leadership necessary to work within the NYC Health + Hospitals’ Epic governance structure to support the Epic implementation goals, adhere to the project timelines and ensure staff engagement and alignment; and

WHEREAS, Clinovations has forged a successful collaboration with senior NYC Health + Hospitals Enterprise Information Technology Services and has acquired invaluable knowledge of NYC Health + Hospitals’ structure and systems; and

WHEREAS, under the proposed addendum, Clinovations will continue to serve as a strategic partner to NYC Health + Hospitals, providing a core leadership team to support the Epic implementation to best achieve the goals of optimizing and supporting the first Epic four sites, Queens, Elmhurst, Jacobi Hospital Center and North Central Bronx Hospital; and

WHEREAS, the overall responsibility for monitoring the contract shall be with the Senior Vice President/Chief Information Officer.

NOW, THEREFORE, be it

RESOLVED, THAT the New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute an addendum to the contract with The Advisory Board Company that will extend its term through March 31, 2017 and add additional services during the final month of the existing contract to provide for leadership and consulting services to support the optimization of the Epic installation at Elmhurst and Queens Hospitals, with two one-year options to renew, exclusive to NYC Health + Hospitals to achieve the go live installation of Epic at Jacobi Medical Center and North Bronx Hospital for amount not to exceed \$3,790,517 for the initial term and \$4,344,432 for each of the two renewal terms for a total not to exceed amount of \$12,479,381.

Executive Summary

Proposed Contract Amendment with the Advisory Board Company

Introduction. The accompanying Resolution requests approval to enter into a contract Addendum with The Advisory Board Company (“ABCO”) for its Clinovations Division (“Clinovations”) to continue to provide professional services for the Epic implementation for the period through March 31, 2017 for an amount not to exceed \$3,790,517 for the initial term and \$4,344,432 for each of the two renewal terms for a total not to exceed amount of \$12,479,381. The contract is being funded through the Epic budget previously presented to the Board of Directors.

Background. NYC Health + Hospitals entered into a contract with ABCO pursuant to an Exception to Policy dated March 30, 2015, for a term of April 1, 2015 to June 30, 2016 for an amount not to exceed \$4,008,000. The Exception to Policy was reported to the Board of Directors by Dr. Raju at its April 2015 meeting. During that period, Clinovations provided leadership and consulting services that were key in NYC Health + Hospitals’ ability to complete preparations for the initial go-lives at Queens and Elmhurst and then successfully deliver the Epic EMR to those facilities.

Proposed Contract. Under the contract, Clinovations will continue to serve as a strategic partner to NYC Health + Hospitals providing a core leadership team to support the Epic implementation rollouts that quickly follow the initial go-lives in Queens and Elmhurst. To accomplish the dual goals of optimizing and supporting the first Epic sites, Queens and Elmhurst, and preparing the facilities, staff and physicians for the upcoming go-lives, Clinovations will provide the services of Interim Leaders through March 31, 2017.

Scope of Services. The Clinovations services from June 1, 2016 through March 31, 2017, will include:

1. Further stabilization of the Queens and Elmhurst network facilities;
2. Preparation, support and leadership for Jacobi and NCB go-live;
3. Stabilization and optimization of the Jacobi and NCB go-live installation;
4. Leadership support in standardizing the lab and medication formulary across the Health System;
5. Optimization of the corporate and hospital governance to support continued transformation efforts;
6. Training EITS leadership to take on additional responsibilities that may be currently or previously supported by outside contractors such that the EITS management team can support the balance of the Epic roll-out with minimal outside support;
7. Expansion of the training materials and scope to cover and include non-Epic workflows;
8. Creation of optimization roadmap that leverages the investment made in Epic and this organizational transformation.

Clinovations has significant experience serving in Epic implementation leadership roles, and will continue to work within the NYC Health + Hospitals' Epic governance structure to support the Epic implementation goals, adhere to the project timelines and ensure staff engagement and alignment.

Compensation. Payment for the Clinovations services will be evenly divided between fixed fees and deliverable-based fees: a fixed fee of \$1,895,258 will be paid at regular intervals and \$1,895,258 will be paid upon the completion and acceptance of key deliverables.

Options. NYC Health + Hospitals will hold two options to renew the contract for periods of one year each for an amount not to exceed \$4,344,432 for each year. During such option periods, if such options are exercised by NYC Health + Hospitals, Clinovations shall provide to NYC Health + Hospitals leadership and support services for the go live installation and follow on stabilization and optimization associated with the Epic installations at the facilities that will next follow the Jacobi and NCB installations with each option term being intended to cover the Epic installation that can be effected during such period. The time commitment, leadership resources, and deliverables structure during each of such option terms shall be consistent with those during the previous term of the contract.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Epic Implementation Services
Project Title & Number: EPIC EMR
Project Location: 55 Water Street, New York, NY 10041
Requesting Dept.: Enterprise IT Services (EITS)

Successful Respondent: The Advisory Board Company
Contract Amount: \$12,479,381
Contract Term: May 30, 2016 to March 31, 2017 and 2 one-year renewal options

Number of Respondents: N/A
(If Sole Source, explain in Background section)

Range of Proposals: N/A

Minority Business Enterprise Invited: __ Yes _X_ No

Funding Source: __ General Care ___ Capital
__ Grant: explain
X Other: Operating Funds

Method of Payment: Combination of Fixed fee and deliverable based
Other: explain _____

EEO Analysis: Approved 4/3/15

Compliance with HHC's McBride Principles? _X_ Yes ___ No

Vendex Clearance __X_ Pending CNC No _____ N/A

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET(continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

EITS requests approval to negotiate and execute an addendum to its contract with The Advisory Board Company's Clinovations division ("Clinovations") that will extend to continue to provide professional services for the Epic implementation for the period through March 31, 2017 for an amount not to exceed \$3,790,517 for the initial term and \$4,344,432 for each of the two renewal terms for a total not to exceed amount of \$12,479,381.

Clinovations will provide leadership and consulting services to support the optimization of the Epic installation at Elmhurst and Queens Hospitals, to achieve the go live installation of Epic at Jacobi Medical Center and North Bronx Hospital and optimization and stabilization of the Epic installation at Jacobi and NCB.

NYC Health + Hospitals entered into a contract with Clinovations pursuant to an Exception to Policy dated March 30, 2015, for a term of April 1, 2015 to June 30, 2016 for an amount not to exceed \$4,008,000. The Exception to Policy was reported to the Board of Directors by Dr. Raju at its April 2015 meeting. During that initial period, Clinovations provided leadership and consulting services that were key in NYC Health + Hospitals' ability to complete preparations for the initial go-lives at Queens and Elmhurst and then successfully deliver the Epic EMR to those facilities.

Under the contract addendum, Clinovations will continue to serve as a strategic partner to NYC Health + Hospitals providing a core leadership team to support the Epic implementation rollouts that quickly follow the initial go-lives in Queens and Elmhurst. To accomplish the dual goals of optimizing and supporting the first Epic sites, Queens and Elmhurst, and preparing the facilities, staff and physicians for the upcoming go-lives, Clinovations will provide the services of Interim Leaders through March 31, 2017.

The Clinovations services through March 31, 2017, will include:

- Further stabilization of the Queens and Elmhurst network facilities;
- Preparation, support and leadership for Jacobi and NCB go-live;
- Stabilization and optimization of the installation at Jacobi and NCB;
- Leadership support in standardizing the lab and medication formulary across the Health System;
- Optimization of the corporate and hospital governance to support continued transformation efforts;
- Training EITS leadership to take on additional responsibilities that may be currently or previously supported by outside contractors such that the EITS management team can support the balance of the Epic roll-out with minimal outside support;
- Expansion of the training materials and scope to cover and include non-Epic workflows;
- Creation of optimization roadmap that leverages the investment made in Epic and this organizational transformation.

Additionally NYC Health + Hospitals will hold two options to renew the contract for periods of one year each for an amount not to exceed \$4,344,432 for each year. During such option periods, if such

options are exercised by NYC Health + Hospitals, Clinovations shall provide to NYC Health + Hospitals leadership and support services for the go live installation and follow on stabilization and optimization associated with the Epic installations at the facilities that will next follow the Jacobi and NCB installations with each option term being intended to cover the Epic installation that can be effected during such period. The time commitment, leadership resources, and deliverables structure during each of such option terms shall be consistent with those during the previous term of the contract.

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

Yes. The CRC approved the contract award on 5/24/16.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

N/A

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

This is a proposed sole source contract. Clinovations has achieved its success in the Epic installation at Elmhurst and Queens Hospitals through forging a successful partnership between the Clinovations team and the members of the EITS leadership. Clinovations has become familiar with NYC Health + Hospitals governance structures including the City Hall oversight of the Epic installation. While there are other vendors that might be able to provide the technical knowledge and guidance that Clinovations has provided, it would not be possible for another vendor to step into Clinovations' shoes and pick up the work Clinovations has been doing because they would have to build their own knowledge of the NYC Health + Hospitals' governance structures and they would have to start at the beginning the forge the necessary relationships. Switching to another vendor midway through the Epic roll-out is likely to be disruptive of the work flow risks delays and inconsistencies in the build out of the program.

CONTRACT FACT SHEET (continued)

Scope of work and timetable:

The Clinovations services through March 31, 2017, will include:

- Further stabilization of the Queens and Elmhurst network facilities;
- Preparation, support and leadership for Jacobi and NCB go-live;
- Stabilization and optimization of the installation at Jacobi and NCB;
- Leadership support in standardizing the lab and medication formulary across the Health System;
- Optimization of the corporate and hospital governance to support continued transformation efforts;
- Training EITS leadership to take on additional responsibilities that may be currently or previously supported by outside contractors such that the EITS management team can support the balance of the Epic roll-out with minimal outside support;
- Expansion of the training materials and scope to cover and include non-Epic workflows;
- Creation of optimization roadmap that leverages the investment made in Epic and this organizational transformation.

Provide a brief costs/benefits analysis of the services to be purchased.

Clinovations has significant experience serving in Epic implementation leadership roles, and will continue to work within the NYC Health + Hospitals' Epic governance structure to support the Epic implementation goals, adhere to the project timelines and ensure staff engagement and alignment.

Payment for the Clinovations services will be evenly divided between fixed fees and deliverable-based fees: a fixed fee of \$1,895,258 will be paid at regular intervals and \$1,895,258 will be paid upon the completion and acceptance of key deliverables.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

Original Contract Period: April 1, 2015 to June 30, 2016 - \$4,008,000.

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

Clinovations has significant experience serving in Epic implementation leadership roles, and will continue to work within the NYC Health + Hospitals' Epic governance structure to support the Epic implementation goals, adhere to the project timelines and ensure staff engagement and alignment. NYC Health + Hospitals has a deep investment in its Epic team, however it is also critical to have program leadership that can bring to bear their substantial experience in Epic implementations in very complex environments such as ours.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

It is not anticipated that the contract will produce artistic, creative or intellectual property.

Contract monitoring (include which Senior Vice President is responsible):
Sal Guido, Chief Information Officer

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O. _____
Date

Analysis Completed By E.E.O. April 3, 2015
Date

30846K

Manasses C. Williams
Senior Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Hilary Miller
EITS
Office of Information Technology

FROM: Manasses C. Williams

DATE: April 3, 2015

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, The Advisory Board Company has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate

Contract Number: _____

Project: IT Consulting Services

Submitted by: Office of Information Technology Services

EEO STATUS:

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

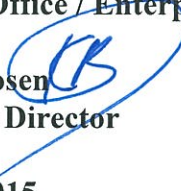
COMMENTS:

MCW/srf

Office of Legal Affairs

MEMORANDUM

To: Hilary Miller
Central Office / Enterprise Information Technology Services

From: Karen Rosen 
Assistant Director

Date: May 1, 2015

Subject: VENDEX Approval

For your information, on May 1, 2015 VENDEX approval was granted by the Office of Legal Affairs for the following company:

The Advisory Board Company

This approval is based upon prior VENDEX approval for the above-named company, which falls within 90 days of your current request.

cc: Norman M. Dion, Esq.

The Advisory Board-Clinovations Epic EMR Contract Extension

Board of Directors Meeting
May 26, 2016

Sal Guido, Senior Vice President/CIO



The Request



Negotiate and Execute a Contract Addendum:

- Extend the term 10 months through March 31, 2017 for the not to exceed amount of \$3.8 million
- Include 2 one-year renewal options, at NYC Health + Hospitals' discretion, for \$4.3 million per year for a total not to exceed amount of \$12.5 million over 3 years
- Clinovations, will continue the valuable collaboration forged with NYC Health + Hospitals' leadership to support the on-going Epic implementation and deployment at Jacobi and NCB

Business Justification

- As demonstrated by the successful and on-time deployment of Epic at Queens and Elmhurst, Clinovations is a strategic partner that:
 - has significant experience in Epic implementation leadership
 - works effectively within the NYC Health + Hospitals' Epic governance structure
 - supports the Epic implementation goals to adhere to the project timelines and ensure staff engagement and alignment

Budget Overview



| EMR Project - Six Year Implementation Budget | | | | | | | | |
|--|---|---|--|-------------------------|--------------|---|--------------|-------------|
| [Expenditures include Invoices Paid or In-Process] | | | | | | | | |
| Item | | Total Implementation Dollars (in millions) | | | | | | |
| | | Project to Date | | | FY2016 | | | |
| | | Total Budget FY13 to FY19 | Expenditures (Paid or in Process) as of 3/31/2016 | Balance FY13 to FY19 | Budget FY16 | Expenditures FY16 (Paid or in Process) as of 3/31/2016 | Balance FY16 | |
| 1 | Epic Contract | Includes Software and Implementation and Training Services. | \$144 | \$76 | \$68 | \$18 | \$9 | \$9 |
| 2 | Third Party & Other Software | Includes Endoscopy, Fetal Monitoring Systems, ePrescribing, Patient Education. | \$30 | \$8 | \$22 | \$6 | \$3 | \$3 |
| 3 | Hardware | Includes Servers, Storage, Server Licensing, Network Switches. | \$83 | \$46 | \$38 | \$28 | \$20 | \$8 |
| 4 | Interfaces | Includes Interface Software/Biomed Middleware. | \$38 | \$4 | \$34 | \$3.2 | \$0.6 | \$2.6 |
| 5 | Implementation Support | Third party vendor staff augmentation, go-live support and training (includes costs associated with backfilling non-IT staff and temps). | \$356 | \$54 | \$303 | \$75 | \$20 | \$55 |
| 6 | Application Support Team | New HHC FTE staff to be used through the implementation period including fringe benefits. These costs will become on-going after implementation period. | \$113 | \$39 | \$74 | \$19 | \$11 | \$8 |
| Clinicals-Only Total | | [Without QuadraMed Transition/Existing Application/Existing Staff Costs] | \$764 | \$226 | \$538 | \$148 | \$64 | \$84 |

Note :

1. 5 year cost projection for Revenue Cycle was an additional \$125 million. Budget is under review. Further evaluation required.



Questions?

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute a three-year contract, with two two-year options to renew, in an amount not to exceed \$15,518,873, with Base Tactical Disaster Recovery, Inc. ("Base Tactical") to provide project management consulting services for the repair, restoration and hazard mitigation of NYC Health + Hospitals facilities damaged by Hurricane Sandy.

WHEREAS, four NYC Health + Hospitals facilities, Bellevue Hospital Center, Coler Specialty Hospital and Nursing Facility, Coney Island Hospital and Metropolitan Hospital Center, sustained major damage in October 2012 as a result of Hurricane Sandy; and

WHEREAS, NYC Health + Hospitals, through its dedicated leadership and staff, engaged consultants and others to complete certain emergency repair and restoration work permitting the impacted facilities to safely operate and continue to provide care to New York City residents; and

WHEREAS, NYC Health + Hospitals engaged Base Tactical by agreements dated November 6, 2012 and August 1, 2015 to provide disaster recovery consulting services including advising NYC Health + Hospitals in its negotiations and other dealings with FEMA and assisting to manage the temporary repair and restoration of the impacted facilities; and

WHEREAS, the Base Tactical agreement will expire November 30, 2016; and

WHEREAS, NYC Health + Hospitals needs to complete the repair and restoration of the impacted facilities and implement hazard mitigation measures to reduce or eliminate potential damage from future storms; and

WHEREAS, by Letter of Undertaking dated March 26, 2015, the Federal Emergency Management Agency ("FEMA") acknowledged that the impacted facilities sustained damage as result of Hurricane Sandy and awarded NYC Health + Hospitals a fixed, capped grant totaling \$1,722,705,384, consisting of \$901,322,089 for the repair and restoration of the impacted facilities, \$755,125,396 for hazard mitigation work and \$66,257,899 for direct administrative costs; and

WHEREAS, NYC Health + Hospitals issued a Request for Proposals to engage a vendor with extensive expertise and experience in managing and planning repair, restoration and hazard mitigation work for healthcare organizations, knowledge of FEMA rules, practices and procedures, and familiarity with applicable law; and

WHEREAS, after a careful review of all proposals and in person presentations by each proposer, the NYC Health + Hospitals RFP Evaluation Committee selected Base Tactical as the vendor to provide the solicited services; and

WHEREAS, the overall responsibility for monitoring the proposed contract shall be with the Vice President for Supply Chain Services and the Senior Assistant Vice President for Finance.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be, and hereby is, authorized to negotiate and execute a three-year contract, with two two-year options to renew, in an amount not to exceed \$15,518,873, with Base Tactical Disaster Recovery, Inc. to provide project management consulting services for the repair, restoration and hazard mitigation of certain NYC Health + Hospitals facilities damaged by Hurricane Sandy.

NYC Health + Hospitals

Base Tactical Contract Spend FY 13 - FY 16 (YTD)

| <u>Received</u> | <u>FY 13 FYE</u> | <u>FY 14 FYE</u> | <u>FY 15 FYE</u> | <u>FY 16 thru April</u> | <u>TOTAL</u> | <u>Not to Exceed</u> | <u>Remaining Balance</u> |
|----------------------|---------------------|---------------------|---------------------|-------------------------|----------------------|----------------------|--------------------------|
| Base Tactical | \$ 1,908,050 | \$ 2,927,954 | \$ 1,885,312 | \$ 2,215,408 | \$ 8,936,723 | \$ 12,182,249 | \$ 1,128,405 |
| Stantec | \$ 1,411,061 | \$ - | \$ - | \$ - | \$ 1,411,061 | | |
| Family Environmental | \$ 706,061 | \$ - | \$ - | \$ - | \$ 706,061 | | |
| TOTAL | \$ 4,025,171 | \$ 2,927,954 | \$ 1,885,312 | \$ 2,215,408 | \$ 11,053,845 | | |

New Contract FY 17 - FY 22
\$ 15,518,873.00

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$10,855,666 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Energy Conservation Measures upgrade project (the “Project”) at NYC Health + Hospitals / Harlem (the “Facility”).

WHEREAS, in March 2005, NYC Health + Hospitals, the City University of New York, the New York City Board of Education, and the City of New York, through the Department of Citywide Administrative Services (collectively, the “Customers”), entered into an Energy Efficiency-Clean Energy Technology Program Agreement (“ENCORE Agreement”) with NYPA; and

WHEREAS, in September 2014, the City mandated a 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within Department of Citywide Administrative Services (“DCAS”); and

WHEREAS, in December 2009, as part of PlaNYC 2030, the City passed major legislation known as the “Greener, Greater Buildings Plan” that included more stringent code requirements; required installation of lighting upgrades and tenant meters in non-residential spaces; and required all buildings over 50,000 square feet to undertake benchmarking and audits; and implement retro-commissioning measures. Local Law 87 mandated Comprehensive Energy Audits be completed within a 10 year time frame (2013 – 2023); and

WHEREAS, the City, through DCAS, has allocated funding under the Accelerated Conservation and Efficiency (“ACE”) program for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy and greenhouse gas emissions of municipal operations 80% by 2050; and

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed energy conservation measures at the Facility by undertaking the project at a not-to-exceed cost of \$10,855,666 (see Exhibit A – Executive Project Summary), to enhance the reliability of its systems, as well as increase the comfort and safety of the building occupants; and

WHEREAS, DCAS has deemed this ACE project to be eligible under the PlaNYC initiative and has allocated \$10,000,000 in the PlaNYC capital budget; and

WHEREAS, NYPA demonstrates that the project will produce total annual cost savings to the Facility estimated at \$1,072,288; and

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

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be, and hereby is, authorized to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$10,855,666 for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Energy Conservation Measures upgrade project (the “Project”) at NYC Health + Hospitals / Harlem (the “Facility”).

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS / HARLEM ENERGY CONSERVATION MEASURES UPGRADE

OVERVIEW: NYC Health + Hospitals is seeking to undertake an energy efficiency project, which addresses mandated energy reduction in New York City. This project will incorporate a number of energy efficiency recommendations that arose from a comprehensive energy audit funded by the Department of Citywide Administrative Services (DCAS). The project is fully design, estimated, and completely bid under NYPA. The project cost is not-to-exceed \$10,855,666.

NEED: During the Comprehensive Energy Efficiency Audit of the Facility managed by NYPA, it was determined that several energy conservation measures (ECMs) of the audit be implemented. ECMs such modernization of the air handling system and lighting and controls upgrades in Martin Luther King (MLK) building, modernize secondary pump variable frequency drive (VDF) in Ron Brown building, and other energy consumption measures will be implemented to enhance the reliability of the facility systems, as well as increase the comfort and safety of buildings occupants.

In 2013, the City of New York, through the Department of Citywide Administrative Services (“DCAS”) allocated funding for improvements and upgrades to increase energy efficiency and energy cost savings at City-owned facilities in line with the PlaNYC initiative to reduce energy costs and greenhouse gas emissions (“GHG”) of municipal operations 30% by 2017¹. DCAS developed the Accelerated Conservation and Efficiency (“ACE”) Program to fund capital-eligible energy efficiency and clean energy projects. DCAS approved PlaNYC funding for the following ECMs at the Facility:

- ECM – 1: Modernization of Air Handling System - “MLK” Building;
- ECM – 2: Secondary Pump VDFs Modulation - “Ron Brown” Building;
- ECM – 3: Steam Trap Replacement;
- ECM – 4: New Pipe Insulation; and
- ECM – 5: Upgrade “MLK” Building Lighting and Controls;

SCOPE: The scope of work corresponds to the ECMs approved by DCAS:

- ❖ ECM – 1: Modernization of air handling units, exhaust fans and their supporting systems in “MLK” building;
- ❖ ECM – 2: Upgrade the secondary pump systems in the penthouse mechanical room in “Ron Brown” building;
- ❖ ECM – 3: Identify and remedy steam leaks at the facility;
- ❖ ECM – 4: Provide for the insulation of 1,200 feet of uninsulated pipe in the steam distribution system; and
- ❖ ECM – 5: Upgrade the lighting and controls systems in the “MLK” building;

TERMS: NYPA has competitively bid this project and has submitted a final total project cost to NYC Health + Hospitals.

COSTS: \$10,855,666

SAVINGS: **Electrical:**
Energy Consumption Savings: 5,913,304 kilowatts-hours (kWh)
Monthly Demand Decrease: 154.95 kilowatts (kW)
Annual Electrical Energy Savings: \$707,401

Fuel:
Gas / Oil Savings: 479,530 therms
Gas / Oil Energy Savings: \$364,887
CO2 Reductions: 4,296.60 tons

Total Annual Estimated Savings: \$1,072,288
Simple Payback: 10.12 years

FINANCING: PlaNYC Capital - \$10,000,000 (no cost); and General Obligations Bonds- \$855,666. NYC Health + Hospitals expects to proceed with this project upon the approval of this resolution, and the execution of the Customer Installation Commitment ("CIC") (see Exhibit B).

SCHEDULE: NYC Health + Hospitals expects NYPA to complete this project by June 2017.

¹ In September 2014, New York City released a comprehensive, 10-year plan called "*One City: Built to Last-Transforming New York City's Buildings for a Low Carbon Future*" to address the energy used in our buildings. The plan has an overall target of reducing greenhouse gas (GHG) 80% below 2005 levels by 2050. In 2015, NYC Health + Hospitals accepted the Hospitals and Universities NYC Carbon Challenge to reduce GHG emissions by 50% by 2025.

| |
|---|
| NYPA ENCORE II: INITIAL CUSTOMER INSTALLATION COMMITMENT (CIC) SUMMARY AND SIGNATURE SHEET |
|---|

Date: May 3, 2016
Project No.: ES-GSN-0724
Project: NYC Health + Hospitals / Harlem - Comprehensive Energy Upgrade

CUSTOMER REPAYMENT OBLIGATION

| | |
|-------------------------------|--------------|
| Total Installed Project Cost | \$10,855,666 |
| | |
| CUSTOMER Repayment Obligation | \$10,855,666 |

METHOD OF PAYMENT

| | |
|---|--------------|
| Progress Payment, payable upon receipt of Authority invoice after completion of each milestone. | \$10,855,666 |
| Outstanding Balance financed by Authority (P) | \$0 |
| Authority Cost of Money (i) | 4.000% |
| Number of Monthly Payments (N) | 120 |
| Monthly Bill Surcharge [@pmt (P, i/12, N)] | \$0 |
| Annual Bill Surcharge | \$0 |

ESTIMATED ANNUAL COST REDUCTION

| | |
|---|---------------------------|
| Estimated Annual Energy Cost Savings | \$1,072,288 |
| Estimated Annual Maintenance Cost Savings | \$0 |
| Estimated Total Annual Cost Savings | \$1,072,288 |
| Estimated Total GHG Emissions Reduction | 4,296.60 (metric tons/yr) |

AUTHORIZATIONS

Preparation of the next step associated with the NYPA ENCORE measures at this facility upon these terms is hereby approved by CUSTOMER.

Authorized CUSTOMER Representative:

Agency NYC Health + Hospitals
 Signature _____
 Name Dr. Ramanathan Raju
 Title President and CEO
 Date _____

Bid Expires: 9/27/2016
 (Date)

Agency NYC Health+Hospitals/Harlem
 Signature _____
 Name Ebone Carrington
 Title Executive Director
 Date _____

Authorized CITY Representative:

Agency _____
 Signature _____
 Name _____
 Title _____
 Date _____

Agency _____
 Signature _____
 Name _____
 Title _____
 Date _____

Preparation of the next step associated with the NYPA ENCORE measures at this facility upon these terms is hereby approved by AUTHORITY.

Authorized AUTHORITY Representative:

Signature _____
 Name Gil Quiniones
 Title President & Chief Executive Officer
 Date _____

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to negotiate and execute a contract with Loeb & Troper LLP, CPAs for Annual Financial and Compliance Audits of twenty-two (22) Corporation Auxiliaries. This contract is for audit services for calendar years 2015 through 2017 with two separate one year renewal options in an amount not-to-exceed \$855,000. The NYC Health + Hospitals, at its sole option and discretion, may renew this Agreement for an additional one or two successive one-year term(s).

WHEREAS, the NYC Health + Hospitals has determined that retention of an outside independent Certified Public Accounting firm to perform independent audits of twenty-two (22) Corporation Auxiliaries best serves the interests of the Corporation; and

WHEREAS, the NYC Health + Hospitals conducted a competitive selection process for consulting services, using a Request for Proposals (“RFP”) issued December 8, 2015 in compliance with Corporate Policy and Procedures to identify and select qualified firms to provide audit services; and

WHEREAS, under the direction and oversight of the Office of Internal Audits, such audits will enable the NYC Health + Hospitals to obtain an accurate appraisal of the management of its auxiliaries that engage in fund raising efforts, monitor receipt and disbursements of funds from dues, fund raising efforts, gifts, bequests, donations and/or revenue generating sources other than patient service; and

WHEREAS, Loeb & Troper LLP is a licensed Certified Public Accounting Firm in New York State satisfying all the minimum qualifications as set forth in the RFP; and

WHEREAS, the overall responsibility for monitoring the contract shall be under the direction of the Assistant Vice President/Chief Internal Auditor; and

NOW, THEREFORE, be it

RESOLVED, that the New York City Health + Hospitals be and hereby is, authorized to negotiate and execute a contract with Loeb & Troper LLP, CPAs for Annual Financial and Compliance Audits of twenty-two (22) Corporation Auxiliaries. This contract is for audit services for calendar years 2015 through 2017, exclusive of two separate one year renewal options, in an amount not-to-exceed \$855,000. The NYC Health + Hospitals, at its sole option and discretion, may renew this Agreement for an additional one or two successive one-year term(s).

EXECUTIVE SUMMARY

The President seeks authorization to negotiate and execute a contract with Loeb & Troper LLP, CPAs for The Annual Financial and Compliance Audits of twenty-two (22) Corporation Auxiliaries for calendar years 2015 through 2017 with options for two separate one year renewals.

This contract will satisfy a need for the continued use of independent audit services to monitor the activities of the Corporation's 22 hospital auxiliaries in calendar years 2015 through 2017. The terms of the contract with Loeb & Troper LLP concluded on December 31, 2014.

On an annual basis, and in addition to compliance with Operating Procedure No. 10-20, the Corporation also requires reporting of questionable charges and/or expenditures from audit test results. Such tests must be conducted at each auxiliary for calendar years 2015 through 2017. Limited internal resources and the need for audits conducted by an independent CPA firm for Auxiliary 990 income tax filings necessitate the need to continue the practice of retaining the services of an outside certified public accounting firm.

Specific deliverables the contractor will be required to provide include:

- An opinion as to whether each Auxiliary has presented its financial position in accordance with Generally Accepted Accounting Principles (GAAP);
- An opinion as to compliance with Operating Procedure 10-20 "Auxiliaries";
- A report on the appropriateness of recorded charges and/or expenditures based on sample testing;
- Recommendations for enhancements to operations;
- Verification of:
 - concessionaire payments;
 - bank reconciliations;
 - transactional testing;
 - compliance with IRC 501(c)(3) guidelines; and
 - Implementation of all prior recommendations from all audits conducted.

Loeb & Troper LLP was selected through an RFP process which included review and evaluation of the proposal by a Selection Committee comprised of representatives from the NYC Health + Hospitals/Office of Internal Audits, NYC Health + Hospitals/Intergovernmental Relations, NYC Health + Hospitals /Bellevue, NYC Health + Hospitals /Enterprise Information Technology Services and NYC Health + Hospitals/Corporate Comptroller. Selection criteria included understanding of work and soundness of approach, appropriateness and quality of the firm's experience, qualifications of staff and a cost proposal for each auxiliary to be audited. The results of the RFP process presented the Selection Committee with two proposals for consideration. Loeb & Troper LLP received the higher rating from all Committee members as well as the higher overall score for all proposals submitted. As such, Loeb & Troper LLP is the firm requested for approval.

CONTRACT FACT SHEET

New York City Health + Hospitals Corporation

Contract Title: Contract between NYC Health + Hospitals and Loeb & Troper LLP to provide Financial and Compliance Audits of NYC Health +Hospitals/Auxiliaries

Project Title & Number: DCN# 2213

Project Location: NYC Health +Hospitals/Auxiliaries

Requesting Dept.: Office of Internal Audits

Successful Respondent: Loeb & Troper LLP

Contract Amount: \$496,500

Contract Term: May 2, 2016 to May 1, 2019 with 2 one year renewal options

Number of Respondents: 2

(If Sole Source, explain in Background section)

Range of Proposals: \$496,500 to \$713,285

Minority Business Enterprise Invited: Yes

Funding Source: Other: Central Budget

Method of Payment: Payments will be made on percentage of completion basis. Invoices are to be submitted for payment only upon completion of each deliverable in accordance with the payment schedule noted on page 15 of the RFP.

EEO Analysis: Yes

Compliance with HHC's McBride Principles? Yes

Vendex Clearance Pending

These documents are on file with NYC H+H as of July 2010.

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET (continued)

Background *(include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

Each Auxiliary is required to have an annual audit of its financial statements done by a Certified Public Accountant per Section (4) (i) of Operating Procedure No. 10-20 entitled “Annual Financial Report”. This is to ensure that funds and assets of the Auxiliary are accurately recorded on the books, records are maintained in accordance with generally accepted accounting principles and all expenditures of the Auxiliary funds comply with corporate operating procedures and guidelines.

The previous contract expired on December 31, 2015.

CONTRACT FACT SHEET (continued)

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

Yes. November 23, 2015

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

No.

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

The selection Committee evaluated and rated the proposals of the firms on their technical merits by applying the Evaluation Criteria listed below.

- a. **Understanding of work and soundness of approach: (25%)**
 1. **Proposers responsiveness in addressing the scope and substantive requirements of the RFP. The Proposal should demonstrate a clear and concise understanding of the RFP's desired objectives;**
 2. **Realistic timeframe for Completion of Deliverables; and**
 3. **Emphasis that the Proposer's management would potentially place on this project.**
- b. **Technical Qualifications and Previous Client References. (35%)**
 1. **Licensed CPA firm, listed on New York City Comptroller's list of pre-qualified CPA firms eligible to bid;**
 2. **Staffing levels of not less than fifty (50) accounting professionals;**
 3. **Quality of Client References;**
 4. **Prior auditing experience of large healthcare facilities and systems;**
 5. **Experience in New York City/ State governmental auditing;**
- c. **Qualifications of Proposed Staff. (25%)**

Background and experience of project team, including staffing levels and audit team make-up.
- d. **Cost. (15%)**

The amounts for each criteria were totaled and each committee member was required to rank their preference.

Justification: All committee members chose the firm, Loeb & Troper, which scored higher on all evaluation criteria.

See attached lists as requested.

CONTRACT FACT SHEET (continued)

Scope of work and timetable:

Scope of work: The Consultant/Proposer will be required to review internal controls over financial reporting to design audit procedures to express an opinion on each Auxiliary's financial statements. In addition, tests of compliance with laws, regulations, contracts, grant agreements, etc. will be used to ascertain conformity with *Government Auditing Standards*. Further, noncompliance with HHC Corporate Operating Procedures will be disclosed in reports from the results of audit testing performed. As necessary, the Consultant will be required to operate under the supervision of the Chief Internal Auditor/AVP.

Timetable: The Corporation requires completion of all fieldwork and receipt of all draft and final audit reports in accordance with the timetable set forth below:

| CALENDAR YEAR | DRAFT REPORT | FINAL REPORT |
|---------------|----------------|---------------|
| 2015 | June 30, 2016 | July 31, 2016 |
| 2016 | April 30, 2017 | May 31, 2017 |
| 2017 | April 30, 2018 | May 31, 2018 |
| 2018(a) | April 30, 2019 | May 31, 2019 |
| 2019(a) | April 30, 2020 | May 31, 2020 |

(a) With renewal
granted

Provide a brief costs/benefits analysis of the services to be purchased.

Each Auxiliary is required to have an annual audit of its financial statements done by a Certified Public Accountant per Section (4) (i) of Operating Procedure No. 10-20 entitled "Annual Financial Report". This is to ensure that funds and assets of the Auxiliary are accurately recorded on the books, records are maintained in accordance with generally accepted accounting principles and all expenditures of the Auxiliary funds comply with corporate operating procedures and guidelines. These services cost the corporation \$717,500 over the last contract period. The actual cost for this contract is \$496,500. If the renewal option is exercised, the contract cost would be \$855,000.

The Corporation would benefit from the knowledge that the Auxiliaries are in compliance with regulatory and internal guidelines and information contained in reports is accurate and reliable.

CONTRACT FACT SHEET (continued)

Provide a brief summary of historical expenditure(s) for this service, if applicable.

Previous contract cost:

Loeb & Troper: Period CY 2010- 2015 - \$717,500.

Watson Rice, LLP: Period CY 2005 - 2009 - \$575,000

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

Each Auxiliary is required to have an annual audit of its financial statements done by a Certified Public Accountant per Section (4) (i) of Operating Procedure No. 10-20 entitled "Annual Financial Report".

*Will the contract produce artistic/creative/intellectual property? Who will own It?
Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?*

No.

CONTRACT FACT SHEET (continued)

Contract monitoring (include which Senior Vice President is responsible):

Mr. Christopher Telano, Chief Internal Auditor/AVP

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O. _____
Date

Analysis Completed By E.E.O. _____
Date

Name

**NYC
HEALTH+
HOSPITALS**

31315A

Gail Proto
Senior Director:
Affirmative Action/EEO
160 Water Street
New York, NY 10038
Gail.Proto@nychhc.org:
212-788-3383

TO: Carol Parjohn
Director
Central Office – Office of Internal Audits

FROM: Gail Proto *G.P.*

DATE: March 17, 2016

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Loeb & Troper LLP, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Central Office – Office of Internal Audits

Contract Number: N/A

Project: Provide Audits of Auxiliaries

Submitted by: Central Office – Office of Internal Audits

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS: