

MINUTES OF THE PUBLIC SESSION AND EXECUTIVE COMMITTEE OF THE NASSAU HEALTH CARE CORPORATION BOARD OF DIRECTORS' MEETING HELD ON JULY 20, 2009

---

Directors Present

\*Martin D. Payson, Chair  
Joseph Capobianco, Esq.  
\*Lawrence E. Elovich, Esq.  
Bradley L. Gerstman, Esq.  
\*Rosemarie Guercia, MD  
Barbara Ross-Lee, DO  
\*George W. Miner, MD, MBA  
\*John F. Ragano, Esq.

Not Present

Leonard A. Benedict, MD, MPH  
\*John M. Brickman, Esq.  
Jemma Marie-Hanson, RN  
Greg-Patric Martello, Esq.  
\*Frank J. Saracino, EdD

Non-Voting Directors Present

Arthur A. Gianelli, President/CEO  
Asif M. Rehman, MD

Hospital Administration

Gary E. Bie, SVP/CFO  
Reginald Bullock, Esq., SVP for Legal Affairs  
Paul J. Rowland, SVP/COO  
Larry Slatky, SVP Extended Care Facility  
Steve Walerstein, MD, SVP/Medical Affairs  
Kathy Skarka, VP for Patient Care Services  
Joan A. Soffel, Assistant to the Board/CEO

\*Executive Committee Members

1. Martin D. Payson, Chair, Board of Directors of the Nassau Health Care Corporation, noted the presence of a quorum of the Executive Committee. The meeting was opened at 8:40 a.m.
2. **Adoption of Minutes.** Upon a motion made and duly seconded, the minutes of the June 22, 2009 Board of Directors meeting were unanimously approved.
3. **Report of the Chairman.** No report.
4. **Report of the President/CEO.** Mr. Gianelli reported that the Joint Commission was here last week for a survey which the Corporation has been preparing for some time. Administration was optimistic and nervous about how the Corporation would perform. The surveyors were thorough and fair and the organization performed better than expected with good results. The Corporation passed the survey, only receiving 9 direct impact citations (12 would have been a major problem). The nursing home received no direct impact citations, and the health centers received no direct impact citations. Some of the citations at the hospital included expired equipment, concerned high risk, high alert, two patient identifiers, unsafe abbreviations, individualized care plans for patients, pediatric code box missing a key, absence of notes, required time out procedure. This was a far cry from the way the Corporation performed three years ago. Staff was aware of the problems and has a plan of correction. The leadership, and in particular, Dr. Walerstein and Ms. Shannon were tireless in their efforts to drive quality improvement and to prepare for the survey. Stephen Suspenski and his team under Paul Rowland are also to be commended. At the last survey, environment of care had significant problems with statement of condition issues. Kathy Skarka and the nursing leadership team did an excellent job. Even though some decisions were recently made regarding policy and shift changes, nursing performed to an outstanding level of professionalism and almost no citations were related to nursing. There has been a dramatic turnaround. Mr. Gianelli also thanked members of the Board and in particular, Dr. George Miner who has taken quality of care very seriously and has been involved in a number of efforts to improve quality. Mr. Gianelli said that the Corporation has "slain the beast"—it is not so insurmountable for this organization to manage and succeed. The next steps will be to improve quality and patient satisfaction.

Mr. Gianelli said that Kathy Skarka has been functioning as the CNO/SVP for nursing operating in that capacity for some time, with the Joint Commission looming over her heavily. Mr. Gianelli said that it has been a pleasure working with Ms. Skarka through this process and he announced that Ms. Skarka would be elevated to the permanent position of Chief Nursing Officer/SVP. Nursing leadership was in attendance to show their support for Ms. Skarka and their confidence in her ability to lead.

The RRC was also here last week to review resident training. There has been no feedback from the RRC yet, but staff feels that the review went quite well. Credit is due to the academic leadership team, Dr. Walerstein, the chairs, and Kay Lane.

Mr. Payson congratulated and thanked the entire leadership team and staff for this terrific accomplishment. Mr. Payson said that this group of Joint Commission surveyors recognized the changes that have taken place over the last three years. He looks forward to continuing that progress and thanked Mr. Gianelli on behalf of the Board of Directors. The initial report from the Joint Commission was handed out to the Board members for their review.

Mr. Payson noted that the next scheduled meeting is in September, unless a special meeting is required before that time. He noted that a quorum may not be attainable at today's meetings due to various circumstances in people lives who are on this Board. Therefore, voting will take place in Executive Committee. Mr. Payson said that the biggest challenge is struggling with finances, some under our control and some we have no control over. The health care reforms affect all hospitals and in particular, safety net hospitals. It is Mr. Payson's core belief that the Board must do the right thing—to focus on the mission and do it well. When we do that as an organization, we become essential and indispensable to the State and County. Unless we keep our quality high and serve the people we will not make it. Mr. Payson is optimistic that the Joint Commission survey results are a verification of the changes made over the past three years.

Mr. Gianelli said that there are a few items that are critical to the strategic plan. There was an article in Newsday on July 16, 2009 regarding the nursing home recovery. A. Holly Patterson Extended Care Facility received five out of five stars from the US Centers for Medicare and Medicaid Nursing Homes Listing for quality of care—a tremendous turnaround for A. Holly Patterson and credit to Larry Slatky and his team. Mr. Bie and Art helped from the financial standpoint, but the credit goes to the practitioners on the ground. Mr. Gianelli noted that the JCAHO surveyors were extremely impressed with the nursing home, using such words as excellent, incredible, commendable, superb and spectacular.

Mr. Gianelli said that what attracted the most Board deliberation a few months ago was the change in policy regarding the front end registration and payment for services. The results of requiring insurance, enrollment in insurance, enrollment in charity care or paying for services has had good results. This policy went into effect on April 1, 2009. From April to June 2009, compared to 2008, outpatient collections were up nearly 30%. Mr. Gianelli anticipated changes in reducing the level of uninsured, particularly for children. Those numbers have also decreased. It is important for policy as well as financial reasons to get as many people insured in government insurance as possible. Under any health reform plans under the Senate, House or President Obama, there will be reductions in disproportionate share (DSH) payments. The House will be reducing them in 2017 by \$20 billion for Medicare and Medicaid DSH payments nationwide. The Senate will begin reducing DSH payments in 2015 by \$50 billion and the Obama proposals will go even further than that. Mr. Gianelli is on the Executive Board of the National Association of Public Hospitals (NAPH) who is supporting the House Bill. It will be important to see how reductions in subsidies for the uninsured and Medicaid programs will be reconciled. The Corporation must be very sophisticated in how it manages the front end.

The financial statements through June reflect a \$15.4 million loss on a consolidated basis. If you take the losses for June, pro-rated, for six months, the projected loss would be \$28.9 million which is unsustainable. As discussed previously, there are a number of things being done to abate that loss. DSH rebasing for \$7.8 million, accelerated DSH reconciliation for \$8 million and roughly \$5.2 million from the Emergency 30-day Plan. Those things collectively would bring the budget back down to an \$8-9 million loss. Other initiatives include opening the dialysis center and filing Medicare DSH appeals and inpatient psychiatric rate appeals. The 30-day plan had two components, one was enforcement of no payment for holidays for physicians and shift changes for nursing from three, twelve-hour days to five, eight-hour days that should save \$9 million for the year. If the State reconvenes in August, there may be more budget cuts.

The community health centers, even though they had a 14% increase in 2008, have a loss of \$5.4 million. The staffing mix is too rich, staffing levels are too high and productivity is too low. General expenses are exceeding the amount of money brought in with a run-rate to lose \$3.4 million a month. The \$2 million improvement is attributable to a change in skill mix from registered nurses to medical assistants (\$1 million savings), increased volume by 8.7% over the year, and the impact of cash collection and adjustment of bad debt charity. The next step is the transition to Federally Qualified Health Centers.

Real Estate. Mr. Gianelli reported that a package was sent out to the Board discussing the various plans concerning 85 acres of land (50 acres at Uniondale and 35 acres at East Meadow) and the concept for development. At the Uniondale site, the Corporation is looking to develop a senior citizen village to complement the new nursing home (in 2010). In East Meadow, the concept is to build a village for healthy living, a center for wellness, an ambulatory outpatient center, with oncology services, in addition to housing for residents. The RFP was issued and in April, the Corporation received six responses from groups on a regional and national level, in May interviews were conducted and two finalists were identified and Health Care Reit was chosen as the developer. Reit's proposal understands NHCC's business objectives. This is a long-term strategic health care partner with NHCC with the same vision. Reit offers a number of flexible structures for financing including long term profit sharing. Reit has the ability to fund the development with \$1.15 billion in unsecured credit. Reit has 632 properties throughout the United States with 600 health care projects and 128 medical properties. Mr. Gianelli is proposing that the Board approve a master consultant/master development agreement with Health Care Reit and it will be discussed further in Executive Session. All development is subject to Board approval. If approved, the company will start in August or September to review clinical program needs, perform an environmental impact statement in January 2010, completed by February 2010, with project facility procurement in June 2010 and preconstruction development in January 2011.

Mr. Payson asked representatives from Health Care Reit to tell the Board a little about their background and what makes something successful vs. problematic in a development such as this. It is also essential to know how the finances in general could be arranged. Messrs. Doyle and Buckeridge said that their organization is dedicated to health care services with roughly 630 properties including senior living, medical assistance who partner with a group like theirs to find the best programs and assist with capital. The relationship can be long term (20-25 years). A lot of work has already been undertaken by the Administration in a transparent fashion. The company will bring to the table their regional and national thoughts and leadership and support the mission of this organization. The buildings will integrate the mission, clinical services and physician practices. The company will propose financing models and development models. Using the land at fair market value, there will be evaluation by both Nassau and Reit as to whether the land is sold to develop cash proceeds, contributions for ownership or third party partnerships. Mr. Payson asked how long the assessment would take. Reit said that it would take 90-120 days depending on certain

issues. Reit noted that their buildings are built for long term use with occupancy rates of 90% plus. They have several projects in the Northeast region. Mr. Gianelli said it is in NHCC's optimal interest to partner with one master developer, and align with bringing in joint venture partners, physician groups or other developers to work on other parts of the development.

LIFQHC, Inc. Mr. Gianelli would also like the Board to vote on the LIFQHC co-application with NHCC. The Board received a comprehensive strategic agenda that relates to ambulatory care with six pieces—people, process, payment, places, programs and performance. Appropriate registration must be installed on the front end, phone answering, referrals, moving specialties to outpatient sites, improving physician productivity and resident activity in a coherent ambulatory model. A 340B pharmacy will open in September 2009 (in the lobby area) and at the community health centers. In January 2009 the ambulatory building will be constructed on the Carmen Avenue Parking Lot site. Other things that must be in place first are performance indicators, NuCare for uninsured, all organized and filtered under the six "P"s. Part of the strategic agenda for ambulatory care is the conversion of the health centers and possibly the addition of certain other off campus sites to create the Long Island Federally Qualified Health Center, Inc. (LIFQHC, Inc.). Once obtained there will be several benefits for the look-alike, non-competitive LIFQHC to provide services with higher reimbursement for Medicaid/Medicare and provide 340B pharmacy pricing. If NHCC is successful in obtaining additional Federal approval, it would mean Federal funds to the centers and tort protection for malpractice, this puts NHCC in the position where health reform is going. Because NHCC is a public entity, the LIFQHC would obtain status as a Look-Alike and co-operate the centers. LIFQHC will have a separate Board of Directors who will co-operate the centers subject to the finance and personnel policies of NHCC. Mr. Gianelli included a memo in the Board packet that outlines the roles and responsibilities of the Board and NHCC Board. The NHCC Board gives up certain authority for the governance of the current community centers and other sites that NHCC may wrap in, in exchange for that position to be federally designated and obtain all of the benefits wrapping in community leaders and actual patients for the ongoing management of the health centers. NHCC still needs to get the CON approved by the Public Health Council of the NYSDOH creating the LIFQHC, Inc. and file a single operating certificate. Once NHCC receives the operating certificate, and the co-application is approved by both Boards and once LIFQHC, Inc. fully operates as a Board for a period of time, NHCC will then be in a position to submit the application collectively to the Federal level, the center will receive the benefits. This could take 9-12 months because there is a significant backlog of look-alike applications. Under the leadership of Jack O'Connell, the Board of Directors has been identified and its first meeting is tomorrow evening and they will consider the co-applicant agreement as well. Mr. Payson said that the memo and materials sent to the Board were quite clear. The NHCC Board provides a recommendation for a budget, no members of NHCC are on the LIFQHC Board, the majority of the LIFQHC Board members are patients of the health centers and the other members are known community leaders with long term interests in public health. This will be a collaboration by the two parties and it can be unwound. Mr. Gianelli said that it is critically important to have a strong relationship between NHCC staff and that Board. Dr. Guercia emphasized that the staff continues to work for NHCC in terms of employment, rights or benefits. She felt that this will give a much greater opportunity for the health centers to reach their potential than they had in the past. Dr. Ross-Lee asked if there would be further discussion regarding continuity of care, electronic services and other issues. Mr. Gianelli said that there would be no further discussions relative to the co-application, but plenty in connection between NHCC and the health centers. The staff system exists, there will be no disruption in quality of care and the LIFQHC will work to improve that quality. On the ambulatory side, there has been significant progress in converting to electronic medical records in Pediatrics and they continue to work through the other services. Dr. Ward and the Krasnoff Institute are developing a series of ambulatory indicators used to measure our quality. The strategic objection of the co-applicant will be

patient self-management to achieve FQHC design in other areas. Mr. Payson said that he is very comfortable with this and believes this is an important step and supports it fully. **Upon a motion made, duly seconded and unanimously adopted, the Board of Directors approved the FQHC Co-Applicant Agreement as attached to these minutes. Resolution No. 110-2009.**

5. **Report of the Medical Professional Affairs Committee and Medical Director.** Dr. Miner did not have a report this month.

Dr. Walerstein reported that on July 1, 2009, NHCC began a relationship with the North Shore/LIJ Cardiology staff and Dr. Sanjay Doddamani to revamp the Cardiology services at NUMC. A search continues for a Chairman of Medicine and permanent Dean.

6. **Report of the Finance Committee.** Mr. Elovich, Chair of the committee, reported that the committee met on July 15, 2009 and reviewed a number of contracts and a list of the contracts recommended for approval are included in the Board packet. **Upon a motion made, duly seconded and unanimously approved, the Board of Directors adopted the Resolution Approving Finance Committee Recommendations, with the exception of the Development of the Campus, dated July 15, 2009, as set forth in the attached Master Resolution M-111-2009.**

**Finance Report.** Mr. Bie reported that under a do-nothing scenario, the Corporation is projected to lose \$28-30 million. The plan of correction included adjustments to DSH/IGT payments \$15 million (2007-2009), assurances from the NYSDOH that NHCC will receive \$5 million in IGT funds to offset the \$9 million State Budget cuts, and an additional \$20 million IGT should be received in the 3<sup>rd</sup> or 4<sup>th</sup> quarter 2009. In addition the bonds were refunded in April 2009, reducing interest rate exposure by \$4-5 million/year. On June 7<sup>th</sup>, the Corporation implemented the \$9 million, 30-day plan, adjusting nurse scheduling from 3-day/12 hour shifts to 5-day/8 hour shifts for a savings of \$8.3 million and favorably impacting on nurse efficiency by 10%. Both the hospital and the community health centers are financially challenged. Even after the IGT funds and implementation of the 30-day plan, the hospital will still lose \$10-11 million in 2009. The nursing home has a surplus of \$5-6 million and the centers will generate a \$3-4 million loss for the year, bringing the projected budget loss back down to \$8-9 million. Some key operating indicators are driving the budget loss. Discharge volume drives revenue at the hospital and is slightly lower than last year. June 2008 discharges were 2,065 compared to 2,004 discharges in 2009—down 61 discharges. The average daily census was 420 vs. 408 last year; the length of stay is higher by a half day, with not much through put. Last month the Board approved a relationship with Cogent Hospitalist Services, partnering with them to reduce length of stay and generate interest from community physicians to bring their patients to NUMC with improved services. Cogent will join NUMC on October 1, 2009. Case mix is problematic and is down considerably 1.6 vs. 2.8. The magnitude of that drop is roughly \$996 thousand for the month. No fault and workers comp cases from the County have dropped and the problem will be corrected going forward. A. Holly Patterson has done everything right with an average daily census of 584 on 589 beds. The FTEs are favorable, bad debt is only 1.6%, and they generated a surplus of \$400 thousand for the month of June. The Community Health Centers collectively lost \$246 thousand for the month of June. With the conversion to FQHC, the revenues could generate \$2-2.5 million/year. Dr. Rehman asked how the Cogent hospitalists would interface with the residents program. Mr. Bie said that they would be supporting the residency program. The current model has a number of specialists providing the care. Cogent will address the issues of efficiency with performance indicators. Drs. Miner and Job visited the Cogent site at Temple University and were very impressed with the residency program as well as their ability to improve quality. Dr. Walerstein said the model is 24/7 with in-house presence.

**Real Estate.** Mr. Benrubi reported that the SEQR process is continuing regarding land use at the East Meadow campus. The Board had previously declared its intent to be lead agency for the purposes of an environmental review and that intent was circulated and brought to the attention of potential agencies that might object (building department, DOH). There were no comments or objections. To continue the process, the Board is being asked to approve a resolution to declare itself lead agency and authorize preparation for an environmental impact statement. Also included in the Board packet are the findings of the State Environmental Quality Review stating that the development may result in significant environmental impact such as traffic and additional water/sewage and requires further studies of potential impact. **Upon a motion made, duly seconded and unanimously adopted, the Board of Directors approved the Resolution of the Nassau Health Care Corporation to act as "lead agency" and reissue a positive declaration and notice of intent to prepare a draft environmental impact statement for SEQRA purposes in the adoption of a campus land use plan and the redevelopment of approximately 35 acres of the 50 acre Nassau University Medical Center campus consistent with the campus land use plan (as attached to these minutes). Resolution No. 112-2009.**

7. **Report of the Ambulatory Care Committee.** Dr. Guercia, Chair of the committee, reported that the committee did not meet this month.
8. **Report of the Extended Care Committee.** Mr. Saracino, Chair of the committee, was not present.
9. **Report of the Facilities Committee.** Mr. Gerstman, Chair of the committee, reported that the committee did not meet this month.
10. **Report of the Legal and Audit Committee.** Mr. Brickman, Chair of the committee, was not present.
11. **Other Business.** Mr. Bullock reported that Board approval of the faculty practice plan was a hold over from the time when NUMC was under Nassau County and a Board of Managers and was enshrined in the existing faculty practice plan bylaws that confirm distributions. The resolution included in the Board packet requests the Board's delegation of authority to approve all distributions from the plan to the CEO. **Upon a motion made, duly seconded and unanimously adopted, the Board of Directors approved the Resolution to delegate its authority to approve all NHCC faculty practice plan quarterly distributions to the President and Chief Executive Officer of the Corporation until such time that this resolution is rescinded and/or the By-laws are further amended or revised (as attached to these minutes). Resolution No. 113-2009.**
12. **Close of Regular Meeting.** Martin D. Payson Chair closed the meeting and opened the floor for public comment.

Karen Totino an ICU Nurse addressed the Board regarding her concerns. Ms. Totino felt that the change from 12 hour shifts to 8 hours shifts was affecting patient quality care. After much discussion Mr. Payson requested that Dr. Miner, through the Medical and Professional Affairs Committee, review the overall aspects of the memo that Ms. Totino sent to the Board.

Mr. Cordozo, East Meadow community leader, was concerned about the recent article in the Long Island Press regarding methadone patients. Mr. Gianelli said that he has and will continue speaking with the Nassau County Police and the administrators of the Methadone Maintenance Program which is currently housed on the East Meadow campus.

13. **Report from Executive Session.** Upon return to Public Session, the Board reported that the following actions were taken:

Medical and Professional Affairs Committee. Upon a motion made, duly seconded and unanimously approved, the Board of Directors approved the recommendations made by the Credentials Committee for appointments to the Medical and Dental Staff to the Executive Committee of the Medical Staff at their meeting held on July 7, 2009. Resolution No. 114-2009.

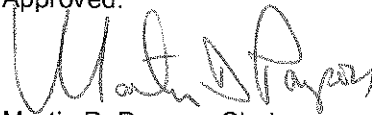
Health Care REIT. Upon a motion made, duly seconded and unanimously approved, the Board of Directors approved entering into a master consultant/master developer agreement with Health Care REIT to explore jointly developing the East Meadow and Uniondale campuses and creating a village for healthy living. Resolution No. 115-2009.

14. Adjournment

Upon a motion, duly made and unanimously approved, the meeting was adjourned at 11:33 a.m. to Executive Session to discuss governance, performance improvement, collective bargaining, personnel matters, contract negotiations and litigation.

15. The next regularly scheduled meeting is September 21, 2009 in the Auditorium.

Approved:



Martin D. Payson, Chair  
Board of Directors  
Nassau Health Care Corporation

NASSAU HEALTH CARE CORPORATION  
BOARD OF DIRECTORS

RESOLUTION APPROVING FINANCE COMMITTEE RECOMMENDATIONS

Resolution No. M-111-2009

July 20, 2009

WHEREAS, by Resolution (No. 023-2007) of the Board of Directors of the Nassau Health Care Corporation, the Board of Directors delegated to its Finance Committee the responsibility for, among other things, overseeing and making recommendations to the Board regarding the Corporation's procurement and contracting policies; and

WHEREAS, there is attached to this Resolution a schedule **dated July 15, 2009** (the "Schedule") of resolutions regarding transactions and/or procurement and contracting policies, which require action by the Board and which the Committee has reviewed, discussed and recommends be adopted;

NOW, THEREFORE,

BE IT RESOLVED, that the Board of Directors of the Nassau Health Care Corporation hereby approves and adopts the resolutions recommended by its Finance Committee as set forth in the attached Schedule, with no exceptions.

\*\*\*\*\*



NASSAU HEALTH CARE CORPORATION  
FINANCE COMMITTEE  
July 15, 2009  
CONTRACTS EXHIBIT

Motions and Resolutions Requiring Action by the Board of Directors

\*Jzanus Consulting. [multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a correction to the contract with Jzanus Consulting (Resolution No. 089-2009). The expiration date was stated incorrectly as 12/31/09 and should be 06/30/2010 (no additional funds required). Resolution No. 089-2009 expiration date amended.

\*Astarita Associates, Inc. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a correction to the contract with Astarita Associates Inc. (Resolution No. 026-2009). The contract needs to be extended to expire on 10/01/09 for additional training, with no additional costs (original expiration date was 06/30/09). Resolution No. 026-2009 expiration date amended.

\*Nassau Health Care Foundation. [multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of an amendment to an existing contract with the Nassau Health Care Foundation to cover salary for services provided by James Senterfitt as the Vice President for Outpatient Services, Network Development & Managed Care in the amount of \$168,000 for the period 06/01/09-12/31/09, current contract amount is \$900,000 with addition the total contract will be \$1,068,000. Resolution No. 005-2009.

\*Kinloch Consulting Group. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a correction to the contract with Kinloch Consulting Group. (Resolution No. 015-2009). The contract needs to be extended to expire on March 31, 2010 to provide a more comprehensive report, with no additional costs (original expiration date was 06/09). Resolution No. 015-2009 expiration date amended.

\*Eclipsys Corporation. [multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of an amendment and extension of an existing contract with Eclipsys Corporation (Resolution No. 075-2008) to provide software program services required to upgrade the Sunrise Clinical Manager (SCM) to version 5.0 including the Orders Reconciliation module and an additional project management resource (Neil Brin) to be added to the Eclipsys outsourcing contract. SCM upgrade, licensing and three-year annual maintenance - \$882,345 three-year

outsource team extension for the term 10/10/10-10/09/13 - \$5,471,255; Salary for Senior Project Manager, Neil Brin, starting 08/01/09-10/09/13 - \$346,000 for a total of \$6,700,000. Current contract approximate costs are \$1,800,000 per year for eight years plus software upgrades (08/01/09-10/09/13). Resolution No. 075-2008 amended.

\*Deloitte Consulting Inc. [multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of an amendment to an existing contract with Deloitte Consulting Inc. to add additional services to include revenue cycle development for net revenue, combined variable and fixed fee = 20% of benefits realized, approximately \$1,620,000 and for cash acceleration, combined variable and fixed fee = 10% of benefits realized-\$500,000. Total would be \$2,120,000 for this service. Current contract is for \$275,000 (see subsequent contract for total) for the period 07/08/09-07/07/10 (original term was 05/01/09-04/30/10). Resolution No. 062-2009-Amendment #1.

\*Deloitte Consulting, Inc. [multi-year contract, amount exceeds \$250,000]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of an amendment to an existing contract with Deloitte Consulting Inc. to add additional services to include development of mergers and acquisitions in the amount of \$180,000 plus 10% expenses for a total of \$198,000 (current contract is \$275,000) for a total of both additions of \$2,593,000 for the period 07/08/09-07/07/10 (original term was 05/01/09-04/30/10). Resolution No. 062-2009-Amendment #2.

\*Jack Sherman, MD. [multi-year contract]. Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of an amendment to an existing contract (Resolution 010-2009) with Jack Sherman, MD, to provide Pediatric Clinical Geneticist services at NHCC, for an extended period of time until a replacement can be hired. Current contract is \$28,000, no additional monies are required. The current term expired on 04/30/09 and will be extended to \$12/30/09. Resolution No 010-2009 expiration date amended.

\*Long Island Plastic Surgical Group PC. [multi-year contract, amount exceeds \$250,000]. . Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of a renewal of an existing contract with Long Island Plastic Surgical Group PC to provide professional services in the practice of pediatric and adult plastic surgery, wound care, burn care and hyperbaric therapy as well as supervision and administration within the division, including, but not limited to the NUMC's burn center and to provide ambulatory clinic, on-call and consultation coverage. The agreement will retain Dr. Simpson as Division Chief in an amount not to exceed \$38,750 per month for administrative services and an additional pass-through cost for professional services for a total of \$930,000 for a two year term for the period 08/01/09-07/31/11 (current contract expires 7/31/09). Resolution No. 106-2009.

**\*Foley Lardner, LLP.** [amount exceeds \$250,000]. **Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of the contract with Foley Lardner, LLP to provide legal services provided by Jeffrey Thrope, formerly of Manatt, Phelps Phillips, and will include healthcare, regulatory and corporate issues. NHCC will pay 80% of attorney's customary hourly rates in an amount not to exceed \$300,000 for the period 06/01/09-05/30/10. Resolution No. 107-2009.**

**\*Ms. Gloria Sierra.** [multi-year term]. **Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of the contract with Gloria Sierra through a sub award grant agreement between NYIT and NUMC. Ms. Sierra will be hired as a part-time outreach worker to assist in the development and translation of bilingual health education materials on Diabetes Patient Advocacy and other topics, work with the community to develop outreach networks, provide immigrant communities health education materials produced during the project; work with patient families; collect and provide feedback from community on usefulness of materials and how to improve these, thereby helping to improve community health outcomes in groups with low fluency in English in an amount not to exceed \$25.00/per hour, amount not to exceed \$18,750 (maximum hours 750), funded by the grant for the period 07/01/09-09/30/10. Resolution No. 108-2009.**

**\*Vinod Gulati, MD.** **Upon a motion made, seconded and unanimously approved, the Finance Committee recommends Board approval of the contract with Vinod Gulati, MD to provide services to include teaching medical students, residents and fellows at NUMC & any long term care facilities affiliated with NHCC in the area of geriatric care; responsible for curriculum planning & administration for the Department of Medicine residency, fellowship and student programs, provide office based practice experience for NHCC residents, fellows and students in an amount not to exceed \$140/hour, 8 hours per week or \$55,000/year for the period 07/09/2009-07/09/2010. Resolution No. 109-2009.**

### **Informational.**

**For approval by the CEO.**

Mill Neck Interpreting Services to provide sign language interpreting services for patients and families in an amount not to exceed \$50/hour or \$30,000/year for the period 07/01/09-06/30/10.

NYCOMM/NYIT (Dr. Diamond), an affiliation agreement with NYCOMM/NYIT through which NHCC will be funding part of the salary for the services of Dr. Diamond who will serve as interim Director of Medical Education in an amount not to exceed \$31,250 of which NHCC will pay NYCOM \$15,625 for the period 04/10/09-08/31/09.

Hispanic Foodways (Lorena Drago), to provide a registered dietician, certified diabetes educator to provide two one-hour presentations on childhood diabetes and culturally appropriate weight loss practice to be delivered at the July 11 Health Fair in Freeport in an amount not to exceed \$800.00 for the period 07/11/2009.

Paulus, Sokolowski and Sartor, design engineering services for Phase 1 environmental at 380 Nassau Road, Roosevelt Health Center in an amount not to exceed \$4,999 for the period 03/01/09-04/30/10.

Knock Out Pest Control a community based company to provide a comprehensive pest control/management program for the building at AHP and surrounding grounds in an amount not to exceed \$4,100/month for a total of \$50,000/year for the period 07/01/09-06/30/10.

What to Expect Foundation (Baby Basics) a not for profit foundation which has developed a multi-cultural program designed to address the health literacy issues of pregnant women in an amount not to exceed \$50,000 for the period 09/01/09-08/31/10.

Notice of Procurement Transactions Concluded Pursuant to Authority Delegated by Board of Directors to the President (or designee) and Required to be Reported.

Survey Connect to develop and administer an online testing application for an annual education program in an amount not to exceed \$6,000 plus 1.25 for manual testing if needed, total not to exceed \$6,500 for the period 08/01/09-02/28/10.

Health Research Inc. to provide clinical services to women age 50 years and older in an amount not to exceed \$168,855 (all reimbursable through NYSDOH grant) for the period 06/30/09-06/29/10.

Federal Veterans Administration a VA sublease amendment to Resolution No. 066-2009. Original term of 06/01/08. 05/18/18 was authorized by the Board of Directors for a 10-year sublease to Federal Veterans Administration. Term needs to be amended to commence 12/01/09-11/20/19 due to unforeseen delays.

Long Island FQHC, Inc. NHCC will submit an application to the Health Resources and Services Administration of the US Dept. of Health and Human Services seeking designation of its community health centers as public-entity model FQHC Look-Alikes. NHCC and Long Island FQHC, Inc. have agreed to enter into a co-applicant arrangement.

---

\*Requires approval of the Board of Directors

\*\*Standardization requires 3/5 (9 votes in favor) approval of Board of Directors.