

<p><u>CALL TO ORDER - 3:00 PM</u></p>	<p>Mr. Campbell</p>
<p>1. Adoption of Minutes: April 26, 2018</p>	
<p><u>Acting Chair’s Report</u> Chasing Zero Harm</p>	<p>Mr. Campbell</p>
<p><u>President’s Report</u> FY 2019 Executive Financial Plan NY 1 Clip</p>	<p>Dr. Katz</p>
<p><u>Informational Item:</u> Correctional Health Update</p>	<p>Ms. Yang</p>
<p>>> <u>Action Items</u><<</p>	<p>Mr. Page</p>
<p>2. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute up to five successive one-year revocable license agreements with New York City Department of Citywide Administrative Services (“DCAS”) for the use and occupancy of a 79,290 square foot parcel of land under the Belt Parkway Viaduct for the construction of a 300 space parking lot to be used by NYC Health + Hospitals/Coney (the “Facility”) for parking during the construction of the Inpatient Acute Care Hospital Tower for an occupancy fee of \$1.00 per year. (Capital Committee 05/11/18)</p>	<p>Mr. Page</p>
<p>3. Authorizing the New York City Health and Hospital Corporation (the “System”) to executive a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$6,105,386; of which \$2,000,000 will be funded under PlaNYC initiative and \$4,105,386 from the City’s General Obligations Bonds, for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Air Handling Units and Building Management System upgrade project (the “Project”) at NYC Health + Hospitals/Woodhull (the “Facility”). (Capital Committee – 05/10/18)</p>	<p>Mr. Rosen</p>
<p>4. Approving a resolution to be presented to New York City Health and Hospitals (“NYC Health + Hospitals”) Board of Directors to reappoint Dan H. Still 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. (MetroPlus Board Meeting 05/01/18)</p>	
<p><u>Committee Reports</u></p>	
<p>➤ Equal Employment Opportunity</p>	<p>Mr. Nolan</p>
<p>➤ Community Relations Committee</p>	<p>Ms. Bolus</p>
<p>➤ Capital</p>	<p>Mr. Page</p>
<p>➤ Finance</p>	<p>Mr. Rosen</p>
<p>➤ MetroPlus</p>	<p>Mr. Rosen</p>
<p><u>Executive Session Facility Governing Body Report</u></p>	
<p>➤ NYC Health + Hospitals Jacobi</p>	<p>Mr. Campbell</p>
<p>➤ NYC Health + Hospitals NCB</p>	
<p><u>Semi-Annual Governing Body Report (Written Submission Only)</u></p>	
<p>➤ NYC Health + Hospitals Harlem</p>	
<p><u>2017 Performance Improvement Plan and Evaluation (Written Submission Only)</u></p>	
<p>➤ Gouverneur Diagnostic & Treatment Center Gotham Health</p>	
<p>>>Old Business<< >>New Business<<</p>	
<p><u>Adjournment</u></p>	

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 26th day of April 2018 at 3:08 P.M. pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

- Mr. Gordon Campbell
- Dr. Mitchell Katz
- Dr. Mary Bassett
- Dr. Gary S. Belkin
- Mrs. Josephine Bolus, R.N.
- Dr. Jo Ivey Boufford
- Dr. Vincent Calamia
- Ms. Barbara A. Lowe
- Mr. Robert Nolan
- Mr. Mark Page
- Mr. Bernard Rosen
- Ms. Emily A. Youssef

Deborah Brown was in attendance representing Dr. Herminia Palacio in a voting capacity. Mr. Gordon Campbell chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on March 29, 2018 were presented to the Board. Then on motion made by Mr. Page and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on March 29, 2018, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Campbell reported that Dr. Mary Bassett was stepping down as Chair of the Quality Assurance Committee due to time constraints, but would remain as a member, and he thanked her for her many years of service. Mr. Campbell received the Board's approval to appoint Dr. Mitchell Katz as the Chair of that committee.

Mr. Campbell congratulated Dr. Vincent Calamia on being honored by City and State magazine as one of the 100 most powerful people in Staten Island, and Mark Page who will be presented on April 30th with a United Hospital Fund 2018 Distinguished Trustee Award. He also shared that Dr. Mitchell Katz spoke at CRAIN's 2018 Breakfast Forum.

The Joint Commission concluded its survey of NYC Health + Hospitals/Coney Island on Friday, May 13th. Mrs. Josephine Bolus, who participated in the Leadership Session of the exit conference, noted that the feedback was excellent, except for some concerns about the doors in the psychiatry unit and the emergency department. Senior Vice President and Chief Medical Officer Mabelle Allen stated that this concern is being addressed. Mrs. Bolus also participated in the ribbon cutting of CAMBA Gardens

Phase II, a \$100 million, LEED Gold, permanent, affordable and supportive housing development on the campus of NYC Health + Hospitals/Kings County.

The Manhattan Annual Public meeting was held on April 11th at NYC Health + Hospitals/ Bellevue. Ms. Lowe described it as a positive experience where the nurses' voices were heard on staffing issues. Mr. Campbell noted that the speakers showed commitment, but also concern for resources. Kim Mendez, Senior Vice President and Chief Nursing Officer, described measures which are being taken to address these issues. Dr. Katz asserted that there is no nursing shortage, but we have recruitment and retention challenges due to our pay scale. The Queens Annual Public meeting was held on April 18th at Queens Hospital, Mr. Nolan and Mr. Rosen reported that similar concerns about nursing resources were raised at that meeting.

Mr. Campbell noted that the remaining 2018 Annual Public Meetings are as follows: May 2nd at NYC Health + Hospitals/Sea View; May 16th at NYC Health + Hospitals/Kings County; and May 23rd at NYC Health + Hospitals/Lincoln.

Mr. Campbell reported 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 five items from previous Board meetings pending Vendex approval, and four new Vendex approvals

were received since the Board last met. Mr. Campbell 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.

Dr. Katz highlighted the successes that have been achieved by engaging staff through email. He gave several examples of small changes which could be made which enhance the patient experience and which signal that positive changes are possible. If we engage our staff and listen to what is making it harder to take care of our patients, we can find out what is needed.

Mr. John Jurenko, Vice President, Intergovernmental Relations, updated the Board on State budget negotiations in Albany, which included an increase in safety net funding.

Mr. Matthew Siegler, Senior Vice President Managed Care and Patient Growth and Dr. Eric Wei, Vice President, Chief Quality Officer gave a Strategic Planning Update and discussed the Seven Point Financial Plan and the status of the System Scorecard. They addressed both financial and clinical measures, and the Board

engaged in a lively discussion, with many requests for additions to the scorecard and follow up information.

ACTION ITEMS

RESOLUTION

2. Authorizing the New York City Health and Hospital Corporation ("NYC Health + Hospitals" or the "System") to take the necessary steps to implement a Network and Unified Communication Infrastructure Upgrade throughout the System, for \$160 million which is funded in the City's Capital Budget over the next 4 years; to procure the necessary contracts for: staff augmentation to implement, configure, test and install the equipment, migration and cutover services, and wireless survey services, at a cost not to exceed \$32 million in City Capital Funds, all of such procurements to be effected in conformity with NYC Health + Hospitals' Operating Procedure 100-5.

Senior Vice President and Corporate Chief Information Officer Kevin Lynch and Assistant Vice President for Network Services Jeffrey Lutz discussed how this work will address the System's Information Technology needs.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and discussed and adopted by the Board by a vote of twelve in favor with Mrs. Bolus opposed.

RESOLUTION

3. Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Grant Thornton, LLP ("Grant Thornton") to provide auditing services over a four year term at a total cost throughout the term not to exceed \$4,452,225, including a 15% contingency fee for billable services.

Corporate Comptroller Jay Weinman described the procurement

and selection process. Dr. Jo Ivey Boufford asked that the resolution be amended to reflect the requirement of subcontracting to an MWBE firm.

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

RESOLUTION

4. Approving the designation of Sheetal Sood, Senior Executive Compliance Officer, as the New York City Health + Hospital (the "System") Record Management Officer ("RMO"), as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a), to coordinate the development of and oversee the System's records management program in accordance with the requirements set forth under Article 57-A of the New York State Arts and Cultural Affairs Law and the implementing regulations thereof.

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

BOARD COMMITTEE REPORTS

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

Mr. Campbell 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, Mr. Campbell reported that the Board (1) received and approved an oral governing body submission from NYC Health + Hospitals/Metropolitan; (2) received and approved semiannual governing body reports from NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/Sea View; and (3) received and approved the 2017 performance improvement plan and evaluation for NYC Health + Hospitals/East New York/Gotham Health.

In addition, the Board unanimously approved the recommendation of the Governance Committee in appointing Andrea G. Cohen to the position of Senior Vice President, General Counsel and Labor Relations.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:30 P.M.



Colicia Hercules
Corporate Secretary

NYC HEALTH + HOSPITALS
April Board Meeting Follow Up Items

1. Notification to the Board of outstanding VENDEX approvals.
See 4/26/18 Board Minutes, Page 3.

NYC Health + Hospitals Chair Gordon Campbell noted that there are five items from previous Board meetings pending Vendex approval and one additional item on the agenda, and that four Vendex approvals were received since the Board last met. Mr. Campbell said the Board would be notified if outstanding VENDEX approvals are received.

2. System Scorecard

Numerous follow up issues were raised during the discussion of the status of the System Scorecard (**Board Minutes, page 4**).

- a. Mrs. Bolus asked a question about pharmacy coverage for certain managed care patients. Mr. Siegler is to respond directly at another time.
- b. It was discussed that the scorecard should make clear which revenues are actually included in the metrics.
- c. It was discussed that management would consider adding ultimate, future, or long-term goals for some of the measures.
- d. Dr. Belkin recommended that there be a learning session on this issue with the opportunity for more granularity.

3. Historical Corporate Documents and Art Collection

During the discussing the designation of a new Record Management Officer (**Resolution No. 4**), Dr. Jo Ivey Boufford inquired about the System's maintenance of its historical documents and the art collection. Gordon Campbell asked for an update on these matters.

COMMITTEE REPORTS

AUDIT COMMITTEE MEETING - APRIL 12, 2018

As Reported by Emily Youssouf

COMMITTEE MEMBERS PRESENT: Emily Youssouf, Mitchell Katz, Gordon Campbell, Josephine Bolus, RN, Helen Landaverde Arteaga

A meeting of the Audit Committee was held on Thursday, April 12, 2018. The meeting was called to order at 12:21 P.M. by Ms. Emily Youssouf, Audit Committee Chair. The minutes of the Audit Committee meeting held on February 7, 2018 were presented to the Committee for approval. A motion was made and duly seconded, the Committee unanimously adopted the minutes. Ms. Youssouf stated that later in the meeting there will be a motion to hold an Executive Session of the Audit Committee.

Ms. Youssouf directed the first action item to Mr. Jay Weinman.

Mr. Weinman introduced the following resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Grant Thornton, LLP ("Grant Thornton") to provide auditing services over a four year term at a total cost throughout the term not to exceed \$4,452,225, including a 15% contingency fee for billable services.

Ms. Youssouf open the resolution for discussion, and requested Ms. Weinman to proceed with his presentation

Ms. Andrea Cohen, Interim General Counsel, stated that she will be presented first regarding the procedural elements and Mr. Weinman is going to present about the qualifications of Grant Thornton. In terms of our process, the Contract Review Committee (CRC) approved the issuance for request for proposals (RFP) for audit services in January. The RFP was issued shortly thereafter. In 2018 we had a pre-bidders conference in February 2018 and responses to the RFP were received from six audit firms at the end of February.

First round scoring occurred on March 5, 2018 and the two highest rated firms, Grant Thornton and KPMG, were invited for interviews with the selection committee on March 12, 2018.

With respect to the proposals, the proposal fees had a fairly wide range with respect to the cost, from \$3.3 million to \$11.3 million. As I mentioned before, KPMG and Grant Thornton were both determined to be the leading proposers and determined to be competent to perform the scope of work that was in the RFP. Grant Thornton's fee proposal is marginally lower than KPMG's and is on the lower end of that range. As you heard in the resolution the total is of \$4,452,225million that is being sought at this point.

Using the authority that was available to him once the two leading proposers had been selected, the president, in the best interest of the system, determined that he would recommend to the Audit Committee that we enter into a contract with Grant Thornton on the basis that a new, highly qualified auditor, which the selection committee had determined it was, would be able to provide a needed fresh perspective on the system's controls and audit. I should note that there has been a long tenure using KPMG prior to this point in time.

Mr. Weinman stated that Grant Thornton is ranked the sixth largest accounting firm in the Metro area. They are a Chicago based firm. They are also sixth rated nationwide. They are the City's auditors since 2016. They switched from Deloitte who they had for about 14 years. There are over 600 professionals nationally dedicated specifically for health care and they have 1,280 health care clients, including Westchester County Health Care Corporation and the Nassau University Medical Center.

The audit team will dedicate two partners for this engagement, Tami Radinsky, partner, she will be the lead partner and Louis Feuerstein. He is the managing director and also the compliance services partner. Both have extensive experience within the health care industry. They come from Big Four accounting firms. Lou was a partner before. Both of them are here today if there are any questions.

Ms. Youssouf asked them to approach the table and introduce yourself. Tami Radinsky, Partner; Lou Feuerstein, Manager Director.

Ms. Radinsky reported - I joined Grant Thornton about a year ago. My two clients that I have worked on at Grant Thornton are Westchester Medical Center and Nassau University Medical Center as mentioned above. Prior to Grant Thornton I spent 17 years at Price Waterhouse Coopers, all in the health care space, and I have probably touched every hospital system in New York City throughout the 17 years of my career. I am really excited to be here and I look forward to working with you.

Mr. Feuerstein thank you for inviting us to the table. I am looking forward to working with NYC Health + Hospitals. I have been with Grant now just about four years. Prior to that I spent all of my career, essentially all of my career, with Ernst and Young. I was a partner there for years. If you are familiar with the Big Four routine, they all have mandatory retirement ages. Not being rich enough or ready enough to retire, I decided to continue on my career. Fortunately I joined Grant Thornton. The client Westchester Medical Center is actually my client as well. It is a large system. They also own and operate the Bonds and Core System, which is three hospitals. The Kingston Hospitals, which is now Health Alliance. Grant Thornton does the audit work for all those. For the last three years we have been the auditors of Nassau University Medical Center. We took that from the Big Four, they just went out for bid in the last three or four months and we were reappointed for another three years.

Ms. Youssouf asked if Grant Thornton has any clients that are large health care systems. I mean as large or close to as large as H + H is?

Mr. Feuerstein answered that the first one I threw out is Westchester Medical Center. It is about eight or nine hospitals and really close to your size. Nassau Medical Center is smaller but they have a very large skilled nursing facility. We pick up experience there. As a firm, we spend time with and provide audit and advisory services to some of the largest health systems in the country. For example, we are doing work now for CMS itself. That is in the \$20 to \$30 million a year range. Grant Thornton is a big firm with a lot of bench strength and horsepower, especially in health care.

Mr. Campbell asked that this will be a new engagement, this enterprise is sprawling messy, complex and the like. How would you see you getting up to speed understanding it and hitting the ground running?

Ms. Radinsky responded that we transition clients all the time. As Mr. Feuerstein mentioned, I would say we have a laundry list of clients we have transitioned over

the past five years or so that have been with their long-standing predecessor auditors for 15, 20 years. Many of them, or most of them from the Big Four firms. We are familiar with this process. We have a very robust work plan in terms of the transition process.

The first would be to meet with Mr. Weinman and his team to understand current processes in place. We do not want to recreate anything so to speak from a business perspective, but really understanding what you are currently using. The requests, the forms that you are currently filling out and the documents that you are producing. Then what we will also do as part of the ongoing or onboarding process is meet with your predecessor auditors, meet with a partner at KPMG, the team review, the work papers, the files, so that there is no duplication of efforts. Then we start the planning process very early. We have a health care specific file and database that we use at all of our clients to execute our audits. So it is a seamless transition.

Mrs. Bolus asked it sounds like most of it is in hospital patients and you are dealing with that kind of stuff. We are going towards ambulatory now. Would you be able to do that also?

Mr. Feuerstein answered absolutely because you are exactly right. It is a trend now. Population health management and getting away from inpatient to more community-based systems. For example, NUMC has a relatively robust FQHC. So we are familiar with that. I have audited the FQHC. We are familiar with outpatient, long-term care, post-acute care, services outside the wall of the hospital.

Mrs. Bolus stated that we just saw a diagram of all of our small little areas that we have and we are going to build more. It is going to be more than just 11 hospitals. More like 70 different types that are identified at this point and may have more later. That is a huge, spread out area.

Mr. Feuerstein responded that we have got the experience and the capacity. One good advantage you may or may not be aware of, essentially all of the health care providers in New York, even New Jersey, they are all December 31st year end. We have built a rather large and experienced staff to service those. But you are June 30th, it is kind of a nice transition. We will be having our folks rotate off those year-end jobs and have the experience, the bench strength and capacity to visit those types of locations and make sure they are properly accounted for.

Mr. Weinman illustrated the rest of the partners on the job, including the tax partner as follows: Frank Kurre, Partner, Northeast Regional Leader; Dana Wilson, Partner, Insurance Industry Audit Practice Leader and Daniel Romano, National Managing Partner, Not-for-Profit Tax Leader.

We utilize tax services pretty frequently. Especially with the new tax laws. We have the partner related to the MetroPlus and HHC insurance. So they are all assigned just the names here, they are not here, just wanted to show you the bench strength that they are offering us.

Ms. Youssouf added that just a couple of other things I wanted to mention. One is that we request that you do not use our internal audit staff for your audit. That has been the practice in the past. But at this stage, the number of staff people are no longer available. So I just want to be sure that is going to be okay.

Mr. Feuerstein said that I know that it is part of the RFP process. Mr. Weinman had mentioned that right from the start.

Ms. Youssouf asked if you will do the calling of the audit chair and some other people with any questions once a year when we talk to them. You are going to do all the stuff we would normally expect?

Ms. Radinsky answered that I can speak that coming from a Big Four recently, it is the same process in terms of meeting with the audit chair at your disposal. Whenever you would like, we can have formal meetings throughout the year. We are available, we have the resources of the Big Four firms but we have the flexibility of some of the smaller firms. A lot of partners on-site, I do not want to use the words hand holding, but interaction communication.

Mr. Feuerstein added that we understand that we are actually engaged by the Audit Committee, the board, not management. We open up frequent lines of communications. It will be a two way communication if you have questions and concerns reaching out to us as well.

Ms. Youssouf thanked them and asked if there were any questions?

Ms. Landaverde asked if throughout the period of the contract there are reports coming back to you or you guys. Is that still going to continue like monthly, quarterly?

Mr. Weinman answered that for the Audit Committee, we bring to the Audit Committee the audit plan usually in this case will be June. We do not have a meeting in May. Grant Thornton will be available to answer any questions. They will present exactly what they are going to audit. We have the year-end audit and the results will be presented sometime in October when we finish all the field work and we get all the pension and OPEG data from the state. Then they will come back to deliver the management letter and that's usually sometime in November, December. The later the audit continues unfortunately they will postpone the management letter. But those three are major meetings that Grant Thornton will attend to address the committee.

Ms. Youssouf asked can I have a motion to accept this resolution. It was unanimously approved. Thank you. Congratulations, it still has to be approved by the full board but I am sure we will be seeing a lot of you.

Ms. Youssouf then directed the meeting to Ms. Catherine Patsos.

Ms. Patsos introduced the following resolution:

Approving the designation of Sheetal Sood, Senior Executive Compliance Officer, as the New York City Health + Hospitals (the "System") Record Management Officer ("RMO"), as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1(a), to coordinate the development of and oversee the System's records management program in accordance with the requirements set forth under Article 57-A of the New York State Arts and Cultural Affairs Law and the implementing regulations thereof.

Ms. Youssouf asked if she had the answer to the question regarding compensation?

Ms. Patsos answered that we are definitely going to look to that in the next six months with regard to the compensation.

Ms. Youssouf asked if it is the same position or different? To which Ms. Patsos

responded that the position is the same. I am saying the restructuring of the department is requiring this position to be replaced. So we will be looking for compensation increase within the next six months.

Ms. Youssouf asked if there were any questions.

Ms. Landaverde asked if this is not a new position. It's a replacement?

Ms. Youssouf answered that it is in addition to someone's current responsibility. We just want to be sure that they are getting compensated appropriately. It is a big addition to their portfolio.

Ms. Youssouf asked for a motion to approve this resolution? It was unanimously approved.

Ms. Youssouf then directed the meeting to Mr. Chris Telano for Audit updates.

Mr. Telano reported that we will start with an external audit that was completed by the State Comptroller's Office that was originally titled Nurses Qualifications when they began the audit in May 2017. We received the final draft report on March 27, 2018 and the new title of the report is Oversight of Nurse Hiring and Retention. The response is due to the Comptroller's Office on April 27th and it will be prepared by Ms. Kim Mendez, Senior Vice President and Chief Nursing Officer and/or Yvette Villanueva, Human Resources Vice President.

The audit entailed reviewing the personnel files of direct hire and temporary nurses to ensure that certain documents were in the files.

Below is a summary of all the exceptions.

SUMMARY OF FINDINGS

	Bellevue	Home Health Agency	Kings County	Lincoln	Gouverneur	Totals
Direct Hire Nurses						
Sample Number	40	40	40	40	40	200
Not licensed at time of hire	0	0	3	0	1	4
No I-9 verification on file	1	1	9	5	14	30
No fingerprint results on file	10	3	10	6	12	41*
No MQR check	0	4	1	1	0	6
No OIG search	1	1	6	1	2	11
No OMIG search	1	10	4	0	1	16
No EPLS/SAM search	1	2	4	0	0	7
No current annual evaluation	0	24	1	0	0	25
Temporary Nurses						
Sample Number	20	19	20	20	19	98
Not licensed at time of hire	0	0	0	0	0	0
No I-9 verification on file	20	19	20	20	19	98
No fingerprint on file	20	19	20	20	19	98
No MQR check	0	0	0	0	0	0
No OIG search	0	0	0	2	7	9
No OMIG search	0	0	0	2	10	12
No EPLS/SAM search	0	0	0	2	9	11

*Fingerprinting was not required until January 29, 2002. The majority (38) of the direct hire nurses were hired prior to this date. Only 3 (one each at Bellevue, Kings County, and Gouverneur) were hired after 1/29/02, when fingerprinting became a requirement for all direct hire nurses.

Note – Form I-9, or the Employment Eligibility Verification form, is required to be completed by all employees (citizens and non-citizens) hired after November 6, 1986. The purpose of the form is to document that each new employee is authorized to work in the United States.

As you can see it is broken into two sections, the direct hire nurses in which they tested 200 files and the temporary nurses in which they tested 98 files. As you can see the exceptions are all the same. Not licensed at the time of hire. No I-9 verification on file. The I-9 form, for clarification, is the employment eligibility verification form. Then the next exception is no fingerprint results on file.

And there is a footnote on the bottom of this table which states that fingerprinting was not required until January 29, 2002. And of the 41 exceptions for the direct hire nurses 38 were hired previous to this date. Hence, only three were hired after

January 2002 at three different sites.

Then the next four rows, MQR, OIG, OMIG and EPLS are all background check documents. Then no current annual evaluation is the last item on the direct hire nurses.

Ms. Youssouf asked would you like to discuss what your plan of action is or response to this audit.

Mr. Campbell stated that even before that, maybe talk about what currently the responsibility is of the temporary agency.

Ms. Villanueva reported that we can start with direct hires. It is the expectation that based on the effective date that every employee have an I-9. So, during the audit they looked for I-9s at the time of hire. If the I-9 was there after hire, whether it was a year, ten years after, they consider it a citation. However, we do have variability within all of the Health + Hospitals facilities for various reasons. I-9s are kept separately in different locations. In some facilities things are stored in city storage and during the fire some of the information was destroyed. Some things were affected by flood, etcetera.

However, we have the obligation to maintain current documents. And so, every facility is in the process and has already done some auditing to determine what the gaps are. If there are any gaps, like the I-9s, we are required to have employees fill it out. It does not mean that we are not comfortable in realizing and understanding that our employees are eligible for employment, because they are, it just means that we have to keep that document on file. In terms of the evaluations, particularly for home health which was our biggest vulnerability, they do understand that it is expected that every single employee is required to have an evaluation.

Ms. Youssouf asked when you say "they" are expected who is they? To which Ms. Villanueva answered the managers.

Ms. Youssouf asked of who?

Ms. Villanueva responded of Home Health and the CEO who is relatively new, Vickie Norvell. She has been incredible in holding the staff accountable for ensuring that they are completing performance evaluations. We are monitoring that as well. We are going back to do actual physical audit so that we can validate that these things are in place.

Dr. Katz asked is our system for evaluations is computerized? To which Ms. Villanueva answered yes.

Dr. Katz then stated that that then it should be pretty easy to see compliance.

Ms. Villanueva added that electronically we can. However, some may require a wet signature, which for our unionized staff it still does.

Dr. Katz stated that the world has moved beyond wet signatures.

Ms. Villanueva added that we have already incorporated that for our managers. They are using PeopleSoft and it is an electronic signature. We know that the technology is there.

Dr. Katz stated, I know this is diversion, but you really think the contract says that we will evaluate people and that there will be a wet signature on the bottom of the evaluation?

Ms. Villanueva said that it is also our technology. We have not yet gone there with our technology. We want to make sure we inform our union, this just is not going to be a performance evaluation, and we want e-signatures for a whole lot of other things. We are going to have one conversation but we need the technology to follow that. That will be a plan going forward.

Ms. Youssouf asked do we know if this is common practice from the union everywhere?

Ms. Villanueva responded that every person is required to have an evaluation regardless if it is e-signature or wet.

Ms. Youssouf stated I meant wet signature.

Ms. Villanueva answered that I think it varies, it is a combination. But we can do e-signature. I do not think it is something that we cannot do. By law or regulation I think we can. It is just a matter of making sure that the technology is there to do it and then we clearly communicate with our partners the plan going forward and we intend to do that.

Ms. Youssouf asked you are discussing this obviously with IT? To which Ms. Villanueva answered yes. They have already implemented the managerial component of it. We know it works, it's been tested, and it's been piloted. It works beautifully.

Ms. Youssouf stated great.

Ms. Mendez then addressed the temporary staff. We utilize Vizient, which is a consortium of nursing vendors and other health care providers that come under that contract as well. There is a wide variety of nursing vendors that we utilize under Vizient. The reason for saying that is as we get individuals we put our order out and we say we would like to have a nurse for ICU. Then it goes out to Vizient and comes back to us and there is a checklist of credentials that we require that the vendor check and do an attestation for. I would just like to go on record saying that as the new Chief Nursing Officer when this first started, I actually see this as a gift from our Office of the State Comptroller. Because it did provide us with an opportunity to look at an area that we may have not have looked at right away. We actually found some vulnerable and opportunities to improve. With that, we did find we have variation at each facility on how we keep files, either electronically or on hard copy on our vendor staff, and our agency staff. We have put a corrective action

into place. We have developed a new agency checklist that the vendor will check off. There is an e-filing system called Optimizer with Vizient that will be able to upload all the documents and pull them down when needed for audit.

Ms. Youssouf asked if it is uniform now.

Ms. Mendez answered that the Optimizer is uniform. We actually did have At Home, that did not have this available to them and that has been corrected. The other area that came out was the fingerprinting. It is not a regulation and it has not been our practice here in New York City Health + Hospitals to fingerprint all of the agency staff. That is a new ask or a recommendation by the Office of the State Comptroller. Even though you see it as a deficit, it was not part of our practice. Albeit there is a component in our contract that states if it is a skilled nursing facility that we ask, for that vulnerable population, that there be a check.

We have looked to see what our opportunities are around fingerprinting, and we have worked into our contract with Vizient that we will begin New York City fingerprinting on all of our nursing staff as they are hired. RNs, LPNs etcetera. That has actually started, I forgot the exact date, I want to say March 1st for our staff but I will get the correct date. I want to make sure I go on record with the right date on that.

One of the things that was also recommended is that we, in addition to having the review by the vendor that all of the components of the background check are in place, is that we have a New York City Health + Hospitals official review also. And that will be added to our checklist, so that we ensure that we have a New York City Health + Hospital official reviewing to make sure all the background information is in place that the vendor has said has been validated prior to the hire of the agency nursing staff.

Mrs. Bolus asked are you going to grandfather the others in. To which Ms. Mendez responded that what happens is, they are on a limited contract. For them to continue they have to be re-procured in our system. Once they come back through they will be fingerprinted because that is our new policy. There is a mechanism in place that will secure that. Actually it started February 1st.

Ms. Landaverde asked where the fingerprinting takes place. Is that in-house?

Ms. Mendez answered that it is done outside of New York City Health + Hospitals. It is done NYPD. And it is at the cost of the vendor prior to the individual coming here. It is not a cost that is assumed by New York City Health + Hospitals. That will be something new for us as we move forward. We have already started that component. Then from an audit perspective we are partnering with HR, who will be supporting the audit process.

Mrs. Bolus asked how long does this take from the time it takes a person signs up with us to actually being able to utilize them?

Ms. Mendez answered that we actually do not sign anybody up until they have met the criteria. So we put a request out for ten people let's say and so they know that we are requesting this, so they proactively have all these documents kind of going if you will. When we ask for somebody they have to check to make sure they are valid. Then they will send us the resume with the checklist, so we can review that. It depends on the type of individual. Sometimes it takes longer for a specialty, ICU, neonatal, that type of role. Not so much for med surg and other areas. It depends on the role.

Ms. Youssouf asked do we fingerprint, as a matter of course, just medical staff or do we do everybody?

Ms. Villanueva stated for our employees we do everyone. For those that are under the category for the DOI, Department of Investigation, they do them directly. For example, managers or any over a certain amount of income and individuals that deal with computer programs. That fingerprinting is done by them.

Ms. Youssouf asked if for the other contractors, because we have a lot, do we get some kind of attestation that they have gone through this, other than the temporary nurses, or do we not do that?

Ms. Villanueva answered that I am not aware that we do that. It is one of the gaps that we are looking at when we do our audit. We are going to be looking at the other types of staff that come from other agencies that they call themselves either consultants or staff. We are going to be looking to see what they do in terms of their own checks. And again, if that is not happening that is an easy fix. Something that we can require them to do.

Ms. Youssouf added that I would urge you to try to take a look at that because it is an easy fix. Sooner rather than later. Especially considering, aside from just those people on a clinical aspect, but when you look at all the people we have on contracts for IT and very sensitive information, I think it is probably a good idea to take a look at that. I do not want to give you more work. I am not trying to.

Ms. Villanueva stated that that is part of the plan.

Ms. Youssouf said that then you could come back to us and let us know.

Mr. Telano reported that another audit is being done by the State Comptroller's Office. This one is of equipment. The objective of the review is basically doing a physical verification and depreciation and reviewing our disposal policies and procedures. It is an ongoing audit. They have been to a few sites and they will continue to go to other sites.

Mr. Telano then stated that that concludes my presentation.

Ms. Youssouf then turn the meeting over the Ms. Catherine Patsos, Acting Chief Compliance Officer for a compliance update.

Ms. Patsos reported that the first item in the report is the monitoring of excluded providers. The Office of Corporate Compliance monthly screens providers to ensure that they are not excluded from state or federal databases that would exclude them from being able to be paid for furnishing services at Health + Hospitals. Through this monthly screening, we did identify one nurse whose licenses had been suspended December 5, 2017. We were alerted to this in the January monthly exclusion report. Immediately thereafter the Office of Corporate Compliance and Woodhull's human resources met with this particular individual and placed him on inactive status without pay. Because the nurse had provided services in behavioral and health department in Woodhull we are not allowed to receive federal, state reimbursement for someone whose license is suspended. On March 30th we submitted a letter to the New York State Office of Medicaid Inspector General (OMIG), to identify the potential overpayment for Medicaid.

On April 4th we also sent a letter to National Government Services, which is the federal Medicare administrative contractor for the Medicare program, requesting guidance on whether there had been a Medicare overpayment.

With regard to the Death Master File and National Plan and Provider Enumeration Screening Process there were no providers identified on either of those data banks.

The privacy and incident-related reports for the first quarter of 2018. There were 33 privacy complaints that were recorded in our RADAR system, which is our incident tracking system. Of those, 18 were found to be violations of the systems privacy and security operating procedures. Eleven were determined to be unsubstantiated. Two were under investigation and two were found not to be in violation of the policies and procedures. Of the 18 incidents that were found to be violations, ten were determined to actually have been in breach of protected health information, for which notifications were sent to the affected individuals.

The primary cause of the unauthorized disclosure which resulted in the breach of that health care information was providing patient information of one patient to another patient that was not supposed to have received that information. Whether it was verbally, through handing over a discharge form, things of that nature, those are being addressed with corrective action to retraining and addressing those through the hospital and some of the hospital senior leadership to make sure those things do not reoccur.

The one particular note is the Harlem Hospital January 2018 incident. This involved a missing unencrypted laptop from the Audiology Department. What had occurred in this instance was the audiologist had stepped away from the laptop computer, from the room, for a few minutes. Upon her return the laptop was missing. There was an investigation to try to find the laptop, which was not found, and it was determined to have been stolen. This particular incident involved 595 affected individuals. Because it involves over 500 individuals, notification, as required by federal regulations, was sent to the secretary of the US Health and Human Services Department. As well as to two media outlets, the New York Times and Wall Street

Journal. That is also required under the federal HIPAA regulations.

Dr. Katz commented that, he was just wondering, besides the encryption, which I know we are going to make sure all of our laptops going forward are encrypted, does the technology exist to put GPS devices on laptops the way they do on phones?

Ms. Youssouf asked Mr. Lynch to approach the table.

Ms. Patsos reported that I did some research after the briefing to determine what the current process is, and we do have a process in place for the laptops and computers and devices of that nature that are vetted through the Enterprise Information Technology System (EITS). They get tagged and they go through the whole process of getting encrypted. With regard to a PC that is not a part of the biomedical device, medical devices are often accompanied by a laptop, those are not, because of FDA certification, those two components of bio medicine devices and the company laptop, are not segregated. So there is no policy for the centralized purchasing of those particular devices and their accompanying laptops.

I believe there should be. However, I think there is also an allocation of resources that we have to make a decision on because that would be, I believe as I understand it, very burdensome for EITS currently to be able to review and tag and asset control every single biomedical device and accompanying laptop that comes through the system.

Mr. Lynch stated I would agree. This is a challenging part of technology where biomedical devices that come with laptops we buy the product. And in my past experience that has been a challenge. But I do think we need to set a policy that anything that touches our network has to live under the rules of our network, which include encryption and patching, to avoid hacking from the outside and security and theft of those devices. Although, yes, it will be challenging, I think that we really need to advance the policy and then the enforcement of the policy. That goes to the procurement process and the governance model that we talked about earlier in the IT Committee. We are going to have to do a review of what is out there right now and come up with an addressable policy to that.

Ms. Youssouf stated I would just ask that you come back to the committee and let us know when you are able to determine what the policy is and how you are going to enforce it. Because the concept that we have all these God knows how many of these are out there. We have a big system.

Dr. Katz commented that even when you say touch or system, some of them may not touch our system. Some might be like a device with a laptop and it is not actually even on your network. The good thing about those is that they cannot use those to hack into our system. That is the positive of those. But then we also need a way of making sure those are secure, right?

Mr. Lynch said that those are the most challenging. The one that has to actually be plugged into our network for some reason we can sniff those out. The ones that are

stand-alone will be much more difficult.

Ms. Patsos continued and said that as to mitigating steps with regard to this particular incident, Harlem did immediately notify local law enforcement. They are reviewing their physical security environment and looking into placing more cameras so we will be able to detect something like this occurring in the future. As I mentioned also, we are going to be working with EITS, as we just discussed, on new procedures to ensure that these types of incidents are certainly minimized if not recurring at all. We did engage a third-party vendor, Kroll Information Assurance, to provide theft identification services to the 595 individuals who were affected by this particular breach.

Moving on to the compliance reports for the first quarter. There were a total of 91 compliance reports that were received through our hotline. One of them was a priority A, which requires immediate attention as a result of a potential threat to a personal property or the environment. Thirty two were classified as priority B and 58 as priority C.

Summary of the priority A report, which involved a reporter, who was the daughter of a patient at Jacobi, who complained that her mother's prescription was not ready for pick up on the particular date, March 27th, of her report. Upon investigation it was determined that the medication was in fact ordered and dispensed on that date.

Reviewing and updating compliance policies and procedures. We have been working on several operating policies and procedures to update them and to bring them to completion. What I am looking for this next quarter is the Civil Monetary Penalties Law, the Fraud, Waste and Abuse and False Claims Act penalty and the Emergency Medical Treatment and Active Labor Act, or EMTALA, which is going through its final review with stakeholders right now. And hopefully will be coming before Dr. Katz's for signature very soon.

Additional upcoming reviews of operating procedures would be reporting of overpayments and excluded providers. The update status on the DSRIP compliance activities.

As we reported in February of this year, the Office of Corporate Compliance on behalf of OneCity Health sent out attestations to all the partners, which required them to confirm that they had completed their compliance training requirements and the method by which the training had been completed. It required them to attest as to whether or not they met the requirements of the systems principles of professional conduct or had initiated their own code of conduct similar to principles of professional conduct. The attestation also required the partners to confirmed they had completed their Social Services Law, Section 363-d. Certification requires that they have a compliance program in effect. It requires them to have attested that they completed the Deficit Reduction Act of 2005, which requires that they provide education training on False Claims Act, federal and state False Claims Act, and Fraud, Waste and Abuse Laws and Regulations.

Of the 169 attestations that were sent out we have received 29. The date for the attestations to be returned is June 30th. Based on my conversations with OneCity Health, they will be reaching out in May to those partners who have not yet returned their attestations.

Finally, with regard to this program as mentioned in the February report, we sent out an RFP to outside auditing firms to audit the OneCity Health Program. We received two responses to the request for proposal. On February 14th those two vendors gave presentations to the selection committee, and we are expecting the final selection will be made shortly.

On the status update for the HHC ACO, Inc. The application that the HHC ACO, Inc. had submitted to the State to be an all payer ACO is still pending and no further information has been requested from the State. There is no particular update from the last report.

Finally, we are undergoing an Aetna desk review, which is not an on-site review. It is a paper review. This is part of a managed care organization operating under Centers for Medicare Medicaid Services normal process that they are required to do under the delegated vendor oversight. Which requires by CMS that any of the entities that they contract with to make sure that they are complying with the training and education requirements, that they have codes of conduct that their methods of reporting are in compliance and their auditing monitoring procedures are in compliance.

This particular desk review involved two requests for information. The first one being the sample of our employees, description of our compliance with our Medicare C and D training and how we conducted that training, distribution of our policies. From that list of that sample of employees, Aetna selected two lists existing of new hires and existing employees and requested further information regarding how the code of conduct is disseminated and trained and how we oversight our downstream entities.

We submitted the first response for information on March 8th and the second response on March 26th and we are waiting to hear back from them on that.

Ms. Patsos then stated that concludes my report.

Ms. Youssouf said thank you all very much. We are now going to go into executive session and I would like Chris Telano and Katherine Patsos to stay.

(Committee recessed to Executive Session.)

Ms. Youssouf stated that we are now back in full session. In the executive session we discussed matters relating to possible litigation.

There being no further business, the meeting was adjourned at 1:40 P.M.

Information Technology Committee - April 12, 2018

As Reported by Emily Youssouf

Committee members present: Emily Youssouf, Josephine Bolus, Gordon Campbell, Barbara Lowe, Dr. Mitchell Katz

Emily Youssouf called the meeting to order at 11:15 AM. The minutes of the February 7, 2018 meeting were adopted.

CHIEF INFORMATION OFFICER REPORT

Kevin Lynch gave his CIO Report:

EMR GO Program Update

Mr. Lynch reported that the approved Enterprise Epic implementation timeline continues to have all eleven of NYC Health + Hospitals' acute care facilities going live prior to the end of 2020. Our team continues to explore a safe and efficient way to implement the Epic rollout at NYC Health + Hospitals acute care facilities on an accelerated schedule. Once confirmed, we will seek formal approval to adopt the new compressed implementation timeline.

Enterprise Resource Planning (Project Evolve) Update:

Mr. Lynch reported there is good news with this project, which involves Finance and Supply Chain all migrating to a new system.

In Phase 1, Waves 1-3 have already been successfully launched. Wave 4 successfully went live in two staggered deployments in March: first at Coler and Elmhurst, and then at Bellevue and Gouverneur.

Mr. Lynch reported that Wave 5 Go-Live (which will complete Phase 1) is on track for deployment in May (Jacobi and North Central Bronx) and June (Coney Island, Seaview, Mariner's Harbor, Stapleton, and Metropolitan).

Mr. Lynch spoke to five slides. The first showed the 70+ NYC Health + Hospitals locations city-wide. The second showed the current electronic medical record (EMR) landscape. The third showed the EMR future state. The fourth slide showed NYC H+H Legacy Clinical IT Systems Interfaces. The final slide showed how the Epic system will link to all clinical IT systems.

INFORMATION ITEM 1:

IT UPDATE

Mr. Lynch then presented and IT Update. As a follow up to the last IT Committee meeting: Governance Update he explained the development of an Executive Technology Committee (Dr. Katz, Dr. Machelles Allen, Kim Mendes, and himself) to set strategic priorities and keep track of our IT spend.

Mr. Lynch said the Health Information Technology Prioritization Committee includes the Chief Medical Information Officers from each 11 acute sites as well as appropriate people in Post-Acute, Ambulatory, Correctional Health, and Central Office. The decision making body will prioritize all projects to be in alignment with the strategic direction of NYC Health+ Hospitals.

ACTION ITEM 1:

RESOLUTION ON INFRASTRUCTURE UPGRADE SPENDING AUTHORITY

Mr. Lynch read the resolution. He explained the intent of ask is an

infrastructure upgrade - that is, the circuits that connect our systems - needs to be put in place so we have enough devices and bandwidth to support projects like the Epic electronic medical record or ERP. He stated there will be an upgrade from our old copper wire legacy phone systems to VOIP (voice over Internet phone). The \$160 million mentioned is for hardware and services. The \$32 million we are discussing is the service component for surveys.

Josephine Bolus questioned the wording of the end of the first paragraph of the resolution, "...but without further Board authorization..."

Emily Youssouf said we discussed this. It was supposed to say there was \$160 million in the NYC capital budget allocated to NYC Health + Hospitals. You are asking authority to spend the first \$32 million.

Jeremy Berman said that was how it was supposed to be articulated.

Gordon Campbell asked what is the threshold from rule 100-5 that need to come before the Board?

Mr. Berman said that is \$5 million.

Mr. Campbell expressed that this is an issue that was never discussed. We spent a lot of time discussing 100-5 and raising the threshold to \$5 million for all services. This is problematic. Services over \$5 million are supposed to go before the Board. I see no exceptions, even if it makes good business sense.

Dr. Katz asked if there is an alternative way to deal with this. We now all have a common understanding of what this resolution is requesting. We understand the Board has the right to say no, but the Board does not want to do that. How can we amend the resolution to make us more comfortable with it?

Mr. Berman said we can say the Board is giving the authority to spend the money and embark on the project, which is important. The Board is giving its support. When there are service agreements that cross the Board threshold, we will come back.

Ms. Youssouf clarified there is a bigger pool of money. This is not the whole amount. As projects need more than \$5 million, you come to the Board.

Dr. Katz asked if we add something to say nothing in this obviates the responsibilities the policies laid out in 100-5.

Mr. Campbell said we can just delete the section "...without further Board authorization..." We add language to say this is a subset of the \$160 million.

Mr. Berman said yes. We said he wanted to add that just because these do not come before the Board, does not mean they avoid the CRC (contract review committee) process.

Mr. Campbell said I understand that. There has been so much oversight of NYC Health + Hospitals' IT department, the Board would be abrogating its responsibilities in going forward - for both IT and Legal - without making sure we are in conjunction with 100-5. It would be problematic.

Dr. Katz said this meeting was very helpful in that way. Thanks to Ms. Bolus for pointing this out.

Mr. Lynch thanked the Board for this direction.

Ms. Youssouf said that the resolution will have the changes discussed.

Motion to approve the resolution passed.

Mr. Berman said we will make the change in language.

There being no further business, the meeting was adjourned at 12:10 PM.

Medical and Professional Affairs Committee - April 12, 2018
As Reported by Gordon Campbell
Committee Members Present- Gordon Campbell, Mitchell Katz, Barbara Lowe,
Josephine Bolus

Gordon Campbell, Acting Chair of the Board of Directors chaired the Committee in the absence of Dr. Vincent Calamia, called the meeting to order at 10:05 AM.

CHIEF MEDICAL OFFICER REPORT

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

Behavioral Health

Integration Efforts:

- OBH is working with ambulatory care to implement primary care integration into behavioral health at 5 sites
- The 5 sites are, Bellevue, Elmhurst, Lincoln, Kings, and Cumberland.
- In addition there is continued expansion of collaborative care with the addition of substance use disorder screening and treatment in primary care sites.
- Maternal health also provides screening and referral for depression,
- In addition of pediatric/well-baby sites is on-going.

Opioid Crisis:

OBH 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 (CATCH Teams). The Mayor's Office recently announced the support of these programs at H+H including the addition of peer advocates in emergency departments to address the opioid crisis and the establishment of two additional CATCH teams.

Domestic Violence:

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.

Patient/Staff Safety:

- A program of debriefing immediately after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas.
- There are preliminary results showing a decrease in the number of aggressive incidents on the inpatient services.

- 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.
- A system-wide environmental risk assessment is in the process of being developed.

Homeless mentally ill:

OBH is developing two programs that will better serve the homeless mentally ill. H+H/OBH is developing a mental health and primary care clinic in a homeless shelter specifically for those with mental illness. It will be located in the Meyer Building on Ward's Island. We will provide a full range of services including screening and assessment, pharmacological treatment, therapy, and support services. The second program is the development of extended care inpatient units for those who are homeless and need an extended stay to stabilize and be prepared to live in more independent settings such as supportive housing. The unit's goal is to prevent readmissions and engage the patients in ongoing ambulatory treatment for both mental and physical disorders.

Quality

NYC Health and Hospitals continues to focus on quality and safety initiatives. System wide activities include:

VBPQIP - Quality & Safety Initiatives

NYC Health + Hospitals continues to make progress on the six quality and safety initiatives aligned with the NYS VBP QIP initiatives capturing full incentive payments thus far. Specifically:

Sepsis

A comprehensive Sepsis assessment has been completed at each of the eleven acute hospitals including on-site interviews, data analysis, and best practice review. Recommendations derived from this body of work were identified, which should drive bundle compliance as well as influence length of stay (LOS) and costs. However, these recommendations are heavily reliant on technology, specifically EMR support. As a result the efforts of the performance improvement teams will align with that of the sepsis IT workgroup.

CAUTI

A system-wide CAUTI reduction initiative is underway utilizing results from the Bard prevalence study on practice. A system-wide CAUTI bundle has been endorsed and is the core of the improvement strategy. The bundle has been shared with both EPIC and Quadramed for EMR support. Product standardization has been completed with most sites now having ordered and stocked the selected products.

CLABSI

Utilizing the same systematic approach as with CAUTI, a CLABSI reduction initiative has begun. Currently product review, selection, education, and deployment is underway including that of PICC and midlines. A CLABSI bundle is being circulated among various councils and SMEs as well as, with EPIC and Quadramed support staff.

Pressure Injury Prevention

The NYC Health + Hospitals Care Bundle and Practice Guidelines for Pressure Injury Prevention were updated in February by the system wound care council. The council has identified wide variation in the use of products both to prevent and to treat pressure injury. Formulary review is underway in order to create a

prevention and treatment product algorithm based upon stage.

Antimicrobial Stewardship

Antimicrobial Stewardship initiatives consistent with the CDC Core elements for ASP have been introduced in all three service lines across NYC Health + Hospitals. Efforts are focused on standardized antibiotic monitoring and data collection consistent with NHSN and AHRQ requirements. 48 and 72 hour time out alerts during antibiotic usage are being introduced into the EMR.

Clinical Pharmacy Update

Victor Cohen, PharmD, Sr. AVP, Medical & Professional Affairs, will present the clinical pharmacy update as the information item.

System Chief Nurse Executive Report

Kim Mendez, Chief Nurse Executive, reported to the committee on the following:

System Nurse Practice Council (SNPC)

The System Nurse Practice Council held a successful follow-up *Shared Governance* Workshop on February 7, 2018. The workshop provided an opportunity for facility designated Shared Governance nursing team members to work on laying the groundwork, begin their team and structural design development and share learned experiences. Understanding that facilities are at varying levels of shared governance development, facilitated breakout sessions were well received and provided many the opportunity to network with sister facilities and learn about and from their successes- Building a network of internal resource and support was key. Feedback from the workshop is currently focused on providing additional training tools and support touch points for those who are just launching shared governance councils. Additionally, a SAVE the Date for a second annual Shared Governance Retreat for November 2018 is in the planning stages

Office of Patient Centered Care

- **Continuing Education**

- Received 3 year recertification for Social Work Continuing Education Providership
- Annual Physicians Program and Activity Report (PARS) submitted to NYS Medical Society
- 2019 Nursing Continuing Education Providership recertification process in underway.

- **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.
- System-wide PSH education plan under construction. Education Council to assist with content development, training implementation timeline, etc.

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

- At the invitation of NYC Department for the Aging, NYC H+H presented at the March 15, 2018 Age Friendly NYC Commission. The OPCC shared our NICHE program highlights as well as Harlem Hospital provided an overview of their new **Acute Care Elderly** (ACE) unit.
- Members from OPCC, Acute Care, and Post-Acute Care will be attending and/or presenting at the annual NICHE Conference in April 2018.

- **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 and are ongoing to discuss integration of DV assessment into curriculum development. Reviewing current state of SART program operations, budget, and program development.
 - NYC H + H supporting FLONYC and the OCDV with the launch of **NYCHope** website and public awareness campaign. The website connects individuals to easily accessible information, resources, and organizations that can assist those experiencing domestic, dating, and intimate partner violence.
 - Ms. Anderson, OPCC, to serve on the Risk Assessment Advisory Board to create a comprehensive approach in assessing risk and safety in domestic violence cases in NYC.

- **Nursing Informatics**
 - EPIC -Nursing representation ongoing to support optimization efforts of our Epic product by participating in design workgroups for ambulatory, order sets, sepsis documentation and charging.
 - In alignment with current work in PeopleSoft (Payroll & timekeeping), currently assessing nurse scheduling system for the enterprise.
 - NISA (**Nursing Informatics System Advisory**) has been an informal committee of nursing informatic staff. NISA will become a formal council and support strategic alignment with varying levels on IT projects and roll-outs across our system.

- **Social Work**
- Following a successful launch of a system-wide Social Work Council in 3Q17, monthly meetings have been held to provide a vehicle for learning, input and feedback on a variety of social work topics and projects. Leads from the Social Work Council will participate on the System Care Management Governance Committee for insight, best practice thinking and communication.
- On March 29th, 2018, the 2nd Annual Social Work Recognition Ceremony was held to spotlight and acknowledge the contributions of our system social workers and the role they play in assisting patients and their family through many challenging issues. The event was well received and uplifting.

LiveOnNY-Accomplishments

- ECHO Pilot Project Extended for 2018; Jacobi hospital will be joining in April 2018. Current sites that participate include Lincoln, Kings, Elmhurst and Bellevue.
- Donor Councils established at Kings, Bellevue, Lincoln, Elmhurst, Jacobi, Harlem, and Bellevue.
- LiveOnNY Education included in 2018 System Nursing Orientation.
- Woodhull is currently the top facility throughout LiveOnNY covered systems at 12th with tissue timeliness for 2017 at 95.1%.

- April is Donate Life Month and will be celebrated by having tabling events and presentations at the leadership/town hall meetings for Bellevue, Coney, Harlem, Kings County, Lincoln, and Woodhull.
- NYC Health + Hospitals Staff attended Region 9 Organ Donation and Transplantation Collaborative that addressed the critically low organ donation rate that results in disproportionate high number of NY residents dying while awaiting an organ transplant. 22 staff members attended from our system.

Patient & Staff Experience

- In the past year, we have undertaken new efforts pursuing, a system-wide approach to improving overall patient satisfaction (and, as a result, the scores).
- We have inventoried, system-wide, all of our patient experience initiatives and programs, many of which are based in just one facility. From this inventory, best practices will be rolled out broadly, and programs that have not yielded the hoped-for results will be abandoned. We can focus our energies on what is making the greatest difference for our patients.
- A broader customer service training initiative (ICARE) has been successfully piloted and is being evaluated for system-wide dissemination.
- We are also coordinating the training and expectations of patient satisfaction-focused leaders (PXOs) at facilities throughout our health system.
- A Human Experience Council was developed, which convenes leaders from throughout the health system, and also include our labor partners.
- Other system-wide initiative in 2018 include training staff to replicate best practices and implementing a proactive nursing intervention to better anticipate and address the needs of hospitalized patients. Additional focus will be on "no pass zone" and quiet at night standard work.
- System-wide implementation of patient and family advisory boards is in progress. Patient and Family Advisory Boards provide a vehicle for listening to experiences first hand and working toward solutions in partnership.
- Taking a "real time" pulse of a patient's experience also assists in speedy service recovery and corrective action. A "Happy or Not" patient satisfaction assessment tool will be launched in our ambulatory care sites in 2018. Using this system, patients are encouraged to rate their experience (anonymously) by pressing a button that best depicts their experience during their visit (see diagram below). This information is captured in aggregate and discussed at daily huddles with patient care staff. Engaging staff with direct customer feedback and gaining their insight to barriers and solutions is impactful.

After 20 years of service, NYC Health + Hospital/Queens CNO, Joan Gabriele, is planning her retirement. We thank Joan for her years of service and wish her good health and happiness!

MetroPlus Health Plan, Inc.

Total plan enrollment as of March 1, 2018 was 519,708. Breakdown of plan enrollment by line of business is as follows:

Medicaid	373,963
Child Health Plus	17,277
MetroPlus Gold	11,432
Partnership in Care	4,207

(HIV/SNP)	
Medicare	8,000
MLTC	1,876
QHP	13,906
SHOP	1,310
FIDA	212
HARP	10,855
Essential Plan	74,768
GoldCare I	1,193
GoldCare II	709

Key Updates

The Centers for Medicare & Medicaid Services (CMS) notified MetroPlus that they did not find any deficiencies in our application for Medicare service area expansion to Staten Island. The agency plans to update us with next steps shortly. We are also pleased to report that KPMG recently completed a full financial audit for 2017 and found no significant deficiencies.

Membership¹

Membership has increased every month since August and currently stands at over **521,000 - the highest total ever**. Open enrollment accelerated this growth over the last several months. Just six months prior, membership was at 504,000. Essential Plan membership reached over 76,000 and has grown by over 10% in the last six months. We have also seen very strong growth in QHP membership, which now stands at over 14,000, up over 85% in the last six months. Gold membership is also up nearly 20% in the last six months and stands at nearly 11,500. Even with open enrollment over, we continue to enroll people in our two largest products, Medicaid and Essential Plan, both of which have year-round enrollment. Many individuals who had a change in their circumstances such as a loss of a job or a marriage are eligible to enroll at the time of the event as well. We are also working to enhance our collaboration with our facility partners to ensure all insurable individuals complete applications when they seek services. At NCB, we are piloting a tracking system through Soarian. This will allow MetroPlus and facility staff to track individuals referred for insurance enrollment and to report on key outcomes.

In addition to increasing enrollment, we continue to enhance our efforts to retain members we already have. The overall disenrollment rate has continued a downward trend from last year. While there was a small increase in January as people switched plans, disenrollments both overall and for Medicaid remained well below the rate of last year.

We have also seen improvements in disenrollments at individual facilities. Efforts in place to improve the rate include extended evening and weekend calling hours to remind people to renew and our Finity Rewards program which gives people a strong incentive to remain with MetroPlus.

Quality Management (QM) has partnered with YouthHealth, a part of NYC Health + Hospitals (H+H) Office of Ambulatory Care, to educate H+H adolescent providers on improving HEDIS performance. Our partnership will also seek to increase access to care & member education via Teen Health Events. The team is in the process of scheduling a second event at Woodhull Hospital (Brooklyn). We also conducted outreach to 40 low performing adolescent providers (about 100 members

¹ Membership numbers noted in this section are weekly while membership numbers listed above are monthly.

per provider) to assist with scheduling their patients with gaps in care and to deliver education on proper coding methods. Overall, 278 members had already been seen by their provider and 82 were scheduled for an appointment due to an outreach call by the Quality Improvement Specialist. We have also started an Adolescent Well Visit text message campaign and have enrolled 50,000 members into this program.

The QM and Behavioral Health (BH) team met with staff at Bellevue Hospital to identify barriers to improving the following measures:

- FUH (Follow-Up After Hospitalization for Mental Illness)
- FUA (Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence)
- FUM (Follow-Up After Emergency Department Visit for Mental Illness)
- IET (Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment)

Next steps include meeting with the Psychiatry Chiefs at each hospital to review and improve performance as well as developing a OneCity/H+H peer program to support members in securing appropriate follow up care.

Integrated Case Management Highlights (All LOBs except FIDA, MLTC, and HIV/SNP)

Our dedicated team of Care Managers (CM) completed 1,154 home visits for the quarter. The department hired Personal Health Coaches (specialized social workers) who will conduct initial outreach, schedule home visits for Care Managers, and provide telephonic care management for members that refuse home visits, with the goal to eventually meet these members in the community. While the total number of home visits decreased in November and December when Care Management Associates (CMAs) were transferred to H+H in October, **the actual percent of visits completed improved to 70.6% in November and 67% in December (compared to 65% in October).**

As you know, MetroPlus is always focused on strengthening our partnership with H+H facilities on various issues. One of the more critical matters is homeless members who are also high utilizers at H+H locations, which H+H has recently expressed interest in addressing. We reviewed the results of the homelessness data and found that a relatively small percentage of our indigent members consistently drive over two-thirds of the total treatment costs. Based on an analysis of the homeless roster, we provided H+H with claims data for homeless high utilizers in their In Patient (IP) & Emergency Department (ED) facilities covering October 2016 through September 2017. The list included 529 distinct members with 3,039 claims for 639 IP admissions and 2,400 ED visits. MetroPlus plans to follow up with the H+H Office of Behavioral Health to develop a collaborative plan to address the treatment and psychosocial needs of these high utilizers.

State/Federal Policy

The State recently imposed a new requirement that requires all Medicaid recipients over 65 to either apply for Medicare or to show that they are not eligible. Those that either do not apply or cannot show why they are not eligible will be terminated from Medicaid. MetroPlus has nearly 600 members who fall into this category. Since the list was first made available at the end of December, we have been conducting aggressive outreach to these individuals to explain the new requirement and to help them with the Medicare enrollment process. The original deadline for applying for Medicare was January 31, but the State extended the deadline to February 7. We have attempted to reach every

member and those who cannot be reached have been contacted multiple times. To date, approximately half the individuals on our list have either applied for Medicare, indicated they will apply, or that they are not eligible. The remaining balance have not responded to our repeated outreach attempts. CMS sent out an update to the "Mega Rule," which refers to a portion of the agency's final rule that requires providers to enroll in the States FFS program before they can enroll in Medicaid Managed Care. Plans now have until July 1, 2018, to notify providers of this requirement and to provide an opt-out to providers so that they may terminate the contract if they do not wish to comply. However, plans should not terminate any providers who have not complied as of the original January 1st deadline. CMS will provide further guidance closer to the new July 1st deadline.

INFORMATION ITEM:

Victor Cohen, PharmD, Senior Assistant Vice President, Pharmacy presented a Pharmacy Update to the committee:

There being no further business, the meeting was adjourned 11:10 AM.

Strategic Committee Meeting - April 12, 2018

As Reported by Gordon Campbell

Committee members present: Gordon Campbell, Dr. Mitchell Katz, Josephine Bolus, Helen Arteaga-Landaverde

CALL TO ORDER

Mr. Gordon Campbell, Chair of the Strategic Planning Committee, called the meeting of the April 12, 2018 Strategic Planning Committee to order at 1:41 p.m.

INFORMATIONAL ITEMS

Revised System Scorecard

**Matthew Siegler, Senior Vice President Managed Care and Patient Growth
Dr. Eric Wei, Vice President, Chief Quality and Safety Officer**

The revised System Scorecard, reflecting the initial strategic planning efforts of Dr. Mitch Katz, the Committee Chair, and Dr. Katz's leadership team, was received. There was discussion of the Committee and Dr. Katz's overall goals for the system and the seven point financial plan Dr. Katz has outlined in city council testimony and discussions with the Committee. There was discussion of some of the initiatives already underway such as the expansion of retail pharmacy at Health + Hospitals facilities. There was agreement that the updated system scorecard should reflect the system's renewed focus on growth while retaining key metrics from the prior scorecard.

The development of the new System Scorecard was led by NYC Health + Hospitals Executive Sponsors in consultation and collaboration with the Chair of the Committee. It was agreed that the scorecard was an initial step in a broader strategic planning process that the Committee, Dr. Katz, and Executive Sponsors will pursue together.

The updated scorecard retains approximately half of the prior scorecard's measures. It was agreed that while other important measures were not included due to space constraints those measures will continue to be tracked. It was also agreed that operational scorecards will cascade from the System Scorecard.

There was no old or new business to discuss.

The meeting was adjourned by Chair Gordon Campbell.

Mitchell Katz, M.D.
NYC Health + Hospitals President and Chief Executive Officer
Report to the Board of Directors - April 26, 2018

FEDERAL, STATE AND CITY REPORT

Albany

During our last Board meeting, the Governor and members of the State Legislature were in the process of finalizing the State Budget. There were several important issues that we were working on that were included in the final budget agreement. These include:

- The State agreed to form a workgroup related to Disproportionate Share Hospital funding and Indigent Care Pool funding and provide recommendations by December 2018. Despite the federal two year delay of DSH cuts, the State must revisit the DSH funding formula so NYC Health + Hospitals does not bear the entire brunt of future DSH cuts which will be twice as large.
- Additional funding for Safety Net hospitals was included. The enacted budget appropriates \$50 million in safety net funding over 2 years and includes an updated definition of safety net hospital to target more of these dollars to hospitals that see higher numbers of uninsured and low-income patients.
- The State Budget maintained funding for Community Health Centers at \$54 million. Our Gotham Health's community health centers receive approximately \$10.3 million from this allocation.
- In addition, a Healthcare Shortfall Fund was established to support delivery of healthcare services, including capital investment, debt retirement or restructuring, housing and other social determinants of health, or transitional operating support to health care providers. We had supported the creation of the shortfall fund to offset potential reductions of Federal DSH funds.

Washington

In relation to health policy issues, Congress has held several hearings over the past few weeks on ways to combat the opioid epidemic. Both House and Senate Committees have been looking at the issue as it relates to: treatment options for persons in public health insurance programs, drug monitoring programs, increased information for prescribers and the effects that opioid distributors have had on the opioid crisis. In the House, there are nearly three dozen bills on the issue. While fewer bills are under consideration in the Senate, the scope is just as broad. Legislators in both houses and on both sides of the aisle have stated that they would like to pass a comprehensive bill, or series of bills, by the end of May.

City

With the release of the City's Executive Budget, the Council Finance Committee will be scheduling a series of hearings to review the FY19 proposed budget. We expect to testify before the Hospital and Finance Committees in early May.

ONECITY HEALTH UPDATE

With a kickoff event in April, NYC Health + Hospitals/Bellevue is the first site to begin to adopt the 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. OneCity Health is collaborating with the Office of Patient Centered Care, by providing project management support and integration of existing care management programs under DSRIP.

OneCity Health has developed three Workforce Development Initiatives each for Managed Long Term Care and Behavioral Health, earning a payment of \$134.6M to NYC Health + Hospitals through the Care Restructuring Enhancement Pilot (CREP) program, which is designed to serve patients in their homes and communities and train/retrain hospital staff to provide services in the community.

OneCity Health launched its Learning Management System (LMS) -- a "one-stop-shop" for training-related information and activities that's available to all partners at no cost.

Two recent health care industry reports showcase work by OneCity Health partners to help transform the delivery system.

- KPMG and the Commonwealth Fund's report, "Investing in Social Services as a Core Strategy for Healthcare Organizations: Developing the Business Case", highlights the growing need to address social determinants of health to improve outcomes and lower costs and showcases OneCity Health's work to evaluate its community-based organization partners and provide technical assistance.
- The Greater New York Hospital Association and New York Academy of Medicine's study, "Partnerships between NYC Health Care Institutions and Community-Based Organizations" highlights the partnerships that have emerged under DSRIP and highlights OneCity Health collaboration with Little Sisters of the Assumption Family Health Service to reduce hospitalizations and Emergency Department visits for children with persistent, uncontrolled asthma.

URGING IMMIGRANT NEW YORKERS TO SEEK CARE WITHOUT FEAR

We marked Immigrant Heritage Week by reissuing a joint letter with Commissioner Nisha Agarwal of the Mayor's Office of Immigrant Affairs that sends a clear message to immigrant New Yorkers that we honor and respect them and that we want to be their health care provider of choice. The ["open letter"](#) urges New Yorkers to seek care without fear, and underscores our promise to protect patients' right to privacy and keep immigrant status completely confidential. The letter will be distributed to community and immigrant advocacy organizations and is available in the top 14 languages spoken by patients in the health system: English, Spanish, French, Haitian Creole, Russian, Traditional Chinese, Simplified Chinese, Korean, Urdu, Bengali, Polish, Albanian, Hindi, and Arabic. The letter is available on our website.

HELPING HEALERS HEAL EMPLOYEE WELLNESS PROGRAM

There is no question that health care professionals across the country provide great medical care under some of the most demanding circumstances. At NYC Health

+ Hospitals, our Level 1 trauma teams are among the best in the country. Our mental health experts are the most skilled, compassionate professionals in the field. Yet, sometimes the emotional aftershock of treating victims of terrorist attacks or seeing a child die from the flu can cause deep pain and stress that too often goes unaddressed. After all, doctors and nurses are trained to care for others. But, we want our colleagues to know that when challenges arise, there is help available.

Now, the healers can receive peer-to-peer support when they need to heal themselves thanks to a new program we proudly launched this month. We will create a cadre of in-house mental health response teams to provide emotional first aid to peers who are suffering from workplace stress or anxiety and may be at high risk of depression caused by the demanding circumstances of the job and unexpected patient outcomes. The new program is rooted in national research that points to health care providers as "Second Victims" of traumatic events commonly experienced in emergency departments, psychiatric units, and pediatric intensive care units. This new staff wellness initiative follows the model first adopted by Dr. Eric Wei, NYC Health + Hospitals Chief Quality Officer, when we served together in the Los Angeles public health system.

EXPANSION OF TELEHEALTH SERVICES FOR WOMEN AT RIKERS ISLAND

When female patients at Rikers Island need specialty care, they are taken to NYC Health + Hospitals/Elmhurst. Due to security precautions associated with transporting a patient from Rikers to the hospital for specialty care appointments, the trip can take hours and patients must forgo regular programming they receive in jail, such as law library and recreational time. Such obstacles will lead some female patients to refuse an appointment, putting their health in jeopardy.

That is why NYC Health + Hospitals/Correctional Health Services and NYC Health + Hospitals/Elmhurst are partnering to expand telehealth services for women who are incarcerated. This collaboration is an expansion on the telehealth services available at NYC Health + Hospitals/Bellevue for men on Rikers. With this telehealth program expansion there will be fewer missed appointments, fewer gaps in health care, less disruption in hospital operations, and it will ease the demand on the resources of the Department of Correction. The telehealth service at NYC Health + Hospitals/Elmhurst currently includes rheumatology, oncology, and hematology services, while other specialties, such as infectious disease and gastroenterology, will be added at a later date.

ANNUAL DOCTORS' DAY CELEBRATION HONORS 25 PHYSICIANS

This morning we celebrated the annual "Doctors' Day" awards presentation to a select group of 25 highly skilled physicians who personify the dedication, compassion, and excellence required to practice in the nation's largest public health care system. The award winning physicians reflect a range of specialties and years of service, and our multi-ethnic and multi-cultural workforce, showcasing our health system's strength in providing culturally competent care to all, without exception. I am so grateful to the thousands of physicians who, every day of the year, dedicate their professional lives to ensuring New Yorkers live their healthiest lives. Our physicians are at the heart of this amazing and essential health care system. They are the embodiment of our mission to serve all, no matter who the patients are, where they're from, what language they speak, or how many dollars they have in their pockets. A complete list of

honorees and their bios is available on our website.

LEADER IN LGBTQ HEALTHCARE EQUALITY FOR THIRD CONSECUTIVE YEAR

We were honored that 22 of our patient care locations, across all five boroughs, for the third year in a row again received the designation "Leader in LGBTQ Healthcare Equality" from the [Human Rights Campaign Foundation](#) for 2018. The recognition is given to hospitals, community health centers, and nursing homes across the country that embrace LGBTQ inclusion and patient-centered care, and foster an inclusive work environment for employees. To earn the designation, health care providers are assessed on four Healthcare Equality Index criteria: LGBTQ Patient-Centered Care, LGBTQ Patient Services and Support, Employee Benefits and Policies, and LGBTQ Patient and Community Engagement. You must receive the maximum score in each section earn the designation. While there is more work to do to prevent LGBTQ patients and families from experiencing health disparities, NYC Health + Hospitals is proud to be a leader in the charge.

SUCCESSFUL JOINT COMMISSION SURVEY OF NYC HEALTH + HOSPITALS/CONEY ISLAND

I want to congratulate the entire team at NYC Health + Hospitals/Coney Island for successfully completing The Joint Commission four-day unannounced survey this month and receiving high praise from surveyors. The team earned one of the highest compliments for being a Learning Organization, which is essential to High Reliability organizations. The hospital also received praise for being ahead of the game with pain management practices, having a well embedded culture of safety and transparency, and for adopting multiple best-practices, including in the area of Behavioral Health. I also want to thank Board Member Josephine Bolus who provided support and counsel.

NYC HEALTH + HOSPITALS/METROPOLITAN RECEIVES AN "A" FOR PATIENT SAFETY

Congratulations to NYC Health + Hospitals/Metropolitan for receiving an "A" from The Leapfrog Group for its efforts in protecting patients from preventable harm, such as medical errors, infections and injuries, and for meeting the highest safety standards in the U.S. The Leapfrog Group is a national patient safety watchdog and the only independent ratings program that focuses solely on how effectively hospitals keep their patients safe. They use 27 measures of publicly available hospital safety data to assign grades to approximately 2,500 U.S. hospitals twice per year. Metropolitan was the only hospital in New York City to receive an A grade.

OPENING OF SUPPORTIVE HOUSING ON NYC HEALTH + HOSPITALS/KINGS COUNTY CAMPUS

We partnered with the community nonprofit CAMBA to open CAMBA Gardens Apartments Phase II this week, a \$100 million housing development with 293 units of affordable and supportive housing on the campus of NYC Health + Hospitals/Kings County. This follows CAMBA Gardens Apartments Phase I, which opened in October 2013, and together provide a combined 502 affordable and supportive rental housing units for low-income residents, many of whom have been or will be connected to needed social services and health services. The 293 apartments include a mix of studios, one-bedrooms, two-bedrooms, and three-bedrooms, with 110 designated for families and individuals in the community making no more than 60% of the area median income and 182 for formerly homeless families and

individuals.

NYC HEALTH + HOSPITALS/HARLEM RECEIVES \$1 MILLION FOR WATER CONSERVATION

NYC Health + Hospitals/Harlem was recognized for their leadership as good stewards of natural resources. The hospitals' CEO, Eboné M. Carrington and NYC Department of Environmental Protection (DEP) Commissioner Vincent Sapienza this month announced that the hospital will receive \$1.1 million in funding from DEP to further its water conservation efforts. Through water-saving improvements and tracking data, the hospital was able to reduce their water consumption by 35,500 gallons per day over the past two years. This new funding will allow for additional water-efficiency upgrades to be made to toilets, urinals, showerheads, faucets, ice machines, and dishwashers. Upgrades are anticipated to reduce consumption by another 60,000 gallons per day.

**NYC HEALTH + HOSPITALS/ELMHURST RECOGNIZED FOR
PREPAREDNESS TO PROVIDE OPTIMAL TRAUMA CARE**

NYC Health + Hospitals/Elmhurst has been verified by the American College of Surgeons as a Level I Trauma Center and commended for the life-saving care they provide each and every day. This is one of the toughest certifications for a hospital to achieve. The three-year verification validates the availability of a comprehensive team of skilled physicians and surgeons who are always ready to serve patients suffering from traumatic injuries caused by motor vehicles crashes, pedestrian and cyclist incidents, falls, gunshot and stabbing wounds, assaults, sports injuries, and many other types of physical trauma. The hospital also received 18 acclamations for the level of care provided, and was recognized for their team-based approach, ability to provide immediate massive blood transfusions, their 24/7 radiology service, and their community outreach and education programs focused on pedestrian injury, falls prevention, and other common injuries seen at the hospital.

NYC Health + Hospitals
FY 2019 Executive Financial Plan
Cash Basis
(\$ in millions)

	Projected 2018	Projected 2019	Projected 2020	Projected 2021	Projected 2022
REVENUES					
<u>Third Party Revenue</u>					
Medicaid	2,143.7	2,142.9	2,211.9	2,216.9	2,216.9
Medicare	1,048.6	1,069.4	1,116.6	1,127.0	1,137.5
Other Managed Care	359.0	359.0	359.0	359.0	359.0
Supplemental Medicaid	2,797.6	2,064.0	1,710.1	1,455.3	1,419.4
<i>Disproportionate Share Hospital (DSH)</i>	1,675.8	1,406.0	1,052.1	823.1	787.2
<i>Other Supplemental Payments</i>	1,121.8	658.0	658.0	632.2	632.2
Subtotal: Third Party Revenue	6,348.9	5,635.3	5,397.6	5,158.3	5,132.9
<u>Other Revenue</u>					
City Services	666.1	916.5	919.4	919.9	920.1
Grants and Other	604.0	515.0	515.0	515.0	515.0
Subtotal: Other Revenue	1,270.1	1,431.5	1,434.4	1,434.9	1,435.1
<u>Revenue-Generating Initiatives</u>					
Medicaid Waiver Programs	361.6	218.2	164.5	120.0	120.0
Federal and State Charity Care	-	-	120.4	85.0	62.0
Health Insurance Initiatives	255.0	370.0	530.0	685.0	710.0
Growth Initiatives	-	40.0	75.0	125.0	135.0
Subtotal: Revenue-Generating Initiatives	616.6	628.2	889.9	1,015.0	1,027.0
TOTAL REVENUES	8,235.6	7,695.0	7,721.9	7,608.2	7,595.0
EXPENSES					
<u>Expenses</u>					
Personal Services	3,010.7	3,007.2	3,040.6	3,072.3	3,103.3
Fringe Benefits	1,732.9	1,561.5	1,617.6	1,633.7	1,675.5
Affiliations	1,106.4	1,119.5	1,130.5	1,141.7	1,153.0
Other Than Personal Services	2,663.4	2,481.8	2,622.1	2,415.5	2,459.0
Subtotal: Expenses	8,513.4	8,170.0	8,410.8	8,263.1	8,390.9
<u>Expense-Reducing Initiatives</u>					
Procurement Efficiencies	95.0	135.0	145.0	155.0	155.0
Restructuring and Personnel Initiatives	250.0	295.0	385.0	430.0	430.0
Subtotal: Expense-Reducing Initiatives	345.0	430.0	530.0	585.0	585.0
TOTAL EXPENSES	8,168.4	7,740.0	7,880.8	7,678.1	7,805.9
INCOME/(LOSS)	67.2	(45.0)	(158.9)	(70.0)	(210.9)
OPENING CASH BALANCE	603.0	670.2	625.2	466.3	396.3
CLOSING CASH BALANCE	670.2	625.2	466.3	396.3	185.4

Correctional Health Services Update

Patsy Yang, DrPH
Senior Vice President for
Correctional Health Services

Board of Directors Meeting
May 31, 2018



Ongoing Infrastructure and Workforce Improvements to Better Serve Patients

Infrastructure

- Electronic timekeeping
- Occupational Health Service
- Warehouse & Fleet consolidation
- Improved risk management

Workforce

- Improved clinical staff recruitment
- Expanded clinical training programs
- Improved mental health staff management and care quality
- Consolidation of substance use treatment services into the mental health service
- Improving staff and vendor accountability



Enhancing Patient Care Before and During Incarceration

- **Enhanced Pre-arraignment Screening Unit (EPASU)**
 - Screened over 63,000 people since start of 24/7 operation (Nov 2016 – Apr 2018)
 - FY19-20 funding to expand EPASU model to Bronx, Brooklyn, and Queens

- **PACE and CAPS**
 - Opened new PACE units for a total of six units in operation
 - Opened a new CAPS unit for a total of two units in operation

- **Expansion of treatment for hepatitis C**
 - More than quadrupled number of curative treatments started in jail from FY16 to FY18 YTD

- **Telehealth**
 - ID, GI, urology, rheumatology, pulmonary, hematology, oncology, and derm at Bellevue
 - Hematology, oncology, and rheumatology at Elmhurst
 - Assessments for post-acute care placements at Coler
 - Telehealth services for new admissions in Brooklyn and Bronx to ensure patients receive timely intake assessment by a provider



Enhancing Patient Care Before and During Incarceration (cont.)

- **Expansion of medication assisted treatment**
 - Doubled number of patients treated with methadone maintenance and tripled number of patients treated with buprenorphine
 - On May 1st, 756 patients on methadone and 122 patients on bupe compared to ~300 and 50, respectively, last year

- **Satellite clinics**
 - Since 2016, we have opened eight new satellite clinics to facilitate care delivery
 - MDC (n=3), NIC (n=2), AMKC (n=1), RNDC (n=1), GMDC (n=1)

- **Increasing women's health services**
 - Creating programs to promote healthy coping responses to stress and prior trauma
 - Counseling on intimate partner violence and linkage to community resources at reentry
 - Providing mental health treatment to patients with medical comorbidities in the infirmary

- **Consolidated management of forensic psychiatric evaluation court clinics and Queens pilot**
 - Transitioned management of Brooklyn and Queens clinics to CHS on April 1, 2018
 - Plan to transition management of Manhattan and Bronx clinics to CHS by July 1, 2018
 - Pilot supports new staff and infrastructure to improve 730 eval timeliness and reduce case processing times



Enhancing Patient Care After Release

- **Maximize reach and optimize touch of discharge planning services**
 - Community Reentry Assistance Network (CRAN) provides a single point of entry for mental health discharge planning and case management services
 - Definition and standardization of core discharge planning services
 - Expansion of medical discharge planning
 - Substance Use Reentry Enhancement (SURE)
 - Point of Receipt Teams (PORT)
- **Collaboration with Coler and ArchCare for post-acute care**
- **Gotham Health linkages for community-based care**
- **Universal Medicaid application assistance pilot**
- **Collaboration with MetroPlus and PEU on insurance enrollment**
- **Naloxone training and kit distribution at Visitors Center and beyond**



Future Challenges and Opportunities

■ Close Rikers

- Last year, the Mayor announced his plan to create a smaller, safer, and fairer jail system with the goal to eventually close Rikers Island
- Represented on all three subcommittees of the Justice Implementation Task Force
- Initiated an internal review of staffing and service configuration to plan what CHS will look like over next 10 years
- Developing a reorganization plan to reassign staff and relocate the pharmacy in conjunction with the George Motchan Detention Center closing this summer

■ Raise the Age

- Due to recent state law raising the age of criminal responsibility to 18 years of age, 16 and 17 year-olds in custody will be removed from Rikers Island no later than Oct 1st
- CHS is working with multiple agencies to clarify legal and regulatory framework, modify facility physical plants, develop scope of health services, and coordinate transition of patients to the juvenile system



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute up to five successive one-year revocable license agreements with New York City Department of Citywide Administrative Services ("DCAS") for the use and occupancy of a 79,290 square foot parcel of land under the Belt Parkway Viaduct for the construction of a 300 space parking lot to be used by NYC Health + Hospitals/Coney (the "Facility") for parking during the construction of the Inpatient Acute Care Hospital Tower for an occupancy fee of \$1.00 per year.

WHEREAS, the System is in the process of constructing a new Inpatient Acute Care Hospital Tower (the "Critical Services Structure" or "CSS") to repair damage done by Hurricane Sandy and to make the Facility better able to withstand another storm; and

WHEREAS, the CSS is being built using funds granted by the Federal Emergency Management Agency ("FEMA"); and

WHEREAS, the CSS will occupy most of the site of the Facility's parking lot and thus its construction will displace parking for approximately 300 staff, visitor, and patient vehicles; and

WHEREAS, in addition to constructing the CSS, the System will build a new 322 space parking lot on its campus; and

WHEREAS, the parking lot under the Belt Parkway will cost approximately \$4.15 Million including a contingency of 15% using FEMA funds and provide temporary parking until construction of the new parking facility is complete; and

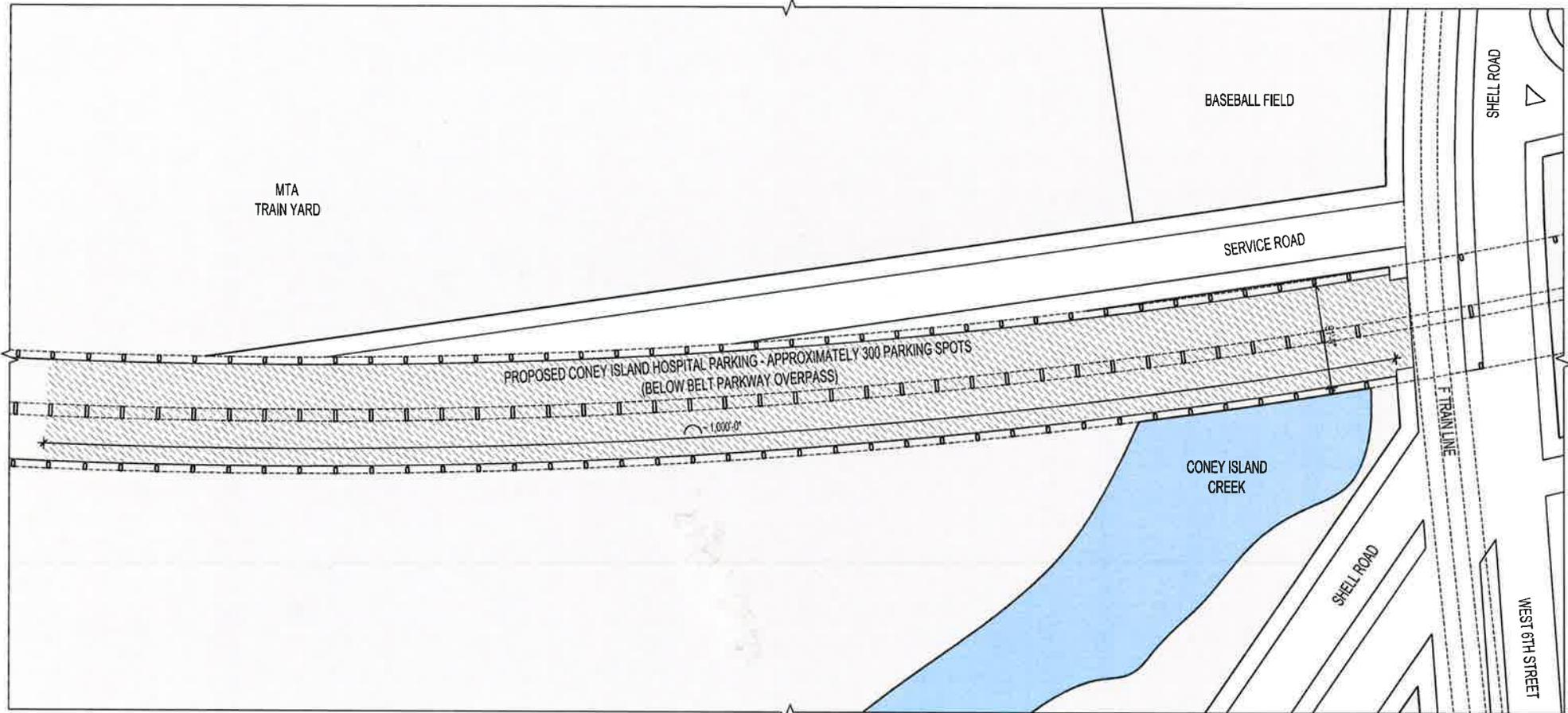
WHEREAS, successive one year agreements will be executed with DCAS during the five year Board of Directors authorization period.

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute up to five successive one-year revocable license agreements with New York City Department of Citywide Administrative Services for the use and occupancy of a 79,290 square foot parcel of land under the Belt Parkway Viaduct for the construction of a 300 space parking lot to be used by NYC Health + Hospitals/Coney for parking during the construction of the Inpatient Acute Care Hospital Tower for an occupancy fee of \$1.00 per year.

EXECUTIVE SUMMARY

LICENSE AGREEMENT TEMPORARY PARKING LOT UNDER BELT PARKWAY FOR CONEY ISLAND HOSPITAL CENTER FROM NYC DEPARTMENT OF ADMINISTRATIVE SERVICES

- Background:** Following the flooding caused by Hurricane Sandy, the Facility suffered substantial damage. To repair the damage and to create a structure that will be able to withstand similar storms, the System is constructing a new Inpatient Acute Care Hospital Tower (the "Critical Services Structure" or "CSS"). The construction is being funded with a grant from the Federal Emergency Management Agency ("FEMA"). The CSS will occupy most of the Facility's current parking lot thereby displacing approximately 300 parking spaces. To address the need to replace the lost parking spaces, the System will ground-level, 2-car stacked parking underneath and outside the new CSS.
- Need:** Space for approximately 300 vehicles until construction of the new CSS and parking facility is completed in September 2021.
- Licensor:** The New York City Department of Administrative Services ("DCAS" or the "Licensor").
- Term:** Five one-year periods. Successive one year agreements will be executed with DCAS during the five year Board of Directors authorization period
- Location:** A 79,290 square foot parcel of land under the Belt Parkway Viaduct located approximately one mile from the Facility's campus
- Capacity:** Approximately 300 vehicles
- Occupancy Fee:** Waived
- Program:** The lot will be operated by Pro-Park, a concessionaire under contract to the System. Staff, visitors and patients will be transported between the parking lot and the Facility by a shuttle operated by the parking operator. The lot will be ready for use summer 2018.
- Construction Cost:** Approximately \$4.15 Million including a 15% contingency
- Funding:** FEMA
- Construction:** To convert the area under the viaduct into a parking lot the following work will be performed:
- removal of debris, loose soil, and landscaping
 - construction/milling/regrading/milling to create an appropriate parking surface
 - striping of spaces and installation of bollards
 - installation of drainage
 - installation of lighting
 - installation of guard booths
 - installation of fencing around perimeter
 - installation of electrical service



1 PROPOSED CONEY ISLAND HOSPITAL OFF-SITE PARKING LOCATION
SCALE:

LEGEND	
	PROPOSED OFF-SITE PARKING ON DOT PROPERTY
	STRUCTURE ABOVE

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$6,105,386; of which \$2,000,000 will be funded under PlaNYC initiative and \$4,105,386 from the City's General Obligations Bonds, for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Air Handling Units and Building Management System upgrade project (the "Project") at NYC Health + Hospitals/Woodhull (the "Facility").

WHEREAS, in March 2005, NYC Health + Hospitals and the New York City Department of Citywide Administrative Services, entered into an Energy Efficiency-Clean Energy Technology Program Agreement ("ENCORE Agreement") with NYPA which establishes the framework for NYPA to manage energy related-projects for City agencies and affiliated entities; and

WHEREAS, in October 2017, the ENCORE Agreement was extended for a period of one year, from January 1, 2018 through December 31, 2018. This contract extension was registered with NYC Comptroller's Office on November 15, 2017; and

WHEREAS, in September 2014, the City of New York mandated an 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management within the New York City Department of Citywide Administrative Services; and

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

WHEREAS, the existing forty-five (45) Air Handling Units and Building Management System are original to the Facility and have exceeded their useful lives; and

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed energy conservation measures at the Facility by undertaking the project at a not-to-exceed cost of \$6,105,386 (see Exhibit A – Executive Project Summary), to improve the reliability of its systems, as well as enhance the comfort and safety of the building's occupants; and

WHEREAS, NYPA has bid the Project and has determined that it will cost \$6,105,386; and

WHEREAS, the Project cost in the amount of \$6,105,386 will be funded under PlaNYC initiative (\$2,000,000) and the City's General Obligations Bonds (\$4,105,386); and

WHEREAS, NYPA demonstrates that the project will produce total annual cost savings to the Facility, estimated at \$441,151; and

WHEREAS, the overall management of the construction contract will be under the direction of the Vice President – Corporate Operations, NYC Health + Hospitals.

Page Two – Resolution
Customer Installation Commitment

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$6,105,386; of which \$2,000,000 will be funded under PlaNYC initiative and \$4,105,386 from the City of New York’s General Obligations Bonds, for the planning, pre-construction, design, construction, procurement, construction management and project management services necessary for the Air Handling Units and Building Management System upgrade project (the “Project”) at NYC Health + Hospitals/Woodhull (the “Facility”).

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/WOODHULL
AIR HANDLING UNITS AND BUILDING MANAGEMENT SYSTEM UPGRADE

OVERVIEW: NYC Health + Hospitals seeks to upgrade forty-five (45) air handling units and a building management system (BMS) at NYC Health + Hospitals/Woodhull. NYPA has fully designed and bid out the project.

NEED: During the Comprehensive Energy Efficiency Audit of the Facility managed by NYPA, it was determined that fifty-two (52) of fifty-five (55) air handling units and the building management system are original to the building and have far exceed their useful lives. Under a previously approved energy conservation project, seven (7) air handling units were upgraded. The forty-five (45) air handling units which were not upgraded, are tied into an antiquated BMS that has limited control capabilities. There is no efficient mechanism to control temperature setpoints, and these units run continuously, even in spaces that are unoccupied, thus incurring significant energy and operational losses. The upgrade of air handling units and BMS will allow for advance energy savings control strategies to be implemented, increase occupant comfort, and maximize energy savings.

SCOPE: The scope of work for this project includes, but is not limited to the following:

- ❖ Upgrade forty-five (45) air handling units;
- ❖ Install new Building Management System;
- ❖ Integrate all air handling units into the new building management system to allow for enhanced control of the units.

TERMS: NYPA has competitively bid the project and has submitted a final total project cost of \$6,105,386 to NYC Health + Hospitals. NYPA will be responsible for managing the project, under the direction of the Vice President – Corporate Operations for the System.

SAVINGS:

<u>Electrical:</u>	
Electrical Energy Consumption Savings (quantity):	2,721,537 kilowatts hours (kWh)
Annual Electrical Energy Savings (dollars):	\$367,408
<u>Fuel:</u>	
Gas/Oil Savings (quantity):	98,323 therms
Gas/Oil Energy Savings (dollars):	\$73,743
CO2 Reductions:	2,546 metric tons
Total Annual Estimated Savings (dollars):	\$441,151

FINANCING: PlaNYC Capital - \$2,000,000 (no cost); and General Obligations Bonds - \$4,105,386.

SCHEDULE: Completion by December, 2019.

Board of Directors

May 31, 2018

3:00 PM

125 Worth Street, Room 532

5th Floor Board Room



NYC Health + Hospitals/Woodhull

Air Handling Units and Building Management System Upgrade

- The building has fifty-five (55) air handling units (AHUs) and an antiquated building management system (BMS);
- Ten (10) AHUs were upgraded under previous capital projects;
- Forty-five (45) AHUs and BMS will be upgraded as part of this project;
- All fifty-five (55) units will be tied into the new BMS;
- NYPA will be responsible for managing the project, under the direction of the Vice President – Corporate Operations for the System.
- Project cost is \$6,105,386 – funding sources PlaNYC Capital (\$2,000,000) and General Obligations Bonds (\$4,105,386);
- Annual savings are estimated at \$441,151;
- The project will be completed by December 2019.



RESOLUTION

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

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 MetroPlus authorize the Chairperson of NYC Health + Hospitals to select three directors of the MetroPlus Board subject to election by the Board of Directors of NYC Health + Hospitals; and

WHEREAS, Dan H. Still has been a member of the Board of Directors of MetroPlus since January 2001; and

WHEREAS, the Chairperson of NYC Health + Hospitals has selected Mr. Still to serve an additional term as a member of the Board of Directors of MetroPlus; and

WHEREAS, on May 1st, 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 Dan H. Still to the MetroPlus Board of Directors to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SUMMARY

Mr. Dan Still first joined the MetroPlus Board in January 2001, completing the term of his predecessor.

Mr. Still is currently the Chairperson of MetroPlus' Finance Committee and MetroPlus' Audit and Compliance Committee. We are very pleased that Mr. Still has agreed to serve an additional 5 year term. He has been a great asset to the MetroPlus Board, and we look forward to another 5 years of Mr. Still's participation.

DAN H. STILL

Mr. Still worked in public health and mental health for his entire career beginning with the U.S. Public Health Service, Centers for Disease Control (CDC). During this period, he was assigned by the CDC to Detroit, Michigan and New York City, working on the epidemiology of communicable diseases and immunization programs. Mr. Still then accepted a position with the New York City Department of Health (DOH) as Administrative Director of the new childhood lead poisoning control program and subsequently as the Deputy DOH Administrative Officer. His graduate training is in Public Administration.

Mr. Still then moved to the New York City Department of Mental Health, Mental Retardation and Alcoholism Services and was appointed Assistant Commissioner for Administration. Mr. Still was subsequently appointed Deputy Commissioner for Management and Budget, First Deputy Commissioner in 1994 and served as Acting Commissioner in 1995-96. Mr. Still served on the Board of Directors of the then New York City Health and Hospitals Corporation for several years, including Chair of the Capital Committee and as a member of the Strategic Planning and Community Relations Committees. Two years prior to his retirement from City service in 2002 Mr. Still was also appointed to the Board of MetroPlus Health Plan and has continued on the Board since that time. He is Chair of the MetroPlus Finance Committee and the Audit and Compliance Committee.

In addition to serving as First Deputy Commissioner of the Department of Mental Health, in 1998 Mr. Still was also appointed to the dual position as Deputy Commissioner of the New York City Department of Health, responsible for the management functions of DOH and planning for the merger of the two City Health agencies into the new Department of Health and Mental Hygiene.

Subsequent to his retirement in 2002 until 2013 Mr. Still worked as a consultant for a number of organizations and providers in community health and mental health.