

BOARD OF DIRECTORS MEETING  
THURSDAY, MARCH 29, 2018  
A•G•E•N•D•A

<b><u>CALL TO ORDER - 3:00 PM</u></b>	<b>Mr. Campbell</b>
1. Adoption of Minutes: February 22, 2018	
<b><u>Acting Chair’s Report</u></b>	<b>Mr. Campbell</b>
<b><u>President’s Report</u></b> Legislative Update	<b>Dr. Katz</b>
<b><u>Informational Item:</u></b> Opioids Update	<b>Dr. Barron</b>
>> <b><u>Action Items</u></b> <<	
2. RESOLUTION: Reappointing Nella Lewis to serve as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus. (MetroPlus Board – 02/27/18)	<b>Mr. Rosen</b>
3. RESOLUTION: Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to approve a Capital Project for an amount not to exceed \$15,965,345 for pre-construction, design, construct, asbestos abatement, and construction management services necessary for the reconstruction of the exterior façade and the re-roofing of the Martin Luther King (MLK) Pavilion (the “Project”) at NYC Health + Hospitals / Harlem (the “Facility”). (Capital Committee – 02/14/18)	<b>Mr. Page</b>
<b><u>Committee Reports</u></b>	
<ul style="list-style-type: none"> <li>➤ Equal Employment Opportunity</li> <li>➤ Community Relations</li> <li>➤ Capital</li> <li>➤ Finance</li> </ul>	<b>Mr. Nolan Ms. Bolus Mr. Page Mr. Rosen</b>
<b><u>Subsidiary Board Reports</u></b>	
<ul style="list-style-type: none"> <li>➤ Metro Plus</li> </ul>	<b>Mr. Rosen</b>
<b><u>Executive Session   Facility Governing Body Report</u></b>	
<ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Coler LTC and Rehab</li> <li>➤ NYC Health + Hospitals   Carter LTC and Rehab</li> <li>➤ NYC Health + Hospitals   Carter Specialty Hospital</li> </ul>	<b>Mr. Campbell</b>
<b><u>Semi-Annual Governing Body Report (Written Submission Only)</u></b>	
<ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Woodhull</li> </ul>	
>> <b>Old Business</b> <<	
>> <b>New Business</b> <<	
<b><u>Adjournment</u></b>	<b>Mr. Campbell</b>

## NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 22nd day of February 2018 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. Mitchell Katz  
Ms. Helen Arteaga Landaverde  
Dr. Mary Bassett  
Dr. Gary S. Belkin  
Ms. Josephine Bolus, R.N.  
Dr. Vincent Calamia  
Ms. Barbara A. Lowe  
Mr. Robert Nolan  
Mr. Mark Page  
Mr. Bernard Rosen  
Ms. Emily A. Youssouf

Deborah Brown was in attendance representing Dr. Herminia Palacio in a voting capacity. Dr. Mitchell Katz chaired the meeting in the absence of Mr. Gordon Campbell 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 January 18, 2018 were presented to the Board. Then on motion made by Mr. Rosen and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on January 18, 2018, copies of which have been presented to this meeting, be and hereby are adopted.

#### **CHAIRPERSON' S REPORT**

On behalf of the Chair, Dr. Katz thanked Ms. Lowe for her participation in the Community Advisory Board Lobby Day in Albany on February 13<sup>th</sup>. Ms. Lowe reported that it was a very positive experience, and she encouraged other Board members to participate in such events.

Dr. Katz reported that there will be a public hearing on February 27<sup>th</sup> at 6:00 p.m. at NYC Health + Hospitals/Sea View regarding a proposed lease of the Administrative Building to Camelot Counseling of Staten Island, Inc. to accommodate a State-funded residential substance abuse treatment program for women.

Dr. Katz noted that there is one new item on today's agenda where the Board is being asked to approve a contract prior to Vendex approval. There are eight items from previous Board meetings pending Vendex approval, and no new Vendex approvals were received since the Board last met. Dr. Katz said the Board would be notified as outstanding Vendex approvals are received.

#### **PRESIDENT' S REPORT**

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

Sean Studer, M.D., gave an update on the flu season, which he described as one of the worst in decades and which has caused a great increase in emergency department visits. Dr. Bassett expressed her appreciation to the System for its cooperation in NYC Department of Health and Mental Hygiene's flu efforts.

### **ACTION ITEMS**

#### **RESOLUTION**

2. Amending the resolution of the Board of Directors (the "Board") adopted in April 2014 authorizing the New York City Health + Hospitals (the "System") to execute an agreement with KPMG LLP ("KPMG") to perform auditing services and other directly related services for an amount not to exceed \$3,487,000 plus a 10% contingency reserve of \$340,000 for a total not-to-exceed amount of \$3,827,000 with such amendment adding \$300,000 to the funding authorized for the contract to accommodate work required to have been performed in connection with the Medicaid Administration grant in order to increase the not to exceed amount of the contract with KPMG to \$4,127,000

PV Anantharam Senior Vice President of Finance and Jay Weinman Corporate Comptroller explained the need for the amendment.

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

#### **RESOLUTION**

3. Appointing Dr. Eric Wei as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

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

## RESOLUTION

4. Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five year term not to exceed \$16,723,402 to pay PharmScript for patients with no insurance.

Maureen McClusky, Senior Vice President for Post-Acute Care, and Khoi Luong, D.O., Chief Medical Officer for Post-Acute Care, summarized the program, services, quality and safety protections, and cost savings. They explained that this resolution was first submitted to the Medical and Professional Affairs Committee in December, however it was deferred at the December Board meeting we learned the FDA had issued a warning letter to PharmScript concerning medical compounding for medications and sterile solutions that require preparation on-site. Post-Acute Care staff and regulatory leads from the Chief Medical Officer office conducted site visits to PharmScripts. Of note is the New Jersey Board of Pharmacies (with jurisdiction) inspected and approved resumption of compounding by Pharmscripts. Ms. Youssouf and Ms. Lowe asked about the vendor's commitment to and participation in our quality and safety efforts. Ms. Arteaga expressed concern about whether the pharmacists would be well matched, with consideration to our culture and mission. Mr. Rosen asked for clarification about projected savings, and Dr. Calamia received reassurance that we would have an opportunity to

review the vendor's billing. Ms. Bolus reference page 8 of the presentation regarding unused medications being returned to the vendor, she was assured that the System will receive credit for those returns. Dr. Belkin requested a review of the system be conducted to see if there are gaps in other pharmaceutical services that can realize the same savings.

Dr. Calamia moved the adoption of the resolution which was duly seconded and discussed and unanimously adopted by the Board.

#### **SUBSIDIARY AND BOARD COMMITTEE REPORTS**

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

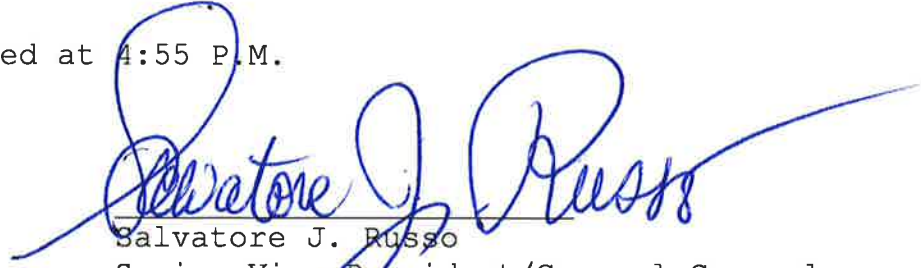
Dr. Katz received the Board's approval to convene an Executive Session to discuss matters of quality assurance, patient privacy, personnel matters and potential litigation.

#### **FACILITY GOVERNING BODY/EXECUTIVE SESSION**

The Board convened in Executive Session. When it reconvened in open session, Dr. Katz reported that the Board (1) received and approved oral governing body submissions from NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/Gouverneur; and (2) received and approved a semiannual governing body report from NYC Health + Hospitals/Queens.

**ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:55 P.M.



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

**NYC HEALTH + HOSPITALS**  
**February Board Meeting Follow Up Items**

- 1. Notification to the Board of outstanding VENDEX approvals.  
See 2/22/18 Board Minutes, Page 2.**

Chairing the meeting, NYC Health + Hospitals President Mitchell Katz, M.D., noted that there are eight items from previous Board meetings pending Vendex approval and one additional item on the agenda, and that no Vendex approvals were received since the Board last met. Mr. Campbell said the Board would be notified if outstanding VENDEX approvals are received.

- 2. PharmScript Resolution - see 2/22/18 Board Minutes, Page 4**

PharmScript Resolution - Dr. Calamia requested that NYC Health + Hospitals Finance conduct periodic review PharmScript's billing.



# COMMITTEE REPORTS

## Governance Committee – January 18, 2018

As Reported by Gordon Campbell

Committee Members – G. Campbell, B. Rosen, V. Calamia, H. Arteaga Landaverde

Staff – M. Katz, S. Russo, C. Hercules

The meeting was called to order at 2:34 by Gordon Campbell. Mr. Campbell called a motion to accept the minutes of the Governance Committee meeting held on December 21, 2017. The motion was seconded and the minutes was unanimously approved.

Mr. Campbell then requested a motion to convene in executive session to discuss personnel matters. The motion was seconded and approved.

This meeting of the Governance Committee was convened in executive session to deliberate on the following personnel actions.

### Action Items

*To consider nominee to the following corporate officer level position:*

1. *Dave Chokski- Vice President Chief Population Health Officer*

Following a discussion conducted by Dr. Mitchell Katz, , by the candidate, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Dave Chokski Vice President Chief Population Health Officer to the full Board, with an expected start date no later than January 22, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

2. *Frederick Covino – Vice President, Financial Planning and Analysis*

Following a discussion conducted by Dr. Mitchell Katz, PV Anantharam, by the candidate, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Frederick Covino Vice President, Financial Planning and Analysis to the full Board, with an expected start date no later than January 22, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

3. *Colicia Hercules, Chief of Staff/Corporate Secretary*

Following a discussion conducted by Mr. Campbell, and the subsequent deliberations by the Committee attendees, Mr. Campbell called for a motion to recommend Colicia Hercules, Chief of Staff/Corporate Secretary to the full Board, with an expected start date no later than January 22, 2018.

The motion was seconded and unanimously approved by the Committee for consideration by the full Board.

There being no further business, the meeting adjourned at 3:10 p.m.

## AUDIT COMMITTEE MEETING – February 7, 2018

As Reported by Emily Youssouf

COMMITTEE MEMBERS PRESENT: Emily Youssouf, Josephine Bolus, RN; Mitchell Katz, MD;

Barbara Lowe, MS, RN

An Audit Committee meeting was held on Wednesday, February 7, 2018.

The meeting of the Audit Committee was called to order at 11:05 A.M. by Ms. Emily Youssouf, Audit Committee Chair. Ms. Youssouf asked for a motion to adopt the minutes of the Audit Committee held on January 11, 2017. The minutes were unanimously adopted by the Committee, an additional motion was made and seconded to hold an Executive Session of the Audit Committee to discuss risk assessment to the System.

Ms. Youssef directed the meeting to Mr. P.V. Anantharam to introduce a resolution for KPMG.

Mr. Anantharam presented the Resolution as follows:

Amending the resolution of the Board of Directors (the "Board") adopted in April 2014 authorizing the New York City Health + Hospitals (the "System") to execute an agreement with KPMG LLP ("KPMG") to perform auditing services and other directly related services for an amount not to exceed \$3,487,000 plus a 10% contingency reserve of \$340,000 for a total not-to-exceed amount of \$3,827,000 with such amendment adding \$300,000 to the funding authorized for the contract to accommodate work required to have been performed in connection with the Medicaid Administration grant in order to increase the not to exceed amount of the contract with KPMG to \$4,127,000.

Ms. Youssef then turn the meeting over to Mr. Telano for Audits Update.

Mr. Telano reported the following:

### **Other Audit Activity**

During Fiscal Year 2018, the Office of Internal Audits implemented a program to educate individuals throughout the healthcare system about the importance of internal controls and the Internal Audit function.

Presentations have been conducted in the Central Office and at the facilities. The focus of the program is to define internal control – procedures designed to prevent fraud and identify errors before they become problems – and advise how they can be applied to everyday life both professionally and personally.

### **External Audits**

#### **1. Implementation of the Electronic Medical Record System (Epic) at NYC Health + Hospitals/Elmhurst - NYC Office of the Comptroller**

The NYC Comptroller's Office initiated an audit of the Epic Electronic Medical Record System implementation at Elmhurst. Per the audit notification letter, the objective of the audit was to determine whether the implemented Epic system at Elmhurst was fully functional and performing as designed and planned.

On-site fieldwork began on March 21, 2017. The Auditors were provided access to the Epic test environment in order to begin their evaluation of the system.

The final draft report was received on January 12, 2018. The report stated that:

*Elmhurst Hospital Center's Epic EMR, which became operational in April 2016, is generally performing as designed and planned. NYC Health + Hospital's Enterprise Information Technology Services (EITS) has a sufficiently strong computing environment (hardware, software, communications infrastructure) to run Epic EMR, as well as the technical resources to help maintain the Epic EMR for continued day-to-day operations.*

Only one audit finding was noted:

*Although EITS maintains a 24-hour, 7-days-a-week, agency-wide helpdesk facility to support users in need of technical assistance, its data indicates that the average time frames in which it resolved higher priority service restoration issues affecting the Epic EMR at Elmhurst Hospital Center significantly exceeded its own targets. EITS takes more than two times longer than its own targets to address "Medium", "High", and "Critical" service restoration requests.*

The response, submitted by Dr. Katz on January 25, 2018, stated agreement with the finding and the recommendation to take certain steps to reduce the wait time. The final report was issued on January 31, 2018.

#### **2. Nurses' Qualifications – Office of the State Comptroller**

The survey process began at the Corporate Human Resources Department on 5/2/17. Testing began at Bellevue on 5/16/17, as the Auditors reviewed 30 nurses' files. They then moved on to perform testwork at the At Home Healthcare Agency on 5/24/17. Testwork continued at Gouverneur, Kings County and Lincoln Hospital.

An exit conference was held on 10/31/17 to discuss the audit findings. The following issues were discussed:

1. Lack of background information and fingerprinting for nurses hired through temporary agencies.
2. Missing employment documents, such as I-9 forms, evaluations and background checks in the human resources files of nurses hired at the five facilities reviewed.
3. Inconsistencies in the titles and salaries of the nurses employed by At Home Healthcare.

A final draft report will be issued in the near future, at which time NYC Health + Hospitals will be required to provide responses within 30 days.

### **3. Controls Over Equipment – Office of the State Comptroller**

The Office of the State Comptroller commenced their audit of Controls over Equipment on the day of the entrance conference.

After meeting with Corporate Finance, the Auditors visited NYC Health + Hospitals/Bellevue to review their processes related to equipment. They also met with EITS and Corporate Operations to discuss their controls in effect over their equipment procurement and maintenance processes.

Their testing began on January 23, 2018 at NYC Health + Hospitals/Bellevue.

#### **Completed Internal Audits**

##### **1. Outpatient Billing and Collections – Elmhurst (Final Report Issued 12/8/17)**

The objectives of the audit were to evaluate the internal controls regarding the management of the billing and collection process for outpatient visits.

##### **2. Scheduled II Controlled Substances (Narcotics) – Sea View (Final Report Issued 1/15/18)**

The objectives of the audit were to evaluate internal controls and processes in place as they relate to Scheduled II Controlled Substances (Narcotics) which include drugs that have a high potential for abuse such as hydromorphone (Dilaudid), methadone (Dolophine), oxycodone (OxyContin, Percocet) and fentanyl.

Our unannounced inventory count of all Narcotics in the Pharmacy and the sub-stocks on the 8 patient units found no discrepancies. However, we did note that the Pharmacy Department needs to improve their documentation related to the ordering and distribution of narcotics.

Ms. Youssouf then directed the meeting to Ms. Patsos for a Compliance Update.

Ms. Patsos reported the following:

##### **1. Operating Procedure 50-1 Corporate Compliance and Ethics Program**

The OCC is pleased to announce that on January 5, 2018, OP 50-1 was finalized and formally promulgated by the System, and was subsequently posted on the System's OCC intranet page and on the System's public Policies and Procedures website page.

In an effort to inform and educate Covered Persons regarding OP 50-1, on January 19, 2018, OCC distributed, through a System-wide email communications, a memorandum and PowerPoint presentation to NYC Health + Hospitals Workforce Members (including those System Agents that fall under the category of Workforce Members) regarding OP 50-1 and the Program. In addition on Monday, January 22, 2018, all other Covered Persons (e.g., Business Partners and non-Workforce Member Agents) were sent the same memorandum and the aforementioned accompanying attachment.

##### **2. Compliance Certifications** **Legal Background**

Pursuant to Social Services Law 363-d and its implementing mandatory provider compliance program regulations found at 18 NYCRR, Part 521, the System is required, as a condition of participation in the Medicaid program, to implement an effective compliance program, and certify each year to the existence of such compliance program.

##### **Deficit reduction Act of 2005 Certifications**

Under the Deficit Reduction Act of 2005 (the "DRA"), the system is required to establish and disseminate written policies and procedures that inform its Workforce Members (e.g., employees, affiliate employees, personnel, volunteers, students, trainees, appointees, members of the medical staff, and members of the governing body) about NYC Health + Hospitals' internal policies covering fraud, waste, and abuse. The DRA also requires that each System facility that has an employee handbook, include a specific discussion of the laws, the right of employees to be protected as whistleblowers, and the entity's compliance policies in such handbook. These requirements must be met each year no later than September 30<sup>th</sup>.

##### **3. Monitoring Excluded Providers**

To maintain an active enrollment status in the Medicare program, the System must certify that it does not employ or contract with individuals or entities that are “excluded from participation in any Federal health care programs for the provision of items and services covered under the program.

To adhere to these regulations, and consistent with the recommendations of the NYS Office of the Medicaid Inspector General (“OMIG”) and the U.S. Health and Human Services Office of Inspector General (“OIG”), each month the OCC reviews the exclusion status of NYC Health + Hospitals’ Workforce Members, vendors and New York State Department of Health Delivery Reform Incentive Payment (“DISRIP”) Program Partners.

#### ***Exclusion and Sanction Screening Report December 1, 2017 through January 20, 2018***

Since the OCC last reported excluded provider activities at the December 2017 Audit Committee meeting, there have been no new excluded or disciplined providers identified.

#### **4. Privacy Incidents and Related Reports – Fourth Quarter Reports**

During the period of October 1, 2017 through December 31, 2017, thirty-three privacy complaints were entered into the ID Experts RADAR Incident Tracking System. Of the thirty-three complaints entered in the tracking system, eleven were found after investigation to be violations of NYC Health + Hospitals HIPAA Privacy Operating Procedures, specifically OP 240-15 “HIPAA Privacy Safeguards Policy and OP 240-28 “HIPAA Policy on Uses and Disclosures for Treatment, Payment and Healthcare Operations, seven were determined to be unsubstantiated, seven were found not to be a violation of NYC Health + Hospitals HIPAA Privacy and Security Operating Procedures, and eight are still under investigation. Of the eleven incidents confirmed as violations, seven were determined to be breaches.

#### **5. Compliance Reports – Fourth Quarter**

##### ***Summary of 4<sup>th</sup> Quarter Reports***

For the 4<sup>th</sup> quarter of CY2017 (October 1, 2017 to December 31, 2017), there were ninety-six compliance reports of which one was classified as Priority “A”; twenty-nine were classified as Priority “B”; and sixty-six were classified as Priority “C” reports. For purposes here, the term “reports” means compliance-based inquiries and compliance-based complaints.

##### ***Review of Priority “A” Report***

On October 27, 2017, the OCC received a letter from a Reporter alleging mistreatment and misconduct in the psychiatric treatment of her son at NYC Health + Hospitals/Bellevue. On October 27, 2017, the OCC Chief Corporate Compliance Officer referred the matter to Mr. Hicks by email and telephone for Bellevue’s review and response. The OCC was advised by Christopher Roberson, Associate Director of Public Affairs at Bellevue that a review of the allegations found that the medical services provided were appropriate to the patient’s condition and that there was no factual basis for the claims presented. Mr. Roberson advised that a final report is being prepared for Mr. Hicks and will be submitted shortly.

##### ***Review of Retaliation Report***

On December 3, 2017, the OCC Helpline received an anonymous call from a Reporter who alleged that a supervisor at NYC Health + Hospitals/Queens was arbitrary and discriminatory in her management of the department. More specifically, the reporter alleged that she was unfairly denied promotion and required to provide proof of her vacation plans before her leave for approval.

The OCC was advised by the Queens human resources department that their review of the matter revealed an additional workforce member had similar complaints concerning the same supervisor. As a result, human resources has sought to remove the supervisor temporarily from her position and has requested that Central Payroll assign someone to the facility to assume the supervisor’s role because “the work cannot be supported by anyone else currently in the department.” Human resources expects that the inquiry should be completed within the next two weeks.

#### **6. Updating Information Governance/HIPAA Privacy and Security Operating Procedures**

##### ***Review of Privacy Ops***

As discussed at the December 2017 Audit Committee meeting, the OCC conducted a comprehensive review of its privacy and security Ops. Based on this review, the OCC reported that the following privacy topics, although already embodied in the System’s policies and procedures, have been updated and, subject to legal counsel review, are expected to be presented to the President for approval on or by February 28, 2018.

#### **7. Transition of Privacy Functions from Facilities to OCC**

Historically, HIPAA privacy-related duties and functions were handled within each facility by the respective Facility Privacy Officers, in addition to their other facility duties and responsibilities. In an effort to centralize and streamline the HIPAA reporting and investigation process, however, in December 2017, the OCC began transitioning the privacy-related duties and functions from the Facility Privacy Officers to the OCC's Compliance Officers. These duties and functions include, without limitation, documenting and investigating all allegations of HIPAA violations at their facility, engaging in mitigation efforts following a breach of PHI at their facility, and providing initial and ongoing HIPAA education and training to their facilities Workforce Members.

#### **8. Review and Updating of Compliance Policies and Procedures**

The OCC is currently reviewing its compliance policies and procedures to determine whether modification is necessary to meet applicable law, compliance best practice standards, and the System's transformation and evolving vision. In addition to finalizing OP 50-1, the following Ops have undergone final legal review, and are expected to be ready for the President's signature by early March 2018.

- OP 50-2 (The Prohibition of Activities that Violate the Civil Monetary Penalties Law and/or Result in the Imposition of Civil Monetary Penalties);
- OP 50-3 (Compliance with the Federal and State False Claims Acts, and Federal and State Laws related to the Commission of Health Care Fraud); and
- OP 50-6 (Emergency Medical Treatment and Active Labor Act)

#### **9. Status Update – HHC ACO, Inc. Compliance Activities**

##### ***HHC ACO, Inc. Application for New York State ACO Certificate of Authority***

As reported at the December 2017 Audit Committee meeting, on October 5, 2017, HHC ACO submitted an application to the New York State Department of Health (DOH) seeking approval for an "all payer" ACO that includes Medicaid, commercial insurance and Medicare Advantage patients. The application is still pending. Currently, HHC ACO only provides care to Medicare fee-for-service patients. If the application is approved by DOH, this expanded ACO will cover much larger patient population.

##### ***HHC ACO's Compliance Plan***

The OCC recently revised the draft HHC ACO Compliance Plan, and circulated it the HHC ACO Board of Directors on December 29, 2017. The Compliance Plan outlines how the HHC ACO will satisfy applicable legal and regulatory requirements, including without limitation, the five MSSP compliance plan elements. The HHC ACO Compliance Plan addresses, without limitation, the following Topics:

- Development of HHC ACO Compliance Plan;
- Required Elements of an Effective ACO Compliance Program;
- MSSP Regulatory Requirements;
- Overview of the New York Accountable Care Organizations;
- Background of HHC ACO, Inc.;
- HHC ACO, Inc. Governance;
- HHC ACO, Inc. Participation Agreements;
- ACO Regulatory Requirements;
- Conflict of Interest;
- HHC ACO, Inc. Records Management Program;
- New York State Public Authorities Law; and
- Reporting HHC ACO, Inc. Compliance Issues and Non-Retaliation Policy

**(The executive session was held.)**

There being no other business, the meeting was adjourned at 12:20 P.M.

**Information Technology Committee – February 8, 2018**

**As Reported by Emily Youssouf**

**Committee Members Present:** Emily Youssouf, Josephine Bolus, Barbara Lowe, Dr. Mitchell Katz

Emily Youssouf called the meeting to order at 10:20 AM. She welcomed the new Chief Information Officer (CIO) Kevin Lynch. Mr. Lynch thanked her. The minutes of the November 8, 2017 meeting were adopted.

#### **CHIEF INFORMATION OFFICER REPORT**

Mr. Lynch presented a high-level report since he has only been on the job 20 days, which included highlights and updates on the Delivery System Reform Incentive Payment (DSRIP) program. Specifically, he discussed the Contact Center and how it was consolidated from 11 centers and phone numbers into four locations and one phone number.

Mr. Lynch provided an update on the GO program to design, build, implement and sustain the Epic electronic medical record (EMR). He is working with the team and vendors to clarify the current timetable and develop an actionable plan for implementation of next go-live in November 2018 and final implementation in April 2020. He agreed with Committee members that a single, consistent name should be given to the program.

Mr. Lynch also provided an update on Phase 1 of the Enterprise Resource Planning (ERP) or Project *Evo/ve* program involved Supply Chain and Finance. Wave 4 of Phase 1 is scheduled to go live in March. He has been attending governance meetings and the project is on track. Phase 2, which is Payroll, Time & Labor, and Absence Management (Time Capture), is scheduled to go live in January 2019.

Mr. Lynch is actively working on a governance model so that timelines make sense and can be achieved. He assured the Committee of more openness about this and all projects, so Committee members and anyone else can see progress and have a better understanding of EITS operations.

Dr. Mitchell Katz tasked Mr. Lynch with figuring out a solution to the problem of doctors making long distance calls. He said they resolved a similar problem working together in Los Angeles and he is confident that same can be done here at NYC Health + Hospitals.

#### **INFORMATION ITEM 1: IT OBSERVATIONS AND FUTURE PLANS**

Mr. Lynch then presented his IT Observations and Future Plans. Under Governance, he will develop a strategic direction with leadership using the Health Information Technology Governance Model. EITS will collaborate with Supply Chain and provide a dashboard of projects to the Committee.

Under Project Management, Mr. Lynch goal is that all health information technology projects will be enterprise-wide in nature, to be used consistently across all NYC Health + Hospitals clinical and administrative locations. There might be an exception (such as legislative issues) but they will be the exception. There must also be prioritization of projects and he will work with the Committee to keep them abreast of developments sooner rather than later.

Mr. Lynch explained that during a review of EITS Inventory Resources he looked at People, Landscape of all clinical and administrative locations, IT systems, and Projects. His goal is to develop a path towards self-sustainability, which Dr. Katz encouraged. Dr. Katz clarify that we may need specialists at times, but it is better to have NYC Health + Hospitals employees doing our work since we gain in the long run.

Mr. Lynch assured the Committee that the plan is to serve in the most safe and efficient way. Some hard decisions about not putting money into legacy systems and going full force into the new Enterprise standard systems are needed and the Committee will be kept abreast.

Ms. Youssouf said we look forward to hearing from Mr. Lynch often and pledged the Committee's full support.

There being no further business, the meeting was adjourned at 11:00 AM.

#### **Medical and Professional Affairs Committee – February 7, 2018**

**As Reported by: Dr. Vincent Calamia**

**Committee Members Present:** Vincent Calamia, Mitchell Katz, Barbara Lowe, Josephine Bolus, Emily Youssouf

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:09 AM.

#### **CHIEF MEDICAL OFFICER REPORT**

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

## **I. Laboratory Services Update:**

NYC Health and Hospitals laboratories continues to focus on transformation through standardization. Work in progress at all acute care laboratories include:

Implementation of new testing equipment-

- Completing new chemistry equipment implementation at Lincoln, Harlem, Metropolitan, Elmhurst and Bellevue hospitals in 2018.
- Initiating system hematology equipment rollout completing Kings County in Oct. 2017 and continuing with Jacobi, Bellevue and Henry J. Carter. Expecting to complete by Spring 2019.

In support of:

- Ambulatory Services, continuing system implementation of Point of Care devices as part of Diabetes management program
- ED Services, using a standard system approach, we continue implementing Point of Care equipment to perform near patient testing allowing earlier clinical recognition of Sepsis, AMI and other critical illness

On 24 Jan. 2018 we conducted a Cerner Laboratory Information Systems “kick-off” at Woodhull, in preparation for the upcoming end of year EPIC/Cerner implementation.

System-wide initiatives with focus on Patient Blood Management and Test Utilization will launch at the end of Jan. 2018. A multi-disciplinary, evidenced based approach will be utilized, optimizing patient safety and outcomes through measurable improvements.

## **II. Women’s Health Report**

### **Women’s Infant and Children (WIC) program**

The WIC program is changing from its WIC Information Statewide Information System (WICSIS) which is a closed system to NYWIC – an internet based system. This project requires strong communication and collaboration mainly between the WIC program staff, H+H EITS staff and purchasing. To ensure that key stakeholders are fully informed about this project, a meeting was arranged with WIC staff from Albany, Central Office EITS, Central Office staff, and key WIC administrators. This meeting proved to be productive and well appreciated by all.

### **Robin Hood Campaign**

Health Leads outreach staff working in 5 H+H facilities (BHC, ELM, KCHC, LMH and Morrisania) in order to identify New Yorkers who are eligible but not yet enrolled in WIC.

### **Breastfeeding Program**

The baby-friendly hospital initiative is a global effort to implement practices that protect, promote and support breastfeeding. Nine of our hospitals have earned their baby friendly designation: Bellevue, Coney Island, Harlem, Jacobi, Lincoln, Metropolitan, NCB, Queens, and Woodhull.

### **Infant SAFE Sleep Program**

Mothers identified in the prenatal period as not being able to afford a crib are informed that they will be given a portable crib upon discharge. Since program began, in July 2015, a total of 1572 cribs have been distributed.

## **III. Accreditation & Regulatory Services**

### **2018 Joint Commission Surveys**

- a. In January, The Joint Commission conducted Unannounced Triennial Surveys of the Detox programs at NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/Kings County. Observations were identified which the facilities are in the process of addressing. Both programs remain fully accredited.

- b. In the next few months, Triennial Joint Commission Unannounced Surveys are expected at NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/Kings County, NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/SeaView. These organizations have been and are continuing their ongoing readiness preparations for survey.

#### **Unannounced Mock Survey Preparation Site Visits**

- a. TJC surveys - mock survey revisits were conducted at NYC Health + Hospitals/Coney and NYC Health + Hospitals/Kings County to provide additional support and education to staff, and is ongoing for all facilities due for survey.
- b. NYSDOH Article 28 Survey - An unannounced mock survey was conducted at NYC Health + Hospitals/Gotham – Cumberland, to assist them in preparing for an anticipated NYSDOH Article 28 survey. Additional surveys are being scheduled for other Gotham sites.
- c. Candida Auris - Unannounced site visits/mock surveys were conducted to assess the readiness of each organization in preparation for the NYSDOH site visits on Candida Auris. The review focused on the facilities' ability to respond to Candida Auris fungal infections, processes and procedures around infection control prevention and staff compliance with above.

#### **IV. Influenza campaign**

Efforts to improve the NYC Health + Hospitals staff vaccination rate for the 2017-2018 flu season began long before there were reports of the higher impact of influenza compared to any flu season within the past few years. These efforts included engagement of labor unions to collaborate regarding pro-vaccination messaging, site-based flu focus groups to learn of perceived barrier to improved vaccination rates and flu posters that reflected messaging that resonated most with our staff, including the importance of protecting high risk groups such as children < 5 years of age, pregnant women, older adults and those with chronic illnesses. The results of these efforts are substantially improved vaccination rates for January 2018 compared to January 2017. For example, the best performing site in 2017 had 75% vaccination compared to 92% this year, which is a positive trend that holds across the system.

We continue to encourage vaccination and now require a written declination to be signed by staff who remain unvaccinated. The un-vaccination reasons will inform our education efforts for improving flu education. We have also developed job title specific poster for labor and delivery, dietary, transport and environmental services staff areas since these represent opportunities to improve vaccination rates. (posters attached to email). There is a second wave of flu vaccination events now that Governor Cuomo has declared a NYS Health Emergency due to flu.

This year's influenza infection rate has been greater than any time in the past ten years and NYC Health + Hospitals has responded two weeks ago with a modified activation of our Emergency Operation Center. Weekly calls are now held system-wide to survey flu impact by site, review inventory of vaccine and antiviral flu medications, sick call effects on site staffing and to refine surge plans. There are daily calls with specific facilities regarding their specific needs and exploring possible support to be provided by central office. The system has two mobile health vehicles being prepared for service to augment our response. Medical & Professional Affairs staff has been in contact several times weekly with colleagues at CDC, NYS DOH, NYC DOHMH and GNYHA to insure consistency of our response with expert recommendation for diagnosis, treatment, post-exposure prophylaxis and environmental cleaning protocols.

#### **V. Behavioral Health**

Integration of Behavioral Health & Primary Care: OBH continues to work with Ambulatory Care and One City Health to expand the collaborative care program. The collaborative will expand from depression to include anxiety and screening for substance abuse disorders. There is also training in progress to increase the ability to prescribe Buprenorphine in Primary Care settings. Efforts are underway to expand the collaborative care model to maternal health and pediatrics. In collaboration with One City Health, work has begun to implement co-located primary care in behavioral health in five sites: Bellevue, Elmhurst, Lincoln, Kings, and Cumberland.



Maternal Depression Screening: Currently providing screening for depression and referral for treatment if positive screen in maternal health as well as primary care in all acute care facilities. The model is also being expanded to include the Gotham ambulatory care sites. Currently screening occurs in well-baby programs in Gouverneur and Bellevue and there is a plan on expand depression screening to all sites.

In response to the current Opioid epidemic, OBH is actively working on substance use issues, Through OBH, H+H is a major part of the Mayor's initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Interventions focus on the following: judicious prescribing practices in emergency departments; increasing access to buprenorphine in primary care and emergency departments; increased distribution of naloxone kits to reduce fatal overdose; and establishment of addiction consultation teams.

The Family Justice Center sites provide co-located mental health services at the domestic violence centers. All sites are now open: Manhattan, Brooklyn, Queens, Bronx and Staten Island.

OBH is working with all facilities to advance safety for patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. There is also a major focus on ensuring a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. We are in the process of developing a system-wide environmental risk assessment.

## VI. Pharmacy

### **Collaboration with Supply Chain to create a conservation plan to manage the Critical IV fluids shortage.**

The office of Pharmacy services led efforts to increase awareness and implement an IV fluids conservation plan to address the current shortage in IV fluids.

#### **November 2017**

- A memo for conservation strategies was sent to all facilities
- A system wide call was initiated increase awareness amongst stakeholder
- An local, state and national advocacy campaign was initiated with Acurity the Group purchasing organization to make aware the current critical state of IV fluids
- Major conservation strategies include both reserving partial additive bags which are in greatest shortage by means of substituting the IVPB orders to IV push where appropriate
- Initial enterprise IV push policy has been designed, approved, and disseminated for facility addendum to existing IV push policies. (significant conservation will result)
- Additional strategies include IV to oral switched
- Established weekly surveillance of supply chain trackers as to the amount of IV fluids on hand, amount needed , amount being shipped, and areas that need conservation
- EPIC and QMED electronic medical records are implementing changes to assist prescriber ordering of IV push
- Facility based Nursing education is ongoing to support the implementation

#### **Updates January 2017**

- NYC H+H M&PAs Office of Pharmacy Services was featured on ABC news describing the conservation strategies that have been successful in managing the current shortage crisis

## Pharmacy

### **Epic order-sets team to oversee, clinical content of order sets.**

As Healthcare rapidly evolves, New York Health and Hospitals recognizes the need for content within our EMR to remain current with Evidence Based clinical best practices while retaining a high level of usability for our clinicians. We are beginning the standardizing of our clinical content within system-wide order sets. Prior to pulling together SME's from every specialty across all facilities, experts are being brought to the table to assist in providing the foundational guidance needed to ensure a smooth framework for the work ahead of us. We have also begun Wave 2 of the Order Set optimization.

#### **November 2017**

- Multidisciplinary foundational decision making groups convened to conduct initial order set decisions
- Decisions on standards for clinical content developed in the following areas:
  - VTE Prophylaxis
  - Admission
  - Code Status
  - Mild, Moderate, Severe Pain
  - Embedding of links, calculators, tools
  - Use of defaults
  - Use of abbreviations
  - Vaccinations
  - Nicotine replacement
- 10 Order Sets will go live with upgrade pending review of the appropriate clinical council:
  - Blood Administration Order Set
  - Mass Transfusion Protocol (MTP) Order Set
  - Pediatric Blood Administration Order Set
  - Blood Transfusion Reaction Order Set
  - Peri-op Blood Administration Order Set
  - Intra-op Blood Administration Order Set
  - Duramorph Post-op Order Set
  - Discharge to Home Order Set
  - Anticoagulation Order Set
  - Electrolyte Replacement Order Set

#### Updates January 2017

- 5 blood order sets have gone live:
  - Blood Administration Order Set
  - Mass Transfusion Protocol (MTP) Order Set
  - Pediatric Blood Administration Order Set
  - Blood Transfusion Reaction Order Set
  - Peri-op Blood Administration Order Set
  - Intra-op Blood Administration Order Set
- Order set governance, strategy and process is being established to assure a provider driven patient centered approach.
  - Governance
    - establishing a single point of entry for all requests
    - upfront end-user standard design and approval
  - Strategy
    - Establish a design strategy that includes standard, simple modular approach - that facilitates end users can use
    - Design strategy that is developed and generated by end users with expertise in epic clinical workflow
  - Process
    - Provides a visual illustration of the process of moving order sets from initial content conception, review, and approval to technical build, simulation, education, and implementation
    - Develops the framework for how order sets are moved through the system

#### Judicious opioid prescribing update:

#### November 2017

- Pharmacist are monitoring for duplicate therapy of opioids in the inpatient setting as a means to avoid overdose

- In developing order sets - The enterprise Pharmacy and Therapeutics committee has taken the unorthodox stance to approve the use of more expensive non opioids analgesic such as IV acetaminophen and Celebrex for Trauma hip fractures and pre and post op total hip and knee surgical procedures respectively in order to avert/spare the risk of opioid use in these vulnerable populations - Albeit the cost is more however this strategy should reduce future overall opioid use in these populations.
- Prescriptions duration are being monitored to review for compliance to the DOH less than 7 day supply limit for acute pain patients.
- Content development for order set are occurring - sensitivity toward the use of a multimodal pain management approach that include channel enzyme receptor targeted therapy will be emphasized across the 200 order sets -Where pain management applies.
- Morphine equivalent daily dose calculation reports are being made available to help providers with proper dosing of opioids-

#### Updates: January 2017

- Established a system-level Opioid Stewardship work group
- An initial set of metrics demonstrating judicious prescribing have been developed
- Working with IT to construct Judicious prescribing of opioids H&H dashboard

#### Expanded naloxone distribution program:

Central Office Behavioral Health leadership is developing and implementing a process for a hospital pharmacy initiated screening, distribution, and counseling of Naloxone kits to eligible patients. This collaboration is hoped to reduce the morbidity/mortality associated with the current national opioid epidemic.

#### November, 2017

- Lincoln Pharmacy Department collaborated with leadership to initiate a pilot onsite
- 1<sup>st</sup> Qtr 630 Naloxone kits distributed

#### Compliance with USP797 standards and preparation of facilities for new USP797 and 800 standards for compounding IV admixtures:

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

#### Update:

#### November 2017

- USP 800 awareness campaign initiated
  - Presented to the CEOs monthly meeting
  - Presented to the CMO/CNO council
  - Forwarding surveys to begin the process of meeting the standard

In summary facilities continue to be compliant with standards for environmental monitoring of their IFV admixture units, rejection of batches are limited, however competencies are on a downward trend and needs improvement. A reminder for all personnel to complete competencies on time has been sent out.

#### CHIEF NURSE EXECUTIVE

Ms. Monefa Anderson presented the Chief Nurse Executive report on behalf of Kim Mendez, reported the committee of the following: The following report will highlight the work and achievements during the months of December 2017 and January 2018. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

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

Following the successful kick-off of our November 1, 2017 *Shared Governance Retreat*, the System Nurse Practice Council has received positive feedback and will be holding a follow-up *Shared Governance Workshop* on February 7, 2018. The workshop will provide an opportunity for facility designated Shared Governance nursing team members to work on laying the groundwork, beginning team and structural design and sharing learned experiences.

### **“BSN in 10”**

The “BSN in 10” law will require registered nurses (RNs) to complete a bachelor of science degree in nursing (BSN) within 10 years of initial license; however, it does not apply to currently licensed RNs and exempts the following:

- Students entering a generic baccalaureate program
- Students currently enrolled, with an application pending, in an RN educational program, as of the law’s effective date
- Unlicensed graduate nurses who are eligible for National Council Licensure Examination, as of the law’s effective date.

Although the bill has been signed, the Governor has agreed to delaying the effective date of the law until the temporary commission created by the law issues recommendations that address barriers to achieving a BSN in 10 years (GNYHA, 2017).

### **Nurse Practitioners’ Ability to Issue DNR and Other Life Sustaining Treatment Orders**

The nurse practitioner law amends the Public Health Law with regard to the issuance of do not resuscitate (DNR) orders for residents of mental hygiene facilities, non-hospital DNR orders, and orders carrying out decisions made by surrogates under the Family Health Care Decisions Act in hospitals and residential health care facilities. The amendments permit the “attending” nurse practitioner to issue DNR orders, orders pertaining to routine and major medical, as well as life-sustaining treatment for a patient, when the requisite clinical and other criteria have been met. The law becomes effective May 29, 2018 (GNYHA, 2017).

### **Infection Control/NPSG standards**

Additionally, just recently released and effective January 1, 2018, *individual* hand hygiene failures to be cited under IC, NPSG standards. Any observation by surveyors of individual failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a requirement for improvement (RPI) under the Infection Prevention and Control (IC) chapter for all accreditation programs.

### **Office of Patient Centered Care**

- **Continuing Education**
  - Social Work Providership is up for recertification in February 2018.
    - Submission of application is due by January 18, 2018
    - Goal: 3 year recertification
- **IPFCC (Institute for Patient and Family Centered Care)**
  - OPCC (Alfreda Weaver - Dir of HCPPA - Patient Centered Care) confirmed as panelist for 8<sup>th</sup> International Conference on Patient and Family Centered Care
  - NYC Health + Hospitals /Bellevue will also be presenting on PFAC.
  - Proposal for new partnership with IPFCC to focus on program designed to aid in the standardization of Patient Advisory Councils across the system. Includes:
    - IPFCC Consultant/Coach
    - Access to Webinars and training Materials System Wide
- **Safe Patient Handling System Program**
  - System wide policy completed and implemented. Incorporated into new hire orientation.
  - “Near Miss” process at all sites developed and implementation complete.
- Temporary /Agency Staffing Standardization Program continues. Successfully organized 4 sites for centralized procurement initiative (Coney, Bellevue, Lincoln & Queens Hospital). Next steps include full centralization.

- **NICHE** (Nurses Improving Care for Healthsystem Elders)
  - NYC Health + Hospitals PAC facilities have achieved NICHE designation at the Member/New level: JC Carter, Coler, McKinney and Seaview. Wonderful achievement!
  - Both Coler and Bellevue have submitted abstracts highlighting their NICHE work and are accepted to present at the 2018 national NICHE conference.
  - Following the NICHE All-Day Learning Session held in November 2017 at Jacobi Medical Center, next steps include a January 2018 brainstorming session on ways to continue to embed NICHE principles throughout the service lines e.g. quarterly NICHE Coordinators meetings; Central Office lead Grand Rounds; Facility “gemba walks”
- **On January 12, 2018, the first system-wide core new nurse orientation** was kicked off. Thank you, Monefa Anderson, MPA, RN and team. The orientation launched the initial phase I of centralizing nurse orientation and other nursing educational programs. Additional work remains underway to learn from other NY health systems who have established centralized nursing education programs, nurse residency programs, etc. Leveraging IT and web based technology for workforce development is being aligned with Human Resource leaders.
- **SART & Domestic Violence Initiatives**
  - Monefa Anderson (education) and Marlene Allison (operations) from NYC H+H are partnering with OCDV. Bi-weekly meetings with OCDV and IAFN have been established to discuss ongoing curriculum development. Reviewing current state of SART program operations; reviewed budget; developing funding proposal.
  - Partnering with OCDV, DOH and CBOs on developing an all-day Grand Rounds DV/IPV and healthcare workshop for MDs/NPs/PA and community advocates. On December 8<sup>th</sup>, 2017 a conference took place with over 200 MDs, Pas, NPs, SWs, RNs, Domestic Violence Coordinators, and community based organizations in attendance. The conference was well received and NYC Health + Hospitals supported CEUs for all participants.
- **Nursing Informatics/ Quality**

EPIC

  - Nursing representation present at optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
  - Zynx Nursing Care Plans is being developed with EPIC users.
- Quality Transformation initiatives charters are complete for CAUTI, CLABSI, Pressure Injury prevention. System-wide projects inclusive of care bundle development, training and audit processes are underway.

## Care Management

- System wide Care Management Strategy is under review with major stakeholders.
- DSRIP ED Care management model deployed at Elmhurst
- ED Care Transitions, In-Patient Care Transition, Ambulatory and Community staffing designs have been a high priority focus and a draft model has been completed.
- Initial system care management resource assessment data collection has been completed.
- Review of Care Management standard curriculum for competency & orientation is underway.
- System-wide high risk stratification tool for the ED Care Transition team is in alignment with Population Health predictive model and IT support to assist in action oriented flags to support patient in need of support have been requested.

## Patient & Staff Experience

Integration and alignment of Patient Experience and Staff Engagement strategic goals, charters and projects is complete. The Patient & Staff Experience Governance executive steering committee provides guidance and input on strategic project initiatives. Monthly PXO Council meetings have been established with facility leads. A system-wide Patient Experience framework inclusive of ICARE Service Behaviors, Rounding, and Leadership Development have been developed into project charters. Next steps are to launch system projects using ICARE model for service behaviors and patient, staff, and leadership rounding guidelines & education. The review/inventory of current patient and staff experience projects, programs, etc. will be summarized at next PXO meeting in January 2018.

## CNO Announcements

NYC Health + Hospital's is pleased to welcome the following new nurse leaders:

- Keisha Ann Wisdom, CNO – Harlem Hospital
- Mei Kong, CNO – Coney Island Hospital
- Omar Abedalrhman, CNO – Bellevue Hospital

## MetroPlus Health Plan, Inc.

Total plan enrollment as of January 1, 2018 was 509, 551. Breakdown of plan enrollment by line of business is as follows:

Medicaid	371,222
Child Health Plus	16,811
MetroPlus Gold	11,320
Partnership in Care (HIV/SNP)	4,162
Medicare	8,066
MLTC	1,795
QHP	10,167
SHOP	1,145
FIDA	206
HARP	10,658
Essential Plan	72,069
GoldCare I	1,202
GoldCare II	728

The open enrollment period for NYC employees, was in October and now stands at over 11,000, the highest ever. Between last January and this January Gold membership grew by nearly 40% and has more than doubled since January of 2016, the first month Gold was available to all city employees. We are particularly proud of the over 1,500 Police Department and the over 900 Department of Education employees who have enrolled in MetroPlus Gold.

MetroPlus continues to be a strong partner in the City's hurricane response effort. MetroPlus is one of the services located at the service center on 116th Street in Manhattan. While the center was initially to close at the end of December it is operating for the month of January three days a week. Through the end of December, we have received 232 applications representing membership for 401 people.

NYC Health + Hospitals financial counselors now can use the MetroPlus portal to allow them to make PCP assignments to their facility at the point of enrollment. This will better serve our members by allowing them to have their preferred PCP at the time of enrollment and avoid the auto assignment process. We built this new capability since the New York State of Health Exchange enrollment system does not allow the enrollee to choose a specific provider within a facility. We continue to work with facilities that have questions about the new system.

Our disenrollment rate for Medicaid has continued to decline throughout the year reaching a yearlong low of under 3.3% in December. The rate peaked at close to 4% last February. The rate reflects how many people left our Medicaid program each month for any reason compared with the full Medicaid population and is the broadest measure of our ability to retain members. A major component of our efforts on disenrollment has been the Finity rewards program. To date over 4,300 people have claimed rewards and nearly 23,000 have registered to participate in the program.

The disenrollment rates for individual hospitals vary from a low of 3.04% at Metropolitan to a high of 4.42% at Kings County.

MetroPlus has received the State benchmarks for Quality of Care measures and received 100/100 points for those measures (same as last year), placing as top Plan in NYS. We are awaiting final results on Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Prevention Quality Indicators (PQI). Combination of all three components will then determine Plan's tier ranking for the 2017 Quality Incentive.

MetroPlus has expanded our relationship with Advantage Care Physicians (ACP) to include an additional twenty locations and over 250 new providers to the Plan's network. ACP will have 28 total locations in our service area, providing access to Primary Care and over twenty different specialties. MetroPlus was previously contracted with just a few of the ACP locations in Brooklyn, but this will expand access for Plan members in Manhattan, Queens and Staten Island.

In 2017 Integrated Case Management completed over 5,000 home and hospital visits. MetroPlus also hired a dedicated housing specialist to work with members and assist in placing them into appropriate housing.

**ACTION ITEM:**

Maureen McClusky, Senior Vice President, Post-Acute Care/LTC and Khoi Luong, MD, Post-Acute Care/LTC presented a resolution to the committee:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with PharmScript, LLC (PharmScript) to provide pharmacy services for the System's five post-acute care facilities (Carter, Coler, Gouverneur, McKinney, and Sea View) with an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$16,723,402 to pay PharmScript for patients with no insurance.

After discussion and motion duly made and seconded the resolution was approved for consideration of the Board.

There being no further business, the meeting was adjourned 10:20 AM.

**MITCHELL H. KATZ, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS - February 22, 2018**

This is our second Board meeting together and I feel inspired by all the great people I have met at NYC Health + Hospitals.

We are a large system, so it may take me a while to get to all our facilities, and get there again and again, but I will do so because I deeply believe that the important work of NYC Health + Hospitals happens at the hospitals, skilled-nursing facilities, the clinics, and in the home. The job of Central Office is to provide the necessary support to facilitate care in the best way possible.

Thus far I have had the privilege of visiting Metropolitan, Jacobi, Lincoln, Bellevue, Harlem, Renaissance/Sydenham and just this morning, Gouverneur. I have met with organized labor including those representing our nurses, our doctors, our clerks, our technicians, and a variety of other critical support staff. Everywhere I have found mission-driven people who want to do the best for our patients but are frustrated with bureaucracy, inadequate clinical staffing, antiquated computer systems, and the uncertainty that comes from knowing that we have a large budget gap. The people in our system want to roll up their sleeves, to be heard, to be respected, and to make a difference.

I asked people to please email me directly their thoughts, and have been deluged by great suggestions from the front lines on how we can improve the patient experience, and how we can increase revenue to NYC Health + Hospitals so that we can move from the current budget crisis to a stable economic place. We are showing that we are capable of becoming a more nimble and responsive organization. When it turned out that there was no pediatric Tamiflu in community pharmacies, Dr. Allen and her staff arranged for pediatric dose packets to make sure all our children would be treated. We are currently implementing the ability of patients to receive 90 days of medications for chronic illnesses so that they do not need to return to the clinic for refills.

Perhaps the most important attribute of an organization like NYC Health + Hospitals is hope. By demonstrating that we can take on difficult system issues and fix them, we will unleash a great current of energy and wisdom from the frontlines to make the changes happen. I couldn't be more excited.

#### **Federal Update**

On February 9, Congress enacted and the President signed into law a short term spending plan funding the Federal government through March 23 of this year. Of critical significance to NYC Health + Hospitals is the plan's elimination of two years of reductions to Medicaid disproportionate share (DSH) payments totaling 5 billion dollars for FY 2018 and FY 2019. Had the reductions taken effect, New York State was projected to lose \$340 million in 2018, nearly the entirety of which would have been cut from NYC Health + Hospitals. We will continue to work with the Mayor's office, our congressional delegation, labor partners and community allies to achieve a longer term resolution regarding this critical source of funding for the uninsured.

The spending plan includes a two year extension of Community Health Center funding which benefits our Federally Qualified Health center (FQHC) NYC Health + Hospitals/ Gotham Health. Also included is a four year extension of the Children's Health Insurance Program (CHIP), coupled with the six years that CHIP was extended in an earlier continuing resolution. CHIP is now extended through Fiscal Year (FY) 2027.

#### **State Update**

The State legislature continues to debate the provisions of the Governor's proposed Executive Budget. NYC Health + Hospitals is advocating with our elected officials to protect Health + Hospitals from potential spending cuts and increased funding for safety net hospitals including our own. Even though Congress delayed the DSH cuts for two years, we will still impress upon our legislators the need to address the DSH distribution methodology to avoid bearing the entire burden of DSH cuts in future years.

#### **City Update**

On Wednesday, March 28, at 1pm, I will be testifying before the New York City Council Committee on Hospitals about NYC Health + Hospitals' priorities over the next year.

#### **OneCity Health Update**

OneCity Health has launched a \$5 million Innovation Fund that allows NYC Health + Hospitals and DSRIP community partners to submit applications for potential funding going beyond targeted DSRIP programs to design and implement programs for reducing avoidable hospitalizations, improving community health outcomes, and addressing social



determinants of health. OneCity Health expects to fund up to ten awards in total. The awards, which will be announced in late March, are expected to be in the range of \$250,000 – \$1,000,000 per selected application.

OneCity Health continues to provide technical assistance to partners to help them prepare for a value-based payment environment.

- OneCity Health began a 12-month technical assistance program for community primary care partners. Through individualized coaching, new tools and protocols and sharing of best practices, OneCity Health is assisting community primary care partners to improve capacity, build linkages to other OneCity Health partners to address social support needs, promote team-based care and develop data reporting and monitoring capabilities.
- OneCity Health and its partner, Community Service Society of New York (CSS), continue to provide technical assistance to build community based organization (CBO) partners' capacity for value-based contracting. Fifty-one partners completed the self-assessments and are now attending a series of Learning Collaboratives on topics such as developing a value proposition and partnering with managed care organizations.

OneCity Health launched online NowPow trainings for all NYC Health + Hospitals staff and OneCity Health partners in February. NowPow is a technology platform that allows users to identify social services resources, refer patients, and track engagement.

OneCity Health is continuing its efforts to advance coordinated, accessible behavioral health and primary care services to meet a variety of patient needs by supporting NYC Health + Hospitals and OneCity Health primary care partners in the implementation of Collaborative Care. In February, OneCity Health launched a training series on Collaborative Care, which aims to incorporate behavioral health specialists into primary care teams, in collaboration with the CUNY Graduate School of Public Health and Health Policy.

### **NYC Health + Hospitals/Gouverneur Celebrates Expansion of 60 New Skilled Nursing Facility Beds to Serve Lower East Side community**

Earlier today NYC Health + Hospitals hosted a ribbon cutting at NYC Health + Hospitals/Gouverneur to celebrate 60 new skilled nursing facility beds for seniors and clinically complex patients while showcasing our expansion of high-performing post-acute care services and additional community-based short-term rehabilitation services for New Yorkers. With the additional beds, Gouverneur will provide much-needed care in the community, more short-term rehabilitation for patients and generate an anticipated \$10 million in new revenue annually for the health system.

The new beds occupy nearly 45,000 square feet of existing space in two new units at 227 Madison Street. Built as part of the facility's recent \$250 million modernization effort, the new units are fully operational and staffed by new providers. The space features a home-like environment, with private bedrooms in single rooms and double-room suites, large, open dining areas, and comfortable community spaces, including fireplaces. The design also includes a private entrance to the nursing facility to enhance the experience of patients and their families. The rehabilitation area features state-of-the-art equipment to serve the needs of patients recovering from heart attacks, strokes, traumatic brain injuries, and other debilitating conditions.

Gouverneur is designated a "Best Nursing Home" by U.S. News & World Report and has the highest Centers for Medicare and Medicaid Services five-star rating for its high-quality services and home-like environment.

**First Public Hospital Naloxone Kit Distribution Center Opens to Community at NYC Health + Hospitals/Lincoln**  
NYC Health + Hospitals/Lincoln recently opened the first hospital-based naloxone kit distribution center, designed to make the drug that reverses opioid overdose available free to the community at large and without a prescription. Last May, Lincoln became the first patient care site in our system to begin distributing naloxone kits to all patients served by the emergency room, behavioral health and chemical dependency departments. The opening of Lincoln's kit distribution center underscores our commitment to expanding access to this life-saving medication beyond the patient population by establishing public distribution centers at all 11 public hospitals.

Naloxone kits will be available every Tuesday and Thursday from 8:30 am – 4 pm, in conference room 2 at NYC Health + Hospitals/Lincoln (234 East 149th Street, Bronx, NY, 10451). The kits are available to anyone 12 and older, no appointment is necessary. Everyone who receives a kit will also be trained by hospital staff, which takes approximately 3-5

minutes. Training includes how to identify someone who is suffering from an overdose and how to properly administer the naloxone nasal spray.

### **First Lady Chirlane McCray and NYC Health + Hospitals/Correctional Health Services to Expand Work on Needs of Incarcerated Women**

Earlier this month First Lady of the City of New York Chirlane McCray announced a set of new initiatives designed to break the cycle of incarceration for women in New York City. The City will expand programming to support family connections and resilience, enhance critical behavioral health services and create a network of re-entry services that help women and their families stabilize and prevent future returns to jail.

Building off the strong foundation created by ThriveNYC and the Behavioral Health and Criminal Justice Task Force, NYC Health + Hospitals/Correctional Health Services will expand its work to improve access to high-quality therapeutic services for incarcerated individuals by implementing several evidence-driven strategies that address the unique needs of women in jails, including: connecting dedicated counselors to women at risk of intimate partner violence for safety planning and therapy; creating counselling programs that focus on promoting healthy coping for stress and trauma to address anxiety, depression, chronic pain, and insomnia; and using an intensive treatment model to better manage co-occurring serious medical and mental illness in the women's infirmary.

### **Health System to Adopt New System-Wide Care Management Program**

NYC Health + Hospitals has announced plans to adopt a system-wide care management program designed to improve access to care and health outcomes for thousands of New Yorkers most at risk of frequent, preventable hospitalizations and emergency room visits. The new care management model will target intensive navigational resources to patients with greatest need, regardless of insurance or immigration status. The program will feature dedicated care coordinators from various disciplines who will follow a proactive outreach strategy to steer patients across the spectrum of health care services, as well as work with community partners to address social determinants of health, like housing and access to healthy food.

The new program will also feature enhanced coordinated care strategies from the *ActionHealthNYC* program that were particularly helpful in reaching uninsured New Yorkers, including providing them legal assistance, enrolling them in health insurance, and making sure they sign up for a city ID card under the IDNYC program. The new care management structure will be implemented in phases starting at NYC Health + Hospitals/Bellevue this month and is expected to be in place across the health system by the end of 2018 when it is expected to serve an estimated 32,000 adult patients who have overlapping medical, behavioral health, and social needs.

### **NYC Health + Hospitals Consolidates Psychiatric Evaluation Court Clinics**

NYC Health + Hospitals has announced plans to consolidate under Correctional Health Services (CHS) the management of its four forensic psychiatric evaluation court clinics. The court-ordered forensic psychiatric evaluations largely comprise fitness-to-stand-trial examinations (also known as "730" exams) which, if ordered, must be completed by at least two qualified psychiatrists or psychologists and submitted to the judge before the defendant can proceed with his/her case. As the large majority of these evaluations are conducted for individuals who are incarcerated and awaiting trial, delays in the evaluation process can lead to longer lengths of stay, pending resolution of their cases.

Our consolidation will standardize and modernize the clinics, helping to streamline the forensic psychiatric evaluation process. By centralizing the oversight of these clinics, we'll not only help streamline the forensic psychiatric evaluation process, but we'll also tap the great expertise of our Correctional Health Services team who already are uniquely focused on minimizing the health impact of incarceration with the potential to reduce lengths of stay in jail.

### **NYC Health + Hospitals Mental Health Teams Now Serving at All Five NYC Family Justice Centers to Help Domestic Violence Survivors**

First Lady Chirlane McCray, Commissioner Cecile Noel of the Mayor's Office to Combat Domestic Violence and NYC Health + Hospitals recently announced the expansion of Mental Health Teams at all five NYC Family Justice Centers (FJC). The City has invested \$3.3 million to expand the Family Justice Center's holistic approach to mental health at each site (one per borough) through trauma-informed psychotherapy and psychiatric services. The Mental Health Teams are an expansion of a program first piloted at the Bronx Family Justice Center in 2015 to deliver on-site clinical psychiatric services to survivors; a collaborative effort of *ThriveNYC*, the Mayor's Office to Combat Domestic Violence, NYC Health + Hospitals, the Department of Psychiatry at Columbia University Medical Center, and sponsored by the Chapman Perelman Foundation.

The Mental Health Teams will provide onsite clinical psychiatric and psychological assessments for clients within the FJC collaborative framework. Each team will work with clients to develop individualized treatment plans, which may include individual therapy, group therapy, psychoeducation and medication management. Clients will be able to attend workshops where they will learn adaptive techniques for dealing with trauma. As of December 2017, more than 250 survivors of domestic violence have already received mental health services at the City's five FJCs.

### **NYC Health + Hospitals/Coney Island and NYC Health +Hospitals/Metropolitan Receive “Baby-Friendly” Designation**

NYC Health + Hospitals recently announced that two more hospitals in the city's public health care system have earned the prestigious “Baby-Friendly” designation for promoting the highest level of care for infants through breast feeding and bonding between mother and baby. The recognition is awarded to hospitals all over the world by Baby-Friendly USA, part of an initiative of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). We are delighted that NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Metropolitan received the prestigious designation in recent weeks for providing the optimal level of care to mothers and their babies. Our system now has nine “Baby-Friendly” acute care hospitals. They are among only 14 other hospitals in New York City that have received this designation.

### **NYC Health + Hospitals/Elmhurst Welcomes New Chief of Maternal and Fetal Medicine**

Last week NYC Health + Hospitals/Elmhurst announced the appointment of Georges Sylvestre, MD as the hospital's new Chief of Maternal Fetal Medicine. Dr. Sylvestre will work alongside a team of obstetricians, neonatologists, nurses, and midwives to provide comprehensive prenatal care specifically adapted to pregnancies complicated by underlying medical conditions. Dr. Sylvestre will see patients at NYC Health + Hospitals/Elmhurst's Women's Pavilion, an outpatient clinic dedicated to providing services geared toward the care of pregnant women and the care and treatment of women before and after childbirth. Services include high resolution ultrasound examinations and procedures, such as amniocentesis and genetic screenings, vaccinations, nutritional counseling, and breastfeeding and social services support. We are very pleased to welcome Dr. Sylvestre to our essential health care system.

### **NYC Health + Hospitals/Lincoln Recognized for Stroke Care**

NYC Health + Hospitals/Lincoln has announced that its Primary Stroke Center has earned The Joint Commission Gold Seal of Approval, making it the first hospital in the South Bronx to receive the organization's Advanced Primary Stroke Center certification. The hospital also received a Gold Plus Award and the Target Plus Honor Elite Award from the American Heart/American Stroke Association's “Get with the Guidelines” – stroke program. “Get with the Guidelines” helps hospitals to improve stroke care by promoting consistent adherence to the latest scientific guidelines. It was the third consecutive year the hospital had received the Target award and seventh consecutive year it received the Stroke Gold Plus award.

The Primary Stroke Center at NYC Health + Hospitals/Lincoln underwent a rigorous onsite review by The Joint Commission in late 2017. Joint Commission experts evaluated compliance with stroke-related standards and requirements, including program management, the delivery of clinical care and performance improvement. Congratulations to Lincoln on this distinction.

### **NYC Health + Hospitals/Bellevue Nurses Recognized for Extraordinary Care in Emergencies**

NYC Health + Hospitals/Bellevue has presented the Daisy Award for Extraordinary Nurses to 182 nurses in its Emergency Department, Surgical Intensive Care Unit, and Perioperative Services for the outstanding care they provided patients in mobilizing to care for patients in three recent terrorist and mass casualty incidents causing or having the potential to cause severe injury to a high number of people: On May 18, 2017, NYC Health + Hospitals/Bellevue staff cared for 13 patients injured in a Times Square incident, in which police reported that a man drove a vehicle into a crowd of pedestrians. On October 31, 2017, the hospital treated five patients from a Lower Manhattan incident, in which a man drove a vehicle onto a bike path on the West Side; and on December 11, 2017, the hospital received a patient from an event at the Port Authority Terminal, in which police said a man detonated a bomb in a pedestrian tunnel. Law enforcement officials have determined that the October 31 and December 11 events were terrorist attacks. The troubling confluence of events, and the highly professional response to them by nurses from Bellevue's Emergency Department, Surgical Intensive Care Unit, and Perioperative Services units in responding to them, was the catalyst for departing from customary practice of naming a single nurse honoree for receipt of the Daisy Awards.

Honored were 82 nurses from the Emergency Department, 33 nurses from the Surgical Intensive Care Unit, and 67 nurses from Perioperative Services. The nurses were given certificates from the Daisy Foundation for their work. Their

collaboration and expertise, compassion and caring demonstrated why New Yorkers rely on this essential health Care system. We are grateful and honored to have these valuable nurses at NYC Health + Hospitals.

**New Medical School scholarships awarded to NYC students who will serve as primary care physicians in our health system**

St. George's University School of Medicine and NYC Health + Hospitals have announced that eight students from the New York metropolitan area will be awarded \$1.1 million in CityDoctors scholarships. In return, the awardees are committed to practicing primary care medicine at one of 11 public hospitals in New York City following graduation. Since its inception in 2012, the CityDoctors scholarship program has awarded 99 students with scholarships worth a total of \$10.3 million.

The 2018 class of CityDoctors scholarship recipients are a diverse group of women and men, representing Queens, the Bronx, Manhattan, and Staten Island. Recipients hold undergraduate and graduate degrees from a range of prestigious institutions, including Johns Hopkins University, St. John's University, Boston University, City College of New York, SUNY Albany, Lehman College, the College of Staten Island, and New York City College of Technology.

**Dr. Robert Gore, of NYC Health + Hospitals/Kings County, named Presidential Leadership Scholar**

The Presidential Leadership Scholars Program, a partnership between the presidential centers of George W. Bush, William J. Clinton, George H.W. Bush, and Lyndon B. Johnson, has appointed Robert Gore, MD, NYC Health + Hospitals/Kings County Emergency Department attending physician, to its 2018 class. Dr. Gore was selected by the prestigious leadership training program for developing and implementing the Kings Against Violence Initiative (KAVI), a youth violence prevention program. The Presidential Leadership Scholars Program was designed to cultivate a diverse network of leaders who are capable of addressing our nation's most pressing challenges. Over the course of six months, the executive-style education series provides mid-career professionals with the opportunity to learn from former presidents, key administration officials, respected scholars, and academics.

In addition to his roles at NYC Health + Hospitals/Kings County, Dr. Gore, a Brooklyn native, serves as an assistant clinical professor of emergency medicine at SUNY Downstate. Founded in 2011, the Kings Against Violence Initiative provides participating youths with academic support, mentoring, and the development of advocacy skills. The program also engages adults to assist in support of participating youths, as well as their families. Dr. Gore continuously seeks new ways to build the program, and his appointment to the Presidential Leadership Scholars Program is expected to provide new ways to build on successes already achieved. Congratulations to Dr. Gore on his acceptance into this elite program, and on the outstanding work he does every day to provide care while cultivating the growth and spirit of youth in New York City.

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## **RESOLUTION**

*Reappointing Nella Lewis to serve as a member of the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus”), to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.*

**WHEREAS**, a resolution approved by the Board of Directors of NYC Health + Hospitals on October 29, 1998, authorized the conversion of MetroPlus Health Plan from an operating division to a wholly owned subsidiary of NYC Health + Hospitals; and

**WHEREAS**, the Certificate of Incorporation designates NYC Health + Hospitals as the sole member of MetroPlus; and

**WHEREAS**, the Bylaws of the MetroPlus authorize the Executive Director of MetroPlus to select a Director who is a member of the MetroPlus “mainstream” Health Plan, subject to approval by the Board of Directors of NYC Health + Hospitals; and

**WHEREAS**, Nella Lewis is a member of MetroPlus and has been a member of the Board of Directors of MetroPlus since December 2016; and

**WHEREAS**, the Executive Director of MetroPlus has selected Ms. Lewis to serve an additional term as a member of the Board of Directors of MetroPlus; and

**WHEREAS**, on February 27<sup>th</sup>, 2018 the Board of Directors of MetroPlus approved said nomination;

**NOW, THEREFORE**, be it

**RESOLVED**, that the NYC Health + Hospitals Board of Directors hereby reappoints Ms. Nella Lewis to the MetroPlus Board of Directors to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

## **EXECUTIVE SUMMARY**

Pursuant to the Certificate of Incorporation of MetroPlus, NYC Health + Hospitals has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize its Executive Director to select a Director who is a member of the MetroPlus Health Plan, subject to approval by the Board of Directors of NYC Health + Hospitals.

The Executive Director of MetroPlus has nominated Nella Lewis to serve an additional 5 year term as a member of the MetroPlus Board.

Ms. Lewis has been a member of the MetroPlus Board of Directors since December 2016 and participating member of the MetroPlus Health Plan Member Advisory Committee for over ten years. MetroPlus is very pleased that she has agreed to serve on the Board, and is particularly interested in the perspective that she, as a member, will bring to the Board.

## RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$15,965,345 for pre-construction, design, construction, asbestos abatement, and construction management services necessary for the reconstruction of the exterior façade and the re-roofing of the Martin Luther King (MLK) Pavilion (the "Project") at NYC Health + Hospitals / Harlem (the "Facility").

**WHEREAS**, the Martin Luther King (MLK) was constructed in 1968. Currently, this building is listed as unsafe and an extensive side walk shed has been installed until the rehabilitation work is completed; and

**WHEREAS**, the marble stone panels have exhibited warping, shifting, cracking and spalling creating unsafe conditions; and

**WHEREAS**, there is bulging and cracking of face brick of the East Elevations due to missing wall ties at spandrels; and

**WHEREAS**, there is ageing and falling of all sealants around stone cladding and windows leading to water infiltrations; and

**WHEREAS**, in order to comply with the requirements of Local Law 11, and to maintain a safe environment for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible; and

**WHEREAS**, completion of the exterior façade reconstruction will remove the listed unsafe condition; and

**WHEREAS**, in conjunction with the code correction project, the facility's 56,500 sq. ft. roof has not been replaced for over 20 years, and has been deteriorated to a state that must be replaced; and

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

**WHEREAS**, the proposed total project budget, inclusive of all contingencies, is estimated to be \$15,965,345 million; and

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

**NOW THEREFORE**, be it

**RESOLVED**, the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to approve a Capital Project for an amount not to exceed \$15,965,345 for pre-construction, design, construction, asbestos abatement, and construction management services necessary for the reconstruction of the exterior façade and the re-roofing of the Martin Luther King (MLK) Pavilion (the "Project") at NYC Health + Hospitals / Harlem (the "Facility").

## EXECUTIVE SUMMARY

### REHABILITATE EXTERIOR FAÇADE AND RE-ROOFING OF THE MLK PAVILION AT NYC HEALTH + HOSPITALS / HARLEM

**OVERVIEW:** NYC Health + Hospitals is seeking to reconstruct the exterior façade of the Martin Luther King (MLK) Pavilion, and, in addition, re-roof the MLK Pavilion at NYC Health + Hospitals / Harlem. The exterior façade rehabilitation project was designed, estimated and bid in accordance with the NYC Health + Hospitals Operating Procedure 100-5, and the re-roofing project will be bid in accordance with OP 100-5. The combined project cost is not-to-exceed \$15,965,345.

**NEED:** The Martin Luther King (MLK) Pavilion was constructed in 1968. Currently, this building is listed as unsafe and an extensive side walk shed will need to be installed and maintained until the rehabilitation work can be completed. The MLK Building is a steel framed building with concrete floors. The exterior wall is faced with blue glazed brick and accented with thin marble panels stacking on each other at the column lines. The east façade is devoid of windows and is just face brick. The building has a lower section of 6 floors that occupies almost the entire foot print of the lot. The 7 to 18<sup>th</sup> floors are located in a central "tower" of the building set back from the lower portion of the building on all four sides. The subject building has a history of various repair campaigns related to problems with brick work on the east wall and marble stone cladding at the column lines around the rest of the building. Completion of the exterior façade reconstruction will remove the listed unsafe condition and will meet the requirements of Local Law 11.

In addition, the roof of the MLK Pavilion has not been replaced for over 20 years. The facility has done a number of extensive repairs, but the 56,500 sq. ft. roof has been deteriorated to a state where it must be replaced. As the building is to start the reconstruction of the exterior façade, this is an opportune time to also replace the roof.

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

- ❖ Provide site and roof protection
- ❖ Replace marble panels
- ❖ Mitigate window leakage
- ❖ Perform localized masonry repairs
- ❖ Remove all membrane base flashings, pitch pockets, drain flashings, and walkways, and install new roof
- ❖ Bid construction work as required by NYC Health + Hospitals Operating Procedure 100-5.
- ❖ Review all bids for completion, award and start construction.



**Page Two – Executive Summary**  
**Project Approval – Harlem MLK Pavilion**

**COSTS:** \$15,965,345 (\$14,277,562 for the Exterior Façade Rehabilitation, and \$1,687,783 for the re-roofing of the MLK Pavilion)

**FINANCING:** General Obligation Bonds

**SCHEDULE:** The combined project is scheduled for completion by June 2019.