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NASSAU HEALTH CARE CORPORATION

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BOARD OF DIRECTORS/EXECUTIVE COMMITTEE

MEETING

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Nassau University Medical
Center

2201 Hempstead Turnpike

East Meadow, New York

March 10, 2016

5:21 P.M.

REPORTED BY:

Angela Arena

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2 A P P E A R A N C E S :

3 BOARD OF DIRECTORS/EXECUTIVE COMMITTEE
MEMBERS PRESENT:4 Michael B. Mirotznic, Esq. -
Chairman of the Board5 Victor F. Politi, MD -
President/CEO6 Warren D. Zysman, LCSW - Board
Member

7 Linda Reed - Board Member

8 Craig V. Rizzo, Esq. -
EVP/Special Assistant to NHCC

9 Steven Cohn - Board Member

10 Russell Caprioli, DPM, FACFAS -
Board Member11 Michael M. DeLuca, MPA - Board
Member

12

ALSO PRESENT:

13 Elizabeth Faughnan, Esq. - Office
of Legal Affairs14 Thomas Alfano, Esq. - Office of
Legal Affairs15 Gerald Wright, Esq. - Office of
Legal Affairs16 Robert Tepper, Esq. - Office of
Legal Affairs

17 John Maher - EVP/CFO

18 Andrea Rivera - Executive
Assistant to the President/CEO19 Victor Scarmato - Chief Medical
Officer and Chairman of
Radiology20 Paul Mustacchia - Chairman of
Medicine

21 Jeffrey Thrope, Esq.

22 Judy Eisele-Laplante, RN, MPA -
Ambulatory Care and Community
Medicine Director23 Kevin Mannle - Vice President of
Facilities24 Glenn Faust, MD - Chairman of
Surgery25 Robert Heatley - EVP Ambulatory
Services & Business DevelopmentNyapati Rao, MD - Chair of
Psychiatry

1
2 Kenny Nicholson - President CSEA
3 Vincent Pinkney - CSEA
4 Michael Gatto - VP of Transitions
5 of Care and DSRIP
6 Frank Intagliata - Director of
7 Purchasing
8 Maureen Shannon - VP of Quality
9 Management
10 Kathy Skarka-Heinz - CNO Nursing
11 Karen McGlynn, RN - Deputy Chief
12 Nursing Officer
13 Laurie Ward - VP of Ambulatory
14 Care
15 Megan Ryan, Esq. - Chief
16 Compliance Officer
17 Maureen Hutcheon, LMSW, MPA -
18 Surgery and Orthopaedic
19 Administrator
20 Robert Yost - Dean
21 Ann Marie Studdert, Director of
22 Intergovernmental Affairs
23 Karen G. Leslie, Esq. - Counsel
24 to the Office of Research and
25 Sponsored Programs Institutional
 Review
 Timothy Sullivan - VP of Finance
 Anthony Campanaro - Director of
 Finance
 David Nemiroff - NQP
 Marcel Marcos Levi, MD

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2 MR. MIROTZNIK: Good, evening,
3 ladies and gentlemen. Sorry we are
4 starting a few minutes late, everyone
5 hit some traffic on Hempstead Turnpike.
6 Thank you, everyone, for being here.

7 I would like to call to order the
8 Nassau Healthcare Corporation Executive
9 Committee of March 10, 2016. Do I have
10 a motion? Unanimous.

11 I call for the approval -- may I
12 just read the preamble into the record?
13 Bare with me, maybe I'll memorize it
14 shortly. Ladies and gentlemen, the
15 first order of business is to approve
16 the minutes of our February 18th, 2016
17 regular meeting via a resolution that
18 reads: Whereas minutes were kept at
19 the regular meeting of the Board of
20 Directors held on February 18th, 2016,
21 and whereas those minutes were reviewed
22 on or before this duly-convened
23 March 10th, 2016, regular meeting of
24 the Board of Directors, now be it
25 resolved at this March 10th, 2016,

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2 regular meeting of the Board of
3 Directors that the minutes of the
4 February 18th, 2016 meeting are
5 approved. Do I have a motion?
6 Mr. Zysman, second. Mr. Cohn. All in
7 favor? Unanimous, thank you.

8 The next order of business, I
9 would just like to extend, on behalf of
10 Dr. Venditto, a brief message to all of
11 you. He has, I guess, ceased
12 practicing day-to-day medicine. He
13 took a job with AstraZeneca, if I'm
14 correct. Is that correct?

15 DR. SCARMATO: Not sure which
16 company.

17 MR. MIROTZNIK: Who makes the
18 purple pill? Nexium and Crestor. So
19 he called me on Friday and
20 unfortunately, he was saddened about
21 it. He has to resign from the Board.
22 He has sent in his resignation. I have
23 accepted his resignation and he misses
24 all of you already and he considers
25 this Board to be an important part of

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2 his career.

3 So with that being said, we wish
4 him well and he is always welcome to
5 come back and visit.

6 MR. DELUCA: Did he send us a
7 cake or anything?

8 MR. MIROTZNIK: He sent you a
9 Carvel cake. The record should reflect
10 we are in Executive Committee of the
11 Board in view of the fact that a number
12 of members aren't here, so we have a
13 quorum for the Executive Board. I
14 would like to recognize our CSEA member
15 Kenny Nichols, who is here. Thank you.
16 That's all I have to say, so with that
17 being said, I turn it over to
18 Dr. Politi.

19 DR. POLITI: Thank you,
20 Mr. Chairman. Some good news, we put
21 in for some grants recently and we have
22 been spending a lot of time in Albany,
23 pretty much the last couple Tuesdays,
24 and basically we received letters on
25 Friday that we received two awards, one

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2 for \$13 million and one for \$11
3 million, so totalling \$24 million.

4 These are essential hospital
5 grants we received going towards
6 revenue reduction, debt reduction and
7 another 10 or 11, I believe, it was for
8 capital budgets, so it was a really
9 great job by all involved and notably
10 it does not require a match. Several
11 hospitals received grants that required
12 a match, so we didn't have to require a
13 match.

14 This is \$24 million on top of the
15 \$40 million that we received an award
16 for at the beginning of the year for
17 the 1115 Waiver, which will be given to
18 us over the next five years. So we're
19 starting out okay.

20 We're going up Tuesday. There
21 are two other grant awards that we're
22 trying to get, one of which might help
23 pay off some of the debt over the next
24 five years, any debt served that we
25 might have, and another one for capital

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2 funds.

3 We don't know how that's going to
4 play out, but we're going up there with
5 barrels blazing. Hopefully we will be
6 able to get some more funds coming in
7 on top of that. We had an event the
8 other day where we lost power through
9 PSEG and both feeds went down, the
10 entire hospital, all floors went dark.

11 The emergency generator kicked in
12 and everybody went to the patients.
13 Bedside ventilators were working,
14 surgeries continued. It was a seamless
15 transition, even though the place was
16 completely dark. I think one person
17 got stuck in an elevator. Security got
18 them out expeditiously, probably within
19 about 20 minutes. The power was
20 restored and we went back into full
21 operation.

22 It just shows you that when this
23 hospital runs into some trouble from a
24 flood, or snowstorm, or a power failure
25 that everyone knows what do to and they

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2 do it well. So I'm very, very proud of
3 everyone that day that was here
4 working. So that's all, Mr. Chairman.
5 I thank you very much for the
6 opportunity to speak.

7 MR. DELUCA: Mr. Chairman, may I
8 ask a question or not now?

9 MR. MIROTZNIK: Mr. DeLuca, you
10 absolutely can.

11 MR. DELUCA: Hi, Doctor.
12 Welcome.

13 DR. LEVI: Thank you.

14 MR. DELUCA: Dr. P, what is the
15 status with the signage on Hempstead
16 Turnpike, the NUMC signage?

17 DR. POLITI: I see Kevin right
18 there. Kevin, give us an update on
19 what's going on.

20 MR. MANNLE: We have two things
21 happening. We have the NUMC letters on
22 the side of the building. We awarded
23 that to a vendor. We took a series of
24 proposals and awarded that to a vendor.
25 He had submitted all of his paperwork.

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2 He had to give us a lot of insurance
3 paperwork. We received that.

4 He was out here early this week
5 with his rigger and is starting to put
6 together his work plan and that is due
7 to us later this week, his timeframe to
8 get those letters re-lit on the side of
9 the building.

10 We are also looking at the signs
11 down on Hempstead Turnpike, that would
12 be more of those electronic-type signs,
13 the wait times and things of that
14 nature. I have three proposals that I
15 have received back on that. They're
16 kind of far afield. They range from
17 very low to very high. We have to do a
18 bit of leveling on that and make a
19 determination how to move forward.

20 MR. DELUCA: Kevin, if you had to
21 summarize, what would be your projected
22 guess for each sign?

23 MR. MANNLE: Hopefully the signs
24 on the building, if the materials are
25 not a rate-limiting step for him,

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2 hopefully within the next month he will
3 have that done. As I said, he had his
4 rigger out here the other day to check
5 out the scaffold and get that done.

6 MR. DELUCA: Let me interrupt
7 you. If you had to guess, what would
8 be your projected guess for each sign?
9 What is the time that you would guess
10 that each sign will be operative and
11 up, or working, or whatever word you
12 want to use?

13 MR. MANNLE: If I had to guess,
14 the NUMC letters will be lit within a
15 month and the other ones, I don't know.
16 I have to evaluate the bids we got,
17 they're so far apart.

18 MR. DELUCA: Would you say three
19 months?

20 MR. MANNLE: Sure, three months.

21 MR. DELUCA: Thank you very much.

22 MR. MIROTZNIK: Kevin, if you run
23 into any problem with rigging, or you
24 need some people to hoist up and assist
25 with the lighting, Mr. Cohn and

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2 Mr. DeLuca are available on Sunday
3 morning.

4 MR. DELUCA: We're available.

5 MS. REED: Kevin, the RFP's that
6 you put out, what was the bidding?
7 What was the cost they were coming in
8 at, even though they were so far apart?

9 MR. MANNLE: If you want, I will
10 look those up and tell you what they
11 were.

12 MS. REED: Could you, please,
13 before the end of the meeting?

14 MR. DELUCA: You know, I'm
15 reminded, and so important, the wait
16 time for the ER, rather than cause us
17 an embarrassment, something that we
18 don't want to do, I think it's
19 important that wait time reflect not
20 the time before a triage nurse sees
21 you, but I think it should be, and I
22 will be guided by our clinical staff
23 here, I think it should be the time
24 before a patient will actually see a
25 doctor. Then --

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2 DR. POLITI: It may not be a
3 physician. It may be a clinical
4 practitioner.

5 MR. MIROTZNIK: Hold on, for the
6 benefit of the reporter.

7 MS. REED: My concern with that
8 is -- and I understand where you're
9 coming from, but my concern with that
10 is someone is coming to the hospital.
11 They see wait time 10 minutes. They
12 think it's 10 minutes from the time
13 they walk through that door, so if it's
14 not, and we're saying it really isn't,
15 it's from the time they get in there
16 and see a doctor, that is really
17 misrepresenting what we're trying to
18 do.

19 DR. POLITI: A lot of patients
20 that come here for fast track don't see
21 a doctor. They see a PA.

22 MR. DELUCA: The time to actually
23 see a practitioner and I think that we
24 have to actually put that down so
25 people don't think we are trying to

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2 pull the wool over their eyes.

3 MR. ZYSMAN: Like at Disney
4 World, what they do is on a wait line,
5 they have --

6 MR. MIROTZNIK: John Maher is
7 laughing. He hasn't been to Disney
8 World in 35 years.

9 MR. MAHER: That's not exactly
10 true.

11 MR. ZYSMAN: They hand every
12 tenth person a card in line and they
13 scan it in when they get to the front
14 so they can show true, accurate wait
15 times. Same thing like when you use
16 Easy Pass in your car on the highway.
17 If there is some kind of study we can
18 do?

19 DR. POLITI: Everyone that comes
20 to our hospital in the emergency
21 department is completely electronic.
22 They get logged in through the
23 electronic health record. They have
24 exact times when they see those PAs and
25 if you go online right now, we're

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2 already posting those ER times online.

3 It's right there on the front page.

4 How many minutes?

5 MR. MIROTZNIK: Wait.

6 DR. FAUST: 29 minutes right now.

7 MR. MIROTZNIK: Let the record
8 reflect Dr. Faust is pointing to a
9 phone.

10 MR. COHN: The majority of those
11 people --

12 MR. MIROTZNIK: For those of you
13 who haven't been here in a long time,
14 our system has changed. We now have a
15 stenographer, so if we can just not try
16 to talk over each other, it's kind of
17 weird to get used to the procedure, but
18 it's going to be taking down everything
19 and it goes line-by-line and if you're
20 new here, introduce yourself with the
21 spelling of your last name.

22 Mr. DeLuca?

23 MR. DELUCA: I think the majority
24 of people are not going to go online
25 before they go to an emergency room. I

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2 don't see that happening.

3 MS. REED: I agree with you.

4 MR. DELUCA: I think it's
5 important that the signage is accurate
6 and I think the entire emergency
7 department be geared for this,
8 obviously. My second question is the
9 emergency room coding doctor, where are
10 we up to with the coding?

11 DR. POLITI: John Maher, why
12 don't you give us an update to exactly
13 what is going on with the coding?

14 MR. MAHER: I am presuming you
15 are talking about the McKesson contract
16 for the ER coding?

17 MR. DELUCA: That is part of it,
18 but I am really talking about the
19 entire thing where we capture the money
20 we're supposed to and it does not go
21 still. That's what I'm really zeroed
22 in on.

23 MR. MAHER: With respect to the
24 McKesson agreement, which is part of
25 the future, we are probably about a

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2 week and-a-half away from executing the
3 contract because we have gotten a lot
4 of the IT issues resolved.

5 MR. DELUCA: Let me interrupt
6 you. I don't want to hear the details.
7 I don't want to hear how you got there.
8 I don't want to hear any of that. It
9 takes us off target here and wastes our
10 time.

11 I want to know when we're going
12 to do the coding properly in this
13 hospital like other places would that
14 really need the money like we need the
15 money. That's all I want to know. I
16 don't want the know the steps you're
17 going to take to get there.

18 MR. MAHER: So at this moment in
19 time, with the additional coders we
20 have hired, we have approximately six
21 days of coding done in March. There
22 are only six days outstanding at this
23 point and there are some cases from
24 January and February that are behind,
25 so we are virtually caught up on the

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2 coding. There are some stragglers, but
3 there will always be stragglers. If
4 you look at the number of cases that
5 we're coding a day, which is about six
6 -- sorry, about 6,000 a month.

7 MR. DELUCA: 6,000 a month --

8 MR. MAHER: There are about 200
9 visits a day to the emergency room,
10 6,000 a month.

11 MR. DELUCA: Right.

12 MR. MAHER: So in January there
13 are about 300 outstanding stragglers
14 and in February, also about 300. For
15 March, 1,200, but that's a normal mix
16 of cases. So in my opinion, we're
17 substantively caught up with all the
18 coding in the emergency room.

19 MR. DELUCA: That is good news.
20 I have a third question. My third
21 question is very important. I leave
22 this one for last. Patient
23 representatives, have we hired a number
24 of adequate, well-versed, well-spoken
25 patient representatives to walk in

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2 every single room of an inpatient of
3 this hospital? Have we done that yet?

4 MR. MIROTZNIK: Dr. Politi, could
5 you answer that one?

6 DR. POLITI: We are ongoing
7 trying to find capable people. We are
8 recruiting bilingual patient
9 representatives. We just recently
10 hired --

11 MR. DELUCA: If you can give me
12 the background sheet on that from human
13 resources I can help you.

14 DR. POLITI: I appreciate that.

15 MR. DELUCA: We really need those
16 people in here.

17 MS. EISELE-LAPLANTE: Just to let
18 you know, we have interviewed multiple
19 bilingual applicants. We have sent
20 them to civil service. They have to
21 take a test. Two have failed, one
22 declined the position after they passed
23 and the other three, because I'm
24 allowed to hire four to do exactly what
25 you're asking for, are waiting to be

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2 called by civil service to take the
3 bilingual test.

4 MR. DELUCA: Is Maureen here?

5 MR. MIROTZNIK: No, she had to
6 tend to --

7 MR. DELUCA: I know there is a
8 way to provisionally hire people.
9 There is an emergency provisional way.
10 This is an emergency. There is a way
11 to do it, so I would request that
12 Maureen or someone designated call
13 civil service, call Carl Camp and try
14 to find a good way to do this.

15 MR. MIROTZNIK: Mr. Nichols, I
16 see you're taking some copious notes.
17 Do you have any comment with regard to
18 Mr. DeLuca's -- is there anyone that
19 you know that could assist or --

20 MR. NICHOLS: I know they have
21 been actively working on it, but I
22 agree with Mr. DeLuca. We have hired
23 provisional appointees before and if
24 they fail the test they're out. If
25 they fail the test and there is no one

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2 else in the position, they're actually
3 given three shots to fail the test.

4 DR. POLITI: I think the test
5 they are waiting to take is not the
6 civil service. It's the language
7 proficiency test they must pass in
8 order to do the job.

9 MR. DELUCA: There has to be a
10 way for us to do this a proper and
11 legal way.

12 MR. MIROTZNIK: Judy, the people
13 that you came in contact with,
14 candidates are satisfactory, the ones
15 that passed?

16 MS. EISELE-LAPLANTE: Yes, they
17 are.

18 MR. MIROTZNIK: Your hang up --
19 the obstacle, if you will?

20 MS. EISELE-LAPLANTE: Is the
21 bilingual proficiency exam given by
22 civil service.

23 MR. MIROTZNIK: Part of the
24 equation we have reached, but the other
25 part prohibits us from provisionally

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2 hiring them?

3 MS. EISELE-LAPLANTE: Yes.

4 MR. MIROTZNIK: So your hands are
5 tied?

6 MS. EISELE-LAPLANTE: At this
7 time, yes.

8 MR. MIROTZNIK: This is a need
9 that has been going on for many months.

10 MR. DELUCA: If we present this
11 to civil service and we tell them this
12 is something that is critical for a
13 myriad of reasons, they will figure out
14 a way to do it.

15 MR. MIROTZNIK: Who is going to
16 take the lead on this and report back
17 to the Board from administration?

18 DR. POLITI: They have to know
19 how to speak the bilingual language
20 they're saying they are and we have no
21 way of knowing that.

22 MR. DELUCA: Would someone lie
23 about that?

24 DR. POLITI: If we hire someone
25 and they can't do it, they won't be

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2 able to do the job.

3 MR. DELUCA: Of course.

4 DR. POLITI: I will find out
5 exactly what's going on.

6 MR. DELUCA: Okay, great.

7 MR. ZYSMAN: Maureen Shannon,
8 sorry, I'm going to put you on the
9 spot. The whole thing with the ER wait
10 times, is it possible to have you look
11 into just how we're collecting the data
12 and make sure that it's -- take some
13 small samples to see if it's
14 consistent?

15 We don't want to be in the
16 situation where it says 30 minutes and
17 a person comes and waits an hour
18 and-a-half to see a doc. I think
19 Mr. DeLuca's comment about the time it
20 takes to see the medical provider is
21 key because you may get triaged, but if
22 you are waiting there an hour
23 and-a-half and it says a half-hour, You
24 might wind up with a lot of complaints
25 that are avoidable.

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2 MS. SHANNON: Okay.

3 DR. POLITI: I wanted to comment
4 on the ER wait time, too, because
5 Dr. Faust got on his phone and in two
6 seconds says 29-minute wait time. In
7 my experience patients will stay at
8 home and wait for 3 o'clock in the
9 morning. My residents say why did you
10 come in now? Or they came in now
11 because they think there is no wait.

12 Mr. DeLuca, in your comment that
13 people are not going to go from home,
14 in my experience, I would say it's the
15 opposite, that very few people are
16 going to be driving down the road and
17 say, 10 minutes, let me pop in and have
18 my gallbladder checked.

19 MR. DELUCA: That's not what I
20 meant. Sorry, I mis-communicated.

21 DR. POLITI: We might want to
22 advertise you can get these ER wait
23 times at home, so you're home and
24 someone says I'm not feeling right,
25 there is only a 10 minute wait time.

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2 Lets go right now.

3 MR. DELUCA: That is a great
4 point. That is what we should
5 advertise.

6 DR. POLITI: Get the ER wait
7 times while you're home, before you
8 leave the house, because that's what
9 they want.

10 MR. DELUCA: I lived through this
11 and this brought in a tremendous number
12 of patients and we advertised on 1010
13 Wins. It was unbelievable. Everyone
14 told me, I heard it on 1010 Wins, if
15 the wait is over 30 minutes, the
16 initial visit is free.

17 MR. MIROTZNIK: Is that true?

18 MR. DELUCA: Yes, it's true. We
19 never gave one away, not one.

20 DR. POLITI: That's pretty good.

21 MR. DELUCA: We did a lot of
22 things. Everything from every lab was
23 stat, every test was stat. We put
24 every employee of the month in the ER,
25 our best employees, and there was a

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2 series of other things I don't want to
3 bore everybody with, but I can.

4 DR. POLITI: I don't think any
5 other hospital is doing that.

6 MS. REED: I know other hospitals
7 have tried and taken it down.

8 MR. DELUCA: I know some of the
9 best hospitals, the wait time is
10 terrible and people don't want to go
11 there because of it. We have such a
12 gorgeous facility and such great
13 practitioners. What a great way to
14 advertise who we really are and
15 illustrate who we really are.

16 DR. POLITI: Is it possible on
17 the signage to put the website and say
18 check our ER times? That might be a
19 good idea.

20 MR. ZYSMAN: Is Mr. McDonald
21 here?

22 DR. POLITI: No, he's having
23 surgery.

24 MR. ZYSMAN: Judy? I had asked
25 Harold to give an update on Press Ganey

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2 for this meeting. It came up in the
3 Contracts Committee, about the new
4 collection method, the background.
5 This Board has asked we try a different
6 collection method, we do telephone
7 rather than paper.

8 Can you tell us what the impact
9 has been since we went to telephonic
10 collection of surveys versus paper
11 collection?

12 MS. EISELE-LAPLANTE: We had gone
13 to telephonic collection methods
14 totally instead of mailing out and I'm
15 actually happy about it because we
16 usually -- monthly I receive a Press
17 Ganey report and we are always in the
18 first percentile and I wish I could say
19 first was a great number, although it's
20 not. We are at the bottom of the
21 barrel.

22 I will not receive another report
23 until the 18th of this month, but the
24 February report, I have to say, against
25 all of the Press Ganey database, that

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2 is 1,897 other hospitals, we actually
3 ranked five.

4 MR. ZYSMAN: That's huge.

5 MR. DELUCA: You mean five from
6 the top?

7 MS. EISELE-LAPLANTE: This is
8 from the bottom up. 100 is top.

9 MR. DELUCA: We were always the
10 worst?

11 MS. EISELE-LAPLANTE: Yes.

12 MR. DELUCA: Now we're up to
13 five?

14 MS. EISELE-LAPLANTE: Yes.

15 MR. DELUCA: Are those cell
16 phones they're getting or other phones?
17 They should be getting cell phones
18 since everybody and their dog has a
19 cell phone.

20 MS. EISELE-LAPLANTE: Whatever
21 the patient is forthcoming in giving
22 us.

23 MR. DELUCA: You should be asking
24 for a cell phone.

25 MS. EISELE-LAPLANTE: We do ask

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2 on the registration component.

3 MR. DELUCA: You should just ask
4 for the cell phone because home phones
5 are a waste. People don't pick them
6 up.

7 MR. MIROTZNIK: This method,
8 Judy, seems to be very positive.

9 MS. EISELE-LAPLANTE: It is, and
10 just so you know, in the New York City
11 vicinity area, we ranked 17. So I'm
12 excited and I think it would suit the
13 better methodology we are going to.

14 MR. MIROTZNIK: So the next Board
15 meeting you will report on the March
16 18th report?

17 DR. SCARMATO: -- we have a
18 number of responses we got.

19 MS. EISELE-LAPLANTE: Right now
20 this is just with 153 patients.
21 Actually, with the increase in the
22 contract we are going to make -- Press
23 Ganey is required to get us 600
24 responses for the year.

25 DR. SCARMATO: How many would we

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2 get on average with the paper?

3 MS. EISELE-LAPLANTE: We maxed
4 out probably around 300, which wasn't
5 that good. This is half of that
6 already in three months.

7 MR. DELUCA: Mr. Chairman, one
8 more question?

9 MR. MIROTZNIK: Mr. DeLuca, I
10 want to remind you that you're the one
11 who wanted an expeditious meeting.

12 MR. DELUCA: After this I will be
13 quiet.

14 MR. MIROTZNIK: Mr. Cohn hasn't
15 said a word.

16 MR. DELUCA: He's thinking. Go
17 ahead, say your comment. I forgot my
18 comment.

19 MR. ZYSMAN: Mr. Chairman, I want
20 to give kudos. The Board was very
21 vocal on this issue, switching the
22 collection method, and it appears it
23 has had a very positive impact on our
24 data and we hope to see other
25 initiatives from administration to help

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2 with the patient experience, patient
3 satisfaction.

4 The collection method is giving
5 us some credit for the good work that
6 is done here, so I want to give kudos
7 to the Board members that were very
8 vocal on this.

9 MR. DELUCA: I remembered my
10 question. To the Vice President of
11 Nursing, hi. I think, as a
12 recommendation in the interim period,
13 and maybe all the time, I think until
14 we have our full number of patient
15 reps, I think it's appropriate that
16 your charge nurses of each floor, that
17 they be going into each room every day
18 and they be going in as a person
19 staying, I want to make sure your stay
20 is fine.

21 If there is anything that you
22 need I will come back. I will correct
23 it if anything is wrong. I want to
24 know about it. That will go a very
25 long way when people know that someone

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2 cares and I think in that interim
3 period that is critical.

4 MS. SKARKA-HEINZ: Dr. Politi
5 knows that we've been doing that. I
6 have given him the time to show we have
7 been doing it. The nurse managers are
8 required to see every patient every
9 day, document on the tool, and it
10 reflects the HCAP questions, including
11 your pain level, your education on your
12 medication, the specific HCAP questions
13 so we have --

14 MR. DELUCA: Those questions are
15 great, but in the real world, you know
16 what people really care about, right?

17 MS. SKARKA-HEINZ: That's just
18 part of it. I shouldn't say it's all
19 of it.

20 MR. DELUCA: They care about how
21 long they have to wait for someone to
22 assist them to go to the bathroom,
23 whether the room is clean, and they
24 care what the food is like.

25 So those are the questions that

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2 you have to come out and your people
3 have to ask and as the leader, you have
4 to be the cheerleader. You have to let
5 them know that you care about that and
6 that matters to you. You have to let
7 them know in a strong way that it
8 matters to you and your assistant
9 director or assistant VP.

10 If you don't let that out, it
11 comes from the top down. If you don't
12 pick up a piece of paper, don't expect
13 anyone else in this room to pick it up
14 after you don't. You have to realize
15 that. You have to be strong. That's
16 why you are a manager.

17 MS. SKARKA-HEINZ: I think I do
18 that and I work two off shifts a week
19 and I go around and do the same thing.

20 MR. DELUCA: You emphasize it
21 though, right?

22 MS. SKARKA-HEINZ: Yes, I do.

23 MR. DELUCA: Thank you, very
24 much.

25 MR. ZYSMAN: Kathy, thank you for

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2 your leadership.

3 MS. REED: Kevin, you have that
4 information?

5 MR. MANNLE: The prices we got
6 varied total installation from \$20,000
7 to \$50,000 for the signs out on the
8 Turnpike, the one sign.

9 MS. REED: \$20,000 to \$50,000?

10 MR. MANNLE: For the electronic
11 sign. That's for one sign on Hempstead
12 Turnpike.

13 MR. MIROTZNIK: You are working
14 some of the comments that were made by
15 Mr. DeLuca regarding the signage, if
16 you could work it into your proposal,
17 so that the electronic part of this
18 puts out that information.

19 MR. MANNLE: The signs that we
20 are looking at and the higher-end ones,
21 which is what I think we want to move
22 towards, you can put whatever message
23 you want. It's done through an IT
24 component. You put whatever message
25 you want in there.

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2 MR. ZYSMAN: The real time wait
3 time that Maureen Shannon is going to
4 look into, it's very important that the
5 logic on any such sign somehow
6 integrates with whatever electronic
7 system we are using to verify actual
8 wait time, because otherwise it won't
9 be in real time if a human has to go in
10 and update it every 10 minutes.

11 MR. MANNLE: We are looking to
12 integrate this with a wait time that is
13 on the website, so it's the same time.

14 MR. ZYSMAN: Ask Maureen Shannon
15 to look at it and verify the efficacy
16 of it. So if it's very accurate to the
17 time that a medical provider needs,
18 then great, but if it doesn't, you may
19 need another interface. So look at it
20 in a scientific way.

21 MR. MANNLE: When the institution
22 has a way to do that, we will engineer
23 the system to get that out front.

24 MR. MIROTZNIK: Let's move
25 forward. Mr. Zysman, DSRIP?

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2 (A discussion was held off the
3 record.)

4 MR. ZYSMAN: Back on the record.
5 Can I get a motion to approve the
6 minutes from the January 27th, 2016,
7 DSRIP Committee? Favor? Unanimous,
8 thank you. Motion to approve the
9 minutes from February 25th, 2016 DSRIP
10 Committee meeting?

11 MR. MIROTZNIK: Make a note that
12 the February 25th minutes does not
13 appear on the agenda, however we will
14 add it onto the agenda and we ask that
15 Mr. Zysman's motion be carried. All in
16 favor? Unanimous. Ms. Reed,
17 Compensation Committee?

18 MS. REED: I would like approval
19 of the minutes of the Compensation
20 Committee from February 18th, 2016.
21 May I have a motion to move the minutes
22 in it's entirety? Motion approved,
23 thank you.

24 MR. MIROTZNIK: Anything further?

25 MS. REED: Nothing at this time.

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2 MR. MIROTZNIK: Mr. Zysman,
3 Contracts Committee.

4 MR. ZYSMAN: There is something
5 on here I'm not familiar with for Dean
6 Yost looking for a contract. I don't
7 know what this is.

8 MR. MIROTZNIK: Before we do Dean
9 Yost, Mr. Zysman, there is a correction
10 to the minutes.

11 MR. ZYSMAN: That's what he --

12 DEAN YOST: At the
13 September 28th, 2015, Contracts
14 Committee I had presented and was
15 approved for a revenue-generating
16 contract for St. John's University, a
17 training activity for some physician's
18 assistant students.

19 Part of the contract is a \$50
20 per-student fee paid to NUMC. That was
21 incorrectly entered in the minutes as
22 \$450 and should be \$50. The dollar
23 sign and the 4 is the same key.

24 MR. ZYSMAN: Beth, do you want to
25 frame this for us, the correction?

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2 Dean, if any of these things that come
3 up in the revision, give me a call
4 beforehand so I'm familiar.

5 Beth, if you are not ready, we
6 can go forward with the others. I want
7 to put forward for the approval for the
8 minutes and resolutions for the 2/23/15
9 meeting and the 2/25/15 meeting.
10 Motion? Favor? Unanimous. Thank you.

11 MR. MIROTZNIK: Mr. Tepper,
12 you're going to read a resolution?

13 MR. TEPPER: I can do it.

14 MR. MIROTZNIK: Please go back to
15 Mr. Tepper for the correction of the
16 September 28, 2015 minutes. Please
17 articulate it.

18 MR. TEPPER: Dean Yost has
19 recommended that with respect to
20 resolution 2022015, it's not a change
21 in the actual resolution, but in the
22 minutes. In the last line of the
23 discussion portion, the last sentence
24 in the minutes, I'm reading the current
25 minutes say, new students will require

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2 additional \$450 employee health
3 processing fee.

4 Mr. Yost has requested the Board
5 make the change to reflect new students
6 will require additional \$50 employee
7 health processing fee. Apparently that
8 is a clerical error. Take a motion to
9 approve that change.

10 MR. MIROTZNIK: All in favor of
11 the motion? Unanimous. Before I take
12 a motion to go into executive session,
13 I am going to jump to public comment.
14 Do we have anyone here that would like
15 to bring up any other business before
16 we take a break?

17 MR. ZYSMAN: Sorry, I was handed
18 three contracts that were given to me
19 right before the meeting. They are all
20 things that we will hear together. I
21 apologize. It wasn't on the agenda,
22 but I did have this in my hand. I
23 apologize. John Maher, I see you have
24 the first one.

25 MR. SULLIVAN: Cheiron Contract.

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2 Mr. Chair and members of the Committee,
3 in order to prepare our audited
4 financial statements, an analysis of
5 other post-employment benefits is
6 required. An RFP for actuarial
7 services was issued on November 23,
8 2015, with responses due by
9 December 21, 2015.

10 There were six responses that
11 were received. A committee was formed
12 in finance to review the responses and
13 three firms, Milliman, Aon, and Cheiron
14 were invited to come in for on-site
15 interviews during the week of
16 February 22, 2016. The committee
17 unanimously agreed that Cheiron
18 provided the best value and experience
19 and expertise.

20 In addition, the corporation's
21 external auditors have no issues with
22 Cheiron's past evaluations and
23 assumptions and last year was an
24 extremely smooth process with getting
25 this done with external auditors and I

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2 have been involved with some issues in
3 the past where that can delay things.

4 MR. ZYSMAN: Were they the
5 lowest?

6 MR. SULLIVAN: They were not.
7 The low bid, I personally have
8 experience with the firm.

9 MR. ZYSMAN: How did you
10 determine most responsive?

11 MR. SULLIVAN: The two lowest
12 bids I felt did not have the breadth of
13 experience and expertise to deal with.
14 I dealt with one of the firms and they
15 had to be removed and they listed that
16 as the best experience, which is --

17 MR. ZYSMAN: Who was involved
18 with the committee?

19 MR. SULLIVAN: It was a committee
20 of three people, myself, John Maher and
21 Randall.

22 MR. ZYSMAN: John, do you agree
23 with what Mr. Sullivan is reporting?

24 MR. MAHER: Without reservation,
25 yes.

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2 MR. ZYSMAN: You are recommending
3 we move forward with this?

4 MR. MAHER: Yes.

5 MR. ZYSMAN: It is essential?

6 MR. MAHER: Yes, absolutely.

7 MR. ZYSMAN: Why was this not put
8 forward during the late February
9 meeting?

10 MR. SULLIVAN: I had three
11 contracts that were put on and --

12 MR. ZYSMAN: You need this for
13 March 1st?

14 MR. SULLIVAN: Correct.

15 MR. ZYSMAN: Why are we hearing
16 about this today and not the end of
17 February when we had a meeting?

18 MR. SULLIVAN: I tried to get it
19 on. We had three contracts I was
20 preparing HMS, Jzanus, and this one.
21 That one, we tried to get it on that
22 day for your committee and we just did
23 not get all the requisite signatures
24 from the LD-200.

25 MR. ZYSMAN: When did the RFP

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2 complete?

3 MR. SULLIVAN: The RFP was
4 completed -- the interviews were that
5 week with the three firms that we
6 called in.

7 MR. ZYSMAN: So that we don't
8 have a repeat of this, you have to get
9 it in timely. This is something we
10 need to move forward with right away,
11 Dr. Politi?

12 DR. POLITI: Yes, it is.

13 MR. ZYSMAN: You are recommending
14 we move forward with this vendor?

15 DR. POLITI: Yes, I do.

16 MR. ZYSMAN: Mr. Alfano?

17 MR. ALFANO: Yes.

18 MR. ZYSMAN: Any questions from
19 the Board? Can I ask for a motion to
20 approve Cheiron Inc. -- Beth, can you
21 read it in for us?

22 MS. FAUGHNAN: The Executive
23 Committee of the NHCC Board of
24 Directors authorizes the President to
25 negotiate and execute a contract with

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2 Cheiron, C-H-E-I-R-O-N, to provide
3 actuarial services in a total amount
4 not to exceed \$44,000 for a three-year
5 term, with an anticipated start date of
6 March 1, 2016.

7 MR. ZYSMAN: Can I get a motion?

8 MR. COHN: That's \$44,000 total?

9 MS. FAUGHNAN: A total amount not
10 to exceed \$44,000 over that three-year
11 term.

12 MR. ZYSMAN: Motion? Favor?

13 Unanimous. Thank you very much,
14 Mr. Sullivan. Pomphrey Consulting,
15 Dr. Faust and Maureen Hutcheon.

16 MS. HUTCHEON: The reason this
17 wasn't brought forth to the Contracts
18 Committee when that met two weeks ago
19 was on Monday, one of our trauma
20 registrars suddenly resigned. She had
21 been ill and out on FMLA for several
22 months, returned for two weeks and then
23 resigned because she could no longer
24 work, it was too much for her.

25 That being said, we were in the

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2 process of RFPing this service when
3 this employee had been out on FMLA so
4 we wouldn't be caught short at any
5 given time. We are required by
6 American College of Surgeons to submit
7 data on a monthly basis, so in other
8 words, January's data is due to report
9 at the end of March. If we fall behind
10 on these data lines, it does not bode
11 well for our trauma verification survey
12 which is due in '17.

13 So we are in the process of
14 RFPing this. The RFPs are due
15 March 14th of this month, so we will
16 see who responds, but during that
17 timeframe we would like to extend the
18 contract with Pomphrey that we have
19 now, which ends on 4/30, for an
20 additional 60 days so we are not
21 delinquent on any of these deadlines.

22 It is critical that we maintain
23 this because they will evaluate and
24 look at that when they see us. So I'm
25 asking for a two-month extension

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2 because by the time we get the RFPs
3 back in March and then we have to do
4 the contract process and then whoever
5 we select, that's going to take a
6 couple of months.

7 MR. ZYSMAN: Is two months enough
8 time or do you need more? Do you want
9 the cushion?

10 MS. HUTCHEON: I guess an extra
11 month wouldn't hurt on that.

12 MR. ZYSMAN: How much time do you
13 need, Dr. Faust?

14 DR. FAUST: I think we are going
15 to get it done in two, but let's play
16 it safe and ask for three. I think
17 it's a smart idea. I just want to also
18 add we are immediately recruiting for
19 this position for the employee that was
20 forced to resign for medical reasons.
21 It was just this week, but we are
22 immediately going to be looking for
23 someone.

24 MR. ZYSMAN: Hopefully you can
25 fill that soon. Ms. Faughnan? You are

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2 doing the math, I see.

3 MS. HUTCHEON: It was another
4 \$22,825 on top of the \$22,800 that we
5 already asked for this year -- oh,
6 three months.

7 MS. FAUGHNAN: The Executive
8 Committee of the Nassau Healthcare
9 Corporation Board of Directors
10 authorizes the President to negotiate
11 and execute an amendment with Pomphrey
12 Consulting to provide trauma registry
13 services, including data abstraction,
14 data entry and data validation in a
15 total amount not to exceed \$34,237.50
16 for a three-month term with an
17 anticipated start date of March 1,
18 2015.

19 MS. HUTCHEON: This contract ends
20 on April 30th, so it should go from May
21 1 for three months from there because
22 we are extending the terms.

23 MS. FAUGHNAN: Can we amend that
24 motion for a three-month term with an
25 anticipated start date of May 1, 2016?

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2 MS. HUTCHEON: Thank you very
3 much.

4 MR. ZYSMAN: We didn't vote.

5 MS. HUTCHEON: Oh okay.

6 MR. ZYSMAN: Can we get a motion?
7 Favor? Unanimous. Thank you. You
8 will have an RFP and a vendor selected
9 before this expires?

10 MS. HUTCHEON: The RFPs are due
11 back and we will see who responded on
12 March 14th.

13 MR. ZYSMAN: You will have a
14 vendor selected before --

15 MS. HUTCHEON: Yes.

16 MR. ZYSMAN: We understand
17 someone was ill, but still we had a
18 meeting, similar to what I brought up
19 to Mr. Sullivan, a few days before
20 March 3rd --

21 DR. FAUST: We wouldn't have
22 actually needed to extend this
23 contract. This contract is really in
24 place for when an employee gets ill and
25 someone goes out --

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2 MR. ZYSMAN: So this is the most
3 proactive you could be? Understood.
4 Thank you for being so responsible.
5 Karen McGlynn, purchasing? Is
6 purchasing involved in this, too?
7 Frank, are you involved in this?

8 MR. INTAGLIATA: We are certainly
9 involved in the contract extension.

10 MS. MCGLYNN: Thank you. Karen
11 McGlynn. As requested by the Board, we
12 had completed an RFP for temporary
13 staffing agencies and we are now in the
14 process of completing all of the
15 contract work for that.

16 While we finish that up, I need
17 to request today an extension from
18 March 1st to April 30th. We anticipate
19 the contracts to be done much before
20 April 30th, but we wanted to just be
21 sure we would be able to recruit these
22 agency staff if we needed them until
23 the time these contracts are completed.

24 MR. ZYSMAN: These are contracts
25 you have extended before?

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2 MS. MCGLYNN: Yes, some of these.
3 There are eight of them. Some of them
4 have enough funds associated with them
5 that we do not have to ask for any
6 additional funds.

7 MR. ZYSMAN: Is two months
8 definitely enough time?

9 MS. MCGLYNN: I believe two
10 months is more than enough time.

11 MR. ZYSMAN: Ms. Faughnan, you're
12 involved with this?

13 MS. FAUGHNAN: Mr. Zysman, I have
14 been working on the contracts with
15 Karen and Mr. Intagliata, with Mahrukh
16 Vaidi from Harold McDonald's office.
17 We are at the point now where we should
18 be able to send the first one out
19 tomorrow.

20 This is the first time legal has
21 done this and there has been a lot of
22 back and forth in crafting the proper
23 spoke, so --

24 MR. ZYSMAN: Who is the last
25 person you said, someone in

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2 Mr. McDonald's office?

3 MS. FAUGHNAN: Mahrukh Vaidi,
4 M-A-H-R-U-K-H, V-A-I-D-I. She has
5 actually been transferred to DSRIP, but
6 since she had been so intimately
7 involved in the RFP she had continued
8 to work with Harold and Karen to ensure
9 the contract go smoothly and get
10 executed.

11 MR. ZYSMAN: Is Harold involved
12 in this?

13 MS. FAUGHNAN: Yes, he is.

14 MR. ZYSMAN: Is two months enough
15 time to get whatever issues there are
16 resolved?

17 MS. FAUGHNAN: I believe so.

18 MR. ZYSMAN: I don't want to be
19 in a situation where either the
20 Contracts Committee or the Board will
21 have to then vote on a one or two-month
22 extension.

23 If you need more time, tell us
24 you need more time is what I'm trying
25 to say. If you don't need more time

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2 and are going to have this resolved,
3 then tell us that and we'll vote on it
4 as is.

5 MR. ALFANO: I think you should
6 graciously accept the Contract
7 Committee Chairman's offer to extend it
8 three months.

9 MS. MCGLYNN: Absolutely.

10 MR. MIROTZNIK: Karen, it is
11 necessary for the operation of the
12 hospital to extend this contract?

13 MS. MCGLYNN: Yes. It's
14 temporary, but it's necessary.

15 MR. MIROTZNIK: So this Board
16 tabling it and turning it down is not
17 an acceptable manner in which to handle
18 this because these staffing agencies
19 provide men and women that provide
20 healthcare to every floor in this
21 hospital?

22 MS. MCGLYNN: Yes.

23 MR. MIROTZNIK: So obviously we
24 need a thumbs up vote on this, but
25 there had been a lot of talk before and

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2 Kathy, you can join in, there were some
3 50 or so nurses you need, you are in
4 need of hiring nurses. Are we getting
5 it together?

6 MS. SKARKA-HEINZ: We are
7 actively hiring now.

8 MR. MIROTZNIK: Is it happening?

9 MS. SKARKA-HEINZ: It is
10 happening now.

11 MR. MIROTZNIK: Downstairs when I
12 walked in was Molloy College. They
13 have a table downstairs, but they have
14 a nursing school. Someone should reach
15 out. There are plenty of young people
16 out looking for jobs right out of
17 school that will be graduating shortly,
18 so let's try not to rely -- I know we
19 are never going to be able to wean
20 ourselves completely off staffing.

21 I wish Mr. DeLuca was here
22 because he has intimate knowledge in
23 this stuff, but I think Dr. Politi, you
24 have the full breadth of the authority
25 to assist Kathy in filling these spots

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2 with competent nurses, men and women.

3 MS. SKARKA-HEINZ: We certainly
4 prefer to have our own staff and this
5 is the time of the year, thank
6 goodness, when we receive many, many
7 applications and we love hiring new
8 graduates.

9 So we are in a very good position
10 now. We have been hiring everyday. I
11 have been putting through requisitions
12 everyday and they have been going
13 through the approval process.

14 MR. MIROTZNIK: If you have any
15 problems, you let Dr. Politi know
16 immediately.

17 MS. SKARKA-HEINZ: Dr. Politi has
18 been very supportive. He told me to
19 hire what we need.

20 MR. MIROTZNIK: I'm glad you're
21 back, Mr. DeLuca. We're trying to talk
22 about the staffing concept. It's a
23 necessary evil, but there are many,
24 many jobs for nurses available
25 immediately to be filled. So we're

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2 trying to wean off some of these
3 contracts and hire people to fill these
4 jobs.

5 MS. SKARKA-HEINZ: We have also
6 been able to do -- just to let the
7 Board know, one of the groups, two of
8 the groups that are very difficult to
9 hire are critical care nurses and
10 emergency department nurses.

11 We are in the middle of two
12 fellowships right now. We have six ED
13 RNs and six critical care nurses where
14 we take them for four months. They
15 have classroom work, they have clinical
16 work, so we are training our own
17 because it's so difficult to recruit.

18 So we depend on the temporary
19 agencies just temporarily until this
20 fellowship is done in June, and then we
21 are going to send 12 new nurses out to
22 those critical areas.

23 MR. MIROTZNIK: Let's retain
24 them.

25 MS. SKARKA-HEINZ: Yes.

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2 MR. DELUCA: Do you have any
3 nurses that are cross-trained?

4 MS. SKARKA-HEINZ: We
5 cross-train. Right now we have been
6 cross-training a month all of the
7 critical care areas. We cross-train
8 from the PACU and the ICU.

9 We are actually going to go
10 forward and start cross-training
11 pediatric nurses into pediatric
12 emergency room so we can help the ED
13 when they need help and we can help
14 pediatrics if that census goes up. So
15 we are starting that cross-training.

16 MR. DELUCA: That is really
17 great, thank you.

18 MR. ZYSMAN: Beth, you ready to
19 frame this for us? And Beth, you have
20 been involved with this, if we give
21 three months instead of two months, the
22 extra time, this will definitely be
23 resolved? We are not going to get any
24 more extensions on this?

25 MS. FAUGHNAN: No, there are

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2 eight new contracts that have been
3 approved for staffing that are being
4 drafted for a three-year term and they
5 should all be executed prior to
6 May 31st. As a matter of fact, we
7 already pre-requested all of the
8 insurance certificates to try and clear
9 all of those issues so things should
10 move smoothly.

11 MR. ZYSMAN: So you are involved
12 with this, Karen is involved with this,
13 Kathy, you are involved with this. Who
14 else?

15 MS. FAUGHNAN: Harold's office is
16 involved with it.

17 MR. ZYSMAN: The person who works
18 for Harold?

19 MR. MIROTZNIK: Vaidi.

20 MS. FAUGHNAN: As we have needed
21 each department, as we have needed job
22 specialties with respect to different
23 positions that have been available on
24 the blanket purchase orders, we have
25 gotten the administrators of each

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2 department involved in terms of helping
3 us craft the job descriptions and
4 requirements.

5 MR. ZYSMAN: So all these folks,
6 you're very confident will be resolved
7 in the next 90 days?

8 MS. FAUGHNAN: Yes, I am.

9 MR. ZYSMAN: You don't need any
10 more time?

11 MS. FAUGHNAN: I don't believe
12 so.

13 MR. MIROTZNIK: That's like a Rob
14 Tepper answer. Did you notice this?

15 MR. TEPPER: Which part of it?

16 MR. MIROTZNIK: That was I do not
17 believe that, not that affirmative --
18 it's a lawyer thing.

19 MS. FAUGHNAN: The Executive
20 Committee of the NHCC Board of
21 Directors authorizes the President to
22 negotiate and execute amendments with
23 the following eight vendors: Total
24 Healthcare Staffing, AMN Healthcare,
25 Horizon Healthcare, Total Healthcare

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2 Staffing, White Glove, Total Healthcare
3 Staffing, Theralinks and Blue Leaf
4 Group Inc. in a total amount not to
5 exceed \$193,000 to provide temporary
6 staffing services for a three-month
7 term with an anticipated start date of
8 March 1, 2016, as delineated on
9 Exhibit-A attached hereto and hereby
10 made a part hereof.

11 MR. ZYSMAN: Motion?

12 MS. REED: Comment for a moment?
13 Originally it was two months at the
14 \$193,000. You did it to three months.
15 Doesn't that change that amount of
16 money?

17 MS. FAUGHNAN: I believe nursing
18 was comfortable with the \$193,000.
19 That should cover their needs.

20 MS. REED: That's fine as long as
21 they are okay with that and it covers
22 the needs.

23 MR. MIROTZNIK: Karen, be mindful
24 you have a ceiling. You don't have to
25 reach it.

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2 MS. MCGLYNN: We are happy not to
3 reach it.

4 MR. ZYSMAN: Motion? Favor?
5 Unanimous.

6 MR. MIROTZNIK: You will work out
7 the machinations?

8 MS. FAUGHNAN: I would like to
9 note for the record that we have marked
10 Exhibit-A to reflect the fact that the
11 request and the Board motion was to
12 approve the three-month extension, not
13 the two-month that had originally been
14 typed on.

15 MR. ZYSMAN: Let's poll the Board
16 for the record. Unanimous.

17 MR. MIROTZNIK: I make a motion
18 to adjourn from the Executive Committee
19 into executive session for the purpose
20 of discussing a pending litigation. Do
21 I have a first on that motion?
22 Mr. Cohn? All in favor? Unanimous.

23 Please stick around. Dr. Politi,
24 do you anticipate we need more of the
25 executives to stick around? Would you

1 03-10-16

2 like them to stay until the conclusion
3 of the meeting?

4 DR. POLITI: Only if you feel
5 necessary.

6 MR. MIROTZNIK: Just the people
7 that are going to be involved in the
8 other business, legal stay, and John.
9 Whomever else, John, you need for that.

10 MR. ZYSMAN: John, do you have
11 people here?

12 MR. MAHER: There are people
13 here.

14 (TIME NOTED: 6:16 P.M.)

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INDEX

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6

EXHIBITS

7

DESCRIPTION

PAGE

8

March 10, 2016 - Contracts Committee

58

9

Meeting Summary Sheet

10

11

MOTIONS

12

Whereas minutes were kept at the

4

13

regular meeting of the Board of

14

Directors held on February 18th, 2016,

15

and whereas those minutes were

16

reviewed on or before this

17

duly-convened March 10th, 2016,

18

regular meeting of the Board of

19

Directors, now be it resolved at this

20

March 10th, 2016, regular meeting of

21

the Board of Directors that the

22

minutes of the February 18th, 2016

23

meeting are approved.

24

Approve the minutes from the

35

25

January 27th, 2016, DSRIP Committee?

1		
2	Approve the minutes from February	36
3	25th, 2016 DSRIP Committee meeting	
4	Approval of the minutes of the	36
5	Compensation Committee from February	
6	18th, 2016	
7	Approval for the minutes and	38
8	resolutions for the 2/23/15 meeting	
9	and the 2/25/15 meeting	
10	Mr. Yost has requested the Board make	38
11	the change to reflect new students	
12	will require additional \$50 employee	
13	health processing fee.	
14	The Executive Committee of the NHCC	43
15	Board of Directors authorizes the	
16	President to negotiate and execute a	
17	contract with Cheiron, C-H-E-I-R-O-N,	
18	to provide actuarial services in a	
19	total amount not to exceed \$44,000 for	
20	a three-year term, with an anticipated	
21	start date of March 1, 2016.	
22	The Executive Committee of the Nassau	47
23	Healthcare Corporation Board of	
24	Directors authorizes the President to	
25	negotiate and execute an amendment	

1
2 with Pomphrey Consulting to provide
3 trauma registry services, including
4 data abstraction, data entry and data
5 validation in a total amount not to
6 exceed \$34,237.50 for a three-month
7 term with an anticipated start date of
8 March 1, 2015

9 The Executive Committee of the NHCC 58
10 Board of Directors authorizes the
11 President to negotiate and execute
12 amendments with the following eight
13 vendors: Total Healthcare Staffing,
14 AMN Healthcare, Horizon Healthcare,
15 Total Healthcare Staffing, White
16 Glove, Total Healthcare Staffing,
17 Theralinks and Blue Leaf Group Inc. in
18 a total amount not to exceed 193,000
19 to provide temporary staffing services
20 for a three-month term with an
21 anticipated start date of March 1,
22 2016, as delineated on Exhibit-A
23 attached hereto and hereby made a part
24 hereof.

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CERTIFICATION

I, ANGELA ARENA, a Notary
Public in and for the State of New
York, do hereby certify:

THAT the foregoing is a true and
accurate transcript of my stenographic
notes.

IN WITNESS WHEREOF, I have
hereunto set my hand this 20th day of
March, 2016.

ANGELA ARENA