

MINUTES OF THE PUBLIC SESSION OF THE NUHEALTH FULL BOARD OF
DIRECTORS/ EXECUTIVE COMMITTEE
MAY 3, 2018
EXECUTIVE BOARD ROOM

Attendance Sheet: Attached

I. Call to Order: Chairman George Tsunis noted the presence of a quorum of the Board of Directors was present. The meeting was called to order at 7:09 p.m.

II. Report by Chairman. The Chairman welcomed everyone. The next Board of Directors meeting will be June 7, 2018. The NuHealth Foundation 11th Annual Golf Outing is scheduled for May 17, 2018. All are invited to attend. The Chairman welcomed Bob Detor, Chairman of the LIFQHC and David Nemiroff who run our LIFQHC clinics. They do amazing work with passion and ingenuity in providing healthcare to the underserved communities. The Chairman personally acknowledged Maureen Shannon, VP of Quality Management and Dr. Paul Pipia for their work in preparation for the Joint Commission visit. He has been incredibly impressed with their work and thanked them for their work on behalf of the Board of Directors.

III. Report by Interim President & CEO. Dr. Pipia presented a report of the steps he has been taking to correct items that have potential condition level deficiencies in order to turn these items around.

IV. Report by Legal. Megan C. Ryan, Esq., General Counsel presented the Legal Report. She reminded everyone that the 2017 financial disclosure filing is open online and the deadline to file is May 15, 2018. The deadline to request an extension is also May 15, 2018. All Board members are required to file. Compliance signs have been placed throughout the hospital and the Compliance Hotline is available. The number is 572-5800. A stand-alone email was also created. It is compliance@numc.edu.

V. Opioid Litigation Presentation

Two (2) law firms have been procured to file on our behalf regarding Opioid Litigation. Victoria Maniatis, Esq. of Sanders, Phillips, Grossman and Matthew F. Didora, Esq. of Abrams Fensterman presented a short talk about the Opioid Litigation. These firms would sue pharmaceutical companies that created the opioid pain medications. There is no cost to the hospital. Their work is on a contingency basis. If they prevail they will get a percentage, if not they will receive nothing. The question was raised of what is expected by the hospital. The attorneys explained that someone would have to work with the attorneys to develop medical records, but the attorneys would be taking the lead. Patient confidentiality and HIPAA concerns are at the forefront. Another asked how many years we could go back; the answer was six (6 years) to try to recoup losses for services provided to these patients. These firms are representing other hospitals and

municipalities in Opioid Litigation nationally. Mr. Tsunis thanked them for their presentation.

VI. Corporate Action

Revenue Anticipation Note (RAN)

Upon motion made, duly seconded and unanimously adopted, the Board of Directors unanimously authorizes the Interim President to authorize the issuance of a revenue anticipation note in the amount not to exceed \$56 million. Whereas, Medicaid hospital disproportionate share (DSH) and nursing home upper payment limit (UPL) payments have been paid to Nassau Health Care Corporation (the "Corporation") by the State at various times during the calendar year; and "Whereas the State has determined to make DSH payments available after September 30th of each calendar year; and "Whereas the State makes quarterly Indigent Care Adjustment (ICA) payments, and "Whereas in order to cover cash flow needs of the Corporation, the Chief Executive Officer believes it is in the Corporation's best interests to issue a revenue anticipation note in anticipation of the receipt of DSH and ICA payments to be received in 2018; now therefore "Be it resolved by the Board of Directors of the Corporation as follows: "Section 1. The Board of Directors hereby approves and accepts the recommendation of the Chief Executive Officer and hereby authorizes the issuance of the revenue anticipation notes by the Corporation, secured by DSH and ICA payments expected to be received in 2018, in an amount not exceeding \$56 million. Section 2. The President and Chief Executive Officer and Chief Financial Officer of the Corporation (Each an "Authorized Officer") are hereby authorized to execute the official statement in connection with the issuance of such revenue anticipation notes, as well as any other closing documents related thereto, and take any and all actions necessary to implement this resolution. Section 3. This resolution shall take place immediately." Resolution: 83-2018.

Linda Reed called for approval of the MPAC minutes dated 4/18/18. Upon a motion made, duly seconded and unanimously approved, the NHCC Board of Directors approved the MPAC minutes dated 4/8/18.

Steve Cohn, Esq. called for approval of the Legal and Audit Committee minutes dated 5/3/18. Upon a motion made, duly seconded and unanimously approved, the NHCC Board of Directors approved the Legal and Audit Committee minutes dated 5/3/18.

VII. Public Session. Mr. Tsunis asked if anyone had any comments. Mr. DeLuca stated that we have the best Emergency Department. He had concerns that the sign outside the hospital did not include the ED wait time. Dr. Pipia is in charge of the sign and will look into the matter.


Dr. Bobby Kalotee also complimented the Emergency Department. He was recently approached by family members of a patient that was recently in our emergency room. The care received was beyond the family's expectations. The family was humbled by the service that was provided.

VIII. Executive Session

Mr. Tsunis made a motion to go into Executive Session at 7:44 p.m. in order to discuss the Strategic Plan. Upon motion made, duly seconded and unanimously approved. The NHCC Board of Directors went into Executive Session at 7:45 p.m.

VIII. Motion to Adjourn

There being no further business to discuss, the meeting was adjourned at 7:45 p.m.


George J. Tsunis, Esq., Chair
Board of Directors, NHCC

CMO/CEO-Led Movement of NUMC towards High Reliability

1. **Ligature Risks Psychiatric Population (potential Condition Level Deficiency)** – compounded by new CMS/TJC standards effective 01/01/2018 that expanded a ligature resistant environment to the psychiatric units. Upon CMO awareness, system proactively assessed, failures identified and immediate remediation initiated within 8 hours of becoming CEO.
2. **Compounding of Medications (potential Condition Level Deficiency)** – upon CMO awareness, stakeholders were assembled, process weaknesses identified/prioritized and solution (VAN) fast tracked to implementation.
3. **Safe In-house Transfer of Critical Care Patient (potential Condition Level Deficiency)** – upon CMO awareness of these issues, within 24 hours all chairs were involved in building and implementing a systematic effort to strengthen weaknesses identified in the transfer process. Policy was drafted and approved to ensure safe in-house transfer of critical care patient.
4. **Medication Management (potential Condition Level Deficiency)** – upon CMO awareness, identified this as an institutional priority – new medication order system ready and awaiting implementation (PYXIS).
5. **Nationwide IV Solution Shortage** – spearheaded internal plan of action to assure patient safety
6. **Opioid Crisis** – CMO lead development and implementation of pain management program, including Pharmacy & Therapeutics approval of IV Tylenol/Ibuprofen.
7. **Policy Management (QPAC – Policy Committee)** – suspension of policy committee due to leadership changes. Upon CMO awareness, re-instituted QPAC within one month (currently has approved > 2000 policies)
8. **Protocol Implementation** – CMO lead interface with IT to assure appropriate prioritization of quality initiatives consistent with CMS standards
9. **Safety Officer/Laser Safety Officer (potential Condition Level Deficiency)** – CMO immediately placed someone in the position, assured training and implemented standard meeting schedules
10. **Bylaws Committee** – CMO re-instituted Bylaws Committee and assigned Physician Leadership
11. **Executive Staff Meetings** - There are now 2 meetings weekly with the executive staff to give updates on projects. This is a new initiative.
12. **Morning Report** - On a daily basis will have a brief meeting with department chairs to give report on new events in the last 24 hours, this is in addition to weekly chairs meetings.