NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
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125 Worth Street ▪ New York, NY ▪ 10013

BOARD OF DIRECTORS MEETING
THURSDAY, FEBRUARY 27, 2014
A~G~E~N~D~A

Call to Order - 4 pm	Rev. Lacey
1. Adoption of Minutes: January 30, 2014	
Acting Chair's Report	Rev. Lacey
President's Report	Mr. Aviles
>>Action Items<<	
Corporate – Enterprise IT Services	
2. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $7,200,000, over a 12 month period, which includes a 10% contingency of $654,545.50. *(Med & Professional Affairs/IT Committee – 02/13/2014)*	Mr. Aviles
3. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7,200,000 for a one year period, which includes a 10% contingency of $654,545.50. *(Med & Professional Affairs/IT Committee – 02/13/2014)*	Mr. Aviles
4. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period. *(Med & Professional Affairs/IT Committee – 02/13/2014)*	Mr. Aviles
5. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to initiate the planning for a construction program of improvements throughout the Corporation to support an information technology equipment modernization and replacement plan with upgrades to heating, ventilation and air conditioning and electrical equipment at a total approximate cost of $15 million over the next two years subject to further authorization by the Capital committee of the components of such construction program. *(Capital Committee – 02/13/2014)*	Ms. Youssouf
Multi-Network	
6. RESOLUTION the President of the New York City Health and Hospitals Corporation to execute a five year revocable license agreement with the New York Legal Assistance Group for part-time, non-exclusive use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center and Woodhull Medical & Mental Health Center to provide legal services to patients and training to Corporation staff at an annual fee of $60,000 per clinic, per facility payable by the Corporation to the Licensee and without any payment by the Licensee for the use of the space. *(Capital Committee – 02/13/2014)* *VENDEX: Pending*	Ms. Youssouf

Committee Reports	
➢Audit	Ms. Youssouf
➢Capital	Ms. Youssouf
➢Community Relations	Mrs. Bolus
➢Finance	Mr. Rosen
➢Medical & Professional Affairs / Information Technology	Mr. Aviles
➢Strategic Planning	Mrs. Bolus
Subsidiary Board Report	
➢ MetroPlus Health Plan, Inc.	Mr. Rosen
Facility Governing Body / Executive Session	
➢Lincoln Medical and Mental Health Center	
➢Gouverneur Healthcare Services	
Semi-Annual Report (Written Submission Only)	
➢Queens Hospital Center	
>>Old Business<<	
>>New Business<<	
Adjournment	Rev. Lacey

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 30th of January 2014 at 4:00 P.M. pursuant to a notice which was sent to all of the Directors of the Corporation and which was provided to the public by the Secretary. The following Directors were present in person:

Dr. Michael A. Stocker
Mr. Alan D. Aviles
Dr. Lilliam Barrios-Paoli
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Ms. Kathleen Carlson
Dr. Vincent Calamia
Dr. Herbert F. Gretz, III
Dr. Adam Karpati
Ms. Anna Kril
Rev. Diane E. Lacey
Mr. Robert F. Nolan
Mr. Mark Page
Mr. Bernard Rosen

Dr. Amanda Parsons was in attendance representing Acting Department of Health Commissioner Daniel Kass, in a voting capacity. Dr. Stocker chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on December 19, 2013 were presented to the Board. Then, on motion made by Dr. Stocker and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on December 19, 2013, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Dr. Stocker received the Board's approval to convene in two Executive Sessions; one to discuss matters of personnel and the second to discuss matters of quality assurance.

Dr. Stocker announced that Mayor de Blasio nominated Dr. Ramanathan Raju to become the next President of HHC.

Dr. Stocker introduced Deputy Mayor Lilliam Barrios-Paoli of Health and Human Services; Kathleen Carlson, Acting Commissioner of New York City Human Resources Administration; and, Mark Page, HHC's newest Board member. Dr. Stocker received approval from the Board for Mr. Page to serve as a member of the Finance Committee.

Dr. Stocker updated the Board on approved and pending Vendex.

Dr. Stocker announced that it was his last HHC Board meeting as HHC's Chairman. He stated that he has enjoyed his work at the Corporation.

PRESIDENT'S REPORT

Mr. Aviles' remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and

incorporated by reference.

Mr. Aviles acknowledged and thanked our new Deputy Mayor for joining the Board of HHC. He also acknowledged Dr. Stocker's work as Chairman of the Board of HHC.

The Board convened in Executive Session. When it reconvened in open session, Dr. Stocker announced that the Board unanimously voted and approved the appointment of Dr. Ramanathan Raju as the President of the New York City Health and Hospitals Corporation.

ACTION ITEMS

RESOLUTION

2. Authorizing the President of the New York City Health and Hospitals Corporation to enter into a contract with **EMC Corporation for VMWare Virtualization software** through a NYS Office of General Services contract in an amount not to exceed $4,178,395 which includes a 15% contingency of $545,007 over a three-year term.

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

RESOLUTION

3. Authorizing the President of the New York City Health and Hospitals Corporation to **procure and outfit seventy (70) ambulances** in Fiscal Year 2014 on behalf of the **Fire Department of the City of New York** through City-wide Requirements Contracts for a total amount not to exceed $20.5 million.

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

BOARD COMMITTEE AND SUBSIDIARY BOARD REPORTS

Attached hereto is a compilation of reports of the HHC Board Committees that have been convened since the last meeting of the Board of Directors. The reports were received by the Chairman at the Board meeting.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Stocker reported that the Board of Directors as the governing body of Kings County Hospital Center and Dr. Susan Smith-McKinney Rehabilitation Center reviewed, discussed and adopted the facilities reports presented; and reviewed and accepted the semi-annual written report for Elmhurst Hospital Center.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 6:11P.M.

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

COMMITTEE REPORTS

Capital Committee – January 9, 2014
As reported by Ms. Emily Youssouf

Information Items:

Major Modernization Status Report – Gouverneur Healthcare Services

Steve Curro, Managing Director, Construction, and John Pasicznyk, Managing Director, Downstate Operations, Dormitory Authority of the State of New York, provided the status report. They were joined by Martha Sullivan, DSW, Executive Director, and Matthew McDevitt, Associate Executive Director, Gouverneur Healthcare Services.

Mr. Curro advised that the project was 91% complete, as measured by construction in place as of 11/20/13. The new Ambulatory Care facility was occupied, and in the existing facility: floors 2, 3, 4, 5, 6, 7, 12 and 13 had been completed and were occupied. Floors 8 and 9 received New York City Department of Buildings Temporary Certificate of Occupancy (NYC DOB TCO) and Department of Health (DOH) inspection and were ready to be occupied. Floor 10 received a NYC DOB TCO on December 18, 2013, and floor 11 would have a NYC DOB TCO inspection on January 22, 2014. Floor 1 was expected to have a NYC DOB TCO inspection on February 26, 2014.

Mr. Curro noted that there would be a number of "day two" projects that would be addressed after project completion, when funding was in place. Additional scope to be completed after the 1st floor TCO included; Exterior vertical granite and parking lot paving, projected for May, 2014; Courtyard work, projected for May, 2014; Henry Street sidewalk replacement, projected for May, 2014; Linde Gas, projected for May, 2014; Low Roof, projected for June, 2014; Henry Street mechanical screen, projected for June, 2014; Building wide code compliance, projected for August, 2014, pending available budget; Elevator upgrade, projected for October, 2015; and, the Re-construction of high-rise elevator lobbies on floors 2, 3,and 4 to original design, projected completion to be determined.

Mr. Curro explained that throughout the project they had been receiving TCOs on each floor as they moved along, but the desire was to have the overall facility receive a full Certificate of Occupancy at the end of the project.

Ms. Youssouf asked if the projects noted for completion after February, 2014, were the remaining 9% of the project. Mr. Curro said no. These were additional jobs that should fall under the $247 million approval. Mr. Pasicznyk stated that the elevator projects were part of the 91% completed. The biggest item not included was the building wide code compliance.

Ms. Yossouf asked if the elevator upgrade was expected for completion in 2015. Mr. Curro said yes, it had not started yet. They explained that only one car at a time could be worked on and that each car would take approximately three (3) to four (4) months to complete. Ms. Youssouf asked if that was in the original contract. Roslyn Weinstein, Senior Assistant Vice President, said it was under a separate contract.

Ms. Youssouf asked what the remaining work to be completed, but not included in the $247 million would be. Mr. Pasicznyk said that only the building wide code compliance was not included. Ms. Weinstein stated that basement code compliance work was in fact within the scope of the $247 million. Mr. Curro and Mr. Pasicznyk said that their original scope presented for $247 million did not include that. He added that the budget may be able to handle it, depended on funding, but it was to be determined.

Ms. Youssouf asked whether there had been any resolve to the discussions regarding fee reimbursement. Mr. Curro said those discussions were with Paul Williams, President/Chief Executive Officer, DASNY. Ms. Youssouf said they had not received a response. Lynda Curtis, Senior Vice President agreed that earlier discussions had determined that the code work was included.

Mr. Pasicznyk said he knew it had been discussed. Ms. Youssouf asked that they reach out to Mr. Williams because she did not believe that HHC had heard back. Mr. Curro and Mr. Pasicznky said they were under the impression that Mr. Williams had reached out to Peter Lynch, Senior Director, Office of Facilities Development. Antonio Martin, Executive Vice President, said he would follow up.

Mr. Martin asked whether the elevators were included in the $247 million. Mr. Curro said yes, five cars are included, the contracts have already been let and they are ready to go as soon as the time is right.

Ms. Youssouf asked if the only thing, as far as DASNY was concerned, that was not included in the $247 million, was the code compliance work. Mr. Pasicznyk said yes, and added that he did not believe that it wasn't possible under the $247 million, but that funding needed to be in place.

Ms. Weinstein asked that DASNY define "building wide compliance" so that HHC and DASNY can reach a common understanding of "building wide code compliance" and the compliance work to be completed in the basement, and discussions could continue with everyone on the same page.

Josephine Bolus, RN, asked what the compliance work would cost. Mr. Curro said it was estimated at $2.5 million.

Mr. Curro said completion was very close and from a contingency standpoint things were comfortable, so it was anticipated that the $2.5 million could fall under the full $247 million, as long as full funding was in place, and as long as all things held steady.

Ms. Youssouf asked how the $247 million differs from the Board approved budget. Mr. Curro said it is the same amount. He noted that as the project was closing down it appeared that there would be excess funds and it was anticipated that the compliance work would fall under that amount but the City had not fully funded the $247 million.

Alan Aviles, President, asked if OMB was waiting for information from HHC/DASNY in order to approve the remaining amount. Mr. Pasicznyk said DASNY had been supplying them with documentation and any responses that they needed. He said DASNY and OMB have met twice regarding the project but DASNY would be happy to meet again. He explained that in order to enter into contracts the funding needed to be in place, so there would always be a lag between spent and encumbered amounts, but the funding needed to be in place. The approval of the funding from the City needs to be in place to complete the work.

Dean Moskos, Director, Office of Facilities Development, advised that $247 million is the budget approved by the Capital Committee, Board of Directors, and OMB, but OMB is still receiving justification for increases in the capital commitment plan. Ms. Youssouf asked if the team at OMB was the same, given the new Mayoral administration that is in place. Mr. Moskos said his direct contact had remained the same.

Mr. Martin asked when this could be resolved. Mr. Curro explained that $12 million of funding had not been approved. Ms. Youssouf asked how much had been approved in total. Mr. Pasicznyk said that $235 million has been approved to date. Mr. Curro said funding needed to be approved for the project to be completed, otherwise there was a risk that change-orders would not be completed without that funding.

Ms. Youssouf said OMB was well aware of the total amount of the project ($247 million) but it seems they must not be satisfied with information being provided to them. Ms. Youssouf asked if DASNY believes they have given all information to OMB that they requested. Mr. Pasicznyk said yes. Mr. Moskos explained that $5 million was not in the City's commitment plan but the remainder should be approved in the next few days. Ms. Youssouf asked where the remaining $5 million was. LaRay Brown, Senior Vice President, Corporate Planning and Community Health explained that OMB requires incremental Certificates to Proceed (CPs) so each time money needs to be released they request certain documentation. So it seems that up to this point, they have received documentation to satisfy all but $5 million. She recommended that OMB be contacted so that an expedited review process can be requested, with the explanation that if funding is not approved then completion of the project may be in jeopardy.

Mr. Curro explained that an estimate of the remaining work had been completed and if everything continued to go smoothly, and was completed as expected then the project would close at $243.7 million, with a contingency of $3.7 million, and that would cover the compliance work. Ms. Youssouf asked if the $243 million included anticipated change-orders. Mr. Curro said yes, it includes everything except the code work.

That completed the status report.

Senior Assistant Vice President's Report

Roslyn Weinstein, Senior Assistant Vice President, Office of the President, provided an overview of the meeting agenda. She advised that there would be one action item, for the procurement of ambulances on behalf of the Fire Department of the City of New York; and, a few brief status reports would be presented by Lisa Scott-McKenzie and Kein Anderson for North Brooklyn projects, Daniel Gadioma for Central Brooklyn projects, Liny Liu for Generations+ project updates, and Thomas Scully and Dean Mihalstes for a project at Elmhurst.

That concluded her report.

Action Item:

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit seventy (70) ambulances in Fiscal Year 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed $20.5 million.

Dean Moskos, Director, Office of Facilities Development, read the resolution into the record. Mr. Moskos was joined by Vincent Barrett, and Mark Aronberg, Fire Department of the City of New York (FDNY).

Ms. Youssouf said she remembered approving this type of agreement in the past and recalled that it was a pass-through agreement based on a Memorandum of Understanding between HHC and the FDNY, for which she was pleased to approve.

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

Information Items (continued):

Project Status Reports

Central/North Brooklyn Health Network

Daniel Gadioma, Associate Executive Director, Kings County Hospital, provided delay reports on two projects at the facility.

Upgrade ten (10) Elevators "ABC" Buildings – Mr. Gadioma explained that there were three phases of the project; Phase I, for three freight elevators had been completed, the second phase, for three passenger elevators and one hydraulic elevator, with DOB scheduled to inspect on January 13th and 14th for the passenger elevators and January 27th for the hydraulic elevator. Phase III of the project would commence as soon as DOB approval was received and completion was expected around May, 2014.

Ms. Youssouf asked why there were delays. Mr. Gadioma explained that fire department regulations held back the start of the project. Ms. Weinstein added that there were requirements regarding fire alarm systems within the elevators.

Upgrade Four (4) Elevators "T" Building – Mr. Gadioma said four (4) elevators were to be modernized. The first two (2), North elevators, had been inspected and approved and are in operation. One of the South elevators had been inspected and approved a week ago, and the final would be inspected on January 24, 2014.

Ms. Youssouf asked if it was the same cause of delay. Mr. Gadioma said yes. Ms. Weinstein added that it was difficult to get FDNY to come out to the facility and that added to the delay time.

Mrs. Bolus asked if all elevators had been done. Mr. Martin said buildings A, B, C, and T, were addressed.

Kein Anderson, Associate Executive Director, Woodhull Medical and Mental Health Center, provided a delay report on the Obstetric Unit Expansion at the facility. Mr. Anderson was joined by Lisa Scott-McKenzie, Senior Associate Executive Director, North Brooklyn Health Network.

Obstetric Unit Replacement – Mr. Anderson explained that the project expanded the post-partum unit from 15 to 20 beds by constructing a new well-baby unit. He said the project was y 8 months in delay due to the need to identify and access swing space. He said relocation was now underway and construction should begin by the end of January, with completion expected in September.

Ms. Youssouf asked why it had been problem to identify and utilize swing space in the facility. Mrs. Scott McKenzie explained that after Hurricane Sandy the facility became a receiving station for other facilities and therefore originally identified swing space had become unavailable.

Generations+ Health Network

Liny Liu, Senior Associate Director, Lincoln Medical Center, provide a status report on the recently completed Emergency Room renovation at the facility.

Emergency Room Renovation – Ms. Liu explained that the project had received successful DOH inspection with no re-inspections needed. In accordance with the revised timeline and budget, presented in late 2012, the project had since been completed on schedule and with budget parameters.

Michael Stocker, MD, Chairman of the Board, asked how long the project had taken. Mrs. Liu said it had started ten years ago. She explained that the phased transition to the new space should be completed by April 15, 2014. Ms. Youssouf asked that the Committee be kept abreast if that changes.

Queens Health Network

Thomas Scully, Senior Associate Director, Elmhurst Hospital Center, provide a delay report on the Women's Health Center project. Mr. Scully was joined by Dean Mihaltses, Associate Executive Director, Elmhurst Hospital.

Women's Health Center – Mr. Scully advised that the project was nearing completion after delays caused by financial instability with the General Contractor (GC). There were delays in receiving the metal panels for the building exterior. Mr. Scully explained that in an effort to keep the project moving, he had continued to construct as much as possible from the inside out. Project completion was anticipated for mid to late March, 2014. Mr. Mihaltses noted that the project was now on track for the adjusted completion date, all liens had been cleared, and there were no new delays to report.

Ms. Youssouf asked how much was completed. Mr. Scully said approximately 85%.

Ms. Youssouf asked that the Project Status Reports included in the package accurately reflect information being reported.

Equal Employment Opportunity Committee – January 14, 2014
As reported by Reverend Diane Lacey

Assistant Vice President's Report

Manasses C. Williams, Assistant Vice President, Affirmative Action/EEO briefed the Committee that his office has started to convert the 2000 census workforce availability codes to the new 2010 codes. He also stated that his office working with the Corporation's Corporate Human Resources department to resurvey the entire HHC workforce to reflect the new race/ethnicity classifications.

2013 Affiliate Affirmative Action Plan Update

Gail Proto, Senior Director, Affirmative Action/EEO reported on the Equal Employment Opportunity status on the four affiliates. The report showed that all four affiliate facilities Mount Sinai School of Medicine, New York School of Medicine, Physician Affiliate Group of New York, P.C. and the State University of New York had job groups with no underutilizations.

Conditionally Approved Contractors

Mrs. Paola Torres presented six conditional contractors, the first contractor reported was 3M Company located in Murray, Utah. This division of 3M eliminated the one underutilization it had in 2012, but added three new ones for minorities in Managers Job Group 1 and Professionals Job Groups 2 and 3. The second contractor reported was New York Blood Center which eliminated the three underutilizations it had in 2012, but picked up two new underutilizations this year for females in Professionals Job Group 5 and Technicians Job Group 1. The third contractor she reported was Gilbane Building Company which had one underutilization of minorities in Management Job Group 2. The fourth contractor reported was Arcadis U.S., Inc. which had two underutilizations, one for females in Managers Job Group 1 and the other for minorities in Professionals Job Group 5. The fifth contractor reported was WSP USA Corporation which had one minority underutilization in Technicians Job group 4. The final contractor Mrs. Torres reported was iSirona, LLC which had two female underutilizations in Managers Job Group 2 and Technicians Job group 3.

Finance Committee – January 14, 2014
As reported by Mr. Bernard Rosen

Senior Vice President Report

Ms. Marlene Zurack informed the Committee that her report would include two updates, HHC's cash flow and the Exchanges/Affordable Care Act (ACA). As of last week the cash balance was $194 million or twelve days of cash on hand (COH). Last month it was reported to the Committee that HHC is facing some major crises that include the receipt of Upper Payment Limit (UPL) payments that are delayed. However, HHC was successful in getting the State Department of Health (SDOH) to accelerate HHC's Disproportionate Share Hospitals (DSH) payments totaling $530 million that were initially scheduled for April 2014 but are now scheduled for receipt on January 15, 2014. These payments will keep HHC balanced with its Financial Plan.

Mrs. Bolus asked how many days of COH would the $530 million equate to. Ms. Zurack stated after HHC makes a significant pension payment the projected COH would be 25 days or $370 million due largely to the SDOH's advancement of those payments.

Healthcare Exchanges

Ms. Zurack stated that as of 12/28/13, NYS had received 480,000 applications that resulted in 249,000 enrollees; 92,000 Medicaid and 157,000 QHP or private insurance of which only 37% was in NYC. The breakdown of Medicaid and QHP between NYS and the rest of the state is not yet available. However, Mr. Aviles received a letter from SDOH that included more information than what has been reported. Based on that data, 37% were in NYC or 108,000 of the 249,000. MetroPlus was 11% of NYS which could be a substantial market share for NYC.

Mr. Aviles added that based on a quick estimate provided by John Cuda, CFO MetroPlus, MetroPlus got approximately 25%.

Mr. Rosen added that the majority of those enrollees paid. Ms. Zurack stated that 58% of the enrollment for NYS; 18% was Empire; 16% Health Republic; 14% Fedelis; 12% Emblem and 11% to MetroPlus. The other plans that are ahead of MetroPlus have presence outside of NYC. Therefore, for NYC, MetroPlus appears to be significant. 53% of individuals were females and 47% were males.

Ms. Youssouf asked if MetroPlus can ensure anywhere in the State. Ms. Zurack stated that MetroPlus cannot only NY. The point was that MetroPlus is at 11% and there are four plans that have a greater market share in NYS than MetroPlus and below MetroPlus there is an another plan at 10% and the rest were less than 2%.

Ms. Youssouf asked how many plan are there. Ms. Zurack stated that there are seventeen plans and 68% of the 157,000 enrolled received some form of a tax credit. MetroPlus has a total of 24,073 enrollees as of January 9, 2014; 13,870 paid or 58%. In terms of the various age groups, 10,000 were below 20-35 years of age which is slightly better than the State. Although the State enrollment is younger than the country, according to a recent article, the enrollment across the county is significantly older but NYS is not. The MetroPlus cohorts are spread out, 2,000 in bronze; 2,000 gold and the majority in the silver with very few in the business.

Ms. Zurack stated that in terms of the training, HHC has trained 200 of its hospital care investigators (HCI) as certified application counselor (CAC). As reported by NYS, of the individuals who signed-up, 75% were done on-line without assistance and 6% were done by phone. Based on that data, it would appear that the CACs and the Navigators have had a small role thus far. While HHC is aggressively training its staff the patients are far more independent than initially anticipated. HHC has trained 200 of its staff and is expected to have 600 trained by the end of 2/28/14. HHC has received assistance from NYS HANYS and MetroPlus in getting its staff trained.

Ms. Youssouf asked of what total the 200 employees represents. Ms. Zurack stated that 200 employees out of 700 with the intent of training those staff that have contact with patients in various stages with the focus on inpatient services. HHC is on track for its goal for having trained 700 by March 31, 2015. NYS achieved 153% of its enrollment goal which is significantly ahead of the goal.

Mr. Rosen stated that given the importance of the data that is being reported on the Exchanges it would be extremely beneficial to the Committee going forward if handouts were provided. Ms. Zurack stated that every effort would be made to comply with the request; however, information changes daily and that the intent was to provide the Committee with the most recent and updated information and as such the information has not been received timely to prepare a report for distribution to the Committee.

Ms. Cohen asked if at some point HHC would have data on the number of individuals enrolled in QHPs who were previously in HHC Options.

Ms. Zurack stated that as per the State's report the number of uninsured was at 63%. Ms. Cohen interjected that would be a part of it but how many were HHC patients who paid a discounted fee. Ms. Zurack stated that in order to provide that data HHC would have had to provide services to that patient in order to get that information which would mean that HHC would pick-up an encounter for QHP and work backward which would take a long time to do given that the patient may not have come to HHC initially and would be in the system as a QHP.

Key Indicators/Cash Receipts & Disbursements Reports

Ms. Krista Olson began the reporting of the Key Indicators as November 2013, stating that the data through the period represented the post Hurricane Sandy time period. Outpatient visits were up by 3.5% or 80,000 visits, excluding Bellevue and Coney Island visit are up by 3.3% at the acute facilities and a decline of 1% at the D&TCs.

Mr. Rosen commented that due to the storm, it would account for the increase in visits at Coney Island. Ms. Olson stated that the increase was related to the storm and that Coney Island re-opened its outpatient sooner than the inpatient. Visits are up by 5.1% at the diagnostic and treatment center (D&TC) primarily at Gouverneur which is up by 15% due to the completion of its modernization project. Discharges are down by 1.7% at the acute care facilities excluding Bellevue and Coney Island the decline increases to 4.5% due to the storm and an uptick at the other facilities last year in November 2013 for taking referrals from Coney Island and Bellevue.

Mr. Rosen asked if the data included rehab and psych to which Ms. Olson stated that the data excludes those two areas.

Ms. Youssouf asked for clarification of the decline in discharges of 4.7% compared to 1.7%. Ms. Olson stated that the 4.5% excluded Bellevue and Coney Island and including Bellevue and Coney Island, discharges are down 1.7% due to the increase at the other facilities. Ms. Zurack added that last year Bellevue and Coney Island were closed. Ms. Youssouf stated that in other words, the visits are down due to the closures at those two facilities.

Ms. Olson added that the reporting was on both the inclusion and the exclusion of those two facilities. Last year the reporting was on a straight baseline excluding Coney Island and Bellevue compared to this year the November 2013 data is skewed slightly due to the storm even for those facilities other than Bellevue and Coney Island. Continuing with the reporting, nursing home days are down by 16.6%. The average length of stay (ALOS), there were three facilities above the expected ALOS, Kings County remained high at 6/10 day; Coney Island 5/10 day; and Queens 4/10 of a day longer. Three facilities were below the expected ALOS, NCB at 4/10, and Lincoln 7/10 and Metropolitan at 6/10 less than the corporate-wide average. The corporate-wide case mix index (CMI) was up .85% or 1% compared to last year.

Mr. Covino continuing with the reporting, the budget performance through November 2013, FTEs were up by 53 as a result of a large shift in staff to central office, up by 70 FTEs due to the centralization of procurement and EEO. Enterprise-IT was also up by 20 FTEs due to the staffing for the EMR and the conversion of consultants.

Ms. Youssouf asked if as part of the centralization of the procurement staff there was a corresponding reduction at the facilities. Mr. Covino stated that there were a number of those employees transferred from the facilities. Some of the major outliers included an increase of 68 FTEs at Kings Cty; however, in comparison to last year the facility's FTEs were down by 171 which was in excess of the facilities target and with the current increase the facility remains significantly below the FY target of 33 FTEs.

Ms. Youssouf asked if the Corporation is on target relative to the total number projected for the period.

Mr. Covino stated that the Corporation is doing better than the expected budgeted target which includes a 250 FTE growth over the year; however, the Corporation is doing better than planned. Returning to the reporting, receipts were $263 million less than last year due to the timing of the FY 13 DSH payments. $624 million was received last year in November 2013 compared to this year of 346 million. However, as previously reported by Ms. Zurack the Corporation is expected to receive $531 million. Expenses were $35 million better than last year due to the timing of the City payments which are $141 million better due to a delay in making those payments to the City this FY. Inpatient receipts are down by $100 million due to Medicaid fee-for-service, down by $72 million due to the decline in utilization and the decrease in paid Medicaid discharges which are down by 1,748 days; psych days are down by 9,718; and paid psych days are down by 28,158 and chronic days are down by 10,630.

Ms. Youssouf asked what is the decline in Medicaid payments attributable to.

Ms. Zurack stated that the overall decline in utilization that Ms. Olson reported is also evident in those numbers and it is related to all of the payors.

Ms. Youssouf asked if there are some facilities or services areas that are contributing to the decline and if so what are they.

Mr. Covino stated that the Medicaid inpatient fee for service is the largest decline which is at Coler/Goldwater and Bellevue is down $20 million and Coney Island also down by $23.5 million.

Ms. Youssouf stated that those facilities were affected by the Hurricane and would be expected to be down significantly.

Ms. Zurack clarifying Mr. Covino's response stated that the reporting was in comparison to budget as opposed to last year as Mr. Covino had stated which should be restated so that the reporting is clear.

Mr. Covino restating the reporting stated that Bellevue was down by $20 million and Coler/Goldwater by $23.4 million against the budget. Jacobi was also down by $5.5 million and Coney Island by $4 million compared to budget. At Coney Island the expectation was that the utilization would increase at a faster level but it has not for the fiscal-year-to-date period.

Ms. Youssouf stated that those factors would have been incorporated into those facilities' budgets for the year; therefore, it is not clear why those facilities are showing significant deficits.

Mr. Covino stated that the budget did include those factors; however, the issue in part is a structural budget deficit.

Ms. Zurack stated that the facilities may have anticipated additional revenue to cover the expenses but that has yet to materialize. The two facilities to watch closely are Bellevue and Coney Island where there are declines and Jacobi is also showing a slight decline as well.

Ms. Youssouf asked if the Corporation knew why those facilities are showing a decline. Ms. Zurack stated that the information was not available.

Ms. Youssouf stated that it is important to report the data but it is just as important to know what the contributing factors are so as to have a better understanding of the data, particularly when the decline is as significant as the data is showing.

Mr. Covino stated that the review is based on a comparison to budget which is more global as opposed to the details of the data.

Ms. Zurack stated that Corporate Finance is in the process of updating its Financial Plan particularly the revenue assumptions due to the significant decline in Medicaid which will involve analyzing the data in more details and would have more information by next month.

Ms. Cohen asked if the key question relates to how much is lost due to the market share compared to or versus a decline across the Corporation.

Ms. Zurack stated that the Corporation has been tracking the move from fee-for-service to managed care compared to the current trend which is a straight decline compared to a shift in payors. There is an overall decline in the industry.

Ms. Cohen asked whether the decline in the industry is consistent with the Corporation's declining trend.

Mr. Covino stated that a review of some data sources that have been used in the past for comparison purposes; however, that data is no longer being tracked; however, in an effort to go on-line to get what the market share was the only data available was SPARCS.

Ms. Zurack added that the SPARCS data is not current.

Dr. Stocker stated that the hospitals State reports which are also old that data is available at a very detail level, physicians, patients, discharges, etc.

Ms. Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations interjected that as a function of her division a review of the information that is available is currently underway and that in conjunction with Corporate Finance an analysis and a review of the market share would be included; however, based on a review of the healthcare changes in Brooklyn, the issues do not appear to be related to market share but the number of days patients are staying in hospitals. Therefore, utilization is down due also in part to the reforms that have taken place in managed care and more Medicaid patients are in managed care plans and have shorter LOS. Additionally the review will also cover peak individual patients in the system and how those patients are using HHC services some years ago compared to the current usage, inpatient days and visits, etc. The review of the data relative to those issues will be included to develop a report that will be shared with the Committee.

Ms. Youssouf stated that there had been discussions regarding the planning and utilization and particularly whether hospitals are losing market share to another facility and the closure of other hospitals in addition to a review of the services that are being offered at HHC, doctors and the communities.

Ms. Brown stated that the report may not provide all the answers to the Committee questions but every effort will be made to address the pertinent issues and concerns that can assist HHC in addressing the factors that are affecting utilization. The SPARCS data is eighteen months behind; therefore efforts will be made to reach out to the United Hospital Fund (UHF) and other resources that are available to assist HHC in understanding the trends.

Ms. Zurack stated that in putting it into perspective, Mr. Covino's reporting is based on budget whereby certain expectations were incorporated in comparison to the analyses Ms. Brown was discussing that would be based more on actuals relative to the real mega trends.

Dr. Stocker added that the issue with the State reports is that the data is old but based on all the activity currently taking place in creating a physician network it would appear that the market share should be the key staring assumption.

Mrs. Bolus added that the waiting time may also be a factor in terms of whether patients stay or go elsewhere.

Dr. Stocker stated that there were discussions regarding that issue and there have been some improvements.

Mr. Covino finalizing the reporting stated that receipts versus budget were down $40 million and all other receipts were up by $1.8 million due to the personal services at Goldwater related to the closing cost as a result of the transitioning and relocation of the patients and the reassignment of the staff. Fringe benefits were better than last year due to a FICA refund received this FY of $3.6 million. OTPS was $36 million worse than budget due to the cash caps concerns and $13 million in OTPS cost for the restoration of Bellevue and Coney Island hospitals due to the storm last year.

Mr. Rosen added that the OTPS overage is more than just timing. Mr. Covino explained that there has been pressure on increasing the cash cap to allow payments to vendors.

Ms. Zurack further explained that the data that is reported is based on the actual spending relative to payments. Those payments to vendors are managed by the Corporate Comptroller's office by allocating a cash cap to each facility that provide a dollar amount that can be paid to vendors in a given week or cycle. Based on the Corporation's cash flow/balance payments to vendors have been lagging and consequently the days in accounts payable have increased significantly and vendors have complained. Therefore to address that issue, payments have increased to vendors.

Mr. Rosen added that process is often used when there is a cash flow problem; there is a lag in payments to vendors.

Medical & Professional Affairs Committee – January 9, 2014
As reported by Dr. Michael Stocker

Chief Medical Officer Report

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

HHC CME Program
The HHC Continuing Medical Education Program has been resurveyed by the Medical Society of the State of New York (MSSNY) and awarded Accreditation with Commendation for a term of six years as a provider of continuing medical education for physicians. Six-year accreditation is the highest accreditation awarded. While New York City Health and Hospitals Corporation CME has long met MSSNY high standards, receiving Accreditation with Commendation is a first in our history.

The New York City Health and Hospitals Corporation Continuing Nursing Education Program was adopted by the New Jersey State Nurses Association as a provider of continuing nursing education in 2012 as a provider of continuing medical education for nurses. This program has remained in good standing and scheduled for resurvey late 2014.

The New York City Health and Hospitals Corporation continuing professional education program continues to develop into a fully automated process with a standardized workflow from the provider application process to the process of participant retrieval of educational credits.

While there are many challenges, below are listed some of the accomplishments in 2013:

Application for continuing nursing and medical education are available online via the HHC intranet CME site; Applications for medical or nursing programs may be submitted electronically to a designated continuing education mailbox; Program participants have the ability to register for courses via the continuing education website by creating a profile; Program providers have the ability to review registrants of their programs prior to actual course date due to programs being added to the website once a course is approved (when programs are submitted within the designated time frame); Nursing participants now have the ability to retrieve and track continuing education credits from the website; Application submitted to American College of Healthcare Executives for the pre-approval of ACHE Qualified Education credits for TeamSTEPPS and Breakthrough Programs.

HHC Accountable Care Organization Update
The HHC ACO now has a Clinical Leadership Team including operational point people at every facility. Presentations are occurring at 2-3 facilities per week as part of our ongoing engagement strategy. We have just received our first set of full claims data for our ACO population. We are working with IT and Health Endeavors (external vendor) to sort by facility for dissemination and development of facility-specific analyses and clinical intervention plans.

The ACO will conduct annual quality measure reporting to CMS between January 27 and March 21, 2014. This reporting includes a manual chart review component for any measures that we cannot abstract electronically from the data warehouse. Each facility has identified a Reporting Lead to manage this process and Chart Reviewers who will collect and report data elements. Training for the facility-based teams is underway.

We mailed notification packets to approximately 1,000 patients newly attributed to the ACO in Mid-December. We will request claims beginning in February 2014 for those patients who do not opt out of data sharing before that time.

Adult Psychiatry Length of Stay Reduction Project
Today is the next project meeting to review the progress in reduction of LOS and to share among the facilities the high leveraging Best Practices that have yielding results. These practices include:

Symptom Reduction & Medication Optimization, Aggressive Management of 15-30 day stay population, seven day a week care, proactive and intensified discharge planning including collateral, family contact and the use of Visual Control Boards

The Aim of the project was to reduce the ALOS to 12 days. HHC to date has been able to reduce from the baseline average of >22 days by nearly 20%. This project is one of the key steps in HHC's preparation for the HARP (managed behavioral health in NY).

Centralized Credentialing Project Update
HHC's new centralized credentialing system, IntelliSoft, was rolled out to the first facilities/network, Queens Hospital Center on Monday, December 16, 2013, and Elmhurst Hospital Center on Tuesday, December 17, 2013. The implementation is ongoing, and lessons learned and efficiencies realized from this initial roll-out will be integrated into all subsequent system installations. Medical staff office training, data conversions, and system implementations are currently being coordinated in preparation for roll-out to the next three groups of facilities/networks, which will cover Brooklyn and Staten Island.

Once this program is implemented throughout HHC, we will be able to cross-credential providers much more efficiently because with this system credentials need only be verified once and they will be available digitally throughout our system. Privileging will remain local.

At this point we will still be requiring the scanning of paper documents, but we are working towards a fully digital process.

Hepatitis C
In accordance with NYS law, HHC has issued a Hepatitis C Screening Guideline that specifies that all inpatients and outpatients born between 1945 and 1965 be offered screening for Hepatitis C. This is in addition to our previous practice of screening patients with HIV, IV drug use or other risk factors. The guideline includes a standardized work up and referral for patients who test positive.

Our Departments of Medicine are actively monitoring both case finding rates and access for patients needing treatment. While our case finding rate for this new group of screened patients has been low at facilities that adopted this guideline 6 months ago (such as Elmhurst, Lincoln, Belvis) and access for GI clinics has not been affected, the Directors of Medicine have assessed their current capacity and have identified strategies to quickly increase capacity in the event of a spike in new referrals.

While the new medication regimens are more effective and much better tolerated by patients, they are also more expensive (up to $85,000 per treatment course). Our clinical services have been working to enroll patients without coverage in Patient Assistance programs to mitigate this cost.

MetroPlus Health Plan, Inc.

Total plan enrollment as of December 27th, 2013 was 419,668. Breakdown of plan enrollment by line of business is as follows:

Medicaid	357,536
Child Health Plus	12,047
Family Health Plus	33,474
MetroPlus Gold	3,267
Partnership in Care (HIV/SNP)	5,325
Medicare	7,574
MLTC	445

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans. There has been no change in membership since my last report to the committee.

In regards to the New York Exchanges, as of December 24th, almost 448,000 New Yorkers completed the full application process and were determined eligible for health insurance plans. Almost 26,000 New Yorkers enrolled on the Exchange on December 24th, 2013, which was the enrollment deadline. As of December 24th, MetroPlus received 17,277 completed applications. We have also received our first file with Medicaid enrollments, and we have approximately 1,100 Medicaid members. In mid-December, the Exchange clarified that our Certified Application Counselors (CACs) are permitted to accept premium payments directly from prospective enrollees if the enrollee has selected MetroPlus. This will allow prospective members yet another method to pay their premiums. In addition to mail-in payments, MetroPlus also accepts premiums from members that are visiting our main offices to remit their premium payments. We currently accept credit card payments, and are in the final stages of adding electronic payments to our website, to make it easier for members in the near future.

After months of preparation to join the Fully Integrated Duals Advantage (FIDA) program, MetroPlus has been notified of our on-site FIDA readiness review. Reviewers from NYS and CMS will conduct their review beginning on January 14th, 2014 and ending the following day. In preparation, we will be conducting a mock audit to ensure that all areas are prepared for the review. We anticipate a successful site visit and will share results with this committee as they are made available.

In December, the State Department of Health posted the Regional Consumer Guides for 2013. The Guides provide ratings of the health plans on Preventive and Well-Care for Adults and Children, Quality of Care Provided to Members with Illnesses, and Patient Satisfaction with Access and Service. MetroPlus Health Plan was rated number 2 of all Medicaid Managed Care Plans in New York City with an overall rating of 70%.

Information Technology Services

Thank you and good afternoon. I would like to provide the Committee with the following updates:

Meaningful Use (MU) Stage 2 Update:
Last month, QuadraMed announced the general availability of QCPR Release 6.0. This release will support the US American Recovery and Reinvestment Act/Heath Information Technology for Economic and Clinical Health Act (ARRA/HITECH) 2014 Meaningful Use requirements. This version was tested by Drummond Group, Inc., which is an Office of the National Coordinator Authorized Testing and Certification (ONC-ATCB) body as a complete Electronic Health Record (EHR). QuadraMed is awaiting final certification notice.

HHC is moving forward as quickly as possible with this upgrade and is scheduled to complete implementation across HHC by the end of February 2014. This is a major update and will require some changes in clinical workflow (for example, Bar Code Med Administration and Patient
Engagement through the Portal) to enable the achievement of meaningful use status this Federal Fiscal Year (October 1st through September 30th).

Prescription Printer Update:
In October of 2014, EITS presented a solution to secure the prescription printing paper from unauthorized access using a software package provided by the vendor, LRS. The software package performed to all business specifications flawlessly. To date we have installed software drivers on over 33,000 workstations and completed 1,088 out of 2,416 networked printers.

Five (5) facilities have completed Phase 1 of the migrations with the remainder of the facilities to be completed by the end of January 2014. During the discovery of the facilities we found that over 2,000 printers were not connected to HHC's computer network. Epic requires all printers to be connected to HHC's computer network to print prescriptions. As part of Phase 2, EITS will be connecting all prescription printers to the HHC computer network. All work is scheduled to be completed by April with the LRS solution installed.

Annual Financial Systems Disaster Recovery Test:
The annual Financial Systems Disaster Recovery test has been scheduled for the fourth quarter in Fiscal Year 2014. Enterprise IT Services will be partnering with various HHC business units to accomplish this test. The scope of this year's test will be expanded from prior years. The expansion is to include more business functions that were not part of the prior testing (e.g., payroll and OTPS checks). Part of the testing that will occur this year will be to test the resolutions that were put in place as a result of issues discovered during Superstore Sandy.

Mandatory Training Program for Enterprise IT Services Employees:
Beginning on November 1, 2013, as part of the IT Training & Professional Development program within EITS, all employees were assigned mandatory on-line training to enhance as well as complement their current skill set. A core curriculum of essential skills was developed for employees with special curriculums for Project Managers, new and experienced managers as well as the Enterprise Service Desk employees. Each curriculum is approximately 20 hours in length and must be completed by June 30, 2014. Course completion will be tracked through the PeopleSoft application. It will also factor into staff evaluation and future promotions. Development of Year 2 and 3 curriculums is already underway.

Action Item:

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a contract with EMC Corporation (the "Contractor") for VMWare virtualization software through a NYS Office of General Services ("OGS") contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term.

Mr. Sal Guido, Assistant Vice President, Infrastructure Services, Enterprise wide IT Division presented the action item and reported the following concerning this proposal:

HHC Requirements
New Enterprise license agreement for virtual desktop and virtual server software and maintenance. Portion of the Enterprise Licensing agreement is related to EMR Program.

Current Scenario
In 2007, HHC entered into an ELA with Dell for unlimited VMWARE licenses that ended in 2010. HHC is currently paying for any new server licenses without the benefit of ELA discounts. HHC is currently paying maintenance to VMWARE using isolated contracts. HHC needs desktop virtualization and support software for the new EPIC rollout. HHC plans to roll-out a corporate virtual desktop environment over the next three years. Provide technology to enable "Bring Your Own Device" configurations.

EMC Enterprise Licensing Agreement - New Capabilities
VMware Horizon View
VMware vCenter Operations Manager
VMware vCenter Log Insight
VMware vCenter Operations 5.6 Management Suite Enterprise
VMware vCloud Suite 5 Enterprise
Upgrade: VMware vSphere 5 Enterprise to vSphere 5 Enterprise Plus
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Training Credits
Business Critical Service (uplift over Production Support)
VMware Technical Account Manager (TAM)
Extended Payment Plan (includes year 3 maintenance)

This resolution was approved for consideration by the full Board of Directors.

Information Item:

Patient Self-Service Scheduling Through Patient Portal

Enterprise IT Services and the Revenue Cycle Technical team investigated the possibility of integrating the Patient Portal with the Siemens Soarian scheduling application to allow for HHC patients to schedule their medical/ clinical appointments via their patient portal.

Potential Benefits to the implementation of Patient Self Scheduling may include:

Improved patient satisfaction with the ability to choose best location and time to meet their schedules; patients can manage appointments without a phone call; reduced no-shows with integrated clinical preps and instructions to ensure proper preparation; save staff time and reduce administrative burdens leading to increased capabilities or options to reduce staff; reduce phone calls and maximize front-desk efficiency; Improved physician satisfaction due to reduced demand on support staff and reduced time on phone with facility scheduling office; streamline the workflow for the professional schedulers; will support HHC in meeting the Meaningful Use II requirements whereby, 5% of our patient population utilizes the patient portal; proposed Current Patient Portal - Utilize Caradigm's Patient Portal (GetReal Health); and proposed Future Patient Portal – Utilize EPIC's MyChart.

Executive Leadership Approval and Sponsorship for the Patient Scheduling Self Service Development and Implementation, including the appropriate resource allocations; Siemens build and implementation; Third party patient portal build and implementation; HHC staff-hours for build and implementation; Staff allocation for ongoing support and maintenance; Workflow Design and Approvals; Security Design; Scheduling Design; Messaging Design; Associate Reports and alerts.

Patient / End User Form Design and Approvals (*Conduct Patient focus group); Patient / End User Education and Training development including educational/ training material for patients on portal services including scheduling process; Develop an integrated and well managed process for scheduling regardless of venue (by phone, online, in person) including administrative support for patients (help desk/ call center functions) which needs to be in place; Clinician Education and Training development; Marketing Materials Designed for Clinicians to Encourage Patients to Login to Portal.

Strategic Planning Committee – January 14, 2014
As reported by Josephine Bolus, RN

Senior Vice President Remarks

Ms. Brown greeted and informed the Committee that her remarks would include a brief update of federal, state and city issues.

Federal Update
Ms. Brown reported that, before adjourning in December, Congress had passed and the President signed a two year budget agreement. She explained that the budget agreement set broad targets but appropriations bills were still necessary to fund federal programs within those

targets. She added that some of the highlights of the agreement included $85 billion in spending cuts and the replacement of most of the sequester cuts with revenue derived from the imposition of various fees. Ms. Brown stated that the sequester-mandated 2% reduction in payments made to Medicare providers remained and had been extended to 2023. She reminded the Committee that this reduction could cost HHC $18 million a year.

Ms. Brown reported that, attached to the Bipartisan Budget Act of 2013 were provisions that would provide three months of relief to doctors who participate in the Medicare program. She explained that, this temporary Medicare fix, at cost of $7 billion, should give Congress enough time to finalize the provisions of a permanent "fix" during the early part of the next calendar year. Ms. Brown noted that, without this Congressional intervention, doctor's Medicare payments would have been reduced by 20.1 % as of January 1, 2014.

Ms. Brown stated that, as part of the offset for this patch, several provisions that would impact HHC were included. One provision extended the Medicaid Disproportionate Share Hospital (DSH) reductions by another year to 2023. This could cost HHC a total of $421.8 million that year alone, when one includes the local match. On the other hand, the national 5% mandated Medicaid DSH cuts were delayed for 2014 and 2015, which could have reduced HHC's funding by an estimated $56.5 million for each of those years. Ms. Brown reported that the Medicaid DSH cut that was slated for 2016, which would have been 5%, had been doubled to 10%. This will consequently double HHC's proportional estimated DSH cut in 2016 to $113 million. She commented that the hospital industry was pleased with the push back of the Medicaid DSH cuts but the long term threat to Medicaid DSH remained.

Ms. Brown reported that, another significant offset in the legislation was a change in the criteria that defined what constituted a long term hospital (LTCH). To be an LTCH, the new criteria mandate that 50% of total discharges come from Medicare patients who were either originally in an Intensive Care Unit (ICU) for three days prior to admission to an LTCH or were patients on ventilators for at least 96 hours prior to admission. Ms. Brown cautioned that, since the legislation mandated that this 50% had to be established against all discharges – Medicare, Medicaid, private insurance, and uninsured - the new criteria could create a significant issue for HHC's Henry J. Carter Specialty Hospital. She explained that, given its safety net role, and also based on the fact that it has a mostly Medicaid patient base, the Henry J. Carter LTCH is unlikely to meet these thresholds. Ms. Brown informed the Committee that, since passage, her staff had been working with Congress and other LTCHs to garner support from the House Ways and Means Committee to include a technical amendment in the pending appropriations bill to limit the discharges for consideration to Medicare Fee-for-Service (FFS) only. That is, the smaller the universe, the more likely that the Henry J. Carter LTCH could achieve that 50% threshold. Ms. Brown acknowledged two members of her staff, Ms. Judy Chesser and Mr. Leonard Guttman, Assistant Vice Presidents, for their advocacy efforts on this project.

Ms. Brown informed the Committee that, amongst the numerous proposals that had been presented to extend unemployment insurance benefits (which had been allowed to expire), a proposal was presented to extend those benefits with funding provided through an added extension of the 2% Medicare sequester reduction.

State Update - 2014 State of the State

Ms. Brown announced that the 2014 Legislative Session had commenced last week when Governor Cuomo delivered his annual State of the State address. The 233 page written version of the speech was titled "Building on Success," which aptly described the major theme of the address – a review of the successes of the Cuomo Administration over the first three years. Ms. Brown added that the Governor had also spent a significant part of his address on economic development and tax relief. With the exception of his mention of medicinal marijuana provision at 20 hospitals, Governor Cuomo's oral presentation did not include any new health initiatives. Ms. Brown noted that Governor Cuomo briefly mentioned that, within the two percent overall spending cap that he had implemented, the State could make investments in healthcare, education and economic development while still providing the tax relief he had promised.

Ms. Brown reported that, in the written document, the Governor had announced an initiative to establish 11 Regional Health Improvement Collaboratives (RHICs) across the State. These new entities, which would be modeled on the successful Finger Lakes Health System Agency, would include "practitioners," hospitals, nursing homes, community health centers, health plans, and patients. The RHICs would be charged with planning, facilitating, and coordinating activities to transform the health care system with a goal to "collectively address issues of prevention, access, cost, quality, and population health. Governor Cuomo also had indicated that the State would develop "uniform data" to be used by the RHICs to design interventions. The data would be able to be queried and be adjusted regionally. It will be used to "assess population health, cost drivers, hot spots and vulnerabilities among providers," to measure the healthcare providers' performance as well as to educate and engage consumers.

Ms. Brown reported that, additionally, the Governor proposed a public-private partnership between the State Department of Health and the organ donation community, which would be designed to increase enrollment in the Organ Donation Registry and to improve consent rates. Lastly, Ms. Brown reported that the Governor's address also discussed his medical marijuana proposal, but did not offer any new details.

City Update - City Council Update

Ms. Brown reported that Council Member Melissa Mark Viverito had been unanimously elected Speaker by her colleagues last week. Ms. Brown stated that, she along with her staff had worked closely with Speaker Viverito, particularly on the Coler-Goldwater transition to Henry J. Carter Specialty Hospital and the East 99th Street housing project. Ms. Brown informed the Committee that Council Member Viverito's East Harlem district included Metropolitan Hospital. Council Member Viverito has been very actively engaged in Metropolitan Hospital Center's Community Advisory Boards (CABs) activities including the CAB's annual public meeting and legislative forums. Ms. Brown explained that, in addition to a new Speaker, there were also new appointments to various committees. Ms. Brown reported that, thus far, the only announced change had been the appointment of Council Member Brad Lander as the Chairperson of the Rules Committee. Ms. Brown stated that this position was traditionally the first announced, which allowed for any necessary changes to the Council rules to be made. She added that additional changes concerning new committee chairs and committee make-up along with staffing changes would be forthcoming over the next few weeks. Ms. Brown congratulated the Speaker and expressed HHC's commitment to continuing to work closely with her and her staff over the next four years.

Information Items:

Presentation by CAMBA Housing Ventures
Joanne M. Oplustil - President and Chief Executive Officer, CAMBA/CAMBA Housing Ventures

Ms. Brown reminded the Committee that HHC had been engaged in several collaborations with housing providers and housing developers. As part of the strategic direction of HHC's facilities, the idea of collaborating with housing providers was brought to the Committee for the use vacant buildings and/or lands that once housed HHC facilities but are no longer needed for healthcare. She added that the objectives of such collaborations were to ensure that to the extent possible patients' access to supportive and/or affordable housing would be optimized; and moreover, to support the City's broader policy to facilitate the development of affordable housing in various communities. Ms. Brown stated that CAMBA Gardens, a housing development with 209 units of affordable and supportive housing, located on the campus of Kings County Hospital Center, was an example of that collaboration. Ms. Brown introduced Ms. Joanne Oplustil, President and Chief Executive Officer of CAMBA/CAMBA Housing Ventures and invited her to provide the Committee with an update on the CAMBA Gardens project.

Ms. Oplustil thanked the Committee for the opportunity to report on the on time completion of the CAMBA Gardens project. She introduced Ms. Sharon Browne and Mr. David Rowe, Executive Vice Presidents of CAMBA Housing Ventures, Inc. (CHV). Ms. Oplustil began her presentation by providing a
brief overview of CAMBA. She reported that CAMBA had been in existence for over 35 years in the Flatbush section of Brooklyn. She informed the Committee that CAMBA had expanded to provide over 160 different programs citywide with a service budget of over $100 million. Ms. Oplustil stated that CAMBA's programs and services were covered six key areas: economic development, education and youth, family support, health, housing, and legal services. Ms. Oplustil reported that, in 2005, CAMBA had taken over a third of the City's homeless shelters. She commented that, while CAMBA was good at running shelters, CAMBA preferred not to. At that time, CAMBA made a decision that it would not continue to manage shelters without having a solution to the problem. This led to the creation of CAMBA Housing Ventures and CAMBA's dive into supportive housing development. Ms. Oplustil reported that, thus far, CAMBA had been very successful in completing 605 units of supportive housing (this includes CAMBA Gardens I), at a construction cost of $179 million. She announced that there were 175 units under construction in Brooklyn at a cost $60 million with an additional 300 units in the pipeline (293 of these units will be for CAMBA Gardens II).

Ms. Oplustil informed the Committee that her CAMBA Gardens presentation/update would include:

- Completed project photo
- Review CAMBA Gardens project details: project financing, unit counts, affordability, amenities and on site services provided by CAMBA etc.
- Construction update including local job and economic impacts
- Review project timeline and milestones accomplished on schedule
- Leasing update
- Sustainability: Green and energy efficient design
- Recognition and upcoming events

Ms. Oplustil commented on the completed picture of the CAMBA Gardens project which is located at 690 and 738 Albany Avenue in Brooklyn. She described the buildings as appearing exactly the same as the rendered drawing that was displayed on presentation slide #3. She informed the Committee that CAMBA Gardens was comprised of two buildings. She explained that the driveway that leads to Kings County Hospital and the parking lot was situated between the two buildings. Ms. Oplustil reported that CAMBA/CAMBA Housing Ventures, Inc. had closed on the deal in July 2011 and completed the project on time in October 2013.

Ms. Oplustil described the CAMBA Gardens Project as the following:

- In October 2013, CAMBA Housing Ventures (CHV) completed 209 units of transit oriented, sustainable, affordable, and supportive housing within two new construction buildings on the Kings County Hospital Center campus. CAMBA, Inc. (CAMBA) provides on-site social services.
- CAMBA Gardens replaced two costly to operate vacant buildings with a community asset and generated revenue for HHC (at the same time).
- CAMBA Gardens is a model for a partnership between a public hospital, non-profit developer, service provider, and community stakeholders. Co-locating housing and healthcare is a critical component for facilitating the stability and health of all tenants. CAMBA Gardens presents a unique and beneficial opportunity to provide revenue for the hospital and provide tenants with access to preventive medicine to improve health outcomes and reduce public costs.
- Significant local economic impacts generated by CAMBA Gardens, including construction and permanent jobs, and local purchasing of equipment and materials.
- There is critical need for affordable and supportive housing. On any given night, 630,000 people in the US are homeless and as of January 3, 2014, over 50,000 people are living in NYC shelters, including 22,007 children.
- Supportive Housing Cost Savings: Recently released New York City Department of Health and Mental Hygiene report shows a savings to the public of $10,100 per tenant housed on NY/NY III supportive and affordable housing, including significant healthcare cost savings.

Ms. Oplustil reported on the financing of the CAMBA Gardens project. She stated that the total project development costs were $66,892,558. She added that, at construction closing on June 30, 2011, CAMBA capitalized lease payment to HHC/KCHC of $2.3 million. Ms. Oplustil described the various construction, social services, and operational funding sources that made the CAMBA Gardens project possible.

Construction financing sources:
- New York State HFA Tax Exempt Bonds with credit enhancement provided by TD Bank
- Federal Low Income Housing Tax Credit Financing
- NYC HPD Supportive Housing Loan Program
- NYS Homeless Housing Assistance Corporation
- Brooklyn Borough President Marty Markowitz ($1M)
- NYC Councilmember Mathieu Eugene ($1 M)
- Federal Home Loan Bank of New York
- NYSERDA

Social service funding sources:
- NYC Department of Health and Mental Hygiene
- NYC York City Department of Homeless Services

Operating funding source:
- 125 Federal HUD Section 8 vouchers provided by HPD

Ms. Oplustil described the unit count and unit breakdown of the CAMBA Gardens project as the following:
- 209 units within two new construction buildings
- 132 studios, 29 one-bedroom, 33 two-bedroom, 15 three-bedroom
- 61 units available through the NYC HPD Lottery for households earning under 60% of Average Medium Income (AMI) for the neighborhood with the following preferences for income eligible households
- Disabled households: 5% mobility/ 2% hearing (6 units total)
- Community Board 9 or 17 residents: 50% (31 units)
- Kings County Hospital employees: 15% (10 units)
- Sandy and related storm victims: 10% (7 units)
- Municipal employees: 5% (4 units)
- 146 units available for formerly chronically homeless households with a New York/New York III qualified HRA 2010e (including Magnolia House, Atlantic House, Kingsborough, Safe Haven, Providence House and Neighbors Together)
    - 2 units for live-in superintendents (one per building)

Ms. Oplustil clarified that, of the 209 units, there will be only 125 Section 8 tenants. She added that the CAMBA Gardens project would not have been possible without Section 8 financing and that the vouchers were the required rent money. She explained that, while the low-income tenants must be able to afford their units, the formerly homeless tenants have to come with some form of a subsidy or voucher to pay the rent for the building, as CAMBA operates the buildings through the rental income.

Mrs. Bolus asked if Section 8 tenants' circumstances changed in the future, would their rents be adjusted. Ms. Brown responded that, if they were no longer Section 8 recipients, their income contribution would be adjusted accordingly. Ms. Oplustil added that no one would be

evicted because their earnings increased from the first time they became a tenant of CAMBA Gardens. Moreover, once a tenant leaves the building, that unit would return to its original use.

Ms. Oplustil reported on CAMBA Garden's affordability. She explained that all rent and income ranges for HPD lottery units had been established by HPD using the annual federal HUD regulations (60% of AMI), which provided below:

CAMBA Gardens Affordability

- Rents (includes heat and hot water):
  - $810 for one-bedroom
  - $976 for two-bedroom
  - $1,127 for three-bedroom

- Income Ranges:
  - 1 bedroom: $29,760-$41,280 depending on family size
  - 2 bedrooms: $35,520-$51,540 depending on family size
  - 3 bedrooms: $41,280-$59,820 depending on family size

Ms. Oplustil reported on the local impact of the CAMBA Gardens project. She stated that 59 Brooklyn residents including 21 Community Board 9 and 17 residents had gained employment as a result of the project. In addition, 81 Brooklyn-based contractors, subcontractors, and vendors have worked at CAMBA Gardens. She noted that these 81 contractors, subcontractors, and vendors who had worked on the CAMBA Gardens project had employed 1,166 Brooklyn residents. Ms. Oplustil reported that a total of $19,388,261 in contracts had been awarded to Brooklyn-based contractors and subcontractors including $7,553,725 in materials and equipment purchased from Brooklyn-based vendors.

Ms. Oplustil reported that the project exceeded New York State's HHAP goals of 5% MBE and 5.5% WBE. There were 19.79% of hard cost total contracted by NYS Certified Minority or Women Owned Businesses. Lastly, a total of 24 of 28 permanent jobs that were created at CAMBA Gardens were filled by Brooklyn residents. Ms. Brown added that the Community Advisory Board of Kings County Hospital Center had been very engaged and focused on the project's outcome.

Ms. Oplustil described the on-site social services and amenities that would be provided at CAMBA Gardens as the following:

- On-site social services programs at each of the two buildings will include:
  - Job training
  - Resume workshops
  - Healthy living workshops
  - Assistance with accessing benefits
  - Referrals to community based resources, including preventative care at KCHC
- 24/7 front desk security (no multiple access to the building: one way in, multiple ways out)
- Computer rooms available for resume workshops, job searching, and computer skills trainings
- Community rooms and multi-purpose rooms available for community and tenant meetings and workshops
- Outdoor landscaped areas with seating and play areas for families
- Community planting beds for tenant community garden programs
- Teaching kitchen for healthy living and cooking classes integrated with the tenant planting beds
- Live-in superintendent
- On-site laundry
- Energy efficient fixtures to reduce electricity bills for tenants

Ms. Oplustil described the CAMBA Garden's project timeline and accomplishments as the following:

- CAMBA Housing Ventures (CHV) closed on project construction financing: June 2011
- Construction start: July 2011
- Demolition and abatement completed: January 2012
- Construction fence art installed including art of four Brooklyn residents: June 2012.

Ms. Oplustil stated that the art work on the wall will be used to design bags. All the tenants will receive the shopping bags. Ms. Bolus commented that the community liked the art work so much that it was not vandalized. Mr. Rowe added that the fence was considered as public art in the community. In addition, it made the Wall Street Journal's Picture of the Week.

- Construction completed on time: October 2013
- Lease up began in October 2013 and will be 45% completed as of January 1, 2014
- CAMBA began providing on site services in October 2013
- Project on schedule to close on permanent financing in June 2014

Ms. Oplustil provided the Committee with a leasing update for CAMBA Gardens:

- 95 leases signed through December 2013
- On schedule to be 100% occupied in March, 2014
- Third party leasing agent, WinnResidential (Winn), is administering the HPD monitored lottery for 61 units
    - CHV distributed hard copies of the HPD approved advertisement with instructions on how to access an application locally to KCHC, nonprofits, churches, elected officials, KCHC CAB, local community boards and citywide. Per HPD guidelines, CHV could not distribute applications
    - Advertisements placed in Caribbean Life, AM NY, Daily News, El Diario, World Journal
    - Winn held three applications workshops at KCHC with 385 people in attendance
- Over 7,000 applications received for the CAMBA Gardens HPD Lottery
- 314 applications received from Kings County Hospital Center employees
- 10 Kings County Hospital Center Employee Preference units will be leased in January 2014. HPD requires the lottery to follow the preference order as previously noted on CAMBA Gardens Project details section. Two of the Community Board preference units have been leased to employees of Kings County Hospital. Lease up is still in process.

Ms. Oplustil reported on CAMBA Garden's sustainability:

- CAMBA Gardens is on pace to achieve LEED Platinum, Enterprise Green Communities, and NYSERDA standards
- Project will achieve 24% annual cost savings from baseline ASHRAE Standard 90.1-2004, which is 4% above the performance target for the NYSERDA program
- Low VOC paints and sealants for healthy indoor air quality
- Energy star fixtures
- Water conserving fixtures
- Bi-level lighting
- Indoor green wall
- Increased insulation for energy savings
- CAMBA Gardens features an 86 KW solar array spanning the roofs of both buildings. Combined, these solar systems produce 104,000 kW/hrs of electricity per year, which represents approximately 47% of the expected common area electricity usage per year of the two buildings.

Ms. Oplustil concluded her presentation by informing the Committee that CAMBA had received recognition for this project. She added that, as a national model of affordable and supportive housing located on a hospital campus, she anticipated that CAMBA/CAMBA Housing Ventures and KCHC would receive additional recognition for CAMBA Gardens because it was a successful story. She acknowledged Ms. LaRay Brown, Senior Vice President, her team and Mr. Jeremy Berman, HHC's Senior Counsel for their work on this project. She added that CAMBA would continue to apply for awards in 2014 and coordinate with the KCHC and HHC staff for positive press.

Presented below are examples of the recognition that the project has received that Ms. Oplustil shared with the Committee:

- In December 2013, CAMBA Gardens Phase I was announced as the winner of the 5th Annual Novogradac Journal of Tax Credits Development of Distinction Award in the Financial Innovation Category. Awards will be issued in January 2014
- CAMBA Gardens was featured on NY1's Inside City Hall with New York City Councilmember Mathieu Eugene http://www.ny1.com/content/pages/190359/ny1-online--touring-mathieu-eugene-s-council-district
- CAMBA Gardens was features in the Wall Street Journal's New York Photos of the Week June 9th – June 15th, *The Wall Street Journal.* http://blogs.wsj.com/photojournal/2012/06/15/new-york-photos-of-the-week-june-9th-june-15th/
- CAMBA/CAMBA Housing Ventures received the 2013 Nonprofit of the Year Award from the New York and National Housing Conference for the organization's work on CAMBA Gardens.
- CAMBA Gardens was recognized as a national model providing affordable supportive housing with better access to healthcare, DDC Journal. http://www.ddcjournal.com/issues/summer2012/

Ms. Oplustil emphasized that CAMBA had worked very hard to ensure that promises made to the HHC and the KCHC's Community Advisory Board had been kept. Ms. Oplustil informed the Committee that she was from the neighborhood and felt strongly about Kings County Hospital. She commented that the building is lovely and invited Committee members and guests to visit the project at their leisure. She added that the tenants were thrilled to be there and out of their situations of living in shelters and other substandard housing. Ms. Oplustil

thanked the Board of Directors for trusting CAMBA/ CAMBA Housing Ventures with this project. She added that she was pleased to report that the project was completed on time.

Ms. Brown acknowledged Ms. Debra Lesane, Associate Director of Kings County Hospital Center who had worked closely with CAMBA's staff on this project.

Ms. Oplustil announced that a ribbon cutting ceremony would be held in April 2014. She added that, while the Governor does not usually participate in these types of events, she was hopeful that he would attend because CAMBA Gardens is a unique project. Ms. Oplustil stated that it was strongly recommended to schedule the ceremony after the budget hearing in April. Ms. Oplustil asked Ms. Brown to work on that request with the Governor's Office.

Ms. Brown asked Ms. Oplustil to provide the Committee with an update on CAMBA Gardens Phase II.

Ms. Oplustil explained that CAMBA Gardens Phase II was a new construction project that would transform 62,000 square feet of the unused G building at Kings County Hospital into 293 units of supportive housing. Four architects have presented varying designs to the project committee, which included LaRay Brown and Council Member Matthew Eugene. Ms. Oplustil informed the Committee that Dattner Architects had been selected and were now working on the project's design. She added that, similar to CAMBA Gardens Phase I, the CAMBA Gardens Phase II project financing would be secured from different funding entities. Ms. Oplustil stressed that efforts were being made to ensure that residents who are no longer in need of the level of care provided at Coler-Goldwater and other HHC health care facilities would be transferred to CAMBA Gardens II. She added that, in spite of Ms. Brown's hard work to have these residents designated as homeless, those efforts have not been successful. She added that the addition of a new category was anticipated with the forthcoming NY/NY IV agreement to house homeless individuals. As such, it is hopeful that these patients/residents will be able to meet the criteria for homelessness and become eligible for housing. Ms. Brown added that the goal would be to provide access to affordable and supportive housing for patients from HHC's hospitals and nursing homes, particularly from Kings County Hospital and Dr. Susan Smith McKinney Nursing and Rehabilitation Center. Ms. Brown explained that, it was an ongoing challenge as currently only the HUD requirement could be applied, which means that only a very limited number of individuals could meet the NY/NY I, II, III requirements. Ms. Brown further explained that the very same individual who enters an HHC door as a homeless person is no longer considered homeless upon discharge, even if that individual has nowhere to go.

Andrea Cohen, who represented Deputy Mayor Lilliam Paoli, asked if there should be a NY/NY IV or some form of funding mechanism that would subsidize housing for people who are being discharged from health care facilities. In addition, Ms. Cohen inquired about the time frame for allocating a number of apartments from either CAMBA I or II to these individuals. Ms. Brown responded that, if there was some source of rental subsidy from either NY/NY IV or MRT funding for people coming out of healthcare facilities, CAMBA Gardens I would be used today. However, she stressed that for CAMBA II, it was hopeful that from day one, there would be an appropriate level of funding that would be set aside for that population.

Mr. Rowe explained that CAMBA Gardens Phase II would transform a 97,000 square foot site into 293 units. The total development cost is expected to be $93 million. Mr. Rowe stated that the funders had learned a key lesson from CAMBA Gardens I that, it was a model that should be replicated.

Mr. Rosen asked about the $2.3 million payment that had been made to Kings County Hospital in 2011. Ms. Oplustil responded that it was a one-time payment to Kings County Hospital that was based on the appraised value of the land. Mr. Rowe explained that the value also reflected the acquisition cost of the land. He added that, it had not yet been determined what payment Kings County Hospital would receive for the CAMBA Gardens II project. Ms. Brown added that the payment amount to Kings County Hospital was still under discussion and that the project team would negotiate what would be best for HHC.

Breakthrough Presentation: Kings County Hospital Center's Adult Inpatient Medicine (D7 North) Daily Management System
Augustine Umeozor, M.D. - Kings County Hospital Center Attending Physician/Hospitalist

Ms. Joanna Omi, Senior Vice President, Organizational Innovation and Effectiveness, greeted Committee members and invited guests. She introduced Mr. Augustine Umeozor, M.D., Attending Physician/Hospitalist at Kings County Hospital Center Attending Physician/Hospitalist and Ms. Claire Patterson, Breakthrough Deployment Officer for the Central and North Central Brooklyn Health Networks. Ms. Omi explained that the Daily Management System (DMS) is Breakthrough's new fundamental element that was introduced a year ago. DMS was tested in four different areas, four different facilities and has grown to 15 different areas in eight facilities. Ms. Omi added that, for this quarter and starting this month, DMS was being implemented in eight additional areas. New areas would be launched across all of the diagnostic and treatment centers (D&TCs), long term care facilities and acute care hospitals every quarter going forward. Ms. Omi described DMS as a system of managing at the unique or clinic area level. It is a foundational piece of the Breakthrough system which allows for improvements made through RIEs to be sustained; and it engages many more people.

Ms. Patterson greeted and thanked the Committee for the opportunity to share Kings County Hospital Center's (KCHC's) DMS experience. Ms. Patterson reported that KCHC's Breakthrough journey began in 2009 with five active value streams. In December 2011, Breakthrough work was expanded to include inpatient value streams. Ms. Patterson reported that, to date, 12 RIEs had been conducted. As KCHC was preparing for a second round of RIEs, it was identified that sustainment was a key gap and that KCHC's sustainment level was only 30%. Ms. Patterson stated that, in July 2013, DMS was quickly implemented to ensure sustainment of Breakthrough work going forward. Ms. Patterson acknowledged Ms. Eva Marks, R.N., Head Nurse, and Dr. Umeozor for their leadership on the DMS project.

Dr. Umeozor thanked the Committee for the opportunity to present the Daily Management System (DMS) of the Adult Inpatient Medicine Unit – D7North Adult Inpatient Medicine Unit at Kings County Hospital Center (KCHC). Dr. Umeozor explained that a typical day of DMS began daily at 10:45 am. He described the Daily Management System or DMS is being all about empowering people. It is about implementing a management system that creates and sustains a culture of continuous improvement. Moreover, DMS is a visual management system for daily improvement with a goal to engage cell level front line staff in creating an exceptional patient experience.

Dr. Umeozor explained the goals of DMS. These goals aim to transform the patient care environment from a reactive firefighter mentality where:

- The same issues keep re-occurring;
- Process performance is noticeably different from team to team (quality and output);
- Faulty or no data is used to measure performance; and
- Performance is employee driven instead of process driven

To a proactive Lean thinking environment where:

- Visual management boards are used to engage all staff;
- Daily performance is measured by accurate data;
- Standard work exists for all roles; and
- Employees are empowered to problem solve daily

Dr. Umeozor described the key elements of KCHC's successful Daily Management System (DMS). He stated that:

- The key to their success was having a daily checklist and everyone following Standard Work.
- This was the first time this crew ever flew together as a Team
- In case of a need to make an emergency landing, follow the Standard Work.
- Standard Work is not predicated on the Captain's preference, but Standard Work was based upon Best Practice.
- The outcome was a result of daily practice and Standard Work.

Dr. Umeozor described the design of the DMS system of D7North Adult Inpatient Medicine Unit at KCHC. It is comprised of a steering team, an implementation team, a facilitator, two coaches and a sensei:

Steering Team Members

- Dr. Ghassan Jamaleddine, CMO
- Opal Sinclair Chung CNO
- Erza Miller/Andrew Persits, Chief Residents
- Mary Stumpf, Associate Director of Nursing Med/Surg
- Marie Hipps, Associate Executive Director Nursing
- Michael Ash, Director, Social Work
- Augustine Umeozor, MD, Attending/Hospitalist

Implementation Team Members

- Eva Marks, Head Nurse
- Amandeep Singh, MD, Attending/Hospitalist
- James Worth, RN, DMS Student
- Katrina Sawyers, Clerical Associate
- Irina Esther Beyderman, Social Worker
- Edith Blandford, Assistant Director of Nursing

Facilitator

- Michele McKenzie

Coaches

- Claire Patterson, Breakthrough Deployment Officer (BDO)
- Maritza Cales, Value Stream Facilitator

Sensei

- Louis Martin

Dr. Umeozor described the collaborative work that occurred between the teams and key stakeholders of the Daily Management System (DMS). He stated that the metrics were determined during the preparatory work of the Steering Team. These metrics are aligned with the Value Stream and Hoshin Kanri goals. Guided by a Sensei, a one-week long collaborative, multidisciplinary engagement was launched to lay the ground work for DMS. The team included staff from Social Work, Regulatory, Nursing, Medicine, and support staff.

Dr. Umeozor described the role of the Implementation Team as the following. The Implementation Team:

- Defined the processes to capture data for metrics;
- Developed a process control board to streamline the discharge process and inform staff on progress of discharge; and
- Transposed PCB data daily to the DMS board.

Dr. Umeozor reported that standard work was created, experimented on, and validated. Standard work was implemented for the following roles and/or processes:

- Standard template for the DMS board
- Standard work on who updates the board
- Standard work on what data they capture and how
- Standard work on delivering the brief

Dr. Umeozor informed the Committee that, at the start of the DMS briefing every day, a member of the DMS Team would read the following mission statement:

"We strive as a team to deliver comprehensive, safe care to all of our patients and their families in a healing and friendly environment every day"

Individual metric owners were identified from amongst the D7North Adult Inpatient Medicine Unit staff. Metric owner presents updates on their metric during the brief. Dr. Umeozor commented that this interaction creates teamwork and ownership, which ties all of the staff together in their efforts to continually improve. Dr. Umeozor explained that metric owners provided updates on their scheduled day in the following manner:

- Monday: Human Development
- Tuesday: Quality and Safety
- Wednesday: Timeliness and Delivery
- Thursday: Finance
- Friday: Growth/Capacity

Dr. Umeozor reported on the results of having implemented DMS in the D7North Adult Inpatient Medicine Unit at KCHC for a period of six months. These results are highlighted in the following chart:

True North Metric(TNM) Alignment	Metric	Baseline	TARGETS					Metric Owner [Back-up]
		June 2013	August	September	October	November	December	
HK/TPOC – Increase engagement in Breakthrough	Human Development: Breakthrough Engagement D7N Staff participating on RIE, VSA or VVSM team 12 total by Dec 31st	7 FY 2013- June 30, 2013	1	1	1	1	1	Michele McKenzie [Claire Patterson]
			1	1	0	2	2	
HK/TPOC	Staff attending daily Briefs	0 June 30, 2013	26/32 80%	25/29 85%	26/29 90%	27/29 95%	100%	Eva Marks [Edith Blandford]
			99%	96%	98%	98%	98%	

HK/TPOC/VSA	Timeliness/ Delivery: Improve percentage of patients identified during D/C planning rounds leaving the unit by 2pm the following day	11.3% (May 2013)	15%	20%	35%	65%	100%	Eva Marks [Charge Nurse]
			9/85 10%	20/84 24%	17/75 23%	43/88 49%	45/109 41%	
HK/TPOC Improve Press Ganey rating score to national medians	Quality/Safety: Increase % of patients with complete medication recon upon discharge	75% via chart review – 20 in June '13	85%	90%	95%	95%	100%	Augustine Umeozor [Attending Red5/Blue2]
			19/37 51%	64/121 52%	71/118 66%	79/104 75%	85/89 96%	
HK – KCHC Generate $3.2M in new revenue and recurring savings from Breakthrough activity	Finance: Improve % of patient queries answered within 24 hrs. (Drives Medicine CMI -3% increase valued at approx. $3.2M)	67% (8 out of 12). (July 1- 19, 2013)	80%	85%	90%	95%	100%	Antonio Numa [Khahlid Elbashir]
			38/44 86.3%	18/21 85.7%	91%	14/15 93%	14/15 93%	
HK – KCHC Generate $3.2M in new revenue and recurring savings from Breakthrough activity	Growth/ Capacity: Reduce number of patients on ALOC for more than 3 days	7 Patients (as of June 30, 2013)	6	5	4	3	<3	Esther Bayderman [Sherlock Reynolds]
			4.5	4.3	2.5	3	2	

Dr. Umeozor highlighted what had improved with the DMS system. He stated that:

- DMS fostered and encouraged team work and transformation of the culture in the unit.
- DMS provided a daily opportunity for better communication among members of the unit-based care team.
- The problem solving process provided a forum for all staff to improve the process. Residents were engaged and felt that their opinions were valued.
- The administrator did not have to run around to collect data, each member had a role.
- The Sensei and the DMS core team facilitator actively supported the DMS student and provided coaching to the teams.

Dr. Umeozor identified the areas listed below as opportunities for improvement:

- For the brief rolled out to Tour III, rapid experiment continues to identify best time for all staff to participate.
- Problem solving capabilities; Unit based team taking more ownership of problem solving beyond containment.
- Leader standard work and tiered brief participation

Dr. Umeozor concluded his presentation by described the next steps as the following:

- Step up the pace, need more units to be embracing DMS
- Retire metrics when targets are met, leaders replace with new metrics in alignment with Unit goals.

Mr. Aviles thanked Dr. Umeozor and Ms. Patterson for their leadership on the DMS project. He explained that KCHC's DMS project was a typical example of the power of DMS when it is well executed and when there is leadership that is really prepared to move it forward.

Ms. Omi added that leadership is the key for all Breakthrough activities. She stated that, because of the immediacy of the impact of what is being done with DMS, there is a very quick uptake and very quickly areas are able to act independently without a lot of continued coaching. It was found that leaders and, in particular, physician leaders gravitate to it. Ms. Omi noted that there had been rapid success at all the sites that have completed DMS work.

Ms. Omi also thanked the KCHC team and reminded the Committee that the team goes far beyond the two staff members at the table. She stated that Breakthrough is well adapted throughout Kings County Hospital; and that DMS had been effectively used to sustain KCHC's Breakthrough initiatives.

Mrs. Bolus referred back to the CAMBA Gardens presentation and requested that the presentation be provided to the project stakeholders.

SUBSIDIARY BOARD REPORT

HHC Insurance Company / Physicians Purchasing Group – December 19, 2013
As reported by Mr. Alan Aviles

The Corporation's initiative to reduce costs associated with medical malpractice claims includes efforts to identify cost-effective insurance strategies. The HHC Board of Directors authorized the formation and operation of a subsidiary captive insurance company, the HHC Insurance Company ("HHCIC") that would insure attending physician staff and provide access to excess insurance coverage provided by a state-funded pool. The HHC Physicians Purchasing Group ("PPG") was formed as an insurance purchasing group for HHC affiliated physicians.

Reports from the recent Board meetings held on December 19, 2013 are summarized below:

HHC Insurance Company

The HHC Insurance Company was licensed as a captive insurance company by the New York State Department of Insurance on December 16, 2004. It became active on January 1, 2005. The company underwrites primary professional liability coverage for attending physicians affiliated with HHC in the specialties of Obstetrics/Gynecology and Neurosurgery. Excess coverage for these specialties, obtained through the New York State Excess Liability Pool, began on July 1, 2005.

The Board of Directors of HHCIC held its annual meeting on December 19, 2013. It conducted all business necessary for captives in the State of New York including the issuance of primary insurance policies to the members of the HHC Physicians Purchasing Group as well as the re-appointments of Aon Risk Consultants, Inc. as actuaries and KPMG, LLP as auditors. At present, there are 336 Obstetrician/Gynecologists and Neurosurgeons insured through HHCIC.

Premiums in the amount of $5.4 million was deposited for the benefit of HHCIC by HHC and is held in reserve for the payment of any claims with the exception of any amounts needed for payment of any outstanding claims against HHCIC.

The Company was required to sign up as a plan or pool participant in the Medical Malpractice Insurance Pool (MMIP). The company opted to join the Pool so that it could be consistent with all of the other medical malpractice carriers in the State of New York. The September 30, 2013 cession statement from the Pool indicates that the Company has a net liability to the Pool of $1,341,688.

Approvals have been received for all Business Plan Updates to the State of New York for the time period December 6, 2012 through December 19, 2013.

All Regulatory matters are current.

HHC Physicians Purchasing Group

The Board of Directors of the HHC Physicians Purchasing Group held its annual meeting on December 19, 2013. The business of the Group is to obtain primary medical malpractice insurance from HHCIC on behalf of its members who are employees of HHC's Affiliates. The physician members of the group have obtained primary medical malpractice insurance coverage for 2012 in the amount of $1.3 million/ $3.9 million from the HHCIC, the New York captive insurance company. The members of the group have also received excess coverage in the amount of $1 million /$3 million from the Medical Malpractice Insurance Plan.

The Board conducted all business necessary for a Purchasing Group in the State of New York.

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

ALAN D. AVILES
HHC PRESIDENT AND CHIEF EXECUTIVE
REPORT TO THE BOARD OF DIRECTORS
JANUARY 30, 2014

DR. RAMANATHAN RAJU NOMINATED AS PRESIDENT OF HHC

Mayor de Blasio's nomination of Dr. Raju to serve as the next President of HHC reflects our new Mayor's keen understanding of the complex challenges that lie ahead if HHC is to navigate the demands of a rapidly changing healthcare landscape while remaining true to its mission of affording access to all New Yorkers. In addition to his intimate knowledge of our system and his highly effective prior leadership roles here, Dr. Raju's outstanding performance as CEO of the Cook County public system further demonstrates his exceptional talents as a transformational physician executive. The arrival of Dr. Raju will enable HHC to both solidify its recent accomplishments and to forge a bold path forward that simultaneously delivers clinical effectiveness for each patient, improves the health status for our communities, and increases system-wide efficiency.

I have great admiration and respect for Dr. Raju, and I wish him the same deeply rewarding experience that I have had during these last nine years. I know first hand his deep devotion to HHC and I am certain HHC will greatly benefit from his inspired leadership, strategic vision and unwavering commitment to our core mission.

Needless to say, as you consider the resolution presented today ratifying his nomination, I urge your support.

STATE BUDGET PROPOSED

Last week Governor Cuomo released his Executive Budget for State Fiscal Year (SFY) 2014-15. The $142 billion proposed budget continues an annual cap on any increase of the Medicaid budget of just under 4%. (There are no rate increases contemplated in the released budget; the cap relates to addition expense as a result of increased utilization or expanded services.) Total Medicaid funding is proposed at $58.2 billion.

There are numerous budget provisions affecting HHC. Our staff are still analyzing the details of the proposals. We will be continuing to advocate for new state and federal investments to meet the challenges posed by both levels of government for a transformation of our healthcare delivery system in line with the Triple Aim of delivering better care for the patient, better health for entire communities, and greater overall efficiency.

The following is a brief summary of some of the key provisions of interest to HHC. A

comprehensive overview of the Executive Budget will be presented at the next meeting of the Strategic Planning Committee.

- Extends the Global Cap on Medicaid spending until March 31, 2016 (one additional year), and associated State Department of Health (SDOH) "superpowers" to make cuts to keep spending within the Cap;
- Restores the 2% across-the-board cut to Medicaid provider rates beginning on April 1, 2014;
- Authorizes SDOH to share savings with Medicaid providers if Medicaid spending is below the Global Cap. No less than 50 percent of the savings would be distributed proportionately to all providers and plans and no more than 50 percent to "financially distressed and critically needed providers as identified by the commissioner;"
- Allocates $1.2 billion over seven years for a new capital program for hospitals, nursing homes, diagnostic and treatment centers and licensed clinics. The program would provide grants to improve financial sustainability and increase efficiency through collaboration. Funding can be used for closures, mergers, restructuring, infrastructure improvements, expanding primary care capacity, promoting integrated delivery systems and providing continued access to essential health services;
- Streamlines the process for HIV testing by eliminating the requirement for written informed consent, except for except for patients in correctional facilities;
- Authorizes SDOH to implement an Affordable Care Act insurance option for individuals between 138% - 200% of the federal poverty level. Under this option, the State would implement a Basic Health Plan, which provides public health insurance as an alternative to private insurance that would be purchased through the Health Exchange;
- Allocates up to $95 million for Health Information Technology (HIT), including funding for the operation of the State Health Information Network of New York (SHIN-NY) and to establish a statewide Electronic Medical Record (EMR) and an All Payer Claims Database for health insurance claims; and
- Allocates $7 million to establish 11 Regional Health Improvement Collaboratives statewide, which will convene healthcare stakeholders to identify challenges, then recommend and implement solutions.

NEW CITY COUNCIL COMMITTEE MEMBERS

The new Speaker of the City Council is Melissa Mark-Viverito. HHC has worked closely with Council member Mark-Viverito in the past and we look forward to continuing that collaborative relationship. We also look forward to working closely with several new Committee Chairpersons. These include Corey Johnson from Manhattan, who will be heading the Health Committee; Andrew Cohen from the Bronx, who is chairing the Mental Health Committee; David Greenfield from Brooklyn, leading the Land Use

Committee; and Julissa Ferreras from Queens, who is chairing the Finance Committee.

COLLECTIVE BARGAINING ARBITRATION HEARINGS

Hearings in the matter of two significant labor arbitrations are coming to an end. In 2012, negotiations for both the New York State Nurses Association and 1199/SEIU were declared to be at impasse by the New York City Office of Collective Bargaining. The Staff Nurse agreement, covering approximately 8,000 Registered Nurses, expired January 20, 2010. The three Local 1199/SEIU agreements covering about 2,200 employees in the titles of Licensed Practical Nurse, Pharmacists and Dietitians, and Microbiologists, expired August 5, 2009. Hearings before a panel of arbitrators have been ongoing throughout 2013. The final hearing days for each arbitration are now scheduled and decisions by each of the panels will likely be reached before the end of the fiscal year.

The decisions of the panels are binding. Should the panels decide in favor of the unions, there will be a significant financial impact for HHC. Both unions are seeking two retroactive 4% wage increases for past years, plus 0.1% funding for salary additions, which is consistent with the settlement that certain other municipal employees received for the comparable contract period. If the unions are awarded these increases, HHC's Finance Department estimates that the immediate cost for Nurses alone would be $202 million in FY 2014, of which $151 million would cover the retroactive liability. The annual recurring cost of those increases would be $52 million, and the cumulative cost through FY 2017 would be $358 million. For Local 1199, the immediate cost would be $64 million in FY 2014, of which $50 million would cover the retroactive liability. The annual recurring cost of those increases would be $14.5 million, and the cumulative cost through FY 2017 would be $108 million.

We are continuing to work closely with the New York City Office of Labor Relations on these matters and will keep you informed of any further developments.

SUPPORTIVE HOUSING PROJECTS OPENING ON CAMPUSES OF KINGS COUNTY AND METROPOLITAN HOSPITALS

There are several housing projects nearing completion that will benefit many HHC patients by providing affordable and supportive housing options that did not previously exist.

CAMBA Housing Ventures, Inc. has completed 209 units of transit-oriented, sustainable housing in two buildings on the Kings County Hospital Center campus. CAMBA Gardens is a model for partnership among a public hospital, non-profit developer, service provider and community stakeholders. It's a unique opportunity to provide revenue for the hospital, reduce costs and provide tenants with access to preventive medicine and

improved health outcomes. CAMBA Gardens is expected to be fully occupied by March.

Meanwhile, development of the Metro East 99th Street Housing project is also continuing on the Metropolitan Hospital Center campus, eventually providing fully accessible apartments for low-income, disabled and/or elderly individuals who are currently patients at our Coler long term care facility. The project will open new horizons of independent living for former skilled nursing facility residents and for high risk Medicaid hospital patients who upon discharge would be unstably housed. Project construction completion is anticipated for June 2014 and units are slated for renting between July and September 2014.

HHC TRAINING PROGRAM TO IMPROVE CARE FOR ADOLESCENT PATIENTS

HHC has completed the first round of a physician training program designed to help healthcare providers improve communication with their teen and adolescent patients and adopt best practices in caring for teens. The program features a cadre of young patient actors who play the role of teens with complex social and medical needs. To date they have helped coach over 100 HHC care providers to improve their understanding of issues that may hinder adolescent healthcare, providing the feedback physicians need to best treat the hundreds of adolescents who seek primary care at HHC each day.

HHC's Teen Health Improvement Program developed the Adolescent Standardized Patient Program, which trains young men and women to visit primary care physicians and simulate a typical adolescent-caregiver interaction. Doctors are evaluated on their ability to engage the patient actor and elicit information needed to provide proper care. They are also assessed on whether they provide appropriate counseling and screening, and whether they prescribe and explain a care plan that is suitable for the simulated scenario.

HHC's Standardized Patient Program worked with physicians in pediatric and adolescent clinics at 15 HHC sites. The trained patient actors presented with common issues affecting teens, including needs for birth control and STI testing and symptoms related to depression. At the conclusion of the scenario, the standardized patients provided immediate feedback to the doctors and completed a written survey on the provider's performance. Participating physicians then receive an individualized report, and will be directed to training and resources to support his or her knowledge and confidence in addressing topics relevant to adolescent. Feedback from participating providers found that they all thought the experience to be useful, and over 95 percent felt that the Standardized Patient Program could improve primary care provided to adolescents at HHC.

HHC'S REDESIGNED CORPORATE WEBSITE

HHC launched its new corporate website last month, designed to be more patient-centered and accessible to our diverse audiences.

Today, I will briefly demonstrate a few features of the new website. The new format is attractive and compelling. It has new tools to help our patients locate our many community-based health centers and describes more fully many of the healthcare services we provide. Robust new content emphasizes preventive care and our primary care medical homes. New sections explain why we are positioned as a healthcare reform leader and feature our many innovations. The website is also an effective portal for our visitors to learn about current HHC news. Most importantly, the new website is a major marketing tool -- a front door to our organization as an essential provider of integrated healthcare services. Our website is visited by over one million individuals each year. Bringing them current information about how HHC meets the healthcare needs of New Yorkers insures that we continually attract even more visitors.

We will shortly begin promoting the newly designed website to our patients, staff and the public.

HHC IN THE NEWS HIGHLIGHTS

Broadcast

City Hospitals Make Comfort a Priority for Teens, David Stevens, Senior Director, Office of Healthcare Improvement, HHC, Dr. Janet Siegel, Adolescent Services Director, Elmhurst, Dr. Efniki Kyvelos, Elmhurst, NY1, 1/28/14

Doctors Stress Using Common Sense Measures to Keep Body Heated During Cold Temperatures, Dr. Jean-Paul Menoscal, Metropolitan, NY1, 1/7/14

Jacobi Medical Center Sees Influx of Hypothermia, Frostbite Patients, Dr. Bruce Greenstein, Jacobi, News 12 Bronx, 1/28/14

Cityscape: Survivors, Dr. Allen Keller, Director of the Bellevue/NYU Program for Survivors of Torture, WFUV Radio, 1/25/14

First NYC Baby of 2014 Born One Second After Midnight, WABC, 01/01/14

New Year's Baby, Kings County, News 12 Brooklyn, 1/3/14

New Year's Baby, Lincoln, News 12 Bronx, 1/2/14

Metropolitan Hospital's Childrens Holiday Party, Fox 5 News, WPIX, 12/21/13

Holiday Depression An Issue for Many, Dr. Maryann Popiel, Jacobi, News 12 Bronx, 12/23/13

Print

Chief of Chicago Hospitals Will Return to New York, The New York Times, 1/21/14 (Also covered in Crain's Health Pulse, ND TV, The Chief Leader, Capital New York)

De Blasio Hires Hospitals Chief from Chicago, Crain's New York Business, 1/21/14

Dr. Ramanathan Raju Leaving Cook County Health, Crain's Chicago Business, 1/21/14

CEO of Chicago Public Hospitals to Take the Helm of HHC, WNYC, 1/21/14

Staten Island Officials Hopeful After Todt Hill Doctor Ramanathan Raju named to Head HHC, Staten Island Advance, 1/21/14

De Blasio Taps Raju to Lead HHC, Modern Healthcare, 1/21/14

Public Hospitals Use New Law to Expand Base Beyond Poor, President Alan D. Aviles, MetroPlus, The New York Times, 1/16/14

Success of MetroPlus Bolstering H.H.C., President Alan D. Aviles, Capital New York, 1/24/14

On N.Y. Exchange, Handful of Insurers Reap 80% of Signups MetroPlus, Modern Healthcare, 1/14/14

Exchange Market Shares, MetroPlus, Crain's Health Pulse, 1/15/14

MetroPlus Enrolls Invincibles, President Alan D. Aviles, Crain's Health Pulse, 1/13/14

NY Awards $56M for Hospitals, Nursing Homes, Woodhull, Associated Press, 1/28/14

State Advances Vital Cash to City Hospital System, Marlene Zurack, HHC, Capital New York, 1/15/14

HHC's Nurse-Led Pilot Program Aims to Reduce Blood Pressure, Lauren Johnston, RN, Chief Nursing Officer, HHC, Eduvina Hernandez, RN, Gouverneur, ADVANCE for Nurses, 1/9/14

HHC Nurses Achieve Nursing Excellence Awards, Nurse.com, 1/13/14

Hospitals Train Docs, Use Music Therapy to Help Teens, David Stevens, Senior Director, Office of Healthcare Improvement, HHC, Fierce Healthcare, 1/28/14

Telehealth Pilot a Hit with Patients at HHC, Dr. Louis Capponi, Chief Medical Informatics Officer, HHC, Lincoln, Fierce Health IT, 1/24/14

ED Whiteboard Helps HHC Streamline Patient Management, HHC, Louis Capponi, Chief Medical Informatics Officer, FierceHealthIT, 1/27/14

Centralized Blood Bank Creates trail of Data for HHC, Louis Capponi, Chief Medical Informatics Officer, HHC, FierceHealthIT, 1/28/14

Dr. W.V. Cordice Jr., 94, a Surgeon Who Helped Save Dr. King, Dies, President Alan D. Aviles, Harlem, The New York Times, 01/03/14

Surgeon Who Once Saved MLK's Life Dies in NY at 95, Associated Press, 12/31/13 (Also covered in WNYC, CNN, NY Daily News, The Amsterdam News)

Dalai Lama Names One of New York City's First Babies of 2014, Elmhurst, Kings County, New York Daily News, 01/01/14 (Also covered in The Queens Courier and Queens Gazette)

First NYC Baby of 2014 Born One Second After Midnight, Elmhurst, Kings County, New York Post, 01/01/14

A Healthy Start in Life, Dr. Priyanka Shekhawat, Harlem, Dr. Camille Rodriguez, Jacobi, New York Daily News, 1/23/14

Sundance Film Highlights Power of Music on Patients with Alzheimer's, Coler-Goldwater, New York Daily News, 1/15/14

Lots of New Patients, Too Few Doctors, Danielle Ofri, MD, Bellevue, The New York Times, 1/16/14

New Senior Vice President Of Queens Health Network, President Alan D. Aviles, Christopher D. Constantino, Senior Vice President, Western Queens Gazette, 1/15/14 (Also covered in Crain's Health Pulse)

Who's News, Vito Buccellato, Chief Operating Officer, Coney Island, Crain's Health Pulse, 1/17/14

Jacobi Reduces Infections, William Walsh, Senior Vice President, Bronx Times, 14/19/14

What Every Expectant Mother Should Know (Part 1), Dr. Malvina Elmadjian, Lincoln, The Bronx Free Press, 1/22/14

Lincoln Medical Center Opens Psychiatric In-patient Unit, Bronx Times Reporter, January 24-30, 2014

Friends of Harlem Hospital Sixth Annual Holiday Celebration, Harlem News, January 9-15, 2014

APPROVED: January 30, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a contract with EMC Corporation(the "Contractor") for VMWare virtualization software through a NYS Office of General Services ("OGS") contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term.

WHEREAS, the Corporation is undertaking an initiative to upgrade our existing infrastructure by virtualizing our critical infrastructure assets; and

WHEREAS, Enterprise IT Services has recommended that the Corporation use virtualization software to support the new EMR as well as standardizing on virtual desktops throughout the facilities; and

WHEREAS, software server virtualization also reduces costs as there is less hardware required; and

WHEREAS, the Corporation solicited proposals from virtualization resellers who offer their services via New York State OGS contracts and Federal General Services Administration ("GSA") contracts; and

WHEREAS, the Contractor is an authorized reseller of VMWare virtualization software and maintenance; and

WHEREAS, the Contractor offered the lowest price for the requested services and the OGS contract prices for such services and maintenance are discounted from market price; and

WHEREAS, under the proposed agreement with the Contractor, the Corporation will be given an enterprise license agreement with VMWARE to sign that will secure the Corporation's right to use the software and will obligate the Corporation to respect the intellectual property rights of VMWARE but will not involve any financial commitment by the Corporation to VMWARE; and

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

NOW THEREFORE, be it:

RESOLVED, THAT THE the President of the New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with EMC Corporation for VMWare virtualization software and maintenance, through a NYS Office of General Services contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term.

APPROVED: January 30, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to procure and outfit seventy (70) ambulances in Fiscal Year 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed $20.5 million.

WHEREAS, on January 19, 1996, the Corporation and the City of New York (the "City") executed a Memorandum of Understanding ("MOU") allowing the transfer of the Corporation's Emergency Medical Service ("EMS") ambulance and pre-hospital emergency medical service functions to the Fire Department of the City of New York ("FDNY") to be performed by FDNY for the benefit of the City; and

WHEREAS, the MOU requires that the FDNY have access to and use of the Corporation's property to the same extent that EMS had prior to the transfer; and

WHEREAS, a major portion of the Corporation's property used and maintained by the FDNY is the ambulance fleet formerly managed and operated by EMS; and

WHEREAS, to maintain an appropriate ambulance and pre-hospital emergency medical service, vehicles in the ambulance fleet must be periodically replaced when such vehicles have exceeded their useful life, requiring more than routine repairs and maintenance; and

WHEREAS, 70 vehicles out of the FDNY's active fleet of 460 ambulances have reached the end of their useful life and must be replaced at a cost of $20,408,000; and

WHEREAS, the City provides the funding for ambulance replacement to the Corporation for allocation to the FDNY; and

WHEREAS, the City has allocated $58,033,000, on behalf of the FDNY, in the Corporation's Capital Commitment Plan in Fiscal Year 2014 for the purpose of purchasing and outfitting ambulances; and

WHEREAS, sufficient uncommitted funds are available in the Corporation's Fiscal Year 2014 Capital Commitment Plan for this purpose.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to procure and outfit seventy (70) ambulances in FY 2014 on behalf of the Fire Department of the City of New York ("FDNY"), through City-wide Requirements Contracts for a total amount not-to-exceed $20.5 million.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $7,200,000, over a 12 month period, which includes a 10% contingency of $654,545.50.

WHEREAS, the Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops; and

WHEREAS, the recommended refresh cycle for desktop PCs is three to four years and for portable laptops is two to three years; and

WHEREAS, in Calendar Year 2014, approximately 8,500 units will be replaced, based on a four year refresh cycle; and

WHEREAS, EITS's strategy is to standardize equipment with one manufacturer and limit the number of computer workstation models in order to maintain a standard environment; and

WHEREAS, Third Party Contracts offer discounted pricing compared to the market price for such equipment; and

WHEREAS, through volume purchasing via Third Party Contracts, EITS was able to procure PCs and Laptops with savings of approximately $1.7 million this past year; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of the New York City Health and Hospitals Corporation be and hereby is authorized to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $7,200,000, over a 12 month period, which includes a 10% contingency of $654,545.50.

EXECUTIVE SUMMARY
PC Refresh Program/ User Access Devices

The accompanying resolution requests approval to purchase computer workstations from various vendors on an on-going basis via Third Party Contract(s) for the New York City Health and Hospitals Corporation's PC Refresh Program, for an amount not to exceed $7,200,000, which includes additional new PC/ Laptop needs, over a 12 month period. This includes a 10% contingency of $654,545.50. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this 12 month period, which will include the specific bid and contract award information.

As presented to the Board of Directors in 2011, EITS plans to refresh equipment on a regular basis and make volume purchases to ensure cost savings. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. According to information technology research and advisory companies, the recommended PC and laptop refresh cycle is typically three to four years. EITS plans to replace PCs based on a four year refresh cycle. In Calendar Year 2014, approximately 8,500 units will be replaced, based on a four year refresh cycle. New PCs/ laptops may also be purchased for new needs.

There are a number of factors that can increase complexity within our desktop-computing environment: a variety of aging PC models from a host of manufacturers; third-party vendors sporadically changing hardware components and software drivers; a lack of standard hardware configurations; spontaneous software image updates; and improvised deployment processes. All of these factors can create an environment that drives IT support costs higher every day with increasing numbers of help desk calls, desktop visits to resolve issues, and overall management inefficiencies. Failure to take a holistic view of PC life cycle services can lead to inefficiencies, duplication, omissions and, ultimately, unnecessary cost — essentially raising total cost of ownership (TCO).

EITS strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment. A standardized PC infrastructure forms the foundation for desktop optimization. By standardizing desktop hardware and software components the Corporation can ultimately advance toward a more flexible, agile, and optimized infrastructure. Ad-hoc PC purchases often driven by price, or by departmental and end-user preferences can ultimately prove much more costly to the Corporation when a comprehensive view of PC lifecycle costs is taken into account. When the entire span of the PC lifecycle is viewed as a whole, from purchase through retirement, it is clear that purchase price is just one component of PC lifecycle costs.

This program targets old computers that are either past or approaching their useful life expectancy and PC/Laptop needs for new projects. IT plans to solicit various vendors via Third Party Contracts for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment. This past year in 2013, HHC's purchases via NYS OGS contracts resulted in savings of approximately $1.7 million.

Based on our 2013 PC Refresh Program, the average discounted price via NYS OGS contract for the Corporation for the latest standard PC model has been approximately $762 versus the projected unit price of $960 and the average discounted price for the latest standard laptop model has been approximately $760 versus the projected unit price of $1220. Through volume purchasing via Third Party Contract(s), savings of approximately $1.7 million have been realized.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: PC Refresh Program / User Access Devices

Project Title & Number: PC Refresh Program

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent:

Multiple Solicitations via Third Party Contracts

Contract Amount: **$7,200,000 (includes 10% contingency of $654,545.50)**

Contract Term: **Anticipated 12 month period**

Number of Respondents: Multiple Vendors (Third Party Contracts)
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

Minority Business Enterprise Invited: **Yes** If no, please explain:

Funding Source: **X** General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: (please explain)
To be determined upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No **X** N/A

Vendex Clearance Yes No **X** N/A

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

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

These purchases are for PCs and Laptops, which are hardware and equipment that will replace end of life equipment. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. According to information technology research and advisory companies, the recommended PC and portable laptop refresh cycle is three to four years. Enterprise IT Services (EITS) plans to replace PCs based on a four year refresh cycle. In Calendar Year 2014, approximately 8,500 units will be replaced, based on a four year refresh cycle.

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

CRC reviewed this action item on January 29, 2014.

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

No.

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

Process used to select the proposed contractor –

Multiple solicitations will be conducted via Third Party Contracts to procure computer workstations for this IT Refresh Program.
By conducting solicitations via Third Party Contract, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third Party Contracts offer discounted pricing compared to the market price for such equipment.

The selection criteria –

Enterprise IT Services will solicit various vendors via Third Party Contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide PCs, Laptops, IT Peripherals and Accessories. The anticipated project duration for this refresh phase is approximately 12 months (February 2014 – January 2015). This is an annual program.

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

This program targets old computers that are either past or approaching their useful life expectancy. IT plans to solicit various vendors via Third Party Contract for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment.

Based on our 2013 PC Refresh Program, the average discounted price via NYS OGS contract for the Corporation for the latest standard PC model has been approximately $762 versus the projected unit price of $960 and the average discounted price for the latest standard laptop model has been approximately $760 versus the projected unit price of $1220. This past year in 2013, HHC's purchases via NYS OGS contracts resulted in savings of approximately $1.7 million.

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

FY2011- Central Office *and* Facility Spending on PCs and Laptops was $9.7 million.

FY2012- Central Office and Facility Spending on PCs and Laptops was approximately $5.6 million

FY2013 – Central Office and Facility Spending on PCs and Laptops was approximately $6.9 million

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

Not applicable. These purchases are for PCs and Laptops, which are hardware and equipment that will replace end of life equipment.

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

No.

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

Bert Robles, Senior Vice President/Corporate CIO.

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

(Not Applicable if via NYS OGS Contract or Federal GSA contract; Applicable to Group Purchasing Organization (GPO) Contract.)

Received By E.E.O. _____

*Analysis Completed By E.E.O.*_____
Date

_____
Name

PC Refresh Program/ User Access Devices

Board of Directors Meeting

February 27, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

PC Refresh Program – Background

The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops.

According to information technology research and advisory companies, the recommended PC and laptop refresh cycle is typically three to four years. Enterprise IT Services (EITS) plans to replace PCs based on a four year refresh cycle.

We plan to refresh approximately 8,500 computer workstations this year. We also anticipate new need PC/Laptop purchases this upcoming year.

This program targets old computer workstations that are either past or at the end of their useful life.

EITS' strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment.

PC Refresh Program – Volume Purchases

IT plans to solicit vendors via Third Party Contract(s) for these purchases. Third Party Contracts offer discounted pricing for such equipment. A purchase order will be issued to the lowest responsive bidder for each purchase.

The request for spending authority is for $7.2 million for a 12 month period.

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7,200,000 for a one year period, which includes a 10% contingency of $654,545.50.

WHEREAS, the Corporation has over 5.0 petabytes of storage, which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems; and

WHEREAS, this storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care; and

WHEREAS, in order to keep up with the demand of storing mission critical data and providing continuous access to our email, business and clinical data applications as well as surveillance video systems, the Corporation must continuously upgrade and add additional storage to our Storage Area Network; and

WHEREAS, the Corporation will solicit proposals from manufacturers and authorized resellers on an on-going basis via Third Party Contract(s); and

WHEREAS, Third Party Contracts offer discounted pricing compared to the market price for such equipment;

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of New York City Health and Hospitals Corporation be and hereby is authorized to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7,200,000 over a one year period, which includes a 10% contingency of $654,545.50.

Executive Summary –
On-Going Purchases for Storage Hardware, Software and Maintenance via Third Party Contracts

The accompanying resolution requests approval to purchase storage hardware, software and maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7.2 million for enterprise wide projects and end of life equipment for a one year period. This amount includes a 10% contingency of $654,545.50. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this 12 month period, which will include the specific bid and contract award information. The increase in this year's request is due to an increase in approved projects and data retention requirements.

The Corporation has over 5.0 Petabytes (equivalent to about five times the data volume of Facebook's Photo Storage) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care. Of the total amount of storage specifically dedicated to mission critical applications, there is approximately 19.0% of this storage available. At the current consumption rate, the Corporation would run out of this storage in 10 months if no other projects or storage migrations took place.

In order to keep up with the demand of storing mission critical data and providing 24x7x 365 access to our applications and systems we need to continuously upgrade and add additional storage to our Storage Area Network. A **Storage Area Network (SAN)** is a dedicated network that provides access to consolidated, block level data storage. SANs are primarily used to make storage devices, such as disk arrays, tape libraries, and optical jukeboxes, accessible to servers so that the devices appear like locally attached devices to the end user.

Under this program, multiple solicitations will be conducted via Third Party Contract(s) to procure storage equipment on an on-going basis for the Corporation's data center SAN's. Enterprise Information Technology Services will solicit manufacturers and authorized resellers via various Third Party Contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive bidder for each purchase.

Third Party Contracts offer discounted pricing compared to the market price for such equipment. For example, a HP Storage Server was purchased for a unit price of $7,858 via Premier contract, a savings of 41% off the list price of $11,913. By soliciting vendors via Third Party Contracts, the Corporation can obtain a potential savings of approximately 40% up to 60% off list pricing for storage hardware and software purchases.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Storage Hardware, Software, and Maintenance Refresh Program

Project Title & Number: Storage Hardware, Software, and Maintenance Refresh Program

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent: Multiple Vendors via Third Party Contracts

Contract Amount: $7,200,000 (includes 10% contingency of $654,545.50)

Contract Term: 12 months

Number of Respondents: Multiple Vendors
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

Minority Business Enterprise Invited: **Yes** If no, please explain:

Funding Source: **X** General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: explain Upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No **X N/A**

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

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

The Corporation has over 5.0 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care. Of the total amount of storage specifically dedicated to mission critical applications, there is approximately 19.0% of this storage available. At the current consumption rate, the Corporation would run out of this storage in 10 months, if no other projects or storage migrations took place.

In order to keep up with the demand of storing mission critical data and providing 24x7x 365 access to our applications and systems, we need to continuously upgrade and add additional storage to our Storage Area Network. A **Storage Area Network (SAN)** is a dedicated network that provides access to consolidated, block level data storage. SANs are primarily used to make storage devices, such as disk arrays, tape libraries, and optical jukeboxes, accessible to servers so that the devices appear like locally attached devices to the end user.

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

CRC reviewed this action item on January 29, 2014.

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

No.

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

Process used to select the proposed contractor –

Solicitations will be conducted via various Third Party contracts to procure storage hardware, software, and maintenance on an on-going basis for the Corporation's data center SAN's.

By conducting solicitations via Third Party contracts, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third party contracts offer discounted pricing compared to the market price for such equipment.

The selection criteria –

Enterprise IT Services will solicit manufacturers and authorized resellers via various Third Party contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide Storage Equipment on an on-going basis for the Corporation's SAN's. The anticipated project duration for these purchases is one year. Purchases will continue to occur on an annual basis based on need. The increase in this year's request is due to an increase in approved projects and data retention requirements.

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

Third Party Contracts offer discounted pricing compared to the market price for such equipment. For example, a HP Storage Server was purchased for a unit price of $7,858 via Premier contract, a savings of 41% off the list price of $11,913. By soliciting vendors via Third Party Contracts, the Corporation can obtain a potential savings of approximately 40% up to 60% off list pricing for storage hardware and software purchases.

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

The total spending for the past 3 years is as follows:

FY11: **$6.3 million**

FY12: **$3.9 million**

FY13: **$6.1 million**

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

Not applicable. These purchases are for Storage Hardware, Software and Maintenance.

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

No.

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

Bert Robles, Senior Vice President/Corporate CIO.

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

Received By E.E.O. _____ ***Not Applicable***
Date

*Analysis Completed By E.E.O.*_____
Date

_____
Name

On-Going Purchases for Storage Hardware, Software and Maintenance

Board of Directors Meeting

Thursday, February 27, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Storage Hardware, Software & Maintenance Purchases – Background

The Corporation has over 5.0 Petabytes (equivalent to about five times the data volume of Facebook's Photo Storage) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems.

This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care.

Storage Hardware, Software & Maintenance Purchases – Procurement Process

Multiple solicitations will be conducted via Third Party Contract(s) to procure storage hardware, software and maintenance on an on-going basis. A purchase order will be issued to the lowest responsive bidder for each purchase.

By soliciting vendors via Third-Party contract, the Corporation can obtain a potential savings of approximately 40% to 60% off list pricing for storage hardware and software purchases.

The request for spending authority is for $7.2 million over a 12 month period.

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period.

WHEREAS, the Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points that are utilized to link various computers and data systems throughout the Corporation in order to share business and clinical applications used for patient care; and

WHEREAS, industry standards for the refresh of networking equipment is typically three to five years depending on equipment type; and

WHEREAS, the Corporation's end of life network infrastructure must be replaced in order to avoid any outages associated with equipment/part failures, software glitches and software upgrades that are utilized to optimize network performance, and failure to refresh network infrastructure equipment can result in system unavailability, which may adversely impact patient care; and

WHEREAS, EITS will also be installing an enterprise wireless network throughout the organization that will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community; and

WHEREAS, EITS will also replace the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment; and

WHEREAS, the Corporation will solicit proposals from authorized vendors who offer networking hardware, software and services via Third Party contracts; and

WHEREAS, the Third Party contract prices for such infrastructure are discounted from market price; and

WHEREAS, purchase orders will be issued to the vendors offering the lowest price for the requested hardware and software; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of New York City Health and Hospitals Corporation be and hereby is authorized to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period.

EXECUTIVE SUMMARY

Network Infrastructure Refresh Program

The accompanying resolution requests approval to purchase networking hardware, software and technical services through various vendors via Third Party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this two year period, which will include the specific bid and contract award information. This program requires an additional $15,000,000 for the reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets), which will be managed by the Office of Facilities Development (OFD). The total cost for the network infrastructure refresh program will be $43,300,000 over this two year period. The funding for the network infrastructure refresh program is not included in the $1.4 billion Electronic Medical Record (EMR) program budget.

The Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points, which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care.

An industry standard for the refresh of networking equipment is typically three to five years depending on equipment type. The Corporation's refresh cycle has been five to seven years. The Corporation's end of life network infrastructure must be replaced in order to avoid any outages associated with equipment/part failures, software glitches and software upgrades which are utilized to optimize network performance. Failure to replace network infrastructure equipment can result in system unavailability, which may have an impact on patient care.

As part of the overall program, Enterprise Information Technology Services ("EITS"), in conjunction with Office of Facilities Development, will be retrofitting the intermediate distribution frames ("IDF") closets and the main distribution frame ("MDF") closets in HHC facilities that require additional power, heating/ventilation/air conditioning ("HVAC"), Uninterruptible Power Supplies ("UPS") and redundant power provided by generators which will require $15,000,000. OFD will manage the procurement of these needs in accordance with HHC operating procedures.

Enterprise Information Technology Services will also be installing an enterprise wireless network throughout the organization that will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community.
EITS will also replace the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment
Under this refresh program, multiple solicitations will be conducted via various Third Party contracts to procure networking equipment on an on-going basis for the Corporation's facilities and diagnostic and treatment centers. Information Technology Services will solicit authorized resellers via various Third Party contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive bidder for each purchase.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Network Infrastructure Upgrades/ LAN Migration / VOIP

Project Title & Number: Network Infrastructure Upgrades/ LAN Migration / VOIP

Project Location: Enterprise-wide

Requesting Dept.: EITS

Successful Respondent:

Multiple Vendors – On-Going Procurements via Third Party Contract

Contract Amount: $28,300,000 for IT infrastructure components*

** Total Program is $43,300,000 which includes $15,000,000 for the reconditioning of intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) to be managed by OFD.*

Number of Respondents: N/A, on-going procurements via third party contract
(If Sole Source, explain in Background section)

Range of Proposals: $ N/A to $ N/A

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

Funding Source: General Care Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: explain Upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No X N/A

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

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

The Corporation has an inventory of approximately 200 routers, 1500 switches and over 3,000 wireless access points which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care. The Corporation's network infrastructure spans across 11 acute care, six diagnostic and treatment centers, four nursing facilities and over 80 community based clinics.

HHC's networking needs have increased in recent years due to the following factors:

The migration of over approximately 250 applications to the two corporate data centers with all applications disaster recovery/business continuity based on a tiered structure tied to criticality of application.

-A tiered storage architecture that matches the tier of the application and provides for scalability.

-An enhanced and vastly upgraded Wide Area Network as well as the installation of a back-up network to ensure uninterrupted service to all of HHC's facilities.

An Enterprise wireless network throughout the organization will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community.

Replace the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full business continuity throughout the HHC environment

-Increase of data and business requirements to support existing applications and new applications.

Industry standards for the refresh of networking equipment are typically from three to five years depending on equipment type. HHC's refresh cycle has been five to seven years. As networking equipment reaches its end of life, vendors no longer offer replacement parts, software upgrades or technical support.

Contract Review Committee

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

CRC reviewed this action item on January 29, 2014.

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

N/A.

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

Multiple solicitations will be conducted via third party contract to procure networking equipment for this refresh program project.

A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

An industry standard for the refresh of networking equipment is typically three to five years. The Corporation's refresh cycle has been five to seven years. The Corporation's end of life network infrastructure must be replaced in order to avoid any outages associated with equipment/part failures, software glitches and software upgrades which are utilized to optimize network performance. Failure to replace network infrastructure equipment can result in system unavailability, which may have an impact on patient care.

As part of the overall program Enterprise Information Technology Services ("EITS"), in conjunction with Office of Facilities Development, will be retrofitting the intermediate distribution frames ("IDF") closets and the main distribution frame ("MDF") closets in all HHC facilities that require additional power, heating/ventilation/air conditioning ("HVAC"), Uninterruptible **Power Supplies** ("UPS") and redundant power provided by generators which will require an additional $15,000,000. OFD will manage the procurement of these needs in accordance with HHC operating procedures.

Enterprise Information Technology Services will also be installing an enterprise wireless network throughout the organization that will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community.

EITS will also replace the existing Private Branch Exchange (PBX) with an agile phone system Voice Over Internet Protocol with full Business Continuity throughout the HHC environment.

Vendors will provide networking equipment including, but not limited to, networking hardware (routers, switches, wireless access points) and cabling. The anticipated project duration for this phase is approximately two years.

CONTRACT FACT SHEET (**continued**)

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

By conducting mini-bids via State contract, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third party contracts offers discounted pricing compared to the market price for such equipment.

In addition, this hardware is required to support technologies for the clinical Electronic Medical Record (EMR). These systems and several others all require a robust data communication system in order to operate efficiently. This refresh program will enable IT to support increased business requirements, improve performance, introduce new technology and stay current with industry standards.

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

FY2011- Annual expenditures for network infrastructure including routers, switches, cabling, wireless access points and operating leases for networking equipment totaled $4.5 million.

FY2012- Annual expenditures for network infrastructure including routers, switches, cabling, wireless access points and operating leases for networking equipment totaled $14.1 million.

FY2013- Annual expenditures for network infrastructure including routers, switches, cabling, wireless access points and operating leases for networking equipment totaled $5.3 million.

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

Not applicable. These purchases are for networking hardware and equipment which will refresh end of life equipment.

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

No.

CONTRACT FACT SHEET **(continued)**

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

The contract will be administered by Bert Robles, Senior Vice President/Corporate CIO.

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

(Not Applicable if via NYS OGS Contract or Federal GSA contract; Applicable to Group Purchasing Organization (GPO) Contract.)

Received By E.E.O. _____
Date

*Analysis Completed By E.E.O.*_____
Date

_____
Name

NETWORKING INFRASTRUCTURE REFRESH PROGRAM

Board of Directors Meeting

February 27, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Background

- **In order to support new technologies, initiatives and increasing network infrastructure the Enterprise Information Technology Services (EITS) Group developed a Network Refresh Program In February 2011, the Board of Directors approved a capital spend of $25.3 million for the 1st Wave of the ON-GOING Network Infrastructure Refresh Program.**
- **Aligning with industry standards to refresh network infrastructure equipment between 3 to 5 years**
- **This program is needed in order to support new initiatives and technologies such as:**
  - A new clinical EMR/Meaningful Use
  - Financial Enterprise Resource Planning (ERP) System Replacement/ Upgrade
  - Sorian (Siemens Registration System)
  - Business Intelligence
  - IP Telephony
  - Picture Archiving and Communication System (PACS)
- **These systems and several others require a robust data communication system in order to operate efficiently**
- **EITS Completed Wave 1 in the 4th Quarter of 2013.**

  Sites completed:

  LAN - Queens, Elmhurst, Lincoln, Harlem, Woodhull, Cumberland and Belvis

  Wireless – Queens, Elmhurst, Lincoln, Woodhull and Cumberland

Wave 2

- **One gating factor to the progress of this project has been the readiness of the environmental requirements at the facilities (power and cooling). As a result, we are now taking a joint approach with the Office of Facilities Development (OFD) to engage architectural/engineering resources to address this in a more comprehensive, corporation-wide manner, rather than the site-by-site approach which was not proving to be efficient or effective.**

- **Wave 2**

  LAN – Jacobi Medical and North Central Bronx

  Environmentals – Queens, Elmhurst, Jacobi Medical and North Central Bronx (reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) managed by OFD

  Wireless - Jacobi Medical and North Central Bronx

  VOIP – Coney Island, Queens, Elmhurst, Jacobi Medical and North Central Bronx

Capability to purchase routing, switching, Unified Communications (VOIP), Wireless Infrastructure hardware, environmental equipment and Professional Services off the NY State OGS or GSA contracts not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program.

An additional $15,000,000 for the reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) will be managed by OFD. Total cost for the combined projects will be $43,300,000 over 24 months.

Procurement Approach for Networking Equipment

- Multiple solicitations will be conducted via NYS OGS and GSA contracts to procure networking equipment and professional services.
- A minimum of three resellers will be solicited for each purchase
- A purchase order will be issued to the lowest responsive and responsible bidder for each purchase

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to initiate the planning for a construction program of improvements throughout the Corporation to support an information technology equipment modernization and replacement plan with upgrades to heating, ventilation and air conditioning ("HVAC") and electrical equipment at a total approximate cost of $15 Million over the next two years subject to further authorization by the Capital Committee of the components of such construction program.

WHEREAS, the Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points that are used to link to various computers and data systems throughout the Corporation; and

WHEREAS, such equipment requires upgrade and/or replacement on schedules of 3 – 5 years depending on equipment type; and

WHEREAS, to complete the equipment upgrade and/or replacement it is necessary to retrofit the closets holding intermediate distribution and main distribution frames with electrical and HVAC upgrades to ensure uninterruptible or back-up power sources and HVAC must be provided or upgraded; and

WHEREAS, the necessary construction work has been preliminarily estimated at $15 Million with the costs at various of the Corporation's facilities ranging from close to $7 Million to only $100,000; and

WHEREAS, the procurement method appropriate for the contemplated work will vary across the Corporation depending on the amount of work required at each facility and the nature of the work; and

WHEREAS, to properly refine the budget for the work and determine the best procurement methods to be used for the various components of the construction program, the Corporation must engage architects or engineers to develop plans for such work; and

WHEREAS, the Corporation shall use the services of architects or engineers already under requirements contracts with the Corporation to prepare the necessary plans.

NOW THEREFORE, the President of the New York City Health and Hospitals Corporation be and he hereby is authorized to initiate the planning for a construction program of improvements throughout the Corporation to support an information technology equipment modernization and replacement plan with upgrades to heating, ventilation and air conditioning and electrical equipment at a total approximate cost of $15 Million over the next two years subject to further authorization by the Capital Committee of the components of such construction program.

EXECUTIVE SUMMARY

The Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points that are used to link to various computers and data systems throughout the Corporation. Such equipment requires upgrade and/or replacement on schedules of 3 – 5 years depending on equipment type. By separate resolution the Corporation's Board of Directors is authorizing the expenditure of not more than $28.3 Million to upgrade and/or replace such equipment over a two-year period. In order to affect such upgrades and/or replacement various construction work must be completed to ensure that the cabinets that house the equipment are appropriately ventilated and cooled and that there is adequate and un-interruptible power supplied. The distribution of the work associated with this project is set forth in the attached spread sheet.

Network Infrastructure Environmentals Capital Costs	Total Year 1	Total Year 2	Two Year Total
UPS - IDF and MDF Closets	$ 2,500,000	$400,000	$ 2,900,000
Environmentals - IDF and MDF Closets	$ 11,400,000	$700,000	$ 12,100,000
Total	**$ 13,900,000**	**$ 1,100,000**	**$ 15,000,000**

UPS:	Uninterruptible Power Supply
IDF:	Intermediate Distribution Frame
MDF:	Main Distribution Frame
Environmentals:	Air Conditioning, additional power and secondary power source

Date: 2/12/14

NETWORKING INFRASTRUCTURE REFRESH PROGRAM

Board of Directors Meeting

February 27, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Background

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  - Financial Enterprise Resource Planning (ERP) System Replacement/ Upgrade
  - Sorian (Siemens Registration System)
  - Business Intelligence
  - IP Telephony
  - Picture Archiving and Communication System (PACS)
- **These systems and several others require a robust data communication system in order to operate efficiently**
- **EITS Completed Wave 1 in the 4th Quarter of 2013.**

  Sites completed:

  LAN - Queens, Elmhurst, Lincoln, Harlem, Woodhull, Cumberland and Belvis

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Wave 2

- **One gating factor to the progress of this project has been the readiness of the environmental requirements at the facilities (power and cooling). As a result, we are now taking a joint approach with the Office of Facilities Development (OFD) to engage architectural/engineering resources to address this in a more comprehensive, corporation-wide manner, rather than the site-by-site approach which was not proving to be efficient or effective.**

- **Wave 2**

  LAN – Jacobi Medical and North Central Bronx

  Environmentals – Queens, Elmhurst, Jacobi Medical and North Central Bronx (reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) managed by OFD

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Capability to purchase routing, switching, Unified Communications (VOIP), Wireless Infrastructure hardware, environmental equipment and Professional Services off the NY State OGS or GSA contracts not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program.

An additional $15,000,000 for the reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) will be managed by OFD. Total cost for the combined projects will be $43,300,000 over 24 months.

Procurement Approach for Networking Equipment

- Multiple solicitations will be conducted via NYS OGS and GSA contracts to procure networking equipment and professional services.
- A minimum of three resellers will be solicited for each purchase
- A purchase order will be issued to the lowest responsive and responsible bidder for each purchase

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year revocable license agreement with the New York Legal Assistance Group (the "Licensee") for part-time, non-exclusive use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, North Central Bronx, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff at an annual fee of $55,000 per clinic, per facility year one and two and $60,000 per clinic per facility year, three, four and five payable by the Corporation to the Licensee and without any payment by the Licensee for the use of the space.

WHEREAS, the Licensee is a not-for-profit provider of legal services to, among others, hospital patients in need of counseling in various areas of the law, including, but not limited to, immigration, domestic relations, child support and custody, and benefit entitlements; and

WHEREAS, the Licensee's program also consists of training the Corporation's staff to assist the Licensee in recognizing patients in need of legal services; and

WHEREAS, the Board of Directors of the Corporation has previously authorized the President to enter into license agreements with the Licensee to provide such training and legal services at Bellevue Hospital Center, Coler-Goldwater Specialty Hospital and Nursing Facility, Elmhurst Hospital Center, Harlem Hospital Center, Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical & Mental Health Center, and Woodhull Medical & Mental Health Center; and

WHEREAS, the Licensee's services will continue to be provided at the facilities previously authorized by the Board and services will also be provided at Coney Island Hospital Center, Metropolitan Hospital Center, Henry J. Carter Specialty Hospital and Nursing Facility Queens Hospital Center and North Central Bronx

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable a license agreement with the New York Legal Assistance Group (the "Licensee") for its part-time, non-exclusive use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, Kings County Hospital Center, Lincoln Medical & Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff at an annual fee of $55,000 per clinic per Facility payable by the Corporation to the Licensee for the first two years of the license term and $60,000 per clinic per Facility per year thereafter and without any payment by the Licensee for the use of the space.

EXECUTIVE SUMMARY

LICENSE AGREEMENT

NEW YORK LEGAL ASSISTANCE GROUP

The President seeks authorization of the Board of Directors of the Corporation to execute a revocable license agreement with the New York Legal Assistance Group ("NYLAG") for its use and occupancy of space at Bellevue Hospital Center, Coler Nursing Facility, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Henry J. Carter Specialty Hospital & Nursing Facility, Jacobi Medical Center, Kings County Hospital Center, Metropolitan Hospital Center, Lincoln Medical & Mental Health Center, North Central Bronx, Queens Hospital Center and Woodhull Medical & Mental Health Center (the "Facilities") to provide legal services to patients and training to Corporation staff.

NYLAG is a not-for-profit organization that provides legal services to patients unable to afford private counsel. In June 2002, the Board of Directors authorized the President to enter into a revocable license agreement with NYLAG to provide training and legal services at Elmhurst Hospital Center. The success of this program demonstrated the need to expand the legal services program to other hospitals. During the intervening years, the NYLAG program has expanded to all of the Corporation's acute care Facilities except for Coney Island Hospital, Metropolitan Hospital Center, and Queens Hospital Center. The proposal is to now to renew and extend the Corporation's relationship with NYLAG at all of its previous locations and to include Coney Island Hospital, Metropolitan Hospital Center and Queens Hospital Center. The Corporation shall pay NYLAG the annual sum of $55,000 per clinic per Facility for legal services provided at each Facility which fee shall increase to $60,000 per clinic per Facility per year after the first two years. NYLAG will have the part-time, non-exclusive use of approximately 150 to 200 square feet of office space at each of the Facilities (the "Licensed Spaces").

NYLAG will assign an attorney to conduct periodic training sessions to teach Corporation staff to recognize and identify patients requiring legal services. In addition, a NYLAG attorney will be on-site one day per week at each Facility to counsel patients needing legal advice and representation in such areas of law as immigration, domestic relations, child support and custody, and benefit entitlements. This model of patient-focused legal services has been used successfully at safety-net hospitals elsewhere in the country to address legal problems common to low-income patient populations.

The licensed space, utilities, housekeeping, maintenance, and reasonable security will be provided by the Facilities at no charge to NYLAG. NYLAG will indemnify and hold harmless the Corporation and the City of New York from any claims arising by virtue of its use of the Licensed Spaces and its provision of services. NYLAG will also provide appropriate insurance, naming both parties to the license agreement and the City of New York as insureds.

The term of the license agreement shall not exceed five years without further authorization of the Board of Directors of the Corporation. The license agreement shall be revocable by either party on ninety days' notice.

A Division of the New York Legal Assistance Group

LegalHealth®

Professional Partnership to Promote Well Being

Legal Health
at
The Health and Hospitals Corporation

February 13, 2014

NYLAG

NEW YORK LEGAL ASSISTANCE GROUP

Value Added Proposition

- LegalHealth has become an integral member of HHC's healthcare team providing patients with free legal services that assist with safe discharge, access to treatment and improved quality of life.
- Over the past three years, LegalHealth has handled 7,064 legal matters for 4,781 patients of 8 HHC hospitals.
- Expansion to three additional HHC facilities and increase in legal clinics at existing facilities will allow LegalHealth in partnership with HHC to continue to combat the social determinants of health furthering HHC’s commitment to the health and well-being of all New Yorkers.

LegalHealth Model

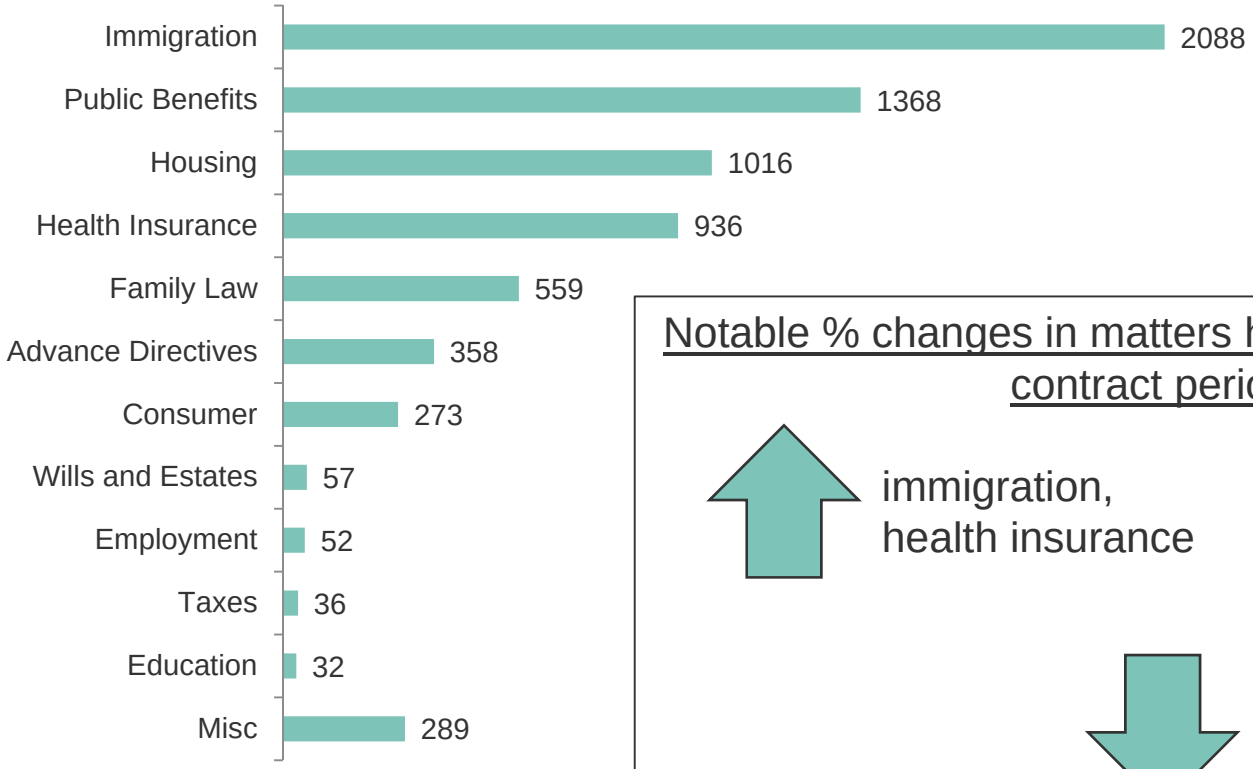
- LegalHealth holds weekly half day free legal clinics onsite at 8 partnering HHC Hospitals
- Average of 6 patients per clinic with 1.5 legal matters
- Each legal clinic has 50% of an attorney's time dedicated to the clinic and to the legal work arising from these referrals, including court appearances, legal research, legal drafting, preparation of immigration filings

Current Partner HHC Sites

- Bellevue Hospital Center*
- Coler-Goldwater Specialty Hospital and Nursing Facility (new clinic as of July 2012)
- Elmhurst Hospital*
- Harlem Hospital Center
- Jacobi Medical Center & North Central Bronx Hospital
- Kings County Hospital Center
- Lincoln Medical Center
- Woodhull Medical Center*

*2 weekly legal clinics

HHC Referrals by Problem Type During Current Contract Period



Notable % changes in matters handled over past two contract periods

immigration, health insurance

advance directives, employment, education

LegalHealth's Immigration Work

- 520 matters intaked and screened for eligibility for immigration relief that could lead to Medicaid
- 89 matters intaked and screened for USCIS Freedom of Information Act requests to determine if patient has an immigration history that may make them Medicaid eligible, or that would rule out filing any further immigration applications
- 24 matters intaked and screened for visa extensions to allow for continuation of vital medical care, or for a family member to extend their stay in the U.S. to care for a seriously ill patient

LegalHealth's Immigration Work

- Immigration cases are complex, involve layers of analysis, due diligence and review.
- The matters are ongoing, requiring hours of work, even after the individual has the necessary documentation to become Medicaid eligible.
- LegalHealth does follow up work and renewal of deferred action as required, and Medicaid appeals where Medicaid is denied.

LegalHealth Moves Uncompensated Care to Compensated Care

- Worked to increase or maintain health insurance for 773 HHC patients
- Prior data exchanges completed in 2011 show the direct financial impact of LegalHealth's work, such as when a client becomes eligible for or maintains Medicaid.
  - $409,133 in insurance reimbursements to Bellevue over three years
  - $263,368 in reimbursements to Jacobi over three years
  - $217,131 in reimbursements to Elmhurst over three years

LegalHealth Moves Uncompensated Care to Compensated Care: Case Example

Ms. B, a 61 year-old patient who was at Coler-Goldwater, is from Haiti and is a permanent resident at Coler-Goldwater. With the help of a LegalHealth attorney, Ms. B was granted temporary protective status after the Haitian earthquake in 2010 which enabled her to get on Medicaid. She began receiving Medicaid on May 10, 2010, for which the facility has received to date $339,150 in reimbursement.

LegalHealth Intervention Gives Patients Equal Access to Healthcare

- With aggressive legal advocacy LegalHealth attorneys explore all legal remedies for patients so as to make patients eligible to receive life saving transplants by becoming eligible for NYS Medicaid.
- LegalHealth has facilitated patients in receiving access to transplants for:
  - Heart
  - Liver
  - Bowel
  - Lung
  - Bone Marrow
  - Kidney
  - Stem Cell

LegalHealth Intervention Gives Patients Equal Access to Healthcare: Case Example

Mr. P was 37 years old and in need of a heart transplant when he was referred to the LegalHealth attorney at Bellevue Hospital Center. He was undocumented and uninsured. Mr. P's brother is a US citizen, so the attorney discussed the possibility of filing a family relative petition and the risks associated with it. With Mr. P's consent, the attorney prepared and filed the application. Within a couple of months, Mr. P received notice of his filing the application from the United States Citizenship and Immigration Services (USCIS). The LegalHealth attorney then wrote an advocacy letter outlining his eligibility for Medicaid. With Medicaid coverage Mr. P was eligible to be on the heart transplant list.

LegalHealth Intervention Enables Safe Discharge of Patients to More Appropriate Setting

- As a result of legal intervention, Alternative Level of Care patients moved to nursing homes, assisted living, or in the community with home care.
- In the past year, LegalHealth has been working closely with Bellevue, Kings, Jacobi and most recently Elmhurst to evaluate patients, including ALOC patients, for capacity to pursue legal remedies where appropriate.
- Patients without capacity are flagged for possible Art. 81 Guardianship.

LegalHealth Intervention Enables Safe Discharge of Patients to More Appropriate Setting

Jenny, a 16 year old undocumented immigrant who was being hospitalized following a cerebral hemorrhage, was referred to LegalHealth by her in-patient social worker. She was completely incapacitated and in need of a long-term nursing facility, as Elmhurst Hospital did not have the capacity to care for her in her current condition. After an extensive intake with Jenny's parents the attorney determined that an application for deferred action with the United States Citizen and Immigration Services (USCIS) was Jenny's only immigration option. LegalHealth filed the application, and as soon as USCIS sent receipt of notice for the request, the attorney prepared an advocacy letter to Elmhurst Hospital's Medicaid office notifying them that Jenny was be eligible for Medicaid as she was permanently residing under color of law in New York (PRUCOL). She was approved for long-term benefits and was transferred to a long-term nursing facility for appropriate care.

LegalHealth Intervention Results in Home Repairs and Healthier Environments Reducing Frequent Readmissions & ER visits

- LegalHealth with another partner hospital studied the impact of legal intervention for serious adult asthmatics with a history of frequent hospitalizations and ER visits and who were on maximum dosages of cortico-steroids. The retrospective study showed decrease in hospitalizations, ER visits and medicine dosages.
  - "Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof of Concept Study," Journal of Asthma. (2012) O'Sullivan Mary M., M.D., Brandfield, Julie, J.D., Hoskote Sumedh S., M.D., Segal Shiri N., M.D., Chug L, M.D., Modrykamien Ariel, M.D., Eden Edward, M.D.

- St. Luke's Hospital and LegalHealth currently have an application pending with NIH to conduct an expanded, controlled study.

LegalHealth Intervention Results in Home Repairs and Healthier Environments Reducing Frequent Readmissions & ER visits

Ms. S is a 34 year old woman who lives in a shelter with her three young children. When LegalHealth met the family, each of her children had breathing problems; the youngest, an infant, had had frequent ER visits and had been on an off a nebulizer for several months. The shelter they were living in was overrun with vermin: mice, rats, and roaches, some crawling inside the crib, on their beds, and on the stroller. The management never did more than put steel wool into the holes of the walls, which did not resolve the problem. The attorney wrote a demand letter putting the shelter on notice of conditions and threatened court proceedings. As a result, the shelter immediately took action to repair the holes, thoroughly clean vents and other areas, and exterminate. Ms. S reported a decline in asthma attacks and ER visits for her baby.

LegalHealth Intervention Increases Stability of Patients and Improves Quality of Life

- Prevents eviction
- Maximizes income
- Secures home care
- Obtains orders of protection to safeguard victims of abuse
- Empowers patients at end of life

Cross Collaboration Between HHC and LegalHealth

- Study with Paul Testa, MD, MPH on “Unmet Legal Needs of Emergency Department Patients: A Novel Opportunity for Medical Legal Partnerships” (*Annals of Emergency Medicine*, Vol 62. No. 4S: October 2013, p. S24)
- LegalHealth is partnering with researchers at Lincoln Medical Center to conduct a retrospective study analyzing the impact of LegalHealth’s services on the hospital and any potential correlations between the medical conditions of patients and their legal issues. The study was recently approved by Lincoln’s IRB and is now being reviewed by the IRB at HHC.
- Melba Sullivan, PhD from Bellevue’s Survivor’s of Torture Program trained members of the legal profession in compassion fatigue and vicarious trauma at NYLAG offices and at New York State Legal Services Conference in Albany

Population Expansion Opportunities: Room for GROWTH

Currently serve In-Patient and Ambulatory Care Patients

Beginning to serve Alternative Level of Care Patients, with opportunities for growth

Potential to serve patients as they are discharged

Expansion Proposal

- Over the past 2 years LegalHealth has been approached by HHC hospital staff to increase services

New sites with weekly clinics

Coney Island

Metropolitan

Queens

Expansion to second clinics

Jacobi

Kings

Woodhull*

*Foundation funding to start geriatric clinic ended

Analysis of Costs

- Proposed Expansion would take LegalHealth's presence from 8 hospitals with 11 clinics to 11 hospitals with 16 clinics, representing a 45% increase in services offered.
- Hospitals have expressed a willingness to spread NYLAG fundraising dollars and increase costs to hospitals to allow expansion.
- As a result of spreading foundation dollars among a larger number of legal clinics, hospital contribution is increasing to $55,000 per clinic for years 1 and 2 and $60,000 per clinic for years 3-5.