

# AGENDA

## INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: January 14th ,2016

Time: 10:00 AM

Location: 125 Worth Street, Room 532

## BOARD OF DIRECTORS

### CALL TO ORDER

**DR. BARRIOS-PAOLI**

### CHIEF INFORMATION OFFICER REPORT

**MR. GUIDO**

### ACTION ITEM:

- 1) Authorizing the President of the New York City Health + Hospitals (“NYC H+H”) to enter into an agreement with Lighttower Fiber Networks (“Lighttower”) to build, deploy and support an enterprise-wide area Network (“Network”) and to provide voice and data services over such Network for a term of five (5) years with two (2) one-year options to renew, solely exercisable by NYC H+H, for an amount not to exceed \$51,259,674, which includes a 20% contingency, for the initial five-year term.

**MR. GUIDO**

### INFORMATION ITEM:

- 1) EITS Project Portfolio Update

**MR. GALLO**

### OLD BUSINESS

### NEW BUSINESS

### ADJOURNMENT

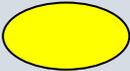
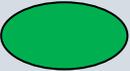
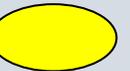
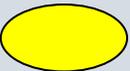
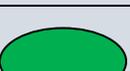
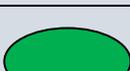
# CHIEF INFORMATION OFFICER REPORT

**Information Technology Committee of the NYC H+H Board of Directors  
January 14, 2016 @ 10 a.m.**

Thank you and good morning. I'm pleased to have the opportunity to present to the first Information Technology Committee of the NYC H+H Board of Directors. Through our monthly meetings, I hope that IT will be able to provide the Board with the full scope of opportunities and challenges that IT is facing as well demonstrate the on-going support and partnership we provide NYC H+H to successfully accomplish Dr. Raju's 2020 strategic vision.

This morning, I'd like to provide the Committee members with several updates:

## **Major IT Program Status Updates:**

<b>EITS PROGRAM</b>	<b>OVERALL STATUS</b>	<b>BUDGET STATUS</b>	<b>ON-TIME STATUS</b>
<b>MEANINGFUL USE</b>			
<b>ELECTRONIC MEDICAL RECORD (EMR)</b>			
<b>ENTERPRISE RESOURCE PLANNING (ERP)</b>			
<b>RADIOLOGY CONSOLIDATION</b>			
<b>DATA SCIENCES (ANALYTICS)</b>			

 On-Time no issues to report 
  Caution – watch for potential project or budget overruns 
  Critical – Missed timelines

## **Meaningful Use (MU) Update:**

- NYC H+H is currently in Meaningful Use Stage 2.
- For the Eligible Hospital (EH) Electronic Medical Record (EMR) Incentive Program in the reporting period of 2015, NYC H+H will receive approximately

\$16,457,522. This period spans from October 1, 2014 through December 31, 2015.

- A similar amount of incentive payment is expected for 2016.
- For the Eligible Professional (EP) Incentive Program, NYC H+H:
  - **In Calendar Year 2015, received:** \$18,870,000 for the 2014 AIU (Adopt-Implement-Upgrade) providers.
  - **In Calendar Year 2016, will receive:** \$7,505,500 for the attesting 2014 providers.
  - **In Calendar year of 2016, will receive:** \$49,130,000 for the 2015 AIU providers.

### **Epic EMR GO Live Update:**

- Weekly meetings held by Enterprise IT Services, Queens and Elmhurst Hospitals, and Clinovations team to discuss high priority facility issues and concerns related to Epic roll-out and support.
- 90 Day Go-Live Readiness Assessment (GLRA) Event held at Queens Hospital Center on January 13, 2016. These events will be conducted every 30 days until go live and provide an opportunity to share current progress and receive feedback from operations.
- End User Training started on January 4, 2016 at Metropolitan Hospital Center (Base Camp). Will continue until March 2016.

### **Enterprise Resource Planning (ERP) Status Update:**

- The PeopleSoft Financials ERP Contract was approved by the NYC H+H Board of Directors on December 17<sup>th</sup>, 2015.
- The team is working to finalize the contract with Mythics/Oracle for execution.
- The first draft of the Implementation Solicitation has been completed and is being reviewed internally with a goal to send out by February.
- Hardware requirements are also being finalized.
- Our internal team has met to begin the preparation process which includes selecting members of the Governance and Project Management teams, creating job descriptions for the needed new hires, creating a request for General Ledger

design guidance, and meeting with the Breakthrough team to review and redesign current and future processes.

### **Radiology Consolidation Program Status:**

- M&PA and IT sponsored an RFP in late summer for a solution that would transform radiology operations so that “any image can be read at any site within the corporation using a single platform and generating transparent performance metrics, in such a way that service quality and productivity are improved.”
- The goal was not to simply buy new IT systems, but rather to transform and optimize radiology workflows, leveraging existing systems and to replace/add IT components where necessary.
- McKesson was selected as the vendor of choice and the Board of Directors approved the selection at the November 17<sup>th</sup> Board meeting.
- Contract negotiations are underway and expected to be finalized in the near future.
- System design underway with the vendor with a two day architecture/infrastructure design session slated for January 14<sup>th</sup> and 15<sup>th</sup>.
- From an IT perspective, the solution will provide:
  - A workflow layer on top of our existing PACS systems that will provide an intelligent enterprise worklist to radiologists and route radiology images to the PACS viewer that the assigned radiologist is using.
  - A vendor neutral archive (VNA) that will act as the new enterprise image archive for all radiology exams as allow for future expansion to include all other medical images acquired at Health and Hospitals.
  - Enterprise Radiology Speech recognition, through the parallel expansion of the existing PowerScribe 360 in use at Bellevue to all facilities.
  - An enterprise clinical viewer that will be used for collaboration and clinical review of images throughout the enterprise.
  - Tools for QA, Peer Review, critical results management, dose monitoring
  - A vendor staffed command/concierge center to facilitate workflow and communication between radiologists and clinicians.

This completes my report today. Thank you.

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) or his delegate to enter into an agreement with Lightower Fiber Networks (“Lightower”) to build, deploy and support an enterprise-wide area Network (“Network”) and to provide voice and data services over such Network for a term of five (5) years with two (2) one-year options to renew, solely exercisable by NYC Health + Hospitals, for an amount not to exceed \$51,259,674, which includes a 20% contingency, for the initial five-year term.

WHEREAS, NYC Health + Hospitals currently uses Verizon as its provider for enterprise wide voice and data circuits pursuant to a contract that is expiring in February 2017; and

WHEREAS, a solicitation was conducted to ensure that a vendor would be in place to continue to provide these critical telecommunications services upon the expiration of the current contract; and

WHEREAS, Lightower will build, deploy and support a new Network at no cost to NYC Health + Hospitals to consist of (3) separate and completely isolated and independent network infrastructures that will allow for the overall expansion of the infrastructure to additional Clinics and Rikers Island and provide the speed, bandwidth, security and stability to support traffic consuming applications such as telemedicine, telehealth, video and imaging; and

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

NOW, THEREFORE, BE IT:

RESOLVED, that the President of New York City Health and Hospitals Corporation or his delegate be and hereby is authorized to enter into an agreement with Lightower Fiber Networks (“Lightower”) to build, deploy and support a NYC Health + Hospitals Area Network and to provide voice and data services over such Network for a term of five (5) years with two (2) one-year options to renew, solely exercisable by NYC Health + Hospitals, for an amount not to exceed \$51,259,674, which includes a 20% contingency for the initial five-year term.

## EXECUTIVE SUMMARY

The accompanying Resolution requests approval to enter into a contract with Lightower Fiber Networks (“Lightower”) for a NYC Health + Hospitals Area Network in an amount not to exceed \$51,259,674 (includes a 20% contingency) for the contract term of 5 years with 2 one-year options to renew. The contract spending authority is for the first 5 years of the contract term.

Enterprise IT Services (EITS) is contracting with Lightower to upgrade the existing NYC Health + Hospitals Area Network, to consist of (3) separate and completely isolated and independent network infrastructures. Hospital and data center locations will have multiple protected high capacity fiber circuits. Clinic locations will also have multiple, high performance circuits.

Currently, NYC Health + Hospitals uses Verizon as the primary telecommunication provider among all the hospital and clinic facilities and information technology service centers which are located at Jacobi Data Center in the Bronx and Sungard Data Center in New Jersey. Since the contract with Verizon is expiring in February 2017, EITS conducted a solicitation to ensure that a vendor would be in place to continue to provide these critical telecommunications services upon the expiration of the current contract.

Lightower will provide a network infrastructure with 10x the bandwidth of the current network that will position NYC Health + Hospitals to keep up with advances in healthcare delivery models such as telehealth and telemedicine that drive more traffic over the network. The increased bandwidth will support the voice, video and wireless capabilities needed for remote visits, remote clinics and consultations, video conferencing and telepsychiatry.

The new network infrastructure design and the redundancy of the circuits make the infrastructure very stable, secure and highly robust with a resilient architecture that is built for growth, allowing for the overall expansion of the infrastructure to additional locations, including new Clinics and Rikers Island.

A solicitation was issued using the New York State OGS contract to three (3) vendors, Lightower, Verizon and AT&T, NYC Health + Hospitals received proposals from all 3 vendors. The proposals were evaluated and scored by a selection committee. Upon review of the technical and price proposals, the evaluation committee determined that it would be in NYC Health + Hospitals’ best interests to have further price discussions with the two highest ranked vendors, Lightower and Verizon.

Lightower was selected as it was the highest ranked responsive and responsible proposer that demonstrated the experience, organizational capacity and technical solution necessary to provide the services required and their proposed pricing was below the other proposers and offered NYC Health + Hospitals substantial discounts from industry standard rates.

Lightower will build the Networks at no cost to NYC Health + Hospitals. The effective date of the initial five year term commences upon completion and acceptance of the Networks so that NYC Health + Hospitals will have the benefit of the full 5 years of service.

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

**Contract Title:** Metropolitan Area Network  
**Project Title & Number:** Metropolitan Area Network  
**Project Location:** HHC Corporate and Facilities  
**Requesting Dept.:** Enterprise IT Services

**Successful Respondent:** Lighttower Fiber Networks

**Contract Amount:** \$51,259,674 (includes 20% contingency)

**Total Not to Exceed:**

**Contract Term:** five (5) years effective upon acceptance of the Network with two (2) one-year renewal terms

**Number of Respondents:** Three (3)  
(If Sole Source, explain in Background section)

**Range of Proposals:** \$39 million-\$45.5 million (best and final offers)

**Minority Business Enterprise Invited:** No If no, please explain: used vendors available on NYS contract

**Funding Source:**  General Care  Capital  
 Grant: explain  
 Other: explain Operating Budget

**Method of Payment:** Lump Sum  Per Diem  Time and Rate  
 Other: Monthly Recurring Usage Fees

**EEO Analysis:**

**Compliance with HHC's McBride Principles?**  Yes  No X Pending

**Vendex Clearance**  Yes  No  Pending X 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):

Enterprise IT Services (EITS) is contracting with Lightower Fiber Networks (“Lightower”) to upgrade the existing NYC Health + Hospitals Area Networks, to consist of (3) separate and completely isolated and independent network infrastructures. Hospital and data center locations will have multiple protected high capacity fiber circuits. Clinic locations will also have multiple, high performance circuits.

Currently, NYC Health + Hospitals uses Verizon as the primary telecommunication provider for all facilities and information technology service centers which are located at Jacobi Data Center in the Bronx and Sungard Data Center in New Jersey. Since the contract with Verizon is expiring in February 2017, EITS conducted a solicitation to ensure that a vendor would be in place to continue to provide these critical telecommunications services upon the expiration of the current contract.

Lightower will replace the current network infrastructure by building out three separate infrastructures with 10x the bandwidth of the current network. NYC Health + Hospitals will also gain significant growth, speed, security and stability that exceeds the current networks capabilities.

The increase in bandwidth capacity of the Networks will position NYC Health + Hospitals to keep up with advances in healthcare delivery models such as telehealth and telemedicine that drive more traffic over the network. The increased bandwidth will support the voice, video and wireless capabilities needed for remote visits, remote clinics and consultations, video conferencing and telepsychiatry.

The new network infrastructure design and the redundancy of the circuits make the infrastructure very stable and highly robust with a resilient architecture that is built for growth, allowing for the overall expansion of the infrastructure to additional locations, including new Clinics and Rikers Island.

Specifically, the new contract will provide circuits with greater speed and bandwidth; the clinics will increase from 4.5Mbps to 100Mb; the connections between the Data Centers and facilities will increase ten-fold from 1 Gb to a 10 Gb bandwidth; and, the link between Data Centers will increase from 10Gb to a 100Gb circuit. Moreover, the new contract will add Fiber Channel circuits which allows for high-bandwidth/traffic consuming applications such as telemedicine, telehealth, video, imaging.

**Contract Review Committee**

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

Not applicable, this is a third party contract

**Contract Review Committee**

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

Has the proposed contract’s scope of work, timetable, budget, contract deliverables or accountable person changed 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):

**Solicitation Information:**

The solicitation was sent to three vendors, Verizon, Lighttower and AT&T , using the NYS OGS contract on May 28, 2015 with a proposal due date of June 29, 2015. All 3 vendors submitted proposals by the due date.

The evaluation committee evaluated the proposals based on the following criteria included in the solicitation:

Component	Relative Weight of Each Component
Price & Conditions	20%
Technical Proposal	35%
Response & Commercial Support	10%
Implementation Plan	10%
Installation Lead Times	10%
Ability to Provide Entire Solution	10%
References	5%
<b>Total</b>	<b>100%</b>

The evaluation committee reviewed and scored all proposals. Below are the initial scores:

<b>DWDM Evaluation Committee Evaluator Scores and Averages</b>	
<b>Vendor</b>	<b>Average Score</b>
Lighttower	66.25
Verizon	60.75
AT&T	47.5

All 3 vendors were asked to provide presentations to the evaluation committee. After the presentations, the evaluation committee asked the vendors to submit their best and final technical proposal and price proposal. After review of the technical and price BAFOs, the evaluation committee decided to conduct price discussions with the 2 highest ranked vendors, Lighttower and Verizon. Both vendors were asked to submit final pricing.

Based on the technical BAFO and revised pricing, the evaluation committee, scored the Lighttower and Verizon proposals. Below are the final scores:

<b>Vendor</b>	<b>Average Score</b>	<b>Final Price</b>
Lighttower	69.75	\$39,000,000
Verizon	66.12	\$45,499,996

The evaluation committee selected Lighttower, their technical proposal met all the requirements specified in the solicitation and they offered the best price.

*Scope of work and timetable –*

The vendor has 12 months to build and deploy this solution – Networks #1, #2 and #3. During this build period NYC Health + Hospitals does not pay monthly usage charges; once the build is completed and accepted, the monthly usage charges will commence. The contract is structured so that the five year term commences upon acceptance of the Networks so that we receive the full five year benefit of the Networks. NYC Health + Hospitals is not paying the vendor for the build.

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## CONTRACT FACT SHEET (continued)

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

Lightower will build the Networks at no cost to NYC Health + Hospitals. Upon completion and acceptance of the 3 Networks, there will be a 90 day cutover from the existing Verizon Network to the new Network. Payments to the new vendor will commence upon completion of cutover to the Network.

The annual spend for the current Network is approximately \$7.2 million. Although the annual price under the new contract is an increase over the current spend, the new Network includes an additional 12 Clinics (for a total of 90 compared to the 78 Clinics covered by Verizon), adds Rikers Island and provides 10x the bandwidth than the current network. Specifically, as noted above, the new contract will provide circuits with greater speed and bandwidth; the clinics will increase from 4.5Mbps to 100Mb; the connections between the Data Centers and facilities will increase ten-fold from 1 Gb to a 10 Gb bandwidth; and, the link between Data Centers will increase from 10Gb to a 100Gb circuit. Moreover, the new contract will add Fiber Channel circuits which allows for high-bandwidth/traffic consuming applications such as telemedicine, telehealth, video, and imaging. Finally, redundancy – that is duplicate/parallel circuits connecting to alternative data centers -- provides continuity of service in the case of catastrophic hazards or events.

The total contract amount of \$51,259,674 consists of the following components:

\$39,000,000 - Total usage charges for 5 years

\$3,716,395- Estimated Surcharges\*

\$8,543,279 - 20% percent contingency\*\*

*\*amount is an estimated amount based on historical spend. We will only pay the actual pass-through amounts assessed*

*\*\*contingency is for additional locations and upgrades*

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

The average annual spend is approximately \$7.2 million a year.

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

These are utility voice and data services that traverse the New York City telephone infrastructure; which is beyond the capacity and authority of NYC Health + Hospitals staff to implement.

CONTRACT FACT SHEET (continued)

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*Will the contract produce artistic/creative/intellectual property?*

No

*Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?*

Not applicable.

*Contract monitoring (include which Senior Vice President is responsible):* Sal Guido Interim, Senior VP / Corporate CIO

This contract will be administered by *Sal Guido Interim*, Senior VP / Corporate CIO.

***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

**ATTACHMENT A  
EVALUATION COMMITTEE MEMBERS**

**The Selection Committee Members Are:**

Kevin Brown – Senior Director, Unified Communication

Jeffrey Lutz – Senior Director, User Engagement

Joseph Gallo - Senior Director, IT Program Management Office

Vincent Smith – NCIO, Queens/Elmhurst

**ATTACHMENT B  
VENDORS**

Verizon  
AT&T  
Lightower Fiber Networks



## Lightower Voice and Data Circuits Information Technology Committee

January 14, 2016



## Background Summary



### Current Scenario

- Verizon contract will expire in February 2017
- Primary Circuit Provider is Verizon
- Alternate Circuit Provider is Optimum Lightpath
- Dual Carrier Scenario Provides Network Redundancy in the Event of a Failure by Either Carrier



## Contract Scope/Benefits

### In Scope Contract Solution

- Circuits Have a Guaranteed Service Level Agreement (SLA)
- Guaranteed Vendor Response Time In the Event of a Circuit Performance Issue or Outage

### Highlights/Benefits

- Ensures critical Corporate IT services will continue to function during a carrier failure
- Positions NYC Health + Hospitals to keep up with advances in healthcare delivery models such as telehealth and telemedicine that drive more traffic over the network
- Supports the voice, video and wireless capabilities needed for remote visits, remote clinics and consultations, remote monitoring, quiet nurse call systems, video conferencing between patients and clinicians, and telepsychiatry
- Offers guest wi-fi for patients and visitors; access to a wider choice of patient education and entertainment

## Solicitation



- Using the NYS OGS contract, the solicitation was sent to three vendors: Verizon, Lighttower and AT&T
- Evaluation Committee submitted initial scores based on the technical, experience and price criteria included in the solicitation
- All three vendors were invited to provide oral presentations
- After the presentations, vendors were asked to submit their best and final technical and price offers
- Evaluation Committee conducted price discussions with the 2 highest ranked vendors, received revised pricing from both vendors, and submitted final scores:

Vendor	Average Score	Proposed Price	Surcharge*	Contingency*	Contract Price
Lighttower	69.75	\$39,000,000	\$3,716,395	\$8,543,279	\$51,259,674
Verizon	66.12	\$45,499,996	\$3,716,395	\$9,843,278	\$59,059,669

\* Surcharge is an estimated amount based on historical spend. 20% Contingency is for added locations/upgrades.

- Lighttower was selected as its proposal offered the best combination of technical qualifications, technical solution and price



## Financial Analysis

- Historical expenditures, including surcharges, over the past 5 years averaged approximately \$7.2 million annually
- Current annual expenditures are approximately \$7.82 million annually including surcharges, due to additional sites and upgrades
- The new contract's projected average annual spending of \$8.54 million represents approximately a 9% increase over current spending

<b>Proposed Contract Cost Including Projected Surcharges &amp; Contingency</b>						
	<b>Y1</b>	<b>Y2</b>	<b>Y3</b>	<b>Y4</b>	<b>Y5</b>	<b>Total</b>
Base	\$ 7,800,000	\$ 7,800,000	\$ 7,800,000	\$ 7,800,000	\$ 7,800,000	\$ 39,000,000
Surcharge	\$ 700,000	\$ 721,000	\$ 742,630	\$ 764,909	\$ 787,856	\$ 3,716,395
Total	\$ 8,500,000	\$ 8,521,000	\$ 8,542,630	\$ 8,564,909	\$ 8,587,856	\$ 42,716,395
Contingency 20%						\$ 8,543,279
					<b>Grand total</b>	<b>\$ 51,259,674</b>



## 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 <sup>(1)</sup>	Balance
1	<b>Maintenance</b>	Radiology/Picture Archiving and Communication System, Dentrix, Microsoft, Quadramed, Mcafee, Cerner, Oracle, Sungard and CISCO Smartnet	\$138.9	\$71.2	\$67.7
2	<b>Services</b>	Consulting Services for Business Intelligence, PeopleSoft, Desktop Support, Enterprise Service Desk and Enterprise Operations Center	\$43.5	\$17.0	\$26.5
3	<b>Upgrades</b>	Information Security & Risk Management, Application Standarization, Secure File Transfer, MobileIron, Secure Texting and PC Refresh	\$26.9	\$7.6	\$19.3
	<b>Total (IT OTPS Budget)</b>		<b>\$209.3</b>	<b>\$95.8</b>	<b>\$113.5</b>

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

Questions



# Q&A



# IT Committee Meeting Presentation

Joe Gallo

EITS Solutions Management and Governance

January 14, 2016



# EITS Program Management Office (PMO)

- EITS is committed to maturing its PMO, to manage business aligned IT projects consistently, responsibly, efficiently, and cost effectively
- A mature PMO provides many benefits during its solution delivery, including tighter controls and greater transparency
- EITS PMO adoption of an Agile Project Management approach, validated by the re-launch of the Epic EMR Implementation Program, is based on these key drivers:
  - ✓ Agility to respond to changing business priorities by reducing complexity of solution delivery approach
  - ✓ Higher visibility and effective oversight through incremental management of defined short and meaningful deliverables necessary for building solutions
  - ✓ Applying the new Agile Project Management approach to all EITS Managed Projects



## EITS Solution and Service Metrics

### Solution Management Metrics

- Complex requests being solved with technology as Projects

**198** total business requests managed as projects by EITS

- **127** are In Progress
- **71** are Not Started or On Hold
  - Based on 20/20 Vision criteria, alignment to our resource capacity, prioritization and funding allocation will be defined with our business partners

### Service Management Metrics

- Service tickets covering both Incidents (requests to restore a service) and new Service Requests

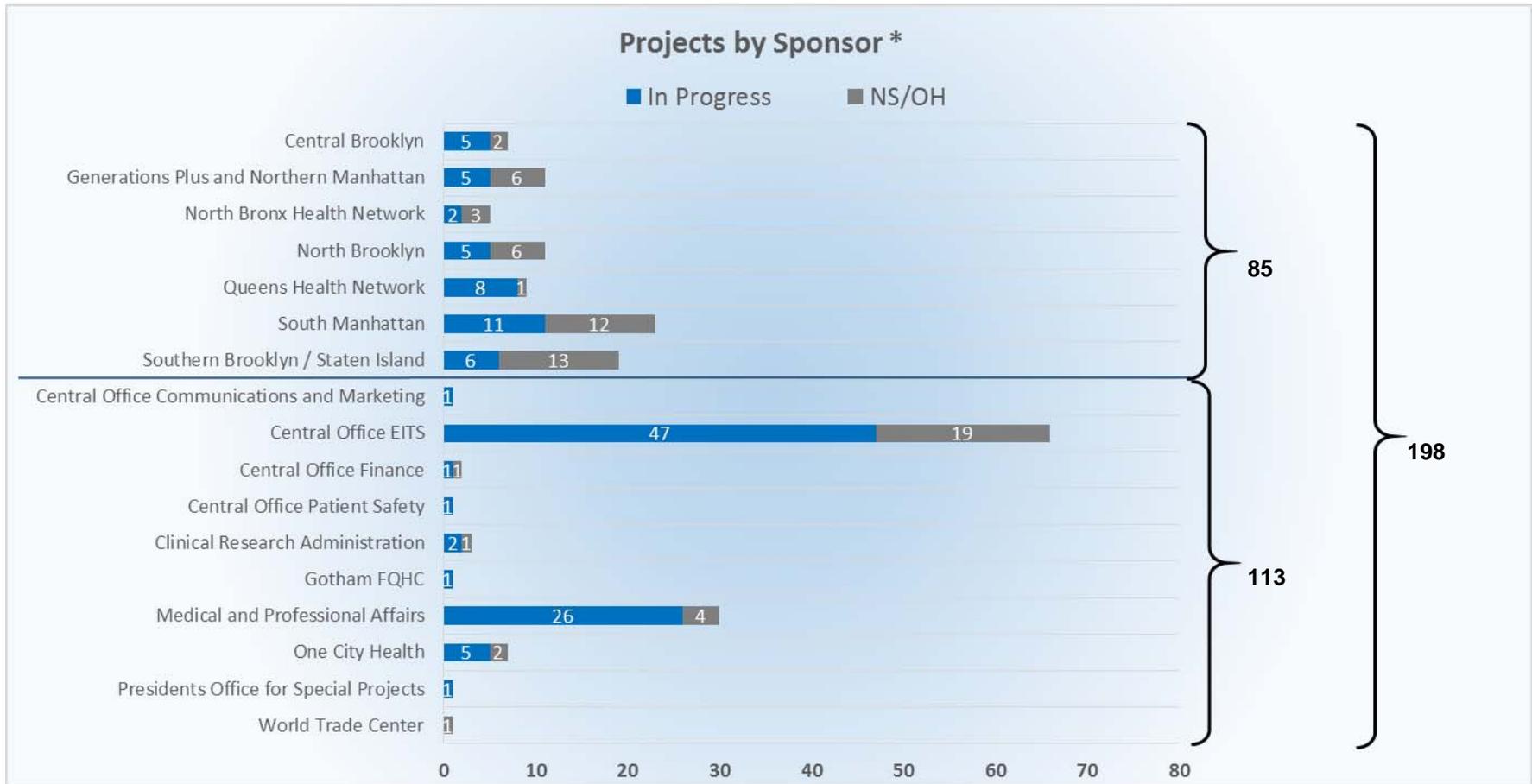
4<sup>th</sup> Qtr'15 Averages\*

	Number of Tickets *	Person Hours*
<b>Incidents</b>	<b>21,965</b>	<b>5,491</b>
<b>Service Requests</b>	<b>26,650</b>	<b>6,662</b>



**EITS Portfolio of 198 Projects**

127 In Progress and 71 Not Started or On Hold (Snapshot as of Thursday 1/7/16)



\* Not Started, In Progress and On Hold Projects

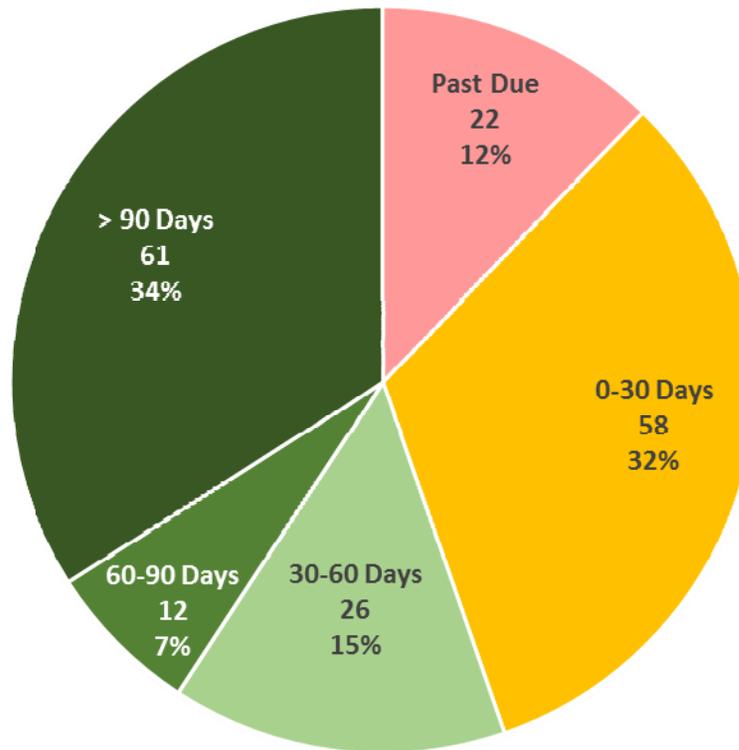


## Milestone Analysis

(Snapshot as of Thursday 1/7/16)

- Milestone analysis is limited to the 60 EITS Managed In Progress projects at this time
- 179 Milestones that are Not Started or In Progress, of which 22 are Past Due
- Applying the new Agile approach will provide better controls and transparency into the remaining 67 projects
  - i.e. - Ability to identify and manage factors contributing to missed milestones

**179 EITS Managed Milestones by Age Bucket**



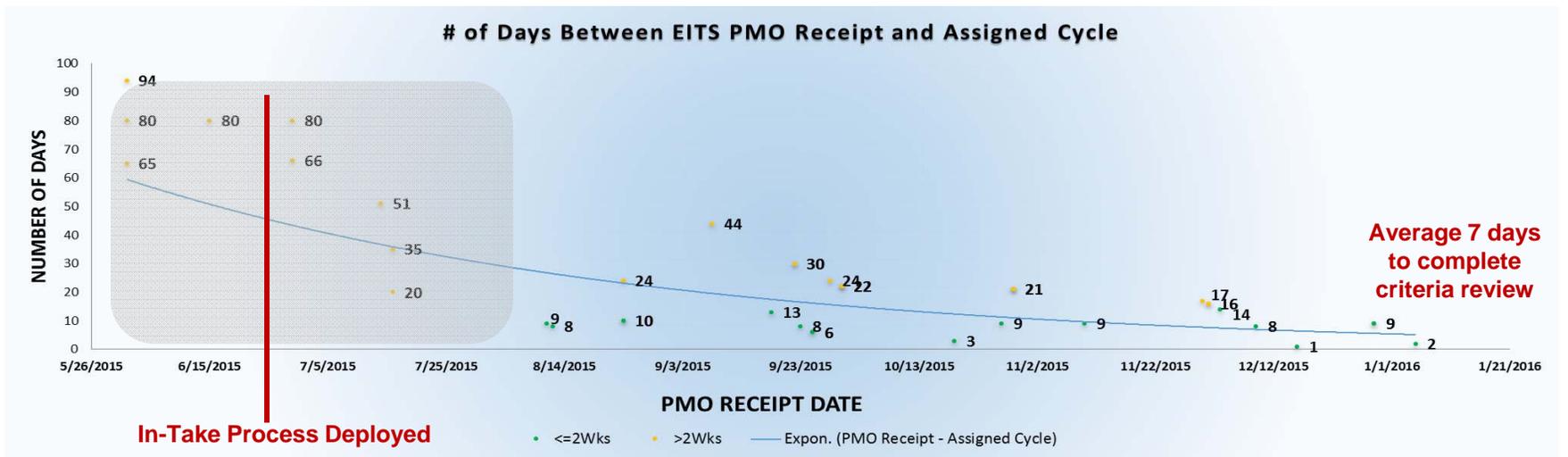
<b>Central Office EITS</b>	<b>5</b>
Category Pending	2
Facility Environmental Delay	1
IT Infrastructure Delay	1
Scheduling Conflict Delay	1
<b>Medical and Professional Affairs</b>	<b>1</b>
External Stakeholder Delay	1
<b>North Bronx Health Network</b>	<b>2</b>
Business Stakeholder Delay	1
External Stakeholder Delay	1
<b>North Brooklyn</b>	<b>7</b>
Human Capital Resource Delay	1
IT Business Applications Delay	2
IT Clinical Applications Delay	1
IT Infrastructure Delay	1
Vendor Readiness & Delivery Delay	2
<b>Queens Health Network</b>	<b>2</b>
External Stakeholder Delay	1
Scheduling Conflict Delay	1
<b>South Manhattan</b>	<b>2</b>
Facility Environmental Delay	1
IT Infrastructure Delay	1
<b>Southern Brooklyn / Staten Island</b>	<b>3</b>
Facility Environmental Delay	3
<b>Grand Total</b>	<b>22</b>



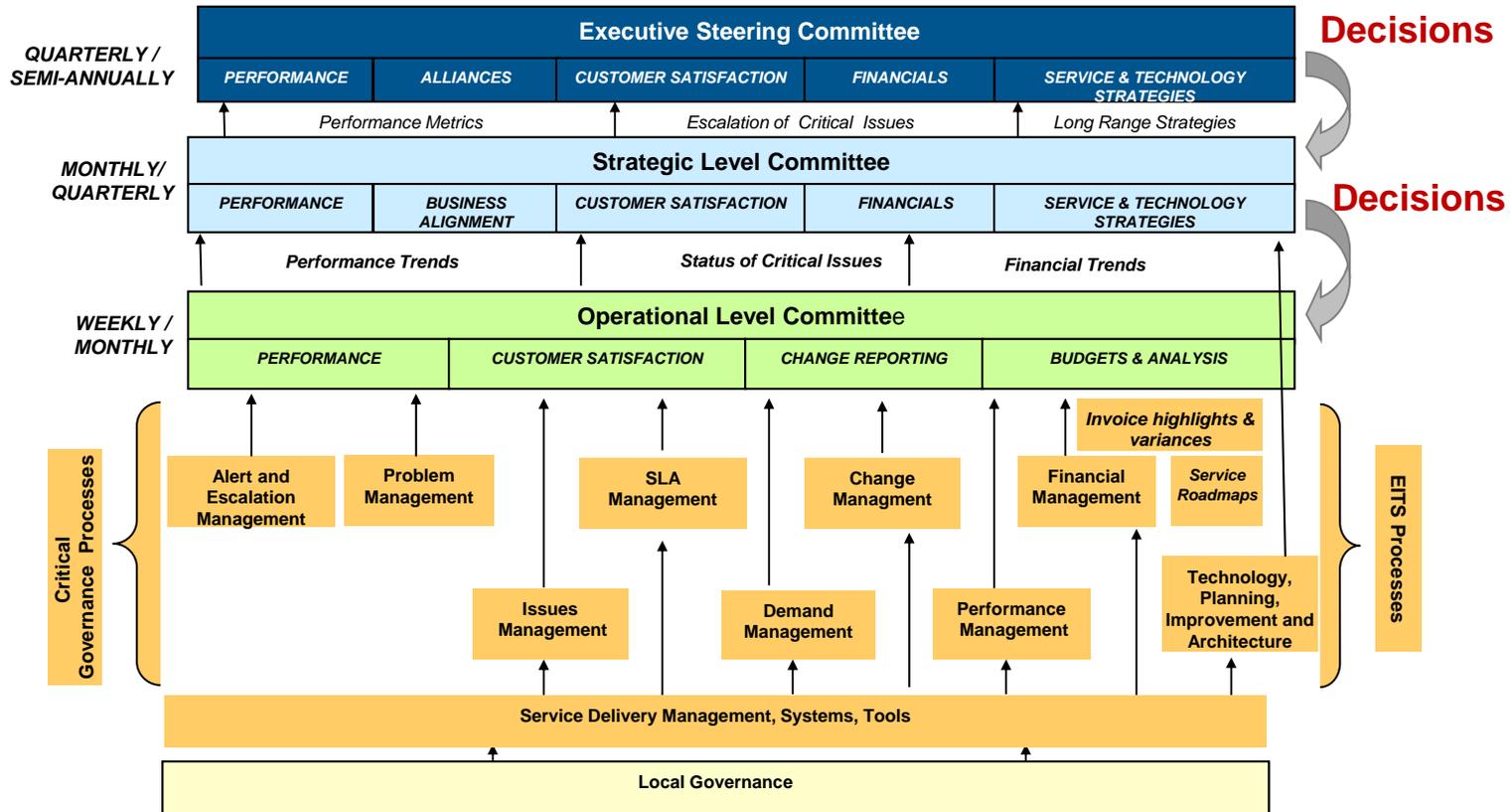
## EITS In-Take Process

### Success Criteria Managed via Metrics

<b>Objective #1</b>	<b>Business Requests are made to EITS via one standard process</b>
<b>Goal:</b>	100% of H+H Business Requests come to EITS via BMC Remedy Project Service Requests for 20/20 Vision criteria review
<b>Benefit:</b>	Ensure consistent process controls from EITS In-Take Process are applied to all H+H Business requests
<b>Objective #2</b>	<b>Business partners are assisted by EITS to capture thorough details of their need or problem</b>
<b>Goal:</b>	Minimize time between Business Request and its readiness to be assigned to an EITS In-Take Cycle
<b>Benefit:</b>	Ensure consistent level of detail of need/problem from the business sponsor for required readiness to be processed by the EITS Rapid Response Team during the EITS In-Take Process Cycle



# Governance Best Practices



Thank you!

