

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

January 5, 2017

7:00 p.m.

Reported by:

Ephraim Jacobson

1 APPEARANCES:

2 BOARD OF DIRECTORS/EXECUTIVE COMMITTEE MEMBERS  
PRESENT:

3 MICHAEL MIROTZNIK, Esq., Chairman of the  
Board  
4 VICTOR POLITI, MD, President, CEO  
WARREN D. ZYSMAN, LCSW, Board Member  
5 LINDA REED, Board Member  
MICHAEL M. DELUCA, MPA, Board Member  
6 STEVEN COHN, Esq., Board Member  
7

ALSO PRESENT:

8 JOHN P. MAHER, Chief Financial Officer  
HAROLD MCDONALD, Chief Administrative  
9 Officer  
CRAIG V. RIZZO, Esq., Special Assistant to  
10 the NHCC  
MAUREEN ROARTY, EVP, Human Resources  
11 MEGAN C. RYAN, Esq., EVP, Chief Compliance  
Officer  
12 KATHY SKARKA, RN, EVP, Patient Care  
Services  
13 VINCENT DISANTI, Revenue Cycle Management  
MICHAEL FERRANDINO, Security and  
14 Investigative Services  
MICHAEL J. GATTO, Care Transitions  
15 KEVIN F. MANNLE, Facilities  
TIMOTHY P. SULLIVAN, Finance  
16 JOHN CIAMPOLI, ESQ., Counsel to the Board  
of Directors  
17 PAUL MUSTACCHIA, MD, Chair Medicine, CMO  
Designee  
18 JOHN RIGGS, MD, Chair, OBGYN  
RACHEL ROBBINS, MD, Chair, Pathology  
19 GLENN FAUST, MD, Chair, Surgery  
ANNABELLE LUI PANCHO, Director of  
20 Laboratory Services  
KAREN MGCLYNN, RN, Deputy CNO  
21 BEATRIZ FUSCHETTO, Board-Executive  
Assistant  
22 SHELLEY LOTENBERG, Director of Public  
Affairs  
23  
24  
25

1                   (Whereupon, at 7:00 p.m., the executive  
2                   committee meeting commenced.)

3  
4                   MR. MIROTZNIK: Good evening, ladies and  
5                   gentlemen. Welcome. I call to order the  
6                   meeting of January 5, 2017, our first meeting  
7                   of the new year of the Board of Directors of  
8                   NuHealth. Motion to open up the meeting.  
9                   Second, Mr. Cohn. Unanimous.

10                  Based upon the members of the Board that  
11                  are here today and the attendance sheet, I make  
12                  a motion to hold the Board of Directors  
13                  meeting, the Executive Committee of the Board  
14                  of Directors motion, the executive committee.  
15                  Quorum for that? Mr. Cohn, second. Unanimous.

16                  There is no written agenda. The only item  
17                  this evening is the proposed draft of the  
18                  fiscal year ended December 31, 2017 budget.  
19                  Correct, Mr. Maher?

20                  MR. MAHER: Correct.

21                  MR. MIROTZNIK: Is labor counsel here?

22                  MR. ZUCKERMAN: Yes, I am.

23                  MR. MIROTZNIK: Mr. Zuckerman, welcome.

24                  Please come join us at the table. We're going  
25                  to into executive session at some point and

1 talk about labor issues, which are certainly  
2 matters that members of the staff and other  
3 than legal can be excluded. But we'll get to  
4 that momentarily. Okay?

5 Mr. Maher, I'm going to turn the mic over  
6 to you. What's new? Tell us.

7 MR. MAHER: Before you, yo have the  
8 proposed 2017 operating budget. If you turn to  
9 page 9 of 14, if you look at the column on the  
10 far right-hand side --

11 MR. MIROTZNIK: I just want the record to  
12 be clear that what we're looking at is a draft.

13 MR. MAHER: Correct.

14 MR. MIROTZNIK: And I don't have to speak  
15 for all the members of the board, but it's my  
16 understanding that none of us have received  
17 this document before entering the room. Is  
18 that basically the consensus? Everybody seems  
19 to be shaking their heads. Mr. Cohn?

20 MR. COHN: Yes.

21 MR. MIROTZNIK: Mr. DeLuca exited the room  
22 for a moment, but I think it's the same. John,  
23 is that a fair statement?

24 MR. MAHER: I believe so. I think  
25 Mr. Zysman may have received a copy of it.

1 MR. ZYSMAN: There was a budget I received  
2 three days ago or two days ago. But I believe  
3 there have been significant changes since I  
4 received that.

5 DR. POLITI: I know -- I know I sent it  
6 out to Mike Mirotznik and Warren Zysman. I  
7 think John Ciampoli received it as well and  
8 Mike DeLuca and Linda Reed. I sent that out  
9 personally.

10 MS. REED: I did receive it.

11 MR. MIROTZNIK: Today?

12 MS. REED: Today.

13 MR. ZYSMAN: When did you do that?

14 DR. POLITI: I sent the original one  
15 several days ago and today as well.

16 MR. MIROTZNIK: Just for the record, I can  
17 speak for myself and then I'll turn to  
18 Mr. Cohn. I received a proposed draft budget  
19 which I'm not sure is exactly the same as this  
20 document, at five -- I want to be exact. I  
21 think it was 5:17 p.m. So you received it --  
22 Ms. Reed is showing me her phone. 5:41?

23 MS. REED: Yes.

24 MR. ZYSMAN: I didn't receive them today.

25 MR. MIROTZNICK: Okay. Nevertheless this

1 document is clearly marked as draft, correct?

2 MR. MAHER: Correct.

3 MR. MIROTZNICK: I don't think that this  
4 Board is prepared to vote on a draft document.  
5 Is that correct, Mr. Maher?

6 MR. MAHER: We've labeled them draft until  
7 the Board approves the document, and then it  
8 goes -- finally the word "Draft" is removed  
9 from the document.

10 MR. MIROTZNIK: Mr. Cohn?

11 MR. COHN: Just so the record is straight,  
12 what we have before us, when was this final  
13 version of the draft prepared?

14 MR. MAHER: The numbers, within the last  
15 several days.

16 MR. COHN: Were there any changes from the  
17 one that they received today to the one that's  
18 before us?

19 MR. MAHER: Substantively, no.

20 MR. COHN: Other than substantively, were  
21 there any changes?

22 MR. MAHER: No.

23 MR. COHN: So there's no changes?

24 MR. MAHER: No substantive changes to the  
25 numbers on this document in terms of it being a

1 break-even budget.

2 MR. COHN: Then I have not -- nobody sent  
3 this to me. Okay? Did anybody send it to me?

4 DR. POLITI: I did not send it to you.

5 MR. COHN: Did you send it me?

6 MR. MAHER: No.

7 MR. COHN: Did anybody here send it to me,  
8 anybody? So let me just speak for the record.  
9 There's not a chance in the world that I'm  
10 going to vote for a budget that was given to me  
11 at 7:08 this evening that -- how much is the  
12 budget for?

13 MR. MAHER: \$558,000,000.

14 MR. COHN: For \$558,000,000, you're asking  
15 me to vote on a budget that was given to me  
16 three minutes ago. I have a problem with that.  
17 Okay. I have a problem with that. I don't  
18 know if everybody else did. Did you get it?

19 DR. CAPRIOLI: No.

20 MR. COHN: Do you have a problem?

21 DR. CAPRIOLI: I think that's interesting,  
22 yes.

23 MR. COHN: If the Board is prepared to  
24 vote on it.

25 MR. MIROTZNIK: The Board is not prepared

1 to vote. My understanding is that none of us  
2 received this document in front of us timely to  
3 review it and digest it. I would make the  
4 suggestion that the record is clear as to the  
5 timeframe that we should talk about what's  
6 contained in this document and proceed along  
7 those lines.

8 MR. COHN: I have no problem trying -- in  
9 fact, I think it's probably the right way to do  
10 it that we should get somewhat educated about  
11 what's in the budget so that we can look at it  
12 intelligently. So I wholeheartedly endorse the  
13 concept of somebody taking the time to tell us  
14 what we're being presented with. But I assure  
15 that you not notwithstanding being informed,  
16 I'm not prepared to vote today on the budget.

17 MR. ZYSMAN: I would agree with that and I  
18 would also want to add to it that while there  
19 was something received by me about two days  
20 ago, significant issues were raised and Harold  
21 McDonald. Is Harold here? There's Harold.  
22 Harold McDonald had asked for an extension to  
23 try to address those issues to -- yesterday  
24 morning before they finalized a budget. That  
25 yesterday morning turned into tomorrow --



1           yesterday afternoon, which turned into the  
2           twilight, where Dr. Politi called me and  
3           Chairman Mirotznik informed us that they would  
4           need more time to sort this out.

5           MR. COHN: I got a little problem with  
6           that, Warren. If you raised substantive issues  
7           two days ago and you told that they were being  
8           addressed and I was just told that there'd been  
9           no substantive changes to the contract, then I  
10          question whether your substantive issues were  
11          either substantive or dealt with. Can you  
12          explain it to me?

13          MR. ZYSMAN: I'd been told by Dr. Politi  
14          and Harold McDonald as early as a few hours ago  
15          today that Mr. Zuckerman is here to address  
16          some of those issues and also that there is a  
17          e-mail from David Nemiroff and Bob Detor that  
18          also addresses those issues that they just  
19          received this evening.

20          MR. COHN: But the budget didn't alter?

21          MR. ZYSMAN: I don't know. I haven't  
22          looked at this document and -- but there were  
23          material issues in whether or not I would -- I  
24          also in the last couple days I have been told  
25          that this budget might be different than what

1 is written on paper, if it is the exact same  
2 number as it was a couple days, the last couple  
3 days. I know there have been discussions that  
4 Dr. Politi has had with staff that they might  
5 not be these numbers. So I don't know that  
6 anyone was in the position to distribute a  
7 document that no one knew to be finalized, and  
8 I believe what Mr. Maher is sharing with us is  
9 that the word "draft" doesn't mean that it's  
10 not finalized. Is this the finalized version,  
11 Dr. Politi, John and Harold that you want to  
12 submit?

13 DR. POLITI: I believe so, yes.

14 MR. ZYSMAN: Have you guys -- Dr. Politi,  
15 Harold and John, have you guys put time into  
16 this in the last forty-eight hours to get it to  
17 this point or was it -- or did you not put time  
18 in the last forty-eight hours and it was ready  
19 to go two days ago?

20 DR. POLITI: The document was relatively  
21 ready to go. There were some questions asked  
22 to how to explain some of these numbers brought  
23 up by yourself. We sat down and we met and we  
24 basically cleared up any questions that you  
25 might have.

1           MR. DELUCA: Historically, a budget is  
2 always marked "draft" until the Board approves  
3 it. The only thing I would have done would  
4 have made it -- I would have marked it "final  
5 draft" and that would have cleared up any --

6           MR. MIROTZNIK: Mr. Maher.

7           MR. MAHER: So we'll continue with an  
8 explanation of the budget.

9           MR. MIROTZNIK: Page 9 of 14.

10          MR. MAHER: It's on page 9 of 14. If you  
11 look to it's about maybe two thirds of the way  
12 down, it says "Income (loss) before OPEB  
13 expenses," and it shows a dash on that last  
14 column on the right-hand side. This is  
15 essentially a break-even operating budget for  
16 2017. The revenue --

17          MR. MIROTZNIK: Wouldn't you call that  
18 balanced budget?

19          MR. MAHER: Yes.

20          MR. MIROTZNIK: In your vernacular?

21          MR. MAHER: Correct. The changes to  
22 revenue are minor for 2017 compared to 2016.  
23 We are conservatively projecting only about \$11  
24 million worth of total additional revenue  
25 between patient service revenue going up 9 and

1 all other revenue going up \$2 million. That  
2 explains the difference between the 547 and the  
3 558,548 that you see in those last two columns  
4 on the right under total operating revenue.  
5 Again it's a conservative estimate of only  
6 about \$11 million worth of increases to revenue  
7 overall.

8 Specifically the items that are impacted  
9 by the revenue increase are NUMC at \$2  
10 million -- and this is all explained in the  
11 pages that follow. I don't think we need to  
12 get in there. There's a --

13 MR. MIROTZNIK: Have you taken into  
14 consideration the chatter that's been in the  
15 news as of yesterday about -- News 12 with  
16 regard to the possibility of the repeal of  
17 Obamacare, and how it could affect this  
18 hospital as well as other the public hospitals  
19 in 2017?

20 MR. MAHER: Yes. But we believe that's  
21 minimal because we're not affected a lot by the  
22 exchanges at this hospital. We have very  
23 little business with the exchanges. The only  
24 potential impact possibly is if there's a  
25 contraction of the Medicaid expenditures made

1           that the Feds provide to the state.

2           MR. MIROTZNIK:  If that was to happen,  
3           would that be some sort of lag period?

4           MR. MAHER:  There would be a lag to that,  
5           and also it's unclear as to the formulas that  
6           work between the federal government and the  
7           state, because we get the IGT and the DSH  
8           payments that come in.  So they may be adjusted  
9           to compensate for any losses that we might  
10          have.  It's just too difficult to tell, you  
11          know, what impact, if any, any change could  
12          happen with respect to --

13          MR. MIROTZNIK:  So those two issues have  
14          been thought about --

15          MR. MAHER:  Yes.

16          MR. MIROTZNIK:  -- and they do not impact  
17          this proposed budget?

18          MR. MAHER:  That's correct, and again,  
19          this is a very conservative revenue budget.

20          MR. ZYSMAN:  Where does the \$11 million in  
21          increased revenue come from?

22          MR. MAHER:  \$2 million of it came from  
23          NUMC, one of which was on the outpatient side,  
24          and there's another million dollars worth of  
25          what I'm going to call recovery of denied

1 cases. So those two items we feel are very  
2 conservative, and if they become more  
3 aggressive forwards with being able to recover  
4 that, there could be more money, but --

5 MR. ZYSMAN: Denied cases, how far out on  
6 accounts receivable?

7 MR. MAHER: When you say "how far out on  
8 accounts receivable," when they're in  
9 litigation, they're probably -- it could be  
10 anywhere from zero days out to almost a year on  
11 some of these cases.

12 MR. ZYSMAN: They could be in the bad  
13 debt category?

14 MR. MAHER: They could be in the bad debt  
15 category, but once you engage into active  
16 adjustment discussions and appeals, that time  
17 gets extended.

18 MR. ZYSMAN: So what's the basis for the  
19 \$2 million in bad debt recovery --

20 MR. MAHER: It's \$1 million.

21 MR. ZYSMAN: \$1 million in bad debt  
22 recovery and \$1 million in outpatient. The  
23 outpatient clinic, at a run rate of that.  
24 What's the average run rate per month for 2016?

25 MR. MAHER: So the clinics are running

1           about 7,000 visits behind the anticipated  
2           budget amount for '17 as well as for '16. So  
3           we believe that with the outpatient activity,  
4           7,000 visits at \$1 million is a relatively  
5           conservative number.

6           MR. ZYSMAN: Why didn't we make progress  
7           with it -- you may not be the right person to  
8           ask this question of. But I'm going to ask you  
9           why didn't we make progress with this in '16?

10          MR. MAHER: There were a number of issues  
11          that occurred. I can give it to you globally.  
12          There were some problems with the ambulatory  
13          surgery unit with respect to repairs  
14          internally, and also the activity with respect  
15          to the delay of the opening of the primary care  
16          clinic also caused some problem with the  
17          clinics. There were some clinics as well that  
18          had some issues, and I'll --

19          MR. ZYSMAN: When did the primary clinic  
20          open up?

21          MR. MCDONALD: It opened up in April.

22          MR. ZYSMAN: What's the run rate since it  
23          opened up?

24          MR. MCDONALD: The run rate since it  
25          opened up has been increasing.

1 MR. ZYSMAN: What is it? What's the  
2 monthly run rate of visits in the outpatient  
3 clinic since it opened?

4 MR. MCDONALD: About 160,000 visits a  
5 year.

6 MR. ZYSMAN: That was not my question. We  
7 were running down behind budget of 7,000 visits  
8 a year for the last two years. You're  
9 projecting again that you're going to have  
10 those visits with additional 7,000 visits. One  
11 of the reasons we're being given of why the  
12 visits were down was because the new primary  
13 care clinic hadn't opened. It opened in April.  
14 What is the run rate -- what is the variance  
15 between the months it was open to the months it  
16 wasn't open in 2016?

17 MR. MCDONALD: The variance is about three  
18 percent from 2017 from what we averaged in  
19 2016.

20 MR. ZYSMAN: Three percent greater?

21 MR. MCDONALD: Three percent greater.

22 MR. ZYSMAN: What does that amount to in  
23 visits?

24 MR. MCDONALD: About 7,000 visits more in  
25 2017 over 2016.



1 MR. ZYSMAN: Why in 2016 are we still  
2 short 7,000?

3 MR. MAHER: It's --

4 MR. MCDONALD: It was late in the opening.  
5 It was --

6 MR. ZYSMAN: You just said you're up  
7 7,000. If you --

8 MR. MAHER: 2017 is up, budget up.

9 MR. COHN: But I think what Warren wanted  
10 to know is what is the basis for that? Are you  
11 just picking 2017 we're going up three? I'll  
12 say 2018 we're going to be up twenty percent.  
13 What is the basis for the three percent  
14 increase? Is that really what you're --

15 MR. ZYSMAN: Yes.

16 MR. COHN: What is the basis for the three  
17 percent increase?

18 MR. MCDONALD: It depends on the  
19 individual plans. If you take a look at the  
20 OB/GYN clinics, that's where we took the  
21 biggest hit in 2016. There were operational  
22 and leadership problems within that department  
23 that have been corrected now.

24 MR. COHN: When were they corrected?

25 MR. MCDONALD: They were corrected as we

1           went into the fall.

2           MR. COHN:   So in October, November,  
3           December did we see any increase?

4           MR. MCDONALD:   Yes.

5           MR. COHN:   What kind of increase did we  
6           see?

7           MR. MCDONALD:   A significant increase.

8           MR. COHN:   What's a significant increase?

9           MR. MCDONALD:   Where they were -- you  
10          know, I dont have -- we've got a lot of clinics  
11          to see 160,000 visits.  I don't have that  
12          specific information.

13          MR. COHN:   You will have it -- you will  
14          have before we vote on this budget.

15          MR. MCDONALD:   Okay.

16          MR. COHN:   I just want to see when the  
17          problems were solved did we see any type of  
18          increase from then until now that would justify  
19          a three percent increase next year or this  
20          year.  Okay?

21          MR. MCDONALD:   Okay.

22          MR. MIROTZNIK:   Mr. DeLuca.

23          MR. DELUCA:   Harold, just a suggestion,  
24          and you're probably doing this already.  A key  
25          part for primary care is making the

1           appointments. When they make the appointments,  
2           it's very important to get all the possible  
3           communication information about the contact  
4           information for the patients. That means not  
5           only a phone number or cell number. If they  
6           have an e-mail, because that could greatly  
7           increase the number of people that we see,  
8           because there's a huge number of no-shows.  
9           Historically, there's always a huge number of  
10          no-shows, and if we could fill that in by  
11          having -- assigning someone -- I want  
12          Dr. Politi to hear this. This is key. If we  
13          could assign somebody to actually do that  
14          function to be able -- like they do in private  
15          doctor's offices, fill in people the last  
16          minute.

17                 I had a dental appointment this morning.  
18                 I got a text message five days ago, three days  
19                 ago and this morning reminding you to keep this  
20                 appointment. You have to do that with people,  
21                 especially here because there's such a high  
22                 rate of last minute no-shows, and then we're  
23                 not productive.

24                 So we really need to figure that -- you  
25                 need to figure out to have somebody or people

1 or some people that really know how to do this,  
2 that are really going to be assertive,  
3 aggressive and be able to stay on top of this,  
4 because that's going to affect our bottom line.

5 MR. MCDONALD: Right, and that's part of  
6 the plan for the increase.

7 MR. COHN: Let me ask. We made  
8 assumptions on this budget, I'm sure, to arrive  
9 at the break-even point. One of them we're  
10 just discussing now that you made the  
11 assumption that we're going to see a three  
12 percent increase, correct? John, what other  
13 assumptions are made in this budget that --  
14 what are the assumptions made in the budget,  
15 period, that affect the bottom line here?

16 MR. MAHER: On the revenue side, again,  
17 it's a conservative budget. So there's --  
18 we've talked about \$1 million coming up from  
19 the outpatient departments as a whole. The  
20 other assumption is that there would be about a  
21 \$1 million recovery of accounts that were  
22 denied by third-party carriers and so they  
23 didn't pay us. Mr. DiSanti and his team have  
24 engaged a very different way of employing  
25 outside resources to challenge those insurance

1           companies. It hasn't been done as aggressively  
2           as it could've been in the past, and now that  
3           whole thing has changed. So based on --

4           MR. COHN: How has it changed?

5           MR. MAHER: Because --

6           MR. COHN: You --

7           MR. MAHER: Let me explain.

8           MR. COHN: I apologize.

9           MR. MAHER: It's all right. We had a  
10          group in here that was supposed to be following  
11          up on these denials and they did not work as  
12          well as we thought they would. So we changed  
13          vendors, and the changed vendor's a lot more  
14          aggressive than the previous vendor. We let  
15          the previous vendor go, and there's an  
16          inventory of about some \$12 million worth of  
17          charges that are sitting out there that have  
18          been denied. I say "charges" deliberately,  
19          because that's the volume that we're dealing  
20          with and we're estimating that there's only  
21          about \$1 million worth of that that are  
22          recovered or that are recoverable or will be  
23          recoverable in 2017. That's it on revenue.  
24          Everything else is held flat, discharged, days  
25          and length of stay.

1 MR. ZYSMAN: You've brought in a vendor  
2 that's doing a better job and you're trying to  
3 collect debt, of which you think only about \$1  
4 million is 2007 bad debt?

5 MR. MAHER: That's correct, yes. I don't  
6 want to call it bad debt. I want to call it  
7 denials. Subtlety, but --

8 MR. ZYSMAN: In the health care world,  
9 right, correct me if I'm wrong, if you're  
10 twelve months out on a bill, with the insurance  
11 company that's bad debt?

12 MR. MAHER: Not if it's being appealed for  
13 medical denial issues.

14 MR. DELUCA: Does this vendor get a  
15 percentage of what they collect?

16 MR. MAHER: Vince, I -- is this one flat  
17 or is it negotiated? I forget. It's flat.

18 MR. DISANTI: I meet with them on a weekly  
19 basis.

20 MR. MIROTZNIK: Can we just focus to the  
21 budget for a moment. John, we want to get  
22 through this as intelligently as possible.

23 MR. MAHER: Fine.

24 MR. MIROTZNIK: We want to ask questions  
25 about this document. We want to know if this

1 document is going to change between now and  
2 Monday. We want to know whether or not the  
3 RAN, which is the heart of the reason why we  
4 all convened tonight, which was very difficult  
5 to get everybody together, because we were told  
6 that if we don't convene and get the budget  
7 passed, we stand to lose RAN in the amount  
8 of --

9 MR. SULLIVAN: \$39 million.

10 MR. MIROTZNIK: \$39 million, Mr. Sullivan?

11 MR. MAHER: It's actually up to an  
12 amount --

13 MR. SULLIVAN: It's up to \$45 million.

14 MR. MAHER: An amount not to exceed \$45  
15 million.

16 MR. MIROTZNIK: What is it?

17 MR. MAHER: An amount not to exceed \$45  
18 million.

19 MR. MIROTZNIK: What is the floor of it?

20 MR. SULLIVAN: We are anticipating  
21 borrowing \$40 million.

22 MR. MIROTZNIK: We get it back?

23 MR. SULLIVAN: Correct.

24 MR. MAHER: Correct.

25 MR. MIROTZNIK: This needs to be done no

1 later than Monday evening; is that correct?

2 MR. MAHER: We need it in time for a due  
3 diligence call on Wednesday morning at 11:00.

4 MR. SULLIVAN: We also post a POS, which  
5 is a Preliminary Offering Statement, and that  
6 document is part of it.

7 MR. MIROTZNIK: If we reconvene Monday and  
8 have the minutes closed by 8:00 in the evening,  
9 does that give administration enough time to  
10 secure the RAN?

11 MR. SULLIVAN: Yes.

12 MR. MIROTZNIK: Does anybody -- this is  
13 not going to be a Board problem?

14 MR. SULLIVAN: No.

15 MR. MAHER: No.

16 MR. MIROTZNIK: If it doesn't get done,  
17 whose problem is it? Who's responsible for it?

18 MR. COHN: Let me just say right now so  
19 it's clear. It's not a board problem now.  
20 It's a problem of why we didn't have this  
21 before. Let's make it perfectly clear. If it  
22 was -- if the deadline was tonight, it wouldn't  
23 be a Board problem.

24 MR. MIROTZNIK: Right. You're right.

25 Mr. Sullivan, who's going to shepherd this



1           thing through?

2           MR. SULLIVAN: I've been shepherding it  
3           along with the CEO, John Maher. NYCLA right  
4           now is presently meeting at the same time. I  
5           was supposed to be there. I spoke to the staff  
6           today and asked them to present for me. We've  
7           had correspondence back and forth. I  
8           anticipate that I will be receiving a text  
9           message sometime during the course of this  
10          meeting, saying that the control board has  
11          approved that financing. That really is the  
12          final approval. This Board has previously  
13          approved that borrowing back in December.

14          MR. MIROTZNIK: At our last Board meeting,  
15          correct?

16          MR. SULLIVAN: That is correct, and the  
17          budget document serves as an appendix to what  
18          they call the Preliminary Offering Statement,  
19          which then becomes the OS, the Official  
20          Statement.

21          MR. MIROTZNIK: This has not been -- this  
22          has not been distributed to anyone, any entity?

23          MR. SULLIVAN: No.

24          MR. MAHER: No.

25          MR. MIROTZNIK: Mr. Zysman.

1 MR. ZYSMAN: I'd like follow up on --

2 MS. REED: I'd like some clarification. I  
3 have a question for Meg. No offense, John. My  
4 understanding -- correct me if I'm wrong,  
5 because I could be. But my understanding what  
6 that this Friday everything had to be sent up  
7 electronically for the RAN. Were we given this  
8 information?

9 MS. RYAN: I mean, I defer to John Maher  
10 and Tim Sullivan with -- they deal with the  
11 actual processing of the RAN, the offering  
12 statements. So whatever, you know -- I have to  
13 defer to finance as to the time and the dates.

14 MS. REED: John, you're saying that Friday  
15 is not the date. So that date that we were  
16 given a month ago was incorrect, and we have  
17 until Monday evening without any penalties to  
18 get that up?

19 MR. MAHER: Yes.

20 MS. REED: I want to be clear on the  
21 record.

22 MR. MIROTZNIK: Maybe can I just rephrase  
23 it. Was there a prophylactic date given just  
24 to protect the institution? I mean, I have no  
25 problem if we had done it two weeks ago if the

1 finance had it done. However, knowing that --  
2 I guess Ms. Reed thought it was Friday. If in  
3 fact it's Monday, it's semantics. But is that  
4 in fact true that Monday's okay versus Friday?

5 MR. SULLIVAN: Yes. As we've just laid  
6 out and testified for the record, there's a due  
7 diligence call on Wednesday morning. I'm in  
8 constant contact with the bankers. They want  
9 know if we have an approved budget. The  
10 collateral for the borrowing is the DSH funding  
11 and the ICA payments. Two of the four ICA  
12 payments are received. That next year is  
13 scheduled to total about approximately \$57  
14 million. If that is not appropriated, there's  
15 not a basis for pledging those dollars. That  
16 becomes a legal issue. I've been in constant  
17 contact with Thomas Myers who's counsel at  
18 Orrick Herrington. That is the counsel on  
19 the -- our side of the deal.

20 MR. DELUCA: I think the issue, if I  
21 might, had to do with scheduling and the --

22 MR. ZYSMAN: So we have the meeting Monday  
23 night, we get the minutes back Tuesday morning.  
24 You guys are fine?

25 MR. MAHER: Correct.

1           MR. ZYSMAN: So let's just put that to  
2           bed. I just want to follow on Mr. DeLuca. He  
3           asked a question about the calling in to the  
4           system. This is something that's come in  
5           contracts. Under contract we have with a  
6           company called Tunstall. We've spoken about  
7           this at meetings. Is Tunstall part of this  
8           budget?

9           MR. MAHER: Yes, it is.

10          MR. ZYSMAN: Why?

11          MR. MCDONALD: Elimination. It's  
12          elimination. Elimination was part of the --

13          MR. ZYSMAN: Who renewed the contract?  
14          Are you anticipating we're going to renew the  
15          contract?

16          MR. MCDONALD: No. We're anticipating  
17          that we would renew the contract and that would  
18          be an \$850,000 savings.

19          MR. ZYSMAN: When does it expire?

20          MR. MCDONALD: The contract is -- I'm not  
21          sure of the exact date. But we've got --

22          MR. ZYSMAN: I think it's expired already.

23          MR. MCDONALD: It may have expired  
24          already.

25          MR. ZYSMAN: Are we still using it?

1 MR. MCDONALD: We are still using it, not  
2 to the extent that --

3 MR. ZYSMAN: You're using a vendor that's  
4 got an expired contract. That doesn't sound  
5 like you're looking to save it. You're looking  
6 to continue paying for it.

7 MR. MCDONALD: No, we're looking to --

8 MR. ZYSMAN: Just a quick point of  
9 reference, because I see some of the Board  
10 members are looking. Tunstall is a service  
11 that's based in Long Island City. You call  
12 them -- when you want to make an appointment in  
13 our outpatient clinic, you have to call them.  
14 We went through an exercise here. We spent  
15 thirty minutes. No one asked for our name,  
16 phone number. They didn't know the buses to  
17 get to this institution or anything, and that's  
18 probably why volume is down at the outpatient  
19 clinic.

20 MR. MIROTZNIK: They didn't know who  
21 Dr. Politi is. They didn't know anyone,  
22 correct?

23 MR. ZYSMAN: They didn't know any of the  
24 names of the doctors in the clinic.

25 MR. DELUCA: They had no idea who any of

1 the management were here. They had no idea who  
2 anyone was. It was really an embarrassment.

3 MR. ZYSMAN: How are using a contract --

4 MR. MCDONALD: The elimination --

5 MR. ZYSMAN: -- that is expired?

6 MR. MCDONALD: The elimination of the  
7 Tunstall expense and the improvement in the  
8 ability to schedule clinic visits is impacting  
9 our budget projections for 2017. So if we go  
10 back to the question of how are you going to  
11 get a three percent on average increase, we've  
12 got a couple of opportunities for improvement.  
13 One opportunity is when somebody calls to get a  
14 hold of somebody so they can actually schedule  
15 a visit, we are reassigning --

16 MR. ZYSMAN: But, Harold, what changed  
17 your mind about that, because a few months ago,  
18 you and Judy Eisele put in a renewal of that  
19 contract for \$1.3 million but we just -- we  
20 didn't vote on it.

21 MR. MCDONALD: The plan was to wean  
22 ourself off Tunstall, which we started doing  
23 last year.

24 MR. ZYSMAN: Now you're saying you're  
25 going to do it for this year. When?

1 MR. MCDONALD: Well, as of the  
2 twenty-third of January we have the staff that  
3 is being re-allocated to handle the clinic  
4 callers.

5 MR. ZYSMAN: Why were you looking for a  
6 \$1.3 million renewal for a year?

7 MR. MCDONALD: It was an amount not to  
8 exceed, and we didn't know exactly how long it  
9 would take to get the staff to fill those  
10 positions.

11 MR. MIROTZNIK: Can I say something?

12 MR. MCDONALD: It's a total of thirty-five  
13 positions that need to be --

14 MR. MIROTZNIK: To answer phones?

15 MR. MCDONALD: To answer phones, to --  
16 it's two separate areas. One is the clinics,  
17 to make the clinic appointments. Another is  
18 the switchboard, and in addition to the clinic  
19 appointment, it's ER calls. So it's a lot of  
20 staff. Now with the clinic --

21 MR. MIROTZNIK: Can't you forward it to  
22 your cell phone or something to do it at night?

23 MR. MCDONALD: The clinic is more than  
24 just answering the phone. It's scheduling  
25 appointments and getting the

1 pre-authorizations.

2 MR. MIROTNICK: Thirty-five people to do  
3 that? Mike? Is that what you had?

4 MR. MCDONALD: So we've identified --

5 MR. DELUCA: We did it inhouse when I did  
6 it.

7 MR. MIROTNICK: We need thirty-five people  
8 to do that?

9 MR. DELUCA: I don't know if we had  
10 thirty-five, but we had very competent people  
11 doing it inhouse.

12 MS. REED: Mike, we are going to be doing  
13 it inhouse?

14 MR. DELUCA: Okay.

15 MR. DISANTI: Can't you discharge them --

16 MR. DELUCA: Vince has something to say.

17 MR. DISANTI: Can't we -- dont we have an  
18 out clause, like we always do, Mr. Rizzo, in  
19 these contracts?

20 MR. RIZZO: I think it expired as of  
21 November.

22 MR. DISANTI: So why don't we just  
23 terminate them from the budget? Dont send them  
24 another check. They're done.

25 MS. REED: Who's going to answer the



1 phones right now?

2 MR. DISANTI: They're not helping us  
3 anyhow. We're not losing people by using them.  
4 We're not gaining anybody.

5 MR. ZYSMAN: Why not -- I mean --

6 MR. MCDONALD: It's not only answer the  
7 phones, Mr. Chairman. It's also calling the  
8 patients ahead of time, pre-scheduling,  
9 pre-registering, getting the demographic  
10 information in. That's our plan moving  
11 forward.

12 MR. ZYSMAN: But they're not doing it.

13 MR. MIROTZNIK: Harold, listen. I know  
14 you can't get a word out.

15 MR. COHN: But you're used to it.

16 MR. MCDONALD: Yes.

17 MR. MIROTZNIK: Why should this year be  
18 different than last year. However, if we're  
19 not -- if they're not doing anything for us  
20 anyhow, we're not losing anything by not using  
21 them. We can't do any worse than we're doing  
22 now with or without them. So put someone on it  
23 tomorrow and let's terminate them. If we can  
24 save \$1 million, John. How much?

25 MR. MCDONALD: Between that service and

1 other contracted labor like that, it's a  
2 million-dollar reduction from expenses.

3 MR. DELUCA: Wow. You should really  
4 brainstorm on that and really utilize maybe  
5 giving some of our people a stipend and have  
6 people that are trained. You train these  
7 people as to collect the appropriate  
8 information and you get it done. This is key  
9 right now. What you're talking about is really  
10 key.

11 MR. MCDONALD: We've identified  
12 thirty-five employees.

13 DR. POLITI: Inhouse employees.

14 MR. MCDONALD: Inhouse employees. We are  
15 closing the positions.

16 MR. DELUCA: You did it already. That's  
17 great.

18 DR. POLITI: Already done. It's moving  
19 forward.

20 MR. MCDONALD: They're being trained to  
21 use the system and to answer the phones to do  
22 the registrations, and on the twenty-third we  
23 go live with this staff and in the clinics.

24 DR. POLITI: January 23.

25 MR. MCDONALD: January 23.

1 MR. DELUCA: You may want to be really  
2 creative, and maybe it would pay to get these  
3 people cell phones and maybe have them have the  
4 cell phones, you know, answer their phones  
5 until 11:00, whatever, because that's the way  
6 you have to get patients.

7 DR. POLITI: They have to have computers  
8 to make entries, they have to have the data.  
9 But we will have qualified competent people in  
10 those spots. Until we have --

11 MR. DELUCA: You should think about it.

12 DR. POLITI: Until we have those people --  
13 I'm sorry. Until we have those people in that  
14 spot, someone's got to answer the phone. The  
15 phone is answered. As poorly as they're doing  
16 it, they still do it.

17 MR. ZYSMAN: Yes, they tell you to go to  
18 the Urgent Care Center up the block. That's  
19 not -- I mean you're better off not even --  
20 you're better off having an answering machine  
21 that says we're accepting walk-ins from this  
22 time to this time.

23 MR. DELUCA: I want to tell you --

24 MR. MIROTZNIK: They recommend -- it's  
25 every other call. One it City MD and other

1 is --

2 MR. DELUCA: If we use the phone right now  
3 and put it on speaker phone --

4 MR. ZYSMAN: You'd be embarrassed.

5 MR. DELUCA: -- I bet you dinner they'd  
6 tell us to go to Winthrop.

7 MR. MIROTZNIK: Can you please take them  
8 out of that budget and cut them off between now  
9 and Monday? It's -- there's got to be a better  
10 solution that we can come up with. They're not  
11 helping us.

12 MR. MAHER: They are out of the budget for  
13 2017.

14 MR. ZYSMAN: But we're still paying them.  
15 Harold's saying --

16 DR. POLITI: January 23.

17 MR. MAHER: Until January 23.

18 MR. MCDONALD: By the end of February,  
19 there should be no need for them. The costly  
20 part of the agreement is answering the clinic  
21 phones. If we answer the clinic phones, they  
22 don't answer them and they don't bill us. So  
23 they're billing us by the call, by the minute.  
24 So the area where we have the most problem and  
25 the most expense was related to the clinic

1 visits. That's why we focused on that first to  
2 eliminate this service for the switchboard, the  
3 calls coming into the building, we need the  
4 equipment. So the equipment, our switchboard  
5 had been ordered to identify space located  
6 in -- identify staff that's going to be trained  
7 to answer the phones.

8 MR. DELUCA: That's good.

9 MR. MCDONALD: So this has been a 6-month  
10 plan where we are about a month, maybe a month  
11 and a half away from --

12 MR. ZYSMAN: I don't think it's fair to  
13 say it was a 6-month plan. You guys came here  
14 looking for a \$1.3 million renewal. We did the  
15 exercise. We told -- we said very clearly  
16 we're not renewing this contract. Pt in the  
17 plan that you're talking about, okay, that we  
18 talked about at a Board meeting and it's very  
19 good you guys are doing it. But there hasn't  
20 been a 6-month plan. This happened a couple --  
21 maybe like a month or two ago.

22 DR. POLITI: I can say it's been at least  
23 a 6-month, if not more plan, because I've been  
24 the --

25 MR. ZYSMAN: Then you wouldn't have put in

1 a years' -- you guys wouldn't have put in for  
2 more than \$1.3 million over a year --

3 DR. POLITI: It was --

4 MR. ZYSMAN: -- and we wouldn't have been  
5 forced to have go through to say --

6 DR. POLITI: It was up to.

7 MR. ZYSMAN: I had people telling me it  
8 was a great service until we called and they  
9 said we're embarrassed. I had a physician  
10 who's in the room now who I won't name, but at  
11 that meeting said they're terrible, they've  
12 been terrible for years. I use my personal  
13 cell phone and my person e-mail to schedule  
14 appointments because my patients can't get an  
15 appointment with me at the clinic when I want  
16 to follow up, and that's a chair of a  
17 department.

18 MR. COHN: Can I -- it's fascinating. I  
19 think the message has been delivered.

20 MR. DELUCA: Let's move on.

21 MR. COHN: John, can we go back to what is  
22 speculative in the budget.

23 MS. REED: We'll stick to the budget.

24 MR. COHN: I think we started that a while  
25 back. What is speculative? What doesn't have

1 a track record that you are anticipating to  
2 occur that's to balance our budget?

3 MR. MAHER: On the --

4 MR. COHN: On any level.

5 MR. CIAMPOLI: Let me try and rephrase  
6 Mr. Cohn's question.

7 MR. COHN: Thank you.

8 MR. CIAMPOLI: Tell me the risk factors.

9 MR. MAHER: I don't believe there are risk  
10 factors associated with the revenue because we  
11 already know that on the -- at least on the  
12 revenue side, the nursing home, which has the  
13 biggest increase over 2016 -- there's a \$5  
14 million increase. That's due to its --  
15 basically its case mix increase. This has  
16 already been confirmed to us by the state, the  
17 rates have been adjusted and it's just  
18 projected forward.

19 MR. COHN: Then let's go on the expense  
20 side.

21 MR. MAHER: So on the expense side, the  
22 expenses are flat in this. But what it belies  
23 is the fact that there's a significant amount  
24 of reductions that have to take place between  
25 reducing staffing costs associated with either

1           overtime and/or management on various staffing  
2           levels, the reduction of overtime associated  
3           with those staffing levels and the reduction of  
4           the use of outside labor associated with  
5           filling gaps created by, you know, not being  
6           able to fill the matrices, et cetera. That to  
7           me is like -- I say it's a risk, but it's,  
8           having discussed it with Mr. McDonald, there  
9           are several key areas that I believe are very  
10          doable based on the changes that have been made  
11          with respect to matrices.

12                 The matrices dictate the staffing levels  
13          for a variety of different departments,  
14          including nursing, and that's where the biggest  
15          impact is for the hospital.

16                 MR. MIROTZNIK: Okay. You brought up, and  
17          I was going to ask you about nursing. Our  
18          nursing people are here, Kathy and Karen.

19                 MS. SKARKA: We're here.

20                 MR. MIROTZNIK: Have they been part of  
21          these discussions?

22                 MR. MAHER: Yes, they have. I would like  
23          to turn it over to Mr. McDonald because he and  
24          I talked about this for probably the last  
25          couple of weeks, and virtually every morning he



1 has met with Kathy and Karen to go over these  
2 changed matrices, and they've agreed with, I  
3 guess, not only the staffing levels but also  
4 the way we're replacing people whether it's  
5 either the overtime issue or the outside  
6 agencies.

7 MR. DELUCA: I don't want to delay. I  
8 want to get through this meeting. I just need  
9 to ask Kathy a question. Kathy, do we utilize  
10 12-hour nursing shifts here?

11 MS. SKARKA: Yes.

12 MR. DELUCA: Do we have a policy for  
13 people who game the system who call in at the  
14 last minute, you know, that know that if they  
15 call in their friend will be able to get called  
16 in? Do we have policy for that?

17 MS. SKARKA: We have no policy in the  
18 sense of progressive discipline. When it comes  
19 to replacing them, that's strictly our  
20 decision. We don't allow them to call a  
21 friend. We decide if we're going to replace it  
22 all. Oftentimes we don't, which we will do  
23 based on the acuity of the floor or the  
24 patients at the time, or we can call from  
25 another floor, if we feel that's the right way

1 to go to replace them.

2 MR. DELUCA: Some of them are  
3 cross-trained?

4 MS. SKARKA: Yes.

5 MR. DELUCA: Right?

6 MS. SKARKA: Within all the services,  
7 they're cross-trained. Med Surg, critical  
8 care, et cetera, psychiatry. All those units  
9 within are cross trained.

10 MR. DELUCA: When do you then have to  
11 resort to agency?

12 MS. SKARKA: When we feel that we cannot  
13 meet safe care. So it's more dictated, for  
14 example, in an ICU where we want to have a one  
15 to two ratio.

16 MR. DELUCA: How more more is agency  
17 approximately percentage-wise? Approximately?

18 MS. SKARKA: It's a two pronged question,  
19 only because hour by hour it's the same time  
20 and a half, but there's no benefits involved to  
21 paying an agency.

22 MR. DELUCA: You're paying the benefits,  
23 anyway, though, to the people that work here  
24 anyway. So whether they're here or not, you're  
25 paying the benefits.

1 MS. SKARKA: True.

2 MR. DELUCA: Okay.

3 MS. SKARKA: But the hourly wage would be  
4 equivalent to time and half.

5 MR. ZYSMAN: What's changed -- in this new  
6 plan in your discussions with Mr. McDonald,,  
7 what's changed that makes you feel that you  
8 won't have this dependency on these outside  
9 agencies that you did have last year and the  
10 year before, because I know those contracts are  
11 pretty heavy contracts?

12 MR. DELUCA: What modifications did you  
13 make?

14 MS. SKARKA: Right. Probably I can't say  
15 it will be zero usage --

16 MR. DELUCA: No, of course not.

17 MS. SKARKA: -- because there are always  
18 things that happen. But as you guys know,  
19 we've had many fellowships. We are now like at  
20 zero vacancies in the ED for the first time  
21 that I've worked here, which is almost eleven  
22 years.

23 MR. DELUCA: Big.

24 MS. SKARKA: We have a couple of vacancies  
25 in the critical care only because people just

1           leave and you can't stop that. But we've had  
2           the least number of vacancies in those kind of  
3           areas than we've probably ever had because of  
4           the fellowships.

5           In the Med Surg Division we've been able  
6           to hire mostly I would say in the beginning of  
7           this year. That has brought our vacancy level  
8           way down. There will be some overtime in  
9           agency. It won't be zero. But it will be, I  
10          feel, much less, based on the number -- like  
11          right here today, based on the number of  
12          vacancies that I have to fill the matrix.  
13          We're in good shape from the date.

14          MR. ZYSMAN: Harold, Kathy had said it's  
15          kind of a double-edged sword with the agency.  
16          If the agency -- if we're not reducing the  
17          number of people working, they've now been  
18          hired in, which is fantastic and it's the  
19          preferable way to do it, how is the budget  
20          changing for nursing?

21          MR. MCDONALD: We've also reduced some of  
22          the staffing on some of the units.

23          MR. DELUCA: I have just one final  
24          question about this. Do you have a float team  
25          that's cross trained in nursing so that when

1           someone calls in at the last moment, these  
2           people are assigned at regular time, not at  
3           time and a half? In other words that's their  
4           job. They come in to work. They're on a float  
5           team. So you don't have to call someone in.  
6           You don't have to pay time and a half. Have  
7           you --

8           MS. SKARKA: We have small float pools.  
9           Not very large ones. But we have very small  
10          float pools.

11          MS. MCGLYNN: We find it's difficult to  
12          maintain float pools. People don't want to be  
13          in that position. So we don't always have very  
14          large float pools.

15          MR. DELUCA: I understand that. But  
16          economically and in terms of patient care, it's  
17          very beneficial to have people that are here  
18          and are assigned already --

19          MS. MCGLYNN: We float from unit to unit.  
20          So what we do every day three times a day is we  
21          look at the census. We look at the census, we  
22          see how many staff have been scheduled to work  
23          that day and we work by matrix. Every census  
24          point tells us exactly how many nurses and PCAs  
25          need to be working, and we staff up or we staff

1 down, depending on --

2 MR. DELUCA: I understand that. But I'm  
3 saying something a little bit different. The  
4 float pool is extremely important for a couple  
5 of reasons. So you know I can't tell you, but  
6 I would urge you to take a very good look at  
7 that and maybe enhance your float pool, because  
8 that saves significant amount of money and it  
9 also saves a significant amount of angst at the  
10 last minute calling all of these different  
11 agencies and not being able to get the  
12 appropriate people. So in the end -- in the  
13 end, the big picture, it always works out to  
14 have the float pool, in my opinion.

15 MR. MIROTNICK: Kathy, two last  
16 questions. First of all, the nurses you had on  
17 duty yesterday in endoscopy were unbelievable.  
18 Great team of ladies up there, and I say ladies  
19 because there's not one male nurse, and you  
20 know who I'm talking about.

21 The second thing is the discussion with  
22 Harold and the budgetary issues. When are  
23 you -- first of all, are you good with nursing?  
24 Are there any needs in the nursing department  
25 that haven't been addressed either either

1 by the CEO or by this Board?

2 MS. SKARKA: There a few positions in the  
3 cue but not many. Probably we feel that once  
4 everything's passed, we'll be able to -- I  
5 think we've just been on a little bit of a  
6 holding pattern just until we've settled all  
7 the numbers, because we really were playing  
8 with different ideas.

9 MR. MIROTZNIK: So the answer is okay.

10 MS. SKARKA: For the most part okay.

11 DR. POLITI: Just one point. Have you had  
12 any issues with the nurses that were supposedly  
13 given raises under the stipulation, every  
14 quarter, five nurses were supposed to go up.  
15 Have thy been getting those increases.

16 MS. SKARKA: Up until the last quarter  
17 that was put on hold. So the last group and  
18 then we have brand new group that are just  
19 filling out their applications. A group for  
20 October and a group for January. So those two  
21 groups, those ten nurses have not gotten  
22 their --

23 DR. POLITI: I've received complaints from  
24 nursing and from the union that there's a  
25 stipulation to hire or to increase five nurses

1 per quarter as per the stipulation, and that  
2 for the last two quarters they have not, and  
3 I've had the union in my offices and some were  
4 e-mails. They wanted to know why they  
5 threatened today to go and sue us and get an  
6 attorney to get that to happen.

7 MR. ZYSMAN: What have you done about  
8 that?

9 DR. POLITI: I requested yourself and  
10 Mr. Ciampoli though e-mails to, I guess, send a  
11 letter to the civil service commission. I  
12 believe it's being held up at civil service  
13 awaiting a letter from the Board. That could  
14 happen. I don't know what's holding it up.

15 MR. ZYSMAN: I believe a letter was issued  
16 many months ago.

17 DR. POLITI: I don't know.

18 MR. ZYSMAN: This is the first time you've  
19 raised a concern about that, and I did receive  
20 a call from the union today, making inquiry,  
21 and I called over to civil service, who had  
22 indicated they had not received any calls about  
23 this, and they processed it today, because no  
24 one had called them to explain what the issue  
25 was and it just needed attention.



1           I'm a volunteer. I shouldn't have to be  
2           in a position to do that, but I did it because  
3           I could not -- I didn't want to have to --

4           MR. DELUCA: How did you find out about  
5           it?

6           MR. ZYSMAN: The union called me on my  
7           cell phone.

8           MR. DELUCA: Why would the union call you,  
9           as a board member?

10          MR. ZYSMAN: They said that Maureen Roarty  
11          and Dr. Politi said that I was the person  
12          holding it up.

13          DR. POLITI: I think --

14          MS. ROARTY: Can I clarify?

15          DR. POLITI: Go ahead.

16          MS. ROARTY: These were presented to the  
17          Board in September and October. They were on  
18          the list, and the list that came back did not  
19          have the five RN-1s to the third quarter of the  
20          year.

21          MR. ZYSMAN: There was a letter issued in  
22          either October or November on these two civil  
23          service --

24          MS. ROARTY: I never received a copy of  
25          it.

1 MR. ZYSMAN: Civil service even confirmed  
2 that when I spoke to them today.

3 MS. ROARTY: Civil service approved of the  
4 application.

5 MR. ZYSMAN: They said they approved it  
6 today.

7 MS. ROARTY: But we needed budgetary  
8 approval from the position control board.

9 MR. ZYSMAN: It was approved.

10 MS. ROARTY: I had to discuss it with  
11 Mr. Ciampoli as well.

12 MR. ZYSMAN: Mr. Ciampoli drafted the  
13 letter that was sent out timely from the time  
14 of that request.

15 MS. ROARTY: As soon as we get that  
16 letter, we certainly will execute it because  
17 we've been trying to get --

18 MR. ZYSMAN: Civil service said they  
19 already took care of it today. Maybe you want  
20 to follow up with them.

21 MS. ROARTY: Civil service --

22 MR. COHN: I --

23 MR. ZYSMAN: I'm not going to be the  
24 person --

25 MS. REED: Excuse me. Wait. Stop. Can

1           Maureen please say something?

2           MR. COHN:  No.

3           MS. REED:  Can we let her speak?

4           MR. COHN:  No, no.  You're getting into a  
5           disagreement, and the underlying issue is  
6           nobody should be given a cell phone number of a  
7           board member for somebody to contact.

8           MS. REED:  You're right.

9           MR. COHN:  Right.  So this disagreement  
10          should never occur.  Nobody, nobody.  I don't  
11          know how they got Warren's phone number.  
12          Somehow somebody got Warren's cell phone  
13          number.  Nobody should be giving the Board's  
14          cell phone numbers.  We're not here to run the  
15          hospital on day-to-day basis.  So it's not --  
16          there's no need for this debate.  It should  
17          never happen.

18          MR. MIROTZNIK:  I didn't bring that up.  
19          So I was just asking you complimenting you on  
20          one issue and asking if your needs have been  
21          met, and you kind of indicated again for the  
22          record you and Karen are good, things are  
23          moving well with your department.  Fair?

24          MS. SKARKA:  Fair.

25          MR. MIROTZNIK:  Lastly, the discussions

1           about the issues of nursing with Mr. McDonald,  
2           is there any way that the budgetary issues are  
3           going to impact upon patient care?

4           MS. SKARKA: The cuts we made that, you  
5           know, we had to come up with five percent. So  
6           we did what we could that we felt we'd still be  
7           delivering safe care. So Karen and I both  
8           wholeheartedly feel that five percent cuts,  
9           though no one likes to make them, were  
10          necessary and that we're comfortable with them.

11          MR. MIROTZNIK: Karen, for the record  
12          you're shaking your head --

13          MS. MCGLYNN: Yes.

14          MR. MIROTZNIK: -- in agreement?

15          MS. MCGLYNN: Patient care will not be  
16          compromised.

17          MR. MIROTZNIK: Lastly, when do you think  
18          these cuts will start taking place?

19          MS. MCGLYNN: They have all started.

20          MS. SKARKA: About three weeks ago.

21          MS. MCGLYNN: As soon as we made the  
22          decision with Harold, we started them.

23          MR. COHN: Do you have -- whether or not  
24          these cuts are going to impact on the overtime?

25          MS. MCGLYNN: Absolutely. Not impact on

1 the overtime. They've already impacted  
2 overtime without the cuts. The cuts won't  
3 increase overtime.

4 MR. COHN: Will not increase overtime?

5 MS. MCGLYNN: Will not increase overtime.

6 MR. DELUCA: Mr. Chairman, may I ask a  
7 question of Dr. Politi?

8 MR. MIROTZNIK: Anything. Sure.

9 MR. DELUCA: Have you given consideration  
10 to consolidation of certain inpatient floors  
11 that historically and seasonally sometimes are  
12 down where you can put patients together, and  
13 that way the same staff can treat the patients  
14 so that you would be able to utilize the staff  
15 best? Is there any consideration?

16 DR. POLITI: Absolutely, and that occurs  
17 three times a day currently by the nursing  
18 staff. They look at the census every day, goes  
19 about consolidation and they move --

20 MR. DELUCA: I don't think they're  
21 listening. I don't think the nurses --

22 MS. SKARKA: I'm sorry.

23 MR. DELUCA: No, no. Please, this is  
24 important. Please say it again.

25 DR. POLITI: That happens about three

1 times a day they review the census, they see  
2 whether staffing is needed, they move patients  
3 beds, they move patient and nurses to where  
4 they consolidate.

5 MR. DELUCA: So it's dynamic?

6 DR. POLITI: It is a dynamic process.

7 MR. DELUCA: Thank you.

8 MR. ZYSMAN: What's been the response of  
9 the staff on the units where you've had these  
10 reductions? Are they happy with it? What's  
11 going on?

12 MS. SKARKA: In some areas they've  
13 accepted it and it hasn't been an issue. In  
14 other areas, for example, labor and delivery  
15 just sticks out in my mind, they've been the  
16 most vocal about it. But the volume is -- what  
17 we cut loose were the PCA category, not the  
18 nurses, because we didn't want to not have  
19 enough pool of nurses if we didn't enough.  
20 We'd have to be able to pull from somewhere.

21 But we did eliminate the PCAs in that  
22 area, feeling that the nurses could pitch in  
23 and the surgical techs could in some places  
24 pitch in. But they're just like not happy  
25 about it, just because that's kind of their

1           personality. But there's always units that are  
2           just more vocal than others.

3           But in no way would we feel that we made  
4           any wrong decision by that, and we're getting  
5           through it and we're coming up with other  
6           creative ways of dealing with it.

7           MS. MCGLYNN: We're able to utilize those  
8           PCAs on units that have vacant positions. So  
9           we actually solved two problems at the same  
10          time.

11          MR. MIROTZNIK: Dr. Politi.

12          DR. POLITI: Unfortunately during tight  
13          times and budget times when you do have to make  
14          some difficult decisions not everyone is happy.  
15          But as long as patient care is not affected and  
16          we're still providing the utmost in patient  
17          safety, it's our job to communicate those  
18          moves.

19          MR. ZYSMAN: You believe everything is  
20          safe?

21          DR. POLITI: I absolutely believe that.  
22          Otherwise, there is no way as a physician, as a  
23          person who's been in health care for forty  
24          years taking care of patients that I would  
25          allow anyone to be put in an unsafe position.

1           MR. COHN: John, is there any other  
2 speculation with regard to the -- on the  
3 expense side?

4           MR. MAHER: The one issue that we're using  
5 to look at to close the budget gap is an offer  
6 to -- for separation, early separation from the  
7 institution. We've picked that number of \$5  
8 million and we think it's a doable, very doable  
9 number. There were discussions today with the  
10 union and they are well behind us and they will  
11 even be helping promote us -- promote this for  
12 us, as well as we're going to be stratifying  
13 different levels of people who have been here  
14 for ten years, fifteen years, twenty years.  
15 But we have to be careful because there's age  
16 discrimination issues and all sorts of other  
17 issues just to figure out where the best  
18 break-even point is to target 'X' number of  
19 people for separation.

20           We'll be working with labor counsel Rich  
21 Zuckerman, Maureen Roarty, who's been through  
22 this once before. If you do the math on this,  
23 it's roughly fifty people at one hundred  
24 thousand dollars each, you know, and that  
25 includes fringe benefits. So, there's not a



1 lot of people to get to the \$5 million. So we  
2 will probably target north of that fifty,  
3 somewhere around seventy-five or one hundred,  
4 to make sure that we clear it.

5 There's a combination of salaries and, you  
6 know, whatever incentives you need to net down  
7 to the five million dollars. But we feel it's  
8 a very doable number.

9 MR. MIROTZNIK: Maureen or John --  
10 Maureen, I guess you have historical knowledge.  
11 When was the last time the institution  
12 implemented -- I guess it's an early retirement  
13 plan, right?

14 MS. ROARTY: Well, we call it a voluntary  
15 separation.

16 MR. DISANTI: You can't call it  
17 retirement, because retirement means you have  
18 to be fifty-five years old.

19 MR. MIROTZNIK: I'm sorry. Let the record  
20 reflect my mistake.

21 MS. ROARTY: We had two incentives that we  
22 offered at the time when we were seeking to lay  
23 off. We wanted to get as many people to take  
24 the voluntary incentive. That was 2011. We  
25 did one from August of 2011 to September.

1           Seven-seven people participated in that and we  
2           had a minimum of eight years of actual  
3           completed service, and the employees were  
4           eligible for one a weeks' pay free tier of  
5           actual service and the minimum salary would be  
6           ten thousand and the maximum that we would pay  
7           out would be thirty thousand. The employees  
8           had the option as to whether or not they wanted  
9           that in a lump sum within sixty days after they  
10          left or if they wanted to defer to another time  
11          of the year.

12                 We also had an incentive right after that  
13                 in February of '11 through January of -- excuse  
14                 me -- December of '11 through January of '12.  
15                 We had forty participants.

16                 MR. MIROTZNIK: In about a year and change  
17                 you had about one hundred and ten participants?

18                 MR. MAHER: Yes, that's right.

19                 MS. ROARTY: That's right.

20                 MR. MIROTZNIK: Do you feel, Maureen, and  
21                 you've conferred with John as well, right?

22                 MS. ROARTY: Yes.

23                 MR. MIROTZNIK: Based upon your  
24                 professional opinion, do you feel that if  
25                 that -- that number is correct for our budget

1 purposes and whether or not we will have the  
2 same sort of response as you previously did?

3 MS. ROARTY: Well, depending upon the  
4 number of years of service, we run reports to  
5 see if we're going use eight years as the cut  
6 off, ten years, fifteen or twenty years.  
7 There's about seventeen hundred down to seven  
8 hundred employees, depending on upon the number  
9 of years. Obviously it's --

10 MR. MIROTZNIK: Is there a target that  
11 your going to come up with?

12 MS. ROARTY: Fifty employees, which I  
13 would believe that we should be able to get.  
14 That's an educated guess based on my  
15 experience, that fifty employees could  
16 potentially participate in this.

17 MR. MIROTZNIK: That number would equate  
18 to about \$5 million?

19 MR. MAHER: Right. But we would -- again,  
20 we would target something like seventy-five  
21 above that to consider the net gain, because  
22 you have payout expenses and other things that  
23 are involved with that.

24 DR. POLITI: Just to give you an idea, at  
25 the ten-year level, there's approximately

1           fourteen hundred eligible employees. So again,  
2           our target, if we go for the ten-year cutoff,  
3           is fourteen hundred. So we're looking for  
4           fifty or seventy-five of that fourteen hundred.

5           MR. MIROTZNIK: That should not be that  
6           difficult a number.

7           MR. MAHER: I don't believe it is at this  
8           point, and we're holding to that, based on the  
9           experience and, you know, what we've had  
10          before.

11          MR. MIROTZNIK: Dr. Faust, what do you  
12          think? Do you want to go to Florida?

13          DR. FAUST: I don't.

14          MR. MIROTZNIK: You don't meet the  
15          criteria?

16          DR. FAUST: If it's ten years I met it two  
17          days ago.

18          MR. MIROTZNIK: Mazel tov. All right.  
19          Back to Mr. Cohn.

20          MR. COHN: Any other areas where you  
21          speculate in which to cut expenses?

22          MR. MAHER: No, because the expense  
23          reductions, we think, are appropriate, given  
24          that most of it is coming out of the labor  
25          pool. The other large piece of it is related

1 to physician and physician extendors, which is  
2 about -- just so you know, the nursing piece of  
3 was about maybe \$4 million of this reduction  
4 and then the physician-related piece is about  
5 another \$4 million.

6 MR. COHN: What are you doing there to  
7 reduce?

8 MR. MCDONALD: We've had a number of  
9 physicians that have either retired or decided  
10 to leave recently. We're not going to be back  
11 to those positions. We have a number of  
12 physicians that will be retiring during 2017,  
13 and then we've identified a number of sessional  
14 physicians that will be positioned to be  
15 eliminated.

16 MR. COHN: You can eliminate \$4 million or  
17 \$5 million dollars of physicians without  
18 affecting the way that -- the health care that  
19 we deliver?

20 MR. MCDONALD: Yes.

21 MR. MIROTZNIK: Dr. Mustacchia, your turn.  
22 You've been part of these discussions, right?

23 DR. MUSTACCHIA: I have not been part of  
24 these discussions so I can't comment, and I  
25 would like to be part of these discussions.

1 But that's up to the group.

2 MR. COHN: Well, how could you -- who did  
3 you --

4 MR. MIROTZNIK: Dr. Faust, have you been  
5 part of this?

6 MR. COHN: Who has been part of the  
7 discussion that tells you -- I'm just  
8 curious --

9 MR. MCDONALD: We haven't made any --  
10 incorporated in the proposed budget there are  
11 no changes to the medicine departments, because  
12 when we took a look at the staffing, the  
13 coverage, the work generated by those  
14 physicians, we're tight. We can't be any  
15 tighter than that. The other department where  
16 we looked at the, you know, work units that  
17 were being produced based on the number of  
18 physicians we identified certain departments  
19 that had an ability to cut back.

20 MR. COHN: Did you discuss it with the  
21 chairs of those departments?

22 MR. MCDONALD: Yes.

23 DR. FAUST: Yes.

24 MR. MCDONALD: So Dr. Faust and I --

25 DR. FAUST: I didn't get to answer. My

1           answer would be yes, I have been involved from  
2           my department's standpoint, and there are some  
3           changes that I absolutely am confident will not  
4           affect patient care in a detrimental way in any  
5           form.

6           MR. MIROTZNIK: I want to ask the same  
7           question on Monday to Dr. Mustacchia and I want  
8           him to be part of these discussions because he  
9           is our chair of medicine.

10          MR. MCDONALD: When you take a look at all  
11          the staffing --

12          MR. MIROTZNIK: But it's not just your  
13          department. It's affecting the medicine  
14          department. Dr. Mustacchia is chairman of  
15          that.

16          DR. MUSTACCHIA: I think it's appropriate  
17          to make a point here. So the implications that  
18          occurred -- the implication of the changes in  
19          surgery or peds or OB/GYN or elsewhere could be  
20          felt in other departments or it could be felt  
21          in manners that are more global. So if I may,  
22          I think, and certainly I'm sure there's some  
23          sort of discussion about this. But I believe  
24          that there should be a physician or a physician  
25          leader that should participate in the

1 discussions as it relates to the medical staff  
2 and to the physicians globally, because I don't  
3 necessarily believe, although the chairs are  
4 the resource, because you have a mission, you  
5 have a collective group, and I think it would  
6 engage the engage the physicians and ultimately  
7 benefit the institutions if these discussions  
8 are collaborative.

9 MR. MIROTZNIK: Very well said and  
10 articulated. I can't agree with you more.  
11 Mr. DeLuca.

12 MR. DELUCA: I defer to Mr. Cohn first.

13 MR. COHN: No. Go ahead.

14 MR. DELUCA: I think that every department  
15 in a hospital causes ripples throughout the  
16 entire institution, and I think Department of  
17 Medicine is your largest clinical department,  
18 and I think that it absolutely pays to be able  
19 to get the suggestions and the reactions from  
20 the department of medicine. I think that's  
21 something that we should do. I think we'll all  
22 benefit from it, and my second piece, John, is  
23 is that I think what Mr. Cohn was talking about  
24 is he wanted to know if there's anything that  
25 is overly ambitious that we should know about



1           beforehand in terms of that we're counting on  
2           savings. Am I correct?

3           MR. COHN: I wouldn't call that  
4           speculative, but yes, it's a definition.

5           MR. MAHER: I don't see anything in this  
6           budget. We've been through this with a very  
7           fine-tooth comb.

8           MR. ZYSMAN: Who is charged with executing  
9           and implementing all of these changes?

10          MR. MAHER: Essentially it's operations.

11          MR. ZYSMAN: Who is that?

12          MR. MAHER: That would be Mr. McDonald and  
13          that would also be medical staff in terms of,  
14          you know --

15          MR. ZYSMAN: Who's the point person,  
16          Dr. Politi?

17          DR. POLITI: I guess Harold McDonald and  
18          myself.

19          MR. DELUCA: Do we -- I'm embarrassed to  
20          ask this question. I should know this answer.  
21          Do we have an acting medical director right  
22          now?

23          DR. POLITI: We never appointed an acting  
24          medical director. What we said is that we  
25          would assist, Dr. Mustacchia would assist in

1           some of those areas. It specifically asked of  
2           me at a board meeting if we could handle this  
3           without a medical director in the interim of us  
4           hiring a medical director and I said yes.

5           MR. DELUCA: This is certainly in my view  
6           your call. But do you think it would be  
7           helpful to you to have someone that would be an  
8           acting medical director?

9           DR. POLITI: I think what would be helpful  
10          to me is to have a medical director. A medical  
11          director is an essential part of a hospital and  
12          for us to be operating for the last two years  
13          without one, it's not as efficient as it could  
14          have been, yes.

15          MR. COHN: You know, I have a question.  
16          It's really truly a question. You say that we  
17          should have medicine involved or all the heads  
18          of every department should be involved, the  
19          chairmen. How would somebody, and it's truly  
20          just a question. How would somebody who's from  
21          surgery who the chiefs of surgery, chairman of  
22          surgery decides is expendable, basically we  
23          don't need him, that could be part of the --  
24          how would that impact upon medicine?

25          DR. MUSTACCHIA: How would the discussion

1 or the loss of such?

2 MR. COHN: How would the loss? In other  
3 words --

4 DR. MUSTACCHIA: We have relationships  
5 with the physicians throughout the institution,  
6 the Department of Medicine. We may see forty  
7 percent of the patients who are discharged from  
8 the hospital in one way, shape or form and we  
9 have our opinions based on our day-to-day  
10 interactions on who has value. So you could  
11 ask us how do we define value. We could  
12 potentially come up with professionalism and  
13 communication and so on, but we'd weigh in and  
14 we'd say to the Department of Medicine, in the  
15 context of the Department of Medicine, losing  
16 this person would be problematic, that would be  
17 a loss to us, because of the way we interact  
18 with them, the way they interact with the house  
19 staff.

20 So we would give you an assessment of what  
21 we thought their value was to the department  
22 and to a certain extent to the institution.  
23 But it would probably be more  
24 medicine-centered.

25 MR. MIROTZNIK: Dr. Paul, if you had a

1 list of all your players on a team, some of  
2 them are benchers, right? Some of them are  
3 just not doing much?

4 DR. MUSTACCHIA: Well, in the department  
5 of medicine we're fortunate with the support of  
6 this group, we -- and with the benchmarks and  
7 so on. But it's hard -- these are sensitive  
8 discussions. I would speak to the chair of  
9 surgery. I would also speak to -- I need to  
10 see these -- you know, what's happening on the  
11 teaching side. There are many elements, and  
12 we're not -- we don't want to meddle. The last  
13 thing we want to do is interfere. Part of the  
14 dialogue and hopefully our input will be  
15 constructive and we'll make better decisions.

16 MR. COHN: Bur you think the ultimate  
17 decision as to who within a department  
18 should --

19 DR. MUSTACCHIA: It will be the chair or  
20 surgery, not me. You know, it will be the  
21 chair of surgery and it will be Dr. Politi and  
22 it will be Harold. But I think there might be  
23 some benefit to some discussion.

24 MR. MIROTNICK: Has that been done,  
25 Dr. Faust, as far as you're aware, in the last

1 year?

2 DR. FAUST: I certainly had discussions  
3 with Harold and Dr. Politi in the last week.

4 MR. MIROTZNIK: Has there been anybody  
5 from your department or other departments that  
6 you're aware of that have been let go based  
7 upon you, know these, criterias, if you will?

8 DR. FAUST: They're not necessarily let  
9 go. There's plan to bring some of our staff in  
10 on the subspecialties in the department.

11 MR. MIROTZNIK: When is that to be  
12 implemented?

13 DR. FAUST: As soon as I'm told to do it.

14 MR. MIROTZNIK: Who do expect to tell you  
15 to do it?

16 DR. FAUST: Probably Mr. McDonald and  
17 Dr. Politi.

18 MR. ZYSMAN: Mr. McDonald, you're going to  
19 be handling -- all of these things that are  
20 assumptions or plans, you're going to be  
21 handling the implementation?

22 MR. MCDONALD: And also the monitoring.

23 MR. ZYSMAN: So you and whoever your staff  
24 is, we're relying on you to keep the budget  
25 balanced this year?

1 MR. MCDONALD: Yes.

2 MR. ZYSMAN: If it weren't balanced?

3 MR. MCDONALD: Then I'm the guy.

4 DR. POLITI: He's not just the guy. I'm  
5 the guy. Harold is our chief operating  
6 officer. He's the day-to-day sergeant in the  
7 field running our operations, and I understand  
8 Dr. Mustacchia's point. It's taken very well.  
9 I understand he wants to be involved. We'll  
10 get him more involved the best we can.

11 MR. ZYSMAN: Just to give context, I mean  
12 the Department of Medicine is different than  
13 some of the other departments, right? When you  
14 say you touch forty percent of the patients  
15 that come through here, you're interacting with  
16 different cases differently than most of the  
17 other departments in terms of the volume of  
18 folks that you are -- you're not admitting  
19 forty percent of the patients?

20 DR. MUSTACCHIA: No, we're not. We're  
21 probably discharging on the order of one third  
22 of the patients. It's forty percent, but one  
23 third of the patients.

24 MR. MIROTZNIK: Harold, are you in  
25 agreement with that?

1           MR. MCDONALD: The point that I wanted to  
2 bring out is that it is extremely important  
3 that we do monitor all of these corrective  
4 actions that we implement. So we will be  
5 tracking, whether it's on a weekly or pay  
6 period basis or monthly basis, and keeping  
7 accounts, contracts, spending, clinic visits,  
8 discharges. People that are involved know what  
9 the expectations are.

10           MR. MIROTZNIK: We intend to get together  
11 on Monday and hopefully we'll have a vote on  
12 this once we have a handle, because we're  
13 learning as we're going. Do you intend to  
14 bring to this Board at least, John, a quarterly  
15 or monthly?

16           MR. MAHER: Monthly financial statement.

17           MR. MIROTZNIK: Harold, John, Tim, you  
18 believe that the budget that's presented to  
19 this Board now is going to be a balanced budget  
20 come the end of the year?

21           MR. MAHER: Yes.

22           MR. MIROTZNIK: Harold?

23           MR. MCDONALD: Yes. I believe there's  
24 going to be a tremendous amount of pushback and  
25 we just need to work through that. This is an

1 organization that doesn't recognize the fact  
2 that it's a safety net hospital, and because of  
3 that situation we need to learn how to live  
4 with less.

5 MR. MIROTZNIK: Are you willing to make  
6 the changes and do what's got to be done?

7 MR. MCDONALD: Yes.

8 MR. MIROTZNIK: Timmy, you agree the  
9 budget --

10 MR. SULLIVAN: Yes, requires execution as  
11 Mr. McDonald just stated.

12 MR. MIROTZNIK: Dr. Politi.

13 DR. POLITI: What I would make a  
14 suggestion to keep up with the budget and  
15 Harold and John Maher mentioned it, is monthly  
16 financials. We use to have monthly finances.  
17 It would be great to reinstate monthly finance  
18 committee meetings where the Board could be  
19 informed every month of every dollar and every  
20 penny and where we're at, so that you have it  
21 to present to the Board meeting. You guys  
22 would be right on it. We're very transparent.  
23 We feel it's a very strong budget, a very  
24 doable budget. It's going to require us to  
25 keep a very close eye on the departments.



1           If you look around the room to the people  
2           sitting in this room, these are some talented,  
3           dedicated people here who's spent many, many  
4           hours working on this budget and who are  
5           dedicated to making this work.

6           MR. MIROTZNIK: The members of the Board,  
7           thank you very much for that compliment,  
8           including Ms. Reed.

9           MR. ZYSMAN: What should happen if you're  
10          not running the budget, because in the past you  
11          haven't?

12          MR. MCDONALD: You'd have to stay on top  
13          of that. You have to stay on top of that and  
14          makes changes as you go along. A board -- a  
15          budget is dynamic process. It's a work in  
16          progress as you move forward, and if you see  
17          things start to move outside the budget you  
18          have to see what went wrong and you have to fix  
19          it.

20          MR. MIROTZNIK: Mr. DeLuca.

21          MR. DELUCA: I agree with everything that  
22          Mr. McDonald just reiterated. I just want to  
23          make one other additional point. Who in this  
24          hospital heads the Department of Quality  
25          Assessment?

1 DR. POLITI: I think it's Maureen Shannon.

2 MR. DELUCA: Maureen and yourself? I  
3 think it's very important now that we're making  
4 these changes that that be a metric. You  
5 mentioned a number of different items. That  
6 metric's extremely important because we're  
7 going to being asked about that and we want to  
8 make sure that our quality stays high. So that  
9 should be part of it.

10 DR. POLITI: If you looked at our  
11 patient --

12 MR. MCDONALD: I was just going to mention  
13 that. That's the important part that we are  
14 recognizing. We've had some pretty significant  
15 improvement in patient satisfaction over the  
16 last year or so. We need to make sure that  
17 that improvement continues.

18 MR. DELUCA: I didn't hear you. I'm  
19 sorry.

20 MR. MCDONALD: One of the most important  
21 areas that we needed to focus on was patient  
22 satisfaction here at the hospital. We've made  
23 some very significant improvement over the past  
24 year or so. We need to make sure that that  
25 level of improvement continues to improve and

1           that we don't have any slippage.

2           MR. DELUCA: I think the people in that  
3           department have to be very dedicated people  
4           that really understand how to speak to  
5           patients, you know. They need to not do -- not  
6           to do it as a cursory type of exercise. They  
7           have to be dedicated people that understand  
8           they really need to get the true and candid  
9           answer, so that we can make improvements from  
10          them. So the choice of those people is key.

11          DR. POLITI: And I think what's happening  
12          also, and I think Harold and his team and Judy  
13          and nursing, they've been hiring bilingual  
14          people, because we do have a high percentage of  
15          bilingual patients. So we actually have  
16          bilingual people where we've never had that  
17          before. There's so many no things that went on  
18          here that --

19          MR. DELUCA: Bilingual is important. But  
20          it's important that you get people that are  
21          interested in detail.

22          DR. POLITI: The right personnel,  
23          absolutely.

24          MR. DELUCA: And aren't going just to  
25          check off a list.

1 DR. POLITI: Absolutely.

2 MR. DELUCA: Very important.

3 MR. MIROTZNIK: Mr. DeLuca this week.

4 MS. REED: So the budget that we have in  
5 front of us now that everybody has, is this  
6 going to be the exact same budget that we are  
7 going to receive and vote on on Monday --

8 MR. MAHER: I would say --

9 MS. REED: -- or can we expect to have  
10 another one within twenty-four hours?

11 MR. MAHER: That is it. You have what you  
12 would have on Monday.

13 MS. REED: Just checking.

14 MR. MIROTZNIK: Harold?

15 MR. MCDONALD: Yes.

16 MR. MIROTZNIK: Dr. Politi.

17 DR. POLITI: It will have one major  
18 change.

19 MS. REED: What?

20 DR. POLITI: The draft will be coming off  
21 it.

22 MR. MAHER: No, not until they approve it.

23 MS. REED: It should say "Final Draft."

24 MR. MAHER: We can change it to say final  
25 draft.

1 MR. MIROTZNIK: Do what Mr. DeLuca  
2 recommended, please.

3 MS. REED: Yes, final draft.

4 MR. MAHER: We'll do that.

5 MR. SULLIVAN: I would suggest, too, that  
6 when we present the budget -- it's proposed.  
7 So the fact that it's proposed, we propose and  
8 the Board approves. You know, whether they  
9 call it preliminary or proposed draft, the fact  
10 is it's a proposed budget. Once the Board  
11 votes, it's an executed and approved budget.

12 MR. DELUCA: It should still be the final  
13 budget so that we don't have any confusion.

14 MR. MAHER: It will say "Final Draft."

15 MS. REED: Final draft.

16 MR. MIROTZNIK: Again, once this is voted  
17 on, there's no problem with a timeframe Monday  
18 evening for a meeting, a vote and to ensure  
19 that the machination of what your department,  
20 John, has to do regarding RAN is going to be  
21 accomplished. There's no way this Board is  
22 going to be responsible by some administrative  
23 act that doesn't get done once we approve this  
24 budget, correct?

25 MR. MAHER: That is correct.

1 MR. MIROTZNIK: Harold?

2 MR. MCDONALD: Correct.

3 MR. MIROTZNIK: Dr. Politi?

4 DR. POLITI: Absolutely.

5 MR. MAHER: Mr. Chairman, can I just add  
6 something to that?

7 MR. MIROTZNIK: What's that? One finger?

8 MR. MAHER: One question.

9 MR. MIROTZNIK: May we take his question?

10 MR. DELUCA: Yes, please.

11 MR. MAHER: We just need to ensure the  
12 mechanics of the Board's approval --

13 MR. MIROTZNIK: We're going to get to  
14 that. Mr. Ciampoli, that's his job. He's going  
15 to figure that out momentarily. Mr. DeLuca.

16 MR. DeLuca: Only because I'm a little bit  
17 worried. Are we sure that we're going to have  
18 a quorum Monday night, because that would  
19 really be a disaster.

20 MR. DELUCA: What do we need?

21 MR. CIAMPOLI: Can we go off the record?

22 MR. MIROTZNIK: Yes.

23 (Whereupon, a discussion was held off the  
24 record.)

25 MR. MIROTZNIK: Back on the record.

1 Anything else, John, Timmy or Mr. McDonald or  
2 Dr. Politi want to add?

3 DR. POLITI: Nothing at this time,  
4 Mr. Chairman.

5 MR. MIROTZNIK: What's we'd like to do is  
6 we'd like to break for a little bit. We'd like  
7 to go into executive session with our labor  
8 attorney who's been very patient,  
9 Mr. Zuckerman. So if everybody can clear out  
10 for a few minutes. Motion to go out of  
11 executive board into executive session. All in  
12 favor? Unanimous. Thank you.

13 (Whereupon, at 8:15 the Board went into  
14 Executive session.)

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(Whereupon, at 7:52 the Board returned to the Executive meeting.)

MR. MIROTZNIK: With that being said, Mr. Maher, we'd ask your department to prepare, as Mr. DeLuca said, the final draft of the proposed budget. We will be here at 5:30 God willing on Monday evening. It's my understanding that barring any unforeseen circumstances, the budget is explained on the record and the testimony taken, that we will have a hand vote for that budget.

We will also include a sort of an additional document in lieu of the minutes. The minutes will not get typed out Monday night. It can't physically be done. We will have every member of the Board approve it. We will sign it and we will notarize it. It's your testimony that that will be acceptable for the RAN, correct?

MR. MAHER: That is correct.

MR. MIROTZNIK: If this Board convenes at 5:30 and approves this by 6:30 on Monday evening, there is no problem whatsoever with



1           you doing your paperwork for the RAN?

2           MR. MAHER: That is correct.

3           MR. MIROTZNIK: Anything further to add,  
4           Mr. Cohn?

5           MR. COHN: No.

6           MS. REED: Does anybody want this to their  
7           home within twenty-four hours saying "Final  
8           Draft"?

9           MR. COHN: I'm going to take my home.

10          MR. DELUCA: I took mine.

11          MR. MAHER: Just a mechanical question.

12          MR. MIROTZNIK: Sure.

13          MR. MAHER: We will e-mail these out to  
14          every Board member or to the people here  
15          tonight?

16          MR. MIROTZNIK: I think it's every Board  
17          member.

18          MR. MAHER: Every Board member will have  
19          it.

20          MR. MIROTZNIK: Beatriz will facilitate  
21          that.

22          MS. FUSHCETTO: Send it to me. I will  
23          forward it.

24          MR. DELUCA: I think you need to put on  
25          that "Confidential."

1 MR. MIROTZNIK: Not for dissemination.

2 MR. DELUCA: Exactly.

3 MS. FUSHCETTO: E-mails, you're saying?

4 MR. MIROTZNIK: Yes. We don't need to  
5 overnight it.

6 MR. DELUCA: Mr. Chairman, I just have one  
7 comment to Dr. Politi. I think it's critically  
8 important that you find a way to communicate to  
9 all of you senior staff, all of your managers,  
10 that this is -- there are changes that are  
11 going to -- are going to work differently. It  
12 may be more difficult. But there are no  
13 layoffs. That's why you did this. There are  
14 no layoffs. Very important that that trickle  
15 down.

16 DR. POLITI: Yes, certificate. We'll get  
17 that done.

18 MR. DELUCA: That's just my suggestion.

19 MR. MCDONALD: We met with the five  
20 members of the union today; Jerry, Kenny,  
21 Lenny, I don't know, their lawyer, and we made  
22 that very clear.

23 MR. DELUCA: No, but you got to have the  
24 staff know it.

25 MS. REED: The staff has to know it.

1 MR. DELUCA: Craig, do you agree?

2 MR. RIZZO: Absolutely.

3 MR. DELUCA: Harold, do you agree?

4 MR. MCDONALD: Absolutely.

5 MR. MIROTZNIK: Whatever you do up here as  
6 far as a dissemination of some press release or  
7 however you -- after the budget is approved,  
8 however you do it, it should be done  
9 articulately, and I'd like Mr. Ciampoli to  
10 review anything that's going to come out that's  
11 going to have my name on it. If you don't  
12 mind, let's do this collaboratively.

13 DR. POLITI: Just one word. I would like  
14 to thank the Board for being here. I would  
15 like to thank the Board for their patients with  
16 us with this issue. I fully understand the  
17 issues that were brought up today by all the  
18 Board members and I apologize for any  
19 inconvenience, and the fact that you're going  
20 be here on Monday again proves to me the  
21 dedication, and I'm not saying this -- this  
22 isn't on the record. This is coming from my  
23 heart -- the dedication that you guys do every  
24 day for this hospital. Thank you. It's not  
25 taken for granted.

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MR. MIROTZNIK: You're welcome.

MR. DELUCA: Thanks for saying it.

MR. MIROTZNIK: Mr. Cohn.

MR. COHN: I move to adjourn.

MR. MIROTZNIK: Move to adjourn. All in  
favor. Unanimous. Thank you.

(Time noted: 8:57 p.m.)

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MOTIONS

DESCRIPTION	PAGE
We'd ask your department to prepare, as Mr. DeLuca said, the final draft of the proposed budget.	80

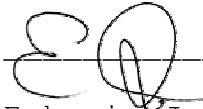
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CERTIFICATE

I, Ephraim Jacobson, a shorthand reporter and Notary Public within and for the State of New York do hereby certify:

That the witness whose testimony is hereinbefore set forth was duly sworn by me, and the foregoing transcript is a true and accurate record of the testimony given by such witness to the best of my ability.

I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

  
Ephraim Jacobson

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CERTIFICATION

I, Michael Mirotznic, Chair of the  
Executive Committee of the Board of Directors hereby  
approve these minutes.

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NAME

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DATE

<b>A</b>	<p><b>addresses</b> 9:18  <b>adjourn</b> 84:4,5  <b>adjusted</b> 13:8              39:17  <b>adjustment</b>              14:16  <b>administration</b>              24:9  <b>administrative</b>              2:8 77:22  <b>admitting</b>              70:18  <b>Affairs</b> 2:22  <b>affect</b> 12:17              20:4,15 63:4  <b>afternoon</b> 9:1  <b>age</b> 56:15  <b>agencies</b> 41:6              43:9 46:11  <b>agency</b> 42:11              42:16,21 44:9              44:15,16  <b>agenda</b> 3:16  <b>aggressive</b> 14:3              20:3 21:14  <b>aggressively</b>              21:1  <b>ago</b> 5:2,2,15              7:16 8:20 9:7              9:14 10:19              19:18,19              26:16,25              30:17 37:21              48:16 52:20              60:17  <b>agree</b> 8:17              64:10 72:8              73:21 83:1,3  <b>agreed</b> 41:2  <b>agreement</b>              36:20 52:14              70:25  <b>ahead</b> 33:8              49:15 64:13  <b>allow</b> 41:20              55:25</p>	<p><b>alter</b> 9:20  <b>ambitious</b>              64:25  <b>ambulatory</b>              15:12  <b>amount</b> 15:2              16:22 23:7,12              23:14,17 31:7              39:23 46:8,9              71:24  <b>and/or</b> 40:1  <b>angst</b> 46:9  <b>ANNABELLE</b>              2:19  <b>answer</b> 31:14              31:15 32:25              33:6 34:21              35:4,14 36:21              36:22 37:7              47:9 62:25              63:1 65:20              75:9  <b>answered</b>              35:15  <b>answering</b>              31:24 35:20              36:20  <b>anticipate</b> 25:8  <b>anticipated</b>              15:1  <b>anticipating</b>              23:20 28:14              28:16 39:1  <b>anybody</b> 7:3,7              7:8 24:12              33:4 69:4              81:6  <b>anyway</b> 42:23              42:24  <b>apologize</b> 21:8              83:18  <b>appealed</b> 22:12  <b>appeals</b> 14:16  <b>APPEARAN...</b>              2:1  <b>appendix</b> 25:17</p>	<p><b>application</b>              50:4  <b>applications</b>              47:19  <b>appointed</b>              65:23  <b>appointment</b>              19:17,20              29:12 31:19              38:15  <b>appointments</b>              19:1,1 31:17              31:25 38:14  <b>appropriate</b>              34:7 46:12              60:23 63:16  <b>appropriated</b>              27:14  <b>approval</b> 25:12              50:8 78:12  <b>approve</b> 76:22              77:23 80:18              87:9  <b>approved</b>              25:11,13 27:9              50:3,5,9              77:11 83:7  <b>approves</b> 6:7              11:2 77:8              80:24  <b>approximately</b>              27:13 42:17              42:17 59:25  <b>April</b> 15:21              16:13  <b>area</b> 36:24              54:22  <b>areas</b> 31:16              40:9 44:3              54:12,14              60:20 66:1              74:21  <b>arrive</b> 20:8  <b>articulated</b>              64:10  <b>articulately</b></p>	<p>83:9  <b>asked</b> 8:22              10:21 25:6              28:3 29:15              66:1 74:7  <b>asking</b> 7:14              51:19,20  <b>assertive</b> 20:2  <b>assessment</b>              67:20 73:25  <b>assign</b> 19:13  <b>assigned</b> 45:2              45:18  <b>assigning</b> 19:11  <b>assist</b> 65:25,25  <b>Assistant</b> 2:9              2:21  <b>associated</b>              39:10,25 40:2              40:4  <b>assumption</b>              20:11,20  <b>assumptions</b>              20:8,13,14              69:20  <b>assure</b> 8:14  <b>attendance</b>              3:11  <b>attention</b> 48:25  <b>attorney</b> 48:6              79:8  <b>August</b> 57:25  <b>average</b> 14:24              30:11  <b>averaged</b> 16:18  <b>awaiting</b> 48:13  <b>aware</b> 68:25              69:6</p>
			<b>B</b>	
	<p><b>back</b> 23:22              25:7,13 27:23              30:10 38:21              38:25 49:18              60:19 61:10              62:19 78:25</p>			



<b>bad</b> 14:12,14 14:19,21 22:4 22:6,11	56:25	27:10	<b>buses</b> 29:16	35:3,4 38:13
<b>balance</b> 39:2	<b>best</b> 53:15	<b>bottom</b> 20:4,15	<b>business</b> 12:23	49:7 51:6,12
<b>balanced</b> 11:18	56:17 70:10	<b>brainstorm</b>		51:14
69:25 70:2	86:8	34:4	<b>C</b>	<b>census</b> 45:21
71:19	<b>bet</b> 36:5	<b>brand</b> 47:18	<b>C</b> 2:11	45:21,23
<b>bankers</b> 27:8	<b>better</b> 22:2	<b>break</b> 79:6	<b>call</b> 3:5 11:17	53:18 54:1
<b>barring</b> 80:10	35:19,20 36:9	<b>break-even</b> 7:1	13:25 22:6,6	<b>Center</b> 1:5
<b>based</b> 3:10 21:3	68:15	11:15 20:9	24:3 25:18	35:18
29:11 40:10	<b>big</b> 43:23 46:13	56:18	27:7 29:11,13	<b>CEO</b> 2:4 25:3
41:23 44:10	<b>biggest</b> 17:21	<b>bring</b> 51:18	35:25 36:23	47:1
44:11 58:23	39:13 40:14	69:9 71:2,14	41:13,15,20	<b>certain</b> 53:10
59:14 60:8	<b>bilingual</b> 75:13	<b>brought</b> 10:22	41:24 45:5	62:18 67:22
62:17 67:9	75:15,16,19	22:1 40:16	48:20 49:8	<b>certainly</b> 4:1
69:6	<b>bill</b> 22:10 36:22	44:7 83:17	57:14,16 65:3	50:16 63:22
<b>basically</b> 4:18	<b>billing</b> 36:23	<b>budget</b> 3:18 4:8	66:6 77:9	66:5 69:2
10:24 39:15	<b>bit</b> 46:3 47:5	5:1,18 7:1,10	<b>called</b> 9:2 28:6	<b>certificate</b>
66:22	78:16 79:6	7:12,15 8:11	38:8 41:15	82:16 86:1
<b>basis</b> 14:18	<b>block</b> 35:18	8:16,24 9:20	48:21,24 49:6	<b>CERTIFICA...</b>
17:10,13,16	<b>blood</b> 86:11	9:25 11:1,8	<b>callers</b> 31:4	87:3
22:19 27:15	<b>board</b> 1:3 2:2,3	11:15,18	<b>calling</b> 28:3	<b>certify</b> 86:4,10
51:15 71:6,6	2:4,5,5,6,16	13:17,19 15:2	33:7 46:10	<b>cetera</b> 40:6
<b>Beatriz</b> 2:21	3:7,10,12,13	16:7 17:8	<b>calls</b> 30:13	42:8
81:20	4:15 6:4,7	18:14 20:8,13	31:19 37:3	<b>chair</b> 2:17,18
<b>bed</b> 28:2	7:23,25 11:2	20:14,17	45:1 48:22	2:18,19 38:16
<b>beds</b> 54:3	24:13,19,23	22:21 23:6	<b>candid</b> 75:8	63:9 68:8,19
<b>beginning</b> 44:6	25:10,12,14	25:17 27:9	<b>CAPRIOLI</b>	68:21 87:7
<b>belies</b> 39:22	29:9 37:18	28:8 30:9	7:19,21	<b>chairman</b> 2:3
<b>believe</b> 4:24 5:2	47:1 48:13	32:23 36:8,12	<b>care</b> 1:1 2:12	9:3 33:7 53:6
10:8,13 12:20	49:9,17 50:8	38:22,23 39:2	2:14 15:15	63:14 66:21
15:3 39:9	51:7 66:2	44:19 55:13	16:13 18:25	78:5 79:4
40:9 48:12,15	71:14,19	56:5 58:25	22:8 35:18	82:6
55:19,21	72:18,21 73:6	62:10 65:6	42:8,13 43:25	<b>chairmen</b>
59:13 60:7	73:14 77:8,10	69:24 71:18	45:16 50:19	66:19
63:23 64:3	77:21 79:11	71:19 72:9,14	52:3,7,15	<b>chairs</b> 62:21
71:18,23	79:13 80:2,18	72:23,24 73:4	55:15,23,24	64:3
<b>benchers</b> 68:2	80:23 81:14	73:10,15,17	61:18 63:4	<b>challenge</b> 20:25
<b>benchmarks</b>	81:16,18	76:4,6 77:6	<b>careful</b> 56:15	<b>chance</b> 7:9
68:6	83:14,15,18	77:10,11,13	<b>carriers</b> 20:22	<b>change</b> 13:11
<b>beneficial</b>	87:8	77:24 80:8,11	<b>case</b> 39:15	23:1 58:16
45:17	<b>Board's</b> 51:13	80:13 83:7	<b>cases</b> 14:1,5,11	76:18,24
<b>benefit</b> 64:7,22	78:12	85:4	70:16	<b>changed</b> 21:3,4
68:23	<b>Board-Execu...</b>	<b>budgetary</b>	<b>category</b> 14:13	21:12,13
<b>benefits</b> 42:20	2:21	46:22 50:7	14:15 54:17	30:16 41:2
42:22,25	<b>Bob</b> 9:17	52:2	<b>caused</b> 15:16	43:5,7
	<b>borrowing</b>	<b>building</b> 37:3	<b>causes</b> 64:15	<b>changes</b> 5:3
	23:21 25:13	<b>Bur</b> 68:16	<b>cell</b> 19:5 31:22	6:16,21,23,24

9:9 11:21 40:10 62:11 63:3,18 65:9 72:6 73:14 74:4 82:10 <b>changing</b> 44:20 <b>charged</b> 65:8 <b>charges</b> 21:17 21:18 <b>chatter</b> 12:14 <b>check</b> 32:24 75:25 <b>checking</b> 76:13 <b>chief</b> 2:8,8,11 70:5 <b>chiefs</b> 66:21 <b>choice</b> 75:10 <b>Ciampoli</b> 2:16 5:7 39:5,8 48:10 50:11 50:12 78:14 78:21 83:9 <b>circumstances</b> 80:11 <b>City</b> 29:11 35:25 <b>civil</b> 48:11,12 48:21 49:22 50:1,3,18,21 <b>clarification</b> 26:2 <b>clarify</b> 49:14 <b>clause</b> 32:18 <b>clear</b> 4:12 8:4 24:19,21 26:20 57:4 79:9 82:22 <b>cleared</b> 10:24 11:5 <b>clearly</b> 6:1 37:15 <b>clinic</b> 14:23 15:16,19 16:3 16:13 29:13 29:19,24 30:8 31:3,17,18,20	31:23 36:20 36:21,25 38:15 71:7 <b>clinical</b> 64:17 <b>clinics</b> 14:25 15:17,17 17:20 18:10 31:16 34:23 <b>close</b> 56:5 72:25 <b>closed</b> 24:8 <b>closing</b> 34:15 <b>CMO</b> 2:17 <b>CNO</b> 2:20 <b>Cohn</b> 2:6 3:9 3:15 4:19,20 5:18 6:10,11 6:16,20,23 7:2,5,7,14,20 7:23 8:8 9:5 9:20 17:9,16 17:24 18:2,5 18:8,13,16 20:7 21:4,6,8 24:18 33:15 38:18,21,24 39:4,7,19 50:22 51:2,4 51:9 52:23 53:4 56:1 60:19,20 61:6 61:16 62:2,6 62:20 64:12 64:13,23 65:3 66:15 67:2 68:16 81:4,5 81:9 84:3,4 <b>Cohn's</b> 39:6 <b>collaborative</b> 64:8 <b>collaboratively</b> 83:12 <b>collateral</b> 27:10 <b>collect</b> 22:3,15 34:7 <b>collective</b> 64:5	<b>column</b> 4:9 11:14 <b>columns</b> 12:3 <b>comb</b> 65:7 <b>combination</b> 57:5 <b>come</b> 3:24 13:8 13:21 28:4 36:10 45:4 52:5 59:11 67:12 70:15 71:20 83:10 <b>comes</b> 41:18 <b>comfortable</b> 52:10 <b>coming</b> 20:18 37:3 55:5 60:24 76:20 83:22 <b>commenced</b> 3:2 <b>comment</b> 61:24 82:7 <b>commission</b> 48:11 <b>committee</b> 1:3 2:2 3:2,13,14 72:18 87:8 <b>communicate</b> 55:17 82:8 <b>communicati...</b> 19:3 67:13 <b>companies</b> 21:1 <b>company</b> 22:11 28:6 <b>compared</b> 11:22 <b>compensate</b> 13:9 <b>competent</b> 32:10 35:9 <b>complaints</b> 47:23 <b>completed</b> 58:3 <b>Compliance</b> 2:11	<b>compliment</b> 73:7 <b>complimenting</b> 51:19 <b>compromised</b> 52:16 <b>computers</b> 35:7 <b>concept</b> 8:13 <b>concern</b> 48:19 <b>conferred</b> 58:21 <b>confident</b> 63:3 <b>Confidential</b> 81:25 <b>confirmed</b> 39:16 50:1 <b>confusion</b> 77:13 <b>consensus</b> 4:18 <b>conservative</b> 12:5 13:19 14:2 15:5 20:17 <b>conservatively</b> 11:23 <b>consider</b> 59:21 <b>consideration</b> 12:14 53:9,15 <b>consolidate</b> 54:4 <b>consolidation</b> 53:10,19 <b>constant</b> 27:8 27:16 <b>constructive</b> 68:15 <b>contact</b> 19:3 27:8,17 51:7 <b>contained</b> 8:6 <b>context</b> 67:15 70:11 <b>continue</b> 11:7 29:6 <b>continues</b> 74:17,25 <b>contract</b> 9:9	28:5,13,15,17 28:20 29:4 30:3,19 37:16 <b>contracted</b> 34:1 <b>contraction</b> 12:25 <b>contracts</b> 28:5 32:19 43:10 43:11 71:7 <b>control</b> 25:10 50:8 <b>convene</b> 23:6 <b>convened</b> 23:4 <b>convenes</b> 80:23 <b>copy</b> 4:25 49:24 <b>CORPORA...</b> 1:1 <b>correct</b> 3:19,20 4:13 6:1,2,5 11:21 13:18 20:12 22:5,9 23:23,24 24:1 25:15,16 26:4 27:25 29:22 58:25 65:2 77:24,25 78:2 80:21,22 81:2 <b>corrected</b> 17:23 17:24,25 <b>corrective</b> 71:3 <b>corresponde...</b> 25:7 <b>costly</b> 36:19 <b>costs</b> 39:25 <b>could've</b> 21:2 <b>counsel</b> 2:16 3:21 27:17,18 56:20 <b>counting</b> 65:1 <b>couple</b> 9:24 10:2,2 30:12 37:20 40:25 43:24 46:4 <b>course</b> 25:9
---	---	--	--	---

<p>43:16  <b>coverage</b> 62:13  <b>Craig</b> 2:9 83:1  <b>created</b> 40:5  <b>creative</b> 35:2              55:6  <b>criteria</b> 60:15  <b>critierias</b> 69:7  <b>critical</b> 42:7              43:25  <b>critically</b> 82:7  <b>cross</b> 42:9              44:25  <b>cross-trained</b>              42:3,7  <b>cue</b> 47:3  <b>curious</b> 62:8  <b>currently</b> 53:17  <b>cursorly</b> 75:6  <b>cut</b> 36:8 54:17              59:5 60:21              62:19  <b>cutoff</b> 60:2  <b>cuts</b> 52:4,8,18              52:24 53:2,2  <b>Cycle</b> 2:13</p> <hr/> <p style="text-align: center;"><b>D</b></p> <hr/> <p><b>D</b> 2:4  <b>dash</b> 11:13  <b>data</b> 35:8  <b>date</b> 26:15,15              26:23 28:21              44:13 87:15  <b>dates</b> 26:13  <b>David</b> 9:17  <b>day</b> 45:20,20              45:23 53:17              53:18 54:1              83:24  <b>days</b> 5:2,2,15              6:15 8:19 9:7              9:24 10:2,3              10:19 14:10              19:18,18              21:24 58:9</p>	<p>60:17  <b>day-to-day</b>              51:15 67:9              70:6  <b>deadline</b> 24:22  <b>deal</b> 26:10              27:19  <b>dealing</b> 21:19              55:6  <b>dealt</b> 9:11  <b>debate</b> 51:16  <b>debt</b> 14:13,14              14:19,21 22:3              22:4,6,11  <b>December</b> 3:18              18:3 25:13              58:14  <b>decide</b> 41:21  <b>decided</b> 61:9  <b>decides</b> 66:22  <b>decision</b> 41:20              52:22 55:4              68:17  <b>decisions</b> 55:14              68:15  <b>dedicated</b> 73:3              73:5 75:3,7  <b>dedication</b>              83:21,23  <b>defer</b> 26:9,13              58:10 64:12  <b>define</b> 67:11  <b>definition</b> 65:4  <b>delay</b> 15:15              41:7  <b>deliberately</b>              21:18  <b>deliver</b> 61:19  <b>delivered</b> 38:19  <b>delivering</b> 52:7  <b>delivery</b> 54:14  <b>DeLuca</b> 2:5              4:21 5:8 11:1              18:22,23              22:14 27:20              28:2 29:25</p>	<p>32:5,9,14,16          34:3,16 35:1          35:11,23 36:2          36:5 37:8          38:20 41:7,12          42:2,5,10,16          42:22 43:2,12          43:16,23          44:23 45:15          46:2 49:4,8          53:6,9,20,23          54:5,7 64:11          64:12,14          65:19 66:5          73:20,21 74:2          74:18 75:2,19          75:24 76:2,3          77:1,12 78:10          78:15,16,20          80:7 81:10,24          82:2,6,18,23          83:1,3 84:2          85:4  <b>demographic</b>              33:9  <b>denial</b> 22:13  <b>denials</b> 21:11              22:7  <b>denied</b> 13:25              14:5 20:22              21:18  <b>dental</b> 19:17  <b>department</b>              17:22 38:17              46:24 51:23              62:15 63:13              63:14 64:14              64:16,17,20              66:18 67:6,14              67:15,21 68:4              68:17 69:5,10              70:12 73:24              75:3 77:19              80:6 85:3  <b>departments</b>              20:19 40:13</p>	<p>62:11,18,21          63:20 69:5          70:13,17          72:25  <b>department's</b>              63:2  <b>dependency</b>              43:8  <b>depending</b> 46:1              59:3,8  <b>depends</b> 17:18  <b>Deputy</b> 2:20  <b>DESCRIPTI...</b>              85:2  <b>Designee</b> 2:17  <b>detail</b> 75:21  <b>Detor</b> 9:17  <b>detrimental</b>              63:4  <b>dialogue</b> 68:14  <b>dictate</b> 40:12  <b>dictated</b> 42:13  <b>difference</b> 12:2  <b>different</b> 9:25              20:24 33:18              40:13 46:3,10              47:8 56:13              70:12,16 74:5  <b>differently</b>              70:16 82:11  <b>difficult</b> 13:10              23:4 45:11              55:14 60:6              82:12  <b>digest</b> 8:3  <b>diligence</b> 24:3              27:7  <b>dinner</b> 36:5  <b>director</b> 2:19              2:22 65:21,24              66:3,4,8,10              66:11  <b>Directors</b> 2:16              3:7,12,14              87:8  <b>DIRECTOR...</b></p>	<p>1:3 2:2  <b>disagreement</b>              51:5,9  <b>DiSanti</b> 2:13              20:23 22:18              32:15,17,22              33:2 57:16  <b>disaster</b> 78:19  <b>discharge</b>              32:15  <b>discharged</b>              21:24 67:7  <b>discharges</b> 71:8  <b>discharging</b>              70:21  <b>discipline</b>              41:18  <b>discrimination</b>              56:16  <b>discuss</b> 50:10              62:20  <b>discussed</b> 40:8  <b>discussing</b>              20:10  <b>discussion</b>              46:21 62:7              63:23 66:25              68:23 78:23  <b>discussions</b>              10:3 14:16              40:21 43:6              51:25 56:9              61:22,24,25              63:8 64:1,7              68:8 69:2  <b>dissemination</b>              82:1 83:6  <b>distribute</b> 10:6  <b>distributed</b>              25:22  <b>Division</b> 44:5  <b>doable</b> 40:10              56:8,8 57:8              72:24  <b>doctors</b> 29:24  <b>doctor's</b> 19:15</p>
---	---	---	--	--

<p><b>document</b> 4:17 5:20 6:1,4,7,9 6:25 8:2,6 9:22 10:7,20 22:25 23:1 24:6 25:17 80:15 <b>doing</b> 18:24 22:2 30:22 32:11,12 33:12,19,21 35:15 37:19 61:6 68:3 81:1 <b>dollar</b> 72:19 <b>dollars</b> 13:24 27:15 56:24 57:7 61:17 <b>dont</b> 18:10 32:17,23 <b>double-edged</b> 44:15 <b>Dr</b> 5:5,14 7:4 7:19,21 9:2 9:13 10:4,11 10:13,14,20 19:12 29:21 34:13,18,24 35:7,12 36:16 37:22 38:3,6 47:11,23 48:9 48:17 49:11 49:13,15 53:7 53:16,25 54:6 55:11,12,21 59:24 60:11 60:13,16 61:21,23 62:4 62:23,24,25 63:7,14,16 65:16,17,23 65:25 66:9,25 67:4,25 68:4 68:19,21,25 69:2,3,8,13 69:16,17 70:4</p>	<p>70:8,20 72:12 72:13 74:1,10 75:11,22 76:1 76:16,17,20 78:3,4 79:2,3 82:7,16 83:13 <b>draft</b> 3:17 4:12 5:18 6:1,4,6,8 6:13 10:9 11:2,5 76:20 76:23,25 77:3 77:9,14,15 80:7 81:8 85:4 <b>drafted</b> 50:12 <b>DSH</b> 13:7 27:10 <b>due</b> 24:2 27:6 39:14 <b>duly</b> 86:6 <b>duty</b> 46:17 <b>dynamic</b> 54:5,6 73:15</p> <hr/> <p style="text-align: center;"><b>E</b></p> <hr/> <p><b>early</b> 9:14 56:6 57:12 <b>East</b> 1:7 <b>economically</b> 45:16 <b>ED</b> 43:20 <b>educated</b> 8:10 59:14 <b>efficient</b> 66:13 <b>eight</b> 58:2 59:5 <b>Eisele</b> 30:18 <b>either</b> 9:11 39:25 41:5 46:25,25 49:22 61:9 <b>electronically</b> 26:7 <b>elements</b> 68:11 <b>eleven</b> 43:21 <b>eligible</b> 58:4 60:1</p>	<p><b>eliminate</b> 37:2 54:21 61:16 <b>eliminated</b> 61:15 <b>elimination</b> 28:11,12,12 30:4,6 <b>embarrassed</b> 36:4 38:9 65:19 <b>embarrassme...</b> 30:2 <b>employees</b> 34:12,13,14 58:3,7 59:8 59:12,15 60:1 <b>employing</b> 20:24 <b>ended</b> 3:18 <b>endorse</b> 8:12 <b>endoscopy</b> 46:17 <b>engage</b> 14:15 64:6,6 <b>engaged</b> 20:24 <b>enhance</b> 46:7 <b>ensure</b> 77:18 78:11 <b>entering</b> 4:17 <b>entire</b> 64:16 <b>entity</b> 25:22 <b>entries</b> 35:8 <b>Ephraim</b> 1:16 86:2,17 <b>equate</b> 59:17 <b>equipment</b> 37:4,4 <b>equivalent</b> 43:4 <b>ER</b> 31:19 <b>especially</b> 19:21 <b>Esq</b> 2:3,6,9,11 2:16 <b>essential</b> 66:11 <b>essentially</b> 11:15 65:10</p>	<p><b>estimate</b> 12:5 <b>estimating</b> 21:20 <b>et</b> 40:6 42:8 <b>evening</b> 3:4,17 7:11 9:19 24:1,8 26:17 77:18 80:9,25 <b>everybody</b> 4:18 7:18 23:5 76:5 79:9 <b>everything's</b> 47:4 <b>EVP</b> 2:10,11,12 <b>exact</b> 5:20 10:1 28:21 76:6 <b>exactly</b> 5:19 31:8 45:24 82:2 <b>example</b> 42:14 54:14 <b>exceed</b> 23:14 23:17 31:8 <b>exchanges</b> 12:22,23 <b>excluded</b> 4:3 <b>excuse</b> 50:25 58:13 <b>execute</b> 50:16 <b>executed</b> 77:11 <b>executing</b> 65:8 <b>execution</b> 72:10 <b>executive</b> 3:1 3:13,14,25 79:7,11,11,14 80:3 87:8 <b>exercise</b> 29:14 37:15 75:6 <b>exited</b> 4:21 <b>expect</b> 69:14 76:9 <b>expectations</b> 71:9 <b>expendable</b> 66:22</p>	<p><b>expenditures</b> 12:25 <b>expense</b> 30:7 36:25 39:19 39:21 56:3 60:22 <b>expenses</b> 11:13 34:2 39:22 59:22 60:21 <b>experience</b> 59:15 60:9 <b>expire</b> 28:19 <b>expired</b> 28:22 28:23 29:4 30:5 32:20 <b>explain</b> 9:12 10:22 21:7 48:24 <b>explained</b> 12:10 80:11 <b>explains</b> 12:2 <b>explanation</b> 11:8 <b>extended</b> 14:17 <b>extensors</b> 61:1 <b>extension</b> 8:22 <b>extent</b> 29:2 67:22 <b>extremely</b> 46:4 71:2 74:6 <b>eye</b> 72:25 <b>e-mail</b> 9:17 19:6 38:13 81:13 <b>e-mails</b> 48:4,10 82:3</p> <hr/> <p style="text-align: center;"><b>F</b></p> <hr/> <p><b>F</b> 2:15 <b>facilitate</b> 81:20 <b>Facilities</b> 2:15 <b>fact</b> 8:9 27:3,4 39:23 72:1 77:7,9 83:19 <b>factors</b> 39:8,10 <b>fair</b> 4:23 37:12</p>
---	--	--	---	--

51:23,24 <b>fall</b> 18:1 <b>fantastic</b> 44:18 <b>far</b> 4:10 14:5,7 68:25 83:6 <b>fascinating</b> 38:18 <b>Faust</b> 2:19 60:11,13,16 62:4,23,24,25 68:25 69:2,8 69:13,16 <b>favor</b> 79:12 84:6 <b>February</b> 36:18 58:13 <b>federal</b> 13:6 <b>Feds</b> 13:1 <b>feel</b> 14:1 41:25 42:12 43:7 44:10 47:3 52:8 55:3 57:7 58:20,24 72:23 <b>feeling</b> 54:22 <b>fellowships</b> 43:19 44:4 <b>felt</b> 52:6 63:20 63:20 <b>FERRANDI...</b> 2:13 <b>field</b> 70:7 <b>fifteen</b> 56:14 59:6 <b>fifty</b> 56:23 57:2 59:12,15 60:4 <b>fifty-five</b> 57:18 <b>figure</b> 19:24,25 56:17 78:15 <b>fill</b> 19:10,15 31:9 40:6 44:12 <b>filling</b> 40:5 47:19 <b>final</b> 6:12 11:4 25:12 44:23	76:23,24 77:3 77:12,14,15 80:7 81:7 85:4 <b>finalized</b> 8:24 10:7,10,10 <b>finally</b> 6:8 <b>finance</b> 2:15 26:13 27:1 72:17 <b>finances</b> 72:16 <b>financial</b> 2:8 71:16 <b>financials</b> 72:16 <b>financing</b> 25:11 <b>find</b> 45:11 49:4 82:8 <b>fine</b> 22:23 27:24 <b>fine-tooth</b> 65:7 <b>finger</b> 78:7 <b>first</b> 3:6 37:1 43:20 46:16 46:23 48:18 64:12 <b>fiscal</b> 3:18 <b>five</b> 5:20 19:18 47:14,25 49:19 52:5,8 57:7 82:19 <b>fix</b> 73:18 <b>flat</b> 21:24 22:16 22:17 39:22 <b>float</b> 44:24 45:4 45:8,10,12,14 45:19 46:4,7 46:14 <b>floor</b> 23:19 41:23,25 <b>floors</b> 53:10 <b>Florida</b> 60:12 <b>focus</b> 22:20 74:21 <b>focused</b> 37:1 <b>folks</b> 70:18	<b>follow</b> 12:11 26:1 28:2 38:16 50:20 <b>following</b> 21:10 <b>forced</b> 38:5 <b>foregoing</b> 86:7 <b>forget</b> 22:17 <b>form</b> 63:5 67:8 <b>formulas</b> 13:5 <b>forth</b> 25:7 86:6 <b>fortunate</b> 68:5 <b>forty</b> 55:23 58:15 67:6 70:14,19,22 <b>forty-eight</b> 10:16,18 <b>forward</b> 31:21 33:11 34:19 39:18 73:16 81:23 <b>forwards</b> 14:3 <b>four</b> 27:11 <b>fourteen</b> 60:1,3 60:4 <b>free</b> 58:4 <b>Friday</b> 26:6,14 27:2,4 <b>friend</b> 41:15,21 <b>fringe</b> 56:25 <b>front</b> 8:2 76:5 <b>fully</b> 83:16 <b>function</b> 19:14 <b>funding</b> 27:10 <b>further</b> 81:3 86:10 <b>FUSCHETTO</b> 2:21 <b>FUSHCETTO</b> 81:22 82:3	<b>GATTO</b> 2:14 <b>generated</b> 62:13 <b>gentlemen</b> 3:5 <b>getting</b> 31:25 33:9 47:15 51:4 55:4 <b>give</b> 15:11 24:9 59:24 67:20 70:11 <b>given</b> 7:10,15 16:11 26:7,16 26:23 47:13 51:6 53:9 60:23 86:8 <b>giving</b> 34:5 51:13 <b>GLENN</b> 2:19 <b>global</b> 63:21 <b>globally</b> 15:11 64:2 <b>go</b> 10:19,21 21:15 30:9 34:23 35:17 36:6 38:5,21 39:19 41:1 42:1 47:14 48:5 49:15 60:2,12 64:13 69:6,9 73:14 78:21 79:7,10 <b>God</b> 80:8 <b>goes</b> 6:8 53:18 <b>going</b> 3:24 4:5 7:10 11:25 12:1 13:25 15:8 16:9 17:11,12 20:2 20:4,11 23:1 24:13,25 28:14 30:10 30:25 32:12 32:25 37:6 40:17 41:21 50:23 52:3,24 54:11 56:12	59:5,11 61:10 69:18,20 71:13,19,24 72:24 74:7,12 75:24 76:6,7 77:20,22 78:13,14,17 81:9 82:11,11 83:10,11,19 <b>good</b> 3:4 37:8 37:19 44:13 46:6,23 51:22 <b>gotten</b> 47:21 <b>government</b> 13:6 <b>granted</b> 83:25 <b>great</b> 34:17 38:8 46:18 72:17 <b>greater</b> 16:20 16:21 <b>greatly</b> 19:6 <b>group</b> 21:10 47:17,18,19 47:20 62:1 64:5 68:6 <b>groups</b> 47:21 <b>guess</b> 27:2 41:3 48:10 57:10 57:12 59:14 65:17 <b>guy</b> 70:3,4,5 <b>guys</b> 10:14,15 27:24 37:13 37:19 38:1 43:18 72:21 83:23
<hr/> <b>H</b> <hr/>				
<b>half</b> 37:11 42:20 43:4 45:3,6 <b>hand</b> 80:13 <b>handle</b> 31:3 66:2 71:12 <b>handling</b> 69:19				

69:21 <b>happen</b> 13:2,12 43:18 48:6,14 51:17 73:9 <b>happened</b> 37:20 <b>happening</b> 68:10 75:11 <b>happens</b> 53:25 <b>happy</b> 54:10,24 55:14 <b>hard</b> 68:7 <b>Harold</b> 2:8 8:20,21,21,22 9:14 10:11,15 18:23 30:16 33:13 44:14 46:22 52:22 65:17 68:22 69:3 70:5,24 71:17,22 72:15 75:12 76:14 78:1 83:3 <b>Harold's</b> 36:15 <b>head</b> 52:12 <b>heads</b> 4:19 66:17 73:24 <b>health</b> 1:1 22:8 55:23 61:18 <b>hear</b> 19:12 74:18 <b>heart</b> 23:3 83:23 <b>heavy</b> 43:11 <b>held</b> 21:24 48:12 78:23 <b>helpful</b> 66:7,9 <b>helping</b> 33:2 36:11 56:11 <b>Hempstead</b> 1:7 <b>hereinbefore</b> 86:6 <b>Herrington</b> 27:18 <b>high</b> 19:21 74:8	75:14 <b>hire</b> 44:6 47:25 <b>hired</b> 44:18 <b>hiring</b> 66:4 75:13 <b>historical</b> 57:10 <b>historically</b> 11:1 19:9 53:11 <b>hit</b> 17:21 <b>hold</b> 3:12 30:14 47:17 <b>holding</b> 47:6 48:14 49:12 60:8 <b>home</b> 39:12 81:7,9 <b>hopefully</b> 68:14 71:11 <b>hospital</b> 12:18 12:22 40:15 51:15 64:15 66:11 67:8 72:2 73:24 74:22 83:24 <b>hospitals</b> 12:18 <b>hour</b> 42:19,19 <b>hourly</b> 43:3 <b>hours</b> 9:14 10:16,18 73:4 76:10 81:7 <b>house</b> 67:18 <b>huge</b> 19:8,9 <b>Human</b> 2:10 <b>hundred</b> 56:23 57:3 58:17 59:7,8 60:1,3 60:4	34:11 61:13 62:18 <b>identify</b> 37:5,6 <b>IGT</b> 13:7 <b>impact</b> 12:24 13:11,16 40:15 52:3,24 52:25 66:24 <b>impacted</b> 12:8 53:1 <b>impacting</b> 30:8 <b>implement</b> 71:4 <b>implementati...</b> 69:21 <b>implemented</b> 57:12 69:12 <b>implementing</b> 65:9 <b>implication</b> 63:18 <b>implications</b> 63:17 <b>important</b> 19:2 46:4 53:24 71:2 74:3,6 74:13,20 75:19,20 76:2 82:8,14 <b>improve</b> 74:25 <b>improvement</b> 30:7,12 74:15 74:17,23,25 <b>improvements</b> 75:9 <b>incentive</b> 57:24 58:12 <b>incentives</b> 57:6 57:21 <b>include</b> 80:14 <b>includes</b> 56:25 <b>including</b> 40:14 73:8 <b>Income</b> 11:12 <b>inconvenience</b> 83:19	<b>incorporated</b> 62:10 <b>incorrect</b> 26:16 <b>increase</b> 12:9 17:14,17 18:3 18:5,7,8,18 18:19 19:7 20:6,12 30:11 39:13,14,15 47:25 53:3,4 53:5 <b>increased</b> 13:21 <b>increases</b> 12:6 47:15 <b>increasing</b> 15:25 <b>indicated</b> 48:22 51:21 <b>individual</b> 17:19 <b>information</b> 18:12 19:3,4 26:8 33:10 34:8 <b>informed</b> 8:15 9:3 72:19 <b>inhouse</b> 32:5 32:11,13 34:13,14 <b>inpatient</b> 53:10 <b>input</b> 68:14 <b>inquiry</b> 48:20 <b>institution</b> 26:24 29:17 56:7 57:11 64:16 67:5,22 <b>institutions</b> 64:7 <b>insurance</b> 20:25 22:10 <b>intelligently</b> 8:12 22:22 <b>intend</b> 71:10,13 <b>interact</b> 67:17 67:18	<b>interacting</b> 70:15 <b>interactions</b> 67:10 <b>interested</b> 75:21 86:12 <b>interesting</b> 7:21 <b>interfere</b> 68:13 <b>interim</b> 66:3 <b>internally</b> 15:14 <b>inventory</b> 21:16 <b>Investigative</b> 2:14 <b>involved</b> 42:20 59:23 63:1 66:17,18 70:9 70:10 71:8 <b>Island</b> 29:11 <b>issue</b> 27:16,20 41:5 48:24 51:5,20 54:13 56:4 83:16 <b>issued</b> 48:15 49:21 <b>issues</b> 4:1 8:20 8:23 9:6,10 9:16,18,23 13:13 15:10 15:18 22:13 46:22 47:12 52:1,2 56:16 56:17 83:17 <b>item</b> 3:16 <b>items</b> 12:8 14:1 74:5
	<b>I</b>			<b>J</b>
	<b>ICA</b> 27:11,11 <b>ICU</b> 42:14 <b>idea</b> 29:25 30:1 59:24 <b>ideas</b> 47:8 <b>identified</b> 32:4			<b>J</b> 2:14 <b>Jacobson</b> 1:16 86:2,17 <b>January</b> 1:9 3:6 31:2 34:24,25

36:16,17 47:20 58:13 58:14 <b>Jerry</b> 82:20 <b>job</b> 22:2 45:4 55:17 78:14 <b>John</b> 2:8,16,18 4:22 5:7 10:11,15 20:12 22:21 25:3 26:3,9 26:14 33:24 38:21 56:1 57:9 58:21 64:22 71:14 71:17 72:15 77:20 79:1 <b>join</b> 3:24 <b>Judy</b> 30:18 75:12 <b>justify</b> 18:18	17:10 18:10 20:1 22:25 23:2 26:12 27:9 29:16,20 29:21,23 31:8 32:9 33:13 35:4 39:11 40:5 41:14,14 43:10,18 46:5 46:20 48:4,14 48:17 51:11 52:5 56:24 57:6 60:9 61:2 62:16 64:24,25 65:14,20 66:15 68:10 68:20 69:7 71:8 75:5 77:8 82:21,24 82:25 <b>knowing</b> 27:1 <b>knowledge</b> 57:10	82:14 <b>LCSW</b> 2:4 <b>leader</b> 63:25 <b>leadership</b> 17:22 <b>learn</b> 72:3 <b>learning</b> 71:13 <b>leave</b> 44:1 61:10 <b>left</b> 58:10 <b>legal</b> 4:3 27:16 <b>length</b> 21:25 <b>Lenny</b> 82:21 <b>letter</b> 48:11,13 48:15 49:21 50:13,16 <b>let's</b> 24:21 28:1 33:23 38:20 39:19 83:12 <b>level</b> 39:4 44:7 59:25 74:25 <b>levels</b> 40:2,3,12 41:3 56:13 <b>lieu</b> 80:15 <b>likes</b> 52:9 <b>Linda</b> 2:5 5:8 <b>line</b> 20:4,15 <b>lines</b> 8:7 <b>list</b> 49:18,18 68:1 75:25 <b>listen</b> 33:13 <b>listening</b> 53:21 <b>litigation</b> 14:9 <b>little</b> 9:5 12:23 46:3 47:5 78:16 79:6 <b>live</b> 34:23 72:3 <b>located</b> 37:5 <b>long</b> 29:11 31:8 55:15 <b>look</b> 4:9 8:11 11:11 17:19 45:21,21 46:6 53:18 56:5 62:12 63:10 73:1	<b>looked</b> 9:22 62:16 74:10 <b>looking</b> 4:12 29:5,5,7,10 31:5 37:14 60:3 <b>loose</b> 54:17 <b>lose</b> 23:7 <b>losing</b> 33:3,20 67:15 <b>loss</b> 11:12 67:1 67:2,17 <b>losses</b> 13:9 <b>lot</b> 12:21 18:10 21:13 31:19 57:1 <b>LOTENBERG</b> 2:22 <b>LUI</b> 2:19 <b>lump</b> 58:9	58:18 59:19 60:7,22 65:5 65:10,12 71:16,21 72:15 76:8,11 76:22,24 77:4 77:14,25 78:5 78:8,11 80:6 80:22 81:2,11 81:13,18 <b>maintain</b> 45:12 <b>major</b> 76:17 <b>making</b> 18:25 48:20 73:5 74:3 <b>male</b> 46:19 <b>management</b> 2:13 30:1 40:1 <b>managers</b> 82:9 <b>manners</b> 63:21 <b>MANNLE</b> 2:15 <b>marked</b> 6:1 11:2,4 <b>marriage</b> 86:12 <b>material</b> 9:23 <b>math</b> 56:22 <b>matrices</b> 40:6 40:11,12 41:2 <b>matrix</b> 44:12 45:23 <b>matter</b> 86:13 <b>matters</b> 4:2 <b>Maureen</b> 2:10 49:10 51:1 56:21 57:9,10 58:20 74:1,2 <b>maximum</b> 58:6 <b>Mazel</b> 60:18 <b>McDonald</b> 2:8 8:21,22 9:14 15:21,24 16:4 16:17,21,24 17:4,18,25 18:4,7,9,15 18:21 20:5
<hr/> <b>K</b> <hr/> <b>Karen</b> 2:20 40:18 41:1 51:22 52:7,11 <b>Kathy</b> 2:12 40:18 41:1,9 41:9 44:14 46:15 <b>keep</b> 19:19 69:24 72:14 72:25 <b>keeping</b> 71:6 <b>Kenny</b> 82:20 <b>KEVIN</b> 2:15 <b>key</b> 18:24 19:12 34:8,10 40:9 75:10 <b>kind</b> 18:5 44:2 44:15 51:21 54:25 <b>knew</b> 10:7 <b>know</b> 5:5,5 7:18 9:21 10:3,5 13:11	<hr/> <b>L</b> <hr/> <b>labeled</b> 6:6 <b>labor</b> 3:21 4:1 34:1 40:4 54:14 56:20 60:24 79:7 <b>Laboratory</b> 2:20 <b>ladies</b> 3:4 46:18 46:18 <b>lag</b> 13:3,4 <b>laid</b> 27:5 <b>large</b> 45:9,14 60:25 <b>largest</b> 64:17 <b>Lastly</b> 51:25 52:17 <b>late</b> 17:4 <b>lawyer</b> 82:21 <b>lay</b> 57:22 <b>layoffs</b> 82:13	<hr/> <b>M</b> <hr/> <b>M</b> 2:5 <b>machination</b> 77:19 <b>machine</b> 35:20 <b>Maher</b> 2:8 3:19 3:20 4:5,7,13 4:24 6:2,5,6 6:14,19,22,24 7:6,13 10:8 11:6,7,10,19 11:21 12:20 13:4,15,18,22 14:7,14,20,25 15:10 17:3,8 20:16 21:5,7 21:9 22:5,12 22:16,23 23:11,14,17 23:24 24:2,15 25:3,24 26:9 26:19 27:25 28:9 36:12,17 39:3,9,21 40:22 56:4	<hr/> <b>M</b> <hr/> <b>M</b> 2:5 <b>machination</b> 77:19 <b>machine</b> 35:20 <b>Maher</b> 2:8 3:19 3:20 4:5,7,13 4:24 6:2,5,6 6:14,19,22,24 7:6,13 10:8 11:6,7,10,19 11:21 12:20 13:4,15,18,22 14:7,14,20,25 15:10 17:3,8 20:16 21:5,7 21:9 22:5,12 22:16,23 23:11,14,17 23:24 24:2,15 25:3,24 26:9 26:19 27:25 28:9 36:12,17 39:3,9,21 40:22 56:4	

28:11,16,20 28:23 29:1,7 30:4,6,21 31:1,7,12,15 31:23 32:4 33:6,16,25 34:11,14,20 34:25 36:18 37:9 40:8,23 43:6 44:21 52:1 61:8,20 62:9,22,24 63:10 65:12 65:17 69:16 69:18,22 70:1 70:3 71:1,23 72:7,11 73:12 73:22 74:12 74:20 76:15 78:2 79:1 82:19 83:4 <b>MCGLYNN</b> 45:11,19 52:13,15,19 52:21,25 53:5 55:7 <b>MD</b> 2:4,17,18 2:18,19 35:25 <b>Meadow</b> 1:7 <b>mean</b> 10:9 26:9 26:24 33:5 35:19 70:11 <b>means</b> 19:4 57:17 <b>mechanical</b> 81:11 <b>mechanics</b> 78:12 <b>Med</b> 42:7 44:5 <b>meddle</b> 68:12 <b>Medicaid</b> 12:25 <b>medical</b> 1:5 22:13 64:1 65:13,21,24 66:3,4,8,10	66:10 <b>medicine</b> 2:17 62:11 63:9,13 64:17,20 66:17,24 67:6 67:14,15 68:5 70:12 <b>medicine-cen...</b> 67:24 <b>meet</b> 22:18 42:13 60:14 <b>meeting</b> 1:3 3:2 3:6,6,8,13 25:4,10,14 27:22 37:18 38:11 41:8 66:2 72:21 77:18 80:3 <b>meetings</b> 28:7 72:18 <b>Meg</b> 26:3 <b>MEGAN</b> 2:11 <b>member</b> 2:4,5 2:5,6 49:9 51:7 80:18 81:14,17,18 <b>members</b> 2:2 3:10 4:2,15 29:10 73:6 82:20 83:18 <b>mention</b> 74:12 <b>mentioned</b> 72:15 74:5 <b>message</b> 19:18 25:9 38:19 <b>met</b> 10:23 41:1 51:21 60:16 82:19 <b>metric</b> 74:4 <b>metric's</b> 74:6 <b>MGCLYNN</b> 2:20 <b>mic</b> 4:5 <b>Michael</b> 2:3,5 2:13,14 87:7 <b>Mike</b> 5:6,8	32:3,12 <b>million</b> 11:24 12:1,6,10 13:20,22,24 14:19,20,21 14:22 15:4 20:18,21 21:16,21 22:4 23:9,10,13,15 23:18,21 27:14 30:19 31:6 33:24 37:14 38:2 39:14 56:8 57:1,7 59:18 61:3,5,16,17 <b>million-dollar</b> 34:2 <b>mind</b> 30:17 54:15 83:12 <b>mine</b> 81:10 <b>minimal</b> 12:21 <b>minimum</b> 58:2 58:5 <b>minor</b> 11:22 <b>minute</b> 19:16 19:22 36:23 41:14 46:10 <b>minutes</b> 7:16 24:8 27:23 29:15 79:10 80:15,16 87:9 <b>MIROTZNI...</b> 5:25 6:3 32:2 46:15 68:24 <b>Mirotznik</b> 2:3 3:4,21,23 4:11,14,21 5:6,11,16 6:10 7:25 9:3 11:6,9,17,20 12:13 13:2,13 13:16 18:22 22:20,24 23:10,16,19 23:22,25 24:7	24:12,16,24 25:14,21,25 26:22 29:20 31:11,14,21 32:7 33:13,17 35:24 36:7 40:16,20 47:9 51:18,25 52:11,14,17 53:8 55:11 57:9,19 58:16 58:20,23 59:10,17 60:5 60:11,14,18 61:21 62:4 63:6,12 64:9 67:25 69:4,11 69:14 70:24 71:10,17,22 72:5,8,12 73:6,20 76:3 76:14,16 77:1 77:16 78:1,3 78:7,9,13,22 78:25 79:5 80:5,23 81:3 81:12,16,20 82:1,4 83:5 84:1,3,5 87:7 <b>mission</b> 64:4 <b>mistake</b> 57:20 <b>mix</b> 39:15 <b>modifications</b> 43:12 <b>moment</b> 4:22 22:21 45:1 <b>momentarily</b> 4:4 78:15 <b>Monday</b> 23:2 24:1,7 26:17 27:3,22 36:9 63:7 71:11 76:7,12 77:17 78:18 80:9,16 80:24 83:20 <b>Monday's</b> 27:4	<b>money</b> 14:4 46:8 <b>monitor</b> 71:3 <b>monitoring</b> 69:22 <b>month</b> 14:24 26:16 37:10 37:10,21 72:19 <b>monthly</b> 16:2 71:6,15,16 72:15,16,17 <b>months</b> 16:15 16:15 22:10 30:17 48:16 <b>morning</b> 8:24 8:25 19:17,19 24:3 27:7,23 40:25 <b>motion</b> 3:8,12 3:14 79:10 <b>MOTIONS</b> 85:1 <b>move</b> 38:20 53:19 54:2,3 73:16,17 84:4 84:5 <b>moves</b> 55:18 <b>moving</b> 33:10 34:18 51:23 <b>MPA</b> 2:5 <b>Mustacchia</b> 2:17 61:21,23 63:7,14,16 65:25 66:25 67:4 68:4,19 70:20 <b>Mustacchia's</b> 70:8 <b>Myers</b> 27:17 <hr/> <b>N</b> <hr/> <b>name</b> 29:15 38:10 83:11 87:13 <b>names</b> 29:24
--	--	---	--	---



<p><b>Nassau</b> 1:1,5  <b>necessarily</b>          64:3 69:8  <b>necessary</b>          52:10  <b>need</b> 9:4 12:11          19:24,25 24:2          31:13 32:7          36:19 37:3          41:8 45:25          51:16 57:6          66:23 68:9          71:25 72:3          74:16,24 75:5          75:8 78:11,20          81:24 82:4  <b>needed</b> 48:25          50:7 54:2          74:21  <b>needs</b> 23:25          46:24 51:20  <b>negotiated</b>          22:17  <b>Nemiroff</b> 9:17  <b>net</b> 57:6 59:21          72:2  <b>never</b> 49:24          51:10,17          65:23 75:16  <b>Nevertheless</b>          5:25  <b>new</b> 1:7 3:7 4:6          16:12 43:5          47:18 86:3  <b>news</b> 12:15,15  <b>NHCC</b> 2:10  <b>night</b> 27:23          31:22 78:18          80:17  <b>north</b> 57:2  <b>notarize</b> 80:19  <b>Notary</b> 86:3  <b>noted</b> 84:7  <b>notwithstand...</b>          8:15  <b>November</b> 18:2</p>	<p>32:21 49:22  <b>no-shows</b> 19:8          19:10,22  <b>NuHealth</b> 3:8  <b>number</b> 10:2          15:5,10 19:5          19:5,7,8,9          29:16 44:2,10          44:11,17 51:6          51:11,13 56:7          56:9,18 57:8          58:25 59:4,8          59:17 60:6          61:8,11,13          62:17 74:5  <b>numbers</b> 6:14          6:25 10:5,22          47:7 51:14  <b>NUMC</b> 12:9          13:23  <b>nurse</b> 46:19  <b>nurses</b> 45:24          46:16 47:12          47:14,21,25          53:21 54:3,18          54:19,22  <b>nursing</b> 39:12          40:14,17,18          41:10 44:20          44:25 46:23          46:24 47:24          52:1 53:17          61:2 75:13  <b>NYCLA</b> 25:3</p> <hr/> <p style="text-align: center;"><b>O</b></p> <hr/> <p><b>Obamacare</b>          12:17  <b>OBGYN</b> 2:18  <b>Obviously</b> 59:9  <b>OB/GYN</b> 17:20          63:19  <b>occur</b> 39:2          51:10  <b>occurred</b> 15:11          63:18</p>	<p><b>occurs</b> 53:16  <b>October</b> 18:2          47:20 49:17          49:22  <b>offense</b> 26:3  <b>offer</b> 56:5  <b>offered</b> 57:22  <b>offering</b> 24:5          25:18 26:11  <b>officer</b> 2:8,9,11          70:6  <b>offices</b> 19:15          48:3  <b>Official</b> 25:19  <b>Oftentimes</b>          41:22  <b>okay</b> 4:4 5:25          7:3,17 18:15          18:20,21 27:4          32:14 37:17          40:16 43:2          47:9,10  <b>old</b> 57:18  <b>once</b> 14:15 47:3          56:22 71:12          77:10,16,23  <b>ones</b> 45:9  <b>OPEB</b> 11:12  <b>open</b> 3:8 15:20          16:15,16  <b>opened</b> 15:21          15:23,25 16:3          16:13,13  <b>opening</b> 15:15          17:4  <b>operating</b> 4:8          11:15 12:4          66:12 70:5  <b>operational</b>          17:21  <b>operations</b>          65:10 70:7  <b>opinion</b> 46:14          58:24  <b>opinions</b> 67:9  <b>opportunities</b></p>	<p>30:12  <b>opportunity</b>          30:13  <b>option</b> 58:8  <b>order</b> 3:5 70:21  <b>ordered</b> 37:5  <b>organization</b>          72:1  <b>original</b> 5:14  <b>Orrick</b> 27:18  <b>OS</b> 25:19  <b>ourself</b> 30:22  <b>outcome</b> 86:13  <b>outpatient</b>          13:23 14:22          14:23 15:3          16:2 20:19          29:13,18  <b>outside</b> 20:25          40:4 41:5          43:8 73:17  <b>overall</b> 12:7  <b>overly</b> 64:25  <b>overnight</b> 82:5  <b>overtime</b> 40:1,2          41:5 44:8          52:24 53:1,2          53:3,4,5</p> <hr/> <p style="text-align: center;"><b>P</b></p> <hr/> <p><b>P</b> 2:8,15  <b>page</b> 4:9 11:9          11:10 85:2  <b>pages</b> 12:11  <b>PANCHO</b> 2:19  <b>paper</b> 10:1  <b>paperwork</b>          81:1  <b>part</b> 18:25 20:5          24:6 28:7,12          36:20 40:20          47:10 61:22          61:23,25 62:5          62:6 63:8          66:11,23          68:13 74:9,13</p>	<p><b>participants</b>          58:15,17  <b>participate</b>          59:16 63:25  <b>participated</b>          58:1  <b>parties</b> 86:11  <b>passed</b> 23:7          47:4  <b>Pathology</b> 2:18  <b>patient</b> 2:12          11:25 45:16          52:3,15 54:3          55:15,16 63:4          74:11,15,21          79:8  <b>patients</b> 19:4          33:8 35:6          38:14 41:24          53:12,13 54:2          55:24 67:7          70:14,19,22          70:23 75:5,15          83:15  <b>pattern</b> 47:6  <b>Paul</b> 2:17 67:25  <b>pay</b> 20:23 35:2          45:6 58:4,6          71:5  <b>paying</b> 29:6          36:14 42:21          42:22,25  <b>payments</b> 13:8          27:11,12  <b>payout</b> 59:22  <b>pays</b> 64:18  <b>PCA</b> 54:17  <b>PCAs</b> 45:24          54:21 55:8  <b>peds</b> 63:19  <b>penalties</b> 26:17  <b>penny</b> 72:20  <b>people</b> 19:7,15          19:20,25 20:1          32:2,7,10          33:3 34:5,6,7</p>
--	--	--	---	---

35:3,9,12,13 38:7 40:18 41:4,13 42:23 43:25 44:17 45:2,12,17 46:12 56:13 56:19,23 57:1 57:23 58:1 71:8 73:1,3 75:2,3,7,10 75:14,16,20 81:14 <b>percent</b> 16:18 16:20,21 17:12,13,17 18:19 20:12 30:11 52:5,8 67:7 70:14,19 70:22 <b>percentage</b> 22:15 75:14 <b>percentage---</b> 42:17 <b>perfectly</b> 24:21 <b>period</b> 13:3 20:15 71:6 <b>person</b> 15:7 38:13 49:11 50:24 55:23 65:15 67:16 <b>personal</b> 38:12 <b>personality</b> 55:1 <b>personally</b> 5:9 <b>personnel</b> 75:22 <b>phone</b> 5:22 19:5 29:16 31:22,24 35:14,15 36:2 36:3 38:13 49:7 51:6,11 51:12,14 <b>phones</b> 31:14 31:15 33:1,7 34:21 35:3,4	35:4 36:21,21 37:7 <b>physically</b> 80:17 <b>physician</b> 38:9 55:22 61:1,1 63:24,24 <b>physicians</b> 61:9 61:12,14,17 62:14,18 64:2 64:6 67:5 <b>physician-rel...</b> 61:4 <b>picked</b> 56:7 <b>picking</b> 17:11 <b>picture</b> 46:13 <b>piece</b> 60:25 61:2,4 64:22 <b>pitch</b> 54:22,24 <b>place</b> 39:24 52:18 <b>places</b> 54:23 <b>plan</b> 20:6 30:21 33:10 37:10 37:13,17,20 37:23 43:6 57:13 69:9 <b>plans</b> 17:19 69:20 <b>players</b> 68:1 <b>playing</b> 47:7 <b>pleas</b> 36:7 <b>please</b> 3:24 51:1 53:23,24 77:2 78:10 <b>pledging</b> 27:15 <b>point</b> 3:25 10:17 20:9 29:8 45:24 47:11 56:18 60:8 63:17 65:15 70:8 71:1 73:23 <b>policy</b> 41:12,16 41:17 <b>Politi</b> 2:4 5:5	5:14 7:4 9:2 9:13 10:4,11 10:13,14,20 19:12 29:21 34:13,18,24 35:7,12 36:16 37:22 38:3,6 47:11,23 48:9 48:17 49:11 49:13,15 53:7 53:16,25 54:6 55:11,12,21 59:24 65:16 65:17,23 66:9 68:21 69:3,17 70:4 72:12,13 74:1,10 75:11 75:22 76:1,16 76:17,20 78:3 78:4 79:2,3 82:7,16 83:13 <b>pool</b> 46:4,7,14 54:19 60:25 <b>pools</b> 45:8,10 45:12,14 <b>poorly</b> 35:15 <b>POS</b> 24:4 <b>position</b> 10:6 45:13 49:2 50:8 55:25 <b>positioned</b> 61:14 <b>positions</b> 31:10 31:13 34:15 47:2 55:8 61:11 <b>possibility</b> 12:16 <b>possible</b> 19:2 22:22 <b>possibly</b> 12:24 <b>post</b> 24:4 <b>potential</b> 12:24 <b>potentially</b> 59:16 67:12 <b>preferable</b>	44:19 <b>preliminary</b> 24:5 25:18 77:9 <b>prepare</b> 80:6 85:3 <b>prepared</b> 6:4 6:13 7:23,25 8:16 <b>present</b> 2:2,7 25:6 72:21 77:6 <b>presented</b> 8:14 49:16 71:18 <b>presently</b> 25:4 <b>President</b> 2:4 <b>press</b> 83:6 <b>pretty</b> 43:11 74:14 <b>previous</b> 21:14 21:15 <b>previously</b> 25:12 59:2 <b>pre-authoriz...</b> 32:1 <b>pre-registering</b> 33:9 <b>pre-scheduling</b> 33:8 <b>primary</b> 15:15 15:19 16:12 18:25 <b>private</b> 19:14 <b>probably</b> 8:9 14:9 18:24 29:18 40:24 43:14 44:3 47:3 57:2 67:23 69:16 70:21 <b>problem</b> 7:16 7:17,20 8:8 9:5 15:16 24:13,17,19 24:20,23 26:25 36:24	77:17 80:25 <b>problematic</b> 67:16 <b>problems</b> 15:12 17:22 18:17 55:9 <b>proceed</b> 8:6 <b>process</b> 54:6 73:15 <b>processed</b> 48:23 <b>processing</b> 26:11 <b>produced</b> 62:17 <b>productive</b> 19:23 <b>professional</b> 58:24 <b>professionali...</b> 67:12 <b>progress</b> 15:6,9 73:16 <b>progressive</b> 41:18 <b>projected</b> 39:18 <b>projecting</b> 11:23 16:9 <b>projections</b> 30:9 <b>promote</b> 56:11 56:11 <b>pronged</b> 42:18 <b>prophylactic</b> 26:23 <b>propose</b> 77:7 <b>proposed</b> 3:17 4:8 5:18 13:17 62:10 77:6,7,9,10 80:8 85:4 <b>protect</b> 26:24 <b>proves</b> 83:20 <b>provide</b> 13:1 <b>providing</b>
--	---	--	---	--

55:16 <b>psychiatry</b> 42:8 <b>Pt</b> 37:16 <b>public</b> 2:22 12:18 86:3 <b>pull</b> 54:20 <b>purposes</b> 59:1 <b>pushback</b> 71:24 <b>put</b> 10:15,17 28:1 30:18 33:22 36:3 37:25 38:1 47:17 53:12 55:25 81:24 <b>p.m</b> 1:9 3:1 5:21 84:7	48:19 <b>raises</b> 47:13 <b>RAN</b> 23:3,7 24:10 26:7,11 77:20 80:21 81:1 <b>rate</b> 14:23,24 15:22,24 16:2 16:14 19:22 <b>rates</b> 39:17 <b>ratio</b> 42:15 <b>reactions</b> 64:19 <b>ready</b> 10:18,21 <b>really</b> 17:14 19:24 20:1,2 25:11 30:2 34:3,4,9 35:1 47:7 66:16 75:4,8 78:19 <b>reason</b> 23:3 <b>reasons</b> 16:11 46:5 <b>reassigning</b> 30:15 <b>receivable</b> 14:6 14:8 <b>receive</b> 5:10,24 48:19 76:7 <b>received</b> 4:16 4:25 5:1,4,7 5:18,21 6:17 8:2,19 9:19 27:12 47:23 48:22 49:24 <b>receiving</b> 25:8 <b>recognize</b> 72:1 <b>recognizing</b> 74:14 <b>recommend</b> 35:24 <b>recommended</b> 77:2 <b>reconvene</b> 24:7 <b>record</b> 4:11 5:16 6:11 7:8 8:4 26:21	27:6 39:1 51:22 52:11 57:19 78:21 78:24,25 80:12 83:22 86:7 <b>recover</b> 14:3 <b>recoverable</b> 21:22,23 <b>recovered</b> 21:22 <b>recovery</b> 13:25 14:19,22 20:21 <b>reduce</b> 61:7 <b>reduced</b> 44:21 <b>reducing</b> 39:25 44:16 <b>reduction</b> 34:2 40:2,3 61:3 <b>reductions</b> 39:24 54:10 60:23 <b>Reed</b> 2:5 5:8,10 5:12,22,23 26:2,14,20 27:2 32:12,25 38:23 50:25 51:3,8 73:8 76:4,9,13,19 76:23 77:3,15 81:6 82:25 <b>reference</b> 29:9 <b>reflect</b> 57:20 <b>regard</b> 12:16 56:2 <b>regarding</b> 77:20 <b>registrations</b> 34:22 <b>regular</b> 45:2 <b>reinstate</b> 72:17 <b>reiterated</b> 73:22 <b>related</b> 36:25 60:25 86:10	<b>relates</b> 64:1 <b>relationships</b> 67:4 <b>relatively</b> 10:20 15:4 <b>release</b> 83:6 <b>relying</b> 69:24 <b>reminding</b> 19:19 <b>removed</b> 6:8 <b>renew</b> 28:14,17 <b>renewal</b> 30:18 31:6 37:14 <b>renewed</b> 28:13 <b>renewing</b> 37:16 <b>repairs</b> 15:13 <b>repeal</b> 12:16 <b>rephrase</b> 26:22 39:5 <b>replace</b> 41:21 42:1 <b>replacing</b> 41:4 41:19 <b>Reported</b> 1:14 <b>reporter</b> 86:2 <b>reports</b> 59:4 <b>request</b> 50:14 <b>requested</b> 48:9 <b>require</b> 72:24 <b>requires</b> 72:10 <b>resort</b> 42:11 <b>resource</b> 64:4 <b>resources</b> 2:10 20:25 <b>respect</b> 13:12 15:13,14 40:11 <b>response</b> 54:8 59:2 <b>responsible</b> 24:17 77:22 <b>retired</b> 61:9 <b>retirement</b> 57:12,17,17 <b>retiring</b> 61:12 <b>returned</b> 80:2	<b>revenue</b> 2:13 11:16,22,24 11:25 12:1,4 12:6,9 13:19 13:21 20:16 21:23 39:10 39:12 <b>review</b> 8:3 54:1 83:10 <b>re-allocated</b> 31:3 <b>Rich</b> 56:20 <b>RIGGS</b> 2:18 <b>right</b> 8:9 12:4 15:7 20:5 21:9 22:9 24:18,24,24 25:3 33:1 34:9 36:2 41:25 42:5 43:14 44:11 51:8,9 57:13 58:12,18,19 58:21 59:19 60:18 61:22 65:21 68:2 70:13 72:22 75:22 <b>right-hand</b> 4:10 11:14 <b>ripples</b> 64:15 <b>risk</b> 39:8,9 40:7 <b>Rizzo</b> 2:9 32:18 32:20 83:2 <b>RN</b> 2:12,20 <b>RN-1s</b> 49:19 <b>Roarty</b> 2:10 49:10,14,16 49:24 50:3,7 50:10,15,21 56:21 57:14 57:21 58:19 58:22 59:3,12 <b>ROBBINS</b> 2:18 <b>room</b> 4:17,21
<b>Q</b>				
<b>qualified</b> 35:9 <b>quality</b> 73:24 74:8 <b>quarter</b> 47:14 47:16 48:1 49:19 <b>quarterly</b> 71:14 <b>quarters</b> 48:2 <b>question</b> 9:10 15:8 16:6 26:3 28:3 30:10 39:6 41:9 42:18 44:24 53:7 63:7 65:20 66:15,16,20 78:8,9 81:11 <b>questions</b> 10:21 10:24 22:24 46:16 <b>quick</b> 29:8 <b>quorum</b> 3:15 78:18				
<b>R</b>				
<b>RACHEL</b> 2:18 <b>raised</b> 8:20 9:6				

<p>38:10 73:1,2  <b>roughly</b> 56:23  <b>run</b> 14:23,24  15:22,24 16:2  16:14 51:14  59:4  <b>running</b> 14:25  16:7 70:7  73:10  <b>RYAN</b> 2:11  26:9</p> <hr/> <p style="text-align: center;"><b>S</b></p> <p><b>safe</b> 42:13 52:7  55:20  <b>safety</b> 55:17  72:2  <b>salaries</b> 57:5  <b>salary</b> 58:5  <b>sat</b> 10:23  <b>satisfaction</b>  74:15,22  <b>save</b> 29:5 33:24  <b>saves</b> 46:8,9  <b>savings</b> 28:18  65:2  <b>saying</b> 25:10  26:14 30:24  36:15 46:3  81:7 82:3  83:21 84:2  <b>says</b> 11:12  35:21  <b>schedule</b> 30:8  30:14 38:13  <b>scheduled</b>  27:13 45:22  <b>scheduling</b>  27:21 31:24  <b>seasonally</b>  53:11  <b>second</b> 3:9,15  46:21 64:22  <b>secure</b> 24:10  <b>Security</b> 2:13  <b>see</b> 12:3 18:3,6</p>	<p>18:11,16,17  19:7 20:11  29:9 45:22  54:1 59:5  65:5 67:6  68:10 73:16  73:18  <b>seeking</b> 57:22  <b>semantics</b> 27:3  <b>send</b> 7:3,4,5,7  32:23 48:10  81:22  <b>senior</b> 82:9  <b>sense</b> 41:18  <b>sensitive</b> 68:7  <b>sent</b> 5:5,8,14  7:2 26:6  50:13  <b>separate</b> 31:16  <b>separation</b> 56:6  56:6,19 57:15  <b>September</b>  49:17 57:25  <b>sergeant</b> 70:6  <b>serves</b> 25:17  <b>service</b> 11:25  29:10 33:25  37:2 38:8  48:11,12,21  49:23 50:1,3  50:18,21 58:3  58:5 59:4  <b>services</b> 2:12  2:14,20 42:6  <b>session</b> 3:25  79:7,11,14  <b>sessional</b> 61:13  <b>set</b> 86:6  <b>settled</b> 47:6  <b>seven</b> 59:7  <b>seventeen</b> 59:7  <b>seventy-five</b>  57:3 59:20  60:4  <b>Seven-seven</b>  58:1</p>	<p><b>shaking</b> 4:19  52:12  <b>Shannon</b> 74:1  <b>shape</b> 44:13  67:8  <b>sharing</b> 10:8  <b>sheet</b> 3:11  <b>SHELLEY</b>  2:22  <b>shepherd</b> 24:25  <b>shepherding</b>  25:2  <b>shifts</b> 41:10  <b>short</b> 17:2  <b>shorthand</b> 86:2  <b>showing</b> 5:22  <b>shows</b> 11:13  <b>side</b> 4:10 11:14  13:23 20:16  27:19 39:12  39:20,21 56:3  68:11  <b>sign</b> 80:19  <b>significant</b> 5:3  8:20 18:7,8  39:23 46:8,9  74:14,23  <b>sitting</b> 21:17  73:2  <b>situation</b> 72:3  <b>sixty</b> 58:9  <b>SKARKA</b> 2:12  40:19 41:11  41:17 42:4,6  42:12,18 43:1  43:3,14,17,24  45:8 47:2,10  47:16 51:24  52:4,20 53:22  54:12  <b>slippage</b> 75:1  <b>small</b> 45:8,9  <b>solution</b> 36:10  <b>solved</b> 18:17  55:9  <b>somebody</b> 8:13</p>	<p>19:13,25  30:13,14 51:7  51:12 66:19  66:20  <b>someone's</b>  35:14  <b>somewhat</b> 8:10  <b>soon</b> 50:15  52:21 69:13  <b>sorry</b> 35:13  53:22 57:19  74:19  <b>sort</b> 9:4 13:3  59:2 63:23  80:14  <b>sorts</b> 56:16  <b>sound</b> 29:4  <b>space</b> 37:5  <b>speak</b> 4:14 5:17  7:8 51:3 68:8  68:9 75:4  <b>speaker</b> 36:3  <b>Special</b> 2:9  <b>specific</b> 18:12  <b>specifically</b>  12:8 66:1  <b>speculate</b> 60:21  <b>speculation</b>  56:2  <b>speculative</b>  38:22,25 65:4  <b>spending</b> 71:7  <b>spent</b> 29:14  73:3  <b>spoke</b> 25:5 50:2  <b>spoken</b> 28:6  <b>spot</b> 35:14  <b>spots</b> 35:10  <b>staff</b> 4:2 10:4  25:5 31:2,9  31:20 34:23  37:6 45:22,25  45:25 53:13  53:14,18 54:9  64:1 65:13  67:19 69:9,23</p>	<p>82:9,24,25  <b>staffing</b> 39:25  40:1,3,12  41:3 44:22  54:2 62:12  63:11  <b>stand</b> 23:7  <b>standpoint</b>  63:2  <b>start</b> 52:18  73:17  <b>started</b> 30:22  38:24 52:19  52:22  <b>state</b> 13:1,7  39:16 86:3  <b>stated</b> 72:11  <b>statement</b> 4:23  24:5 25:18,20  71:16  <b>statements</b>  26:12  <b>stay</b> 20:3 21:25  73:12,13  <b>stays</b> 74:8  <b>STEVEN</b> 2:6  <b>stick</b> 38:23  <b>sticks</b> 54:15  <b>stipend</b> 34:5  <b>stipulation</b>  47:13,25 48:1  <b>stop</b> 44:1 50:25  <b>straight</b> 6:11  <b>stratifying</b>  56:12  <b>strictly</b> 41:19  <b>strong</b> 72:23  <b>submit</b> 10:12  <b>subspecialties</b>  69:10  <b>substantive</b>  6:24 9:6,9,10  9:11  <b>substantively</b>  6:19,20  <b>Subtlety</b> 22:7</p>
---	---	--	---	---

<b>sue</b> 48:5	70:8 80:12	<b>Thanks</b> 84:2	<b>three</b> 5:2 7:16	23:5 37:15
<b>suggest</b> 77:5	83:25	<b>Theres's</b> 59:7	16:17,20,21	69:13
<b>suggestion</b> 8:4	<b>talented</b> 73:2	<b>they'd</b> 36:5	17:11,13,16	<b>tomorrow</b> 8:25
18:23 72:14	<b>talk</b> 4:1 8:5	<b>thing</b> 11:3 21:3	18:19 19:18	33:23
82:18	<b>talked</b> 20:18	25:1 46:21	20:11 30:11	<b>tonight</b> 23:4
<b>suggestions</b>	37:18 40:24	68:13	45:20 52:20	24:22 81:15
64:19	<b>talking</b> 34:9	<b>things</b> 43:18	53:17,25	<b>top</b> 20:3 73:12
<b>Sullivan</b> 2:15	37:17 46:20	51:22 59:22	<b>thy</b> 47:15	73:13
23:9,10,13,20	64:23	69:19 73:17	<b>tier</b> 58:4	<b>total</b> 11:24 12:4
23:23 24:4,11	<b>target</b> 56:18	75:17	<b>tight</b> 55:12	27:13 31:12
24:14,25 25:2	57:2 59:10,20	<b>think</b> 4:22,24	62:14	<b>touch</b> 70:14
25:16,23	60:2	5:7,21 6:3	<b>tighter</b> 62:15	<b>tov</b> 60:18
26:10 27:5	<b>teaching</b> 68:11	7:21 8:9	<b>Tim</b> 26:10	<b>track</b> 39:1
72:10 77:5	<b>team</b> 20:23	12:11 17:9	71:17	<b>tracking</b> 71:5
<b>sum</b> 58:9	44:24 45:5	22:3 27:20	<b>time</b> 8:13 9:4	<b>train</b> 34:6
<b>support</b> 68:5	46:18 68:1	28:22 32:20	10:15,17	<b>trained</b> 34:6,20
<b>supposed</b> 21:10	75:12	35:11 37:12	14:16 24:2,9	37:6 42:9
25:5 47:14	<b>techs</b> 54:23	38:19,24 47:5	25:4 26:13	44:25
<b>supposedly</b>	<b>tell</b> 4:6 8:13	49:13 52:17	33:8 35:22,22	<b>transcript</b> 86:7
47:12	13:10 35:17	53:20,21 56:8	41:24 42:19	<b>Transitions</b>
<b>sure</b> 5:19 20:8	35:23 36:6	60:12,23	43:4,20 45:2	2:14
28:21 53:8	39:8 46:5	63:16,22 64:5	45:3,6 48:18	<b>transparent</b>
57:4 63:22	69:14	64:14,16,18	50:13 55:10	72:22
74:8,16,24	<b>telling</b> 38:7	64:20,21,23	57:11,22	<b>treat</b> 53:13
78:17 81:12	<b>tells</b> 45:24 62:7	66:6,9 68:16	58:10 79:3	<b>tremendous</b>
<b>Surg</b> 42:7 44:5	<b>ten</b> 47:21 56:14	68:22 74:1,3	84:7	71:24
<b>surgery</b> 2:19	58:6,17 59:6	75:2,11,12	<b>timeframe</b> 8:5	<b>trickle</b> 82:14
15:13 63:19	60:16	81:16,24 82:7	77:17	<b>true</b> 27:4 43:1
66:21,21,22	<b>ten-year</b> 59:25	<b>third</b> 49:19	<b>timely</b> 8:2	75:8 86:7
68:9,20,21	60:2	70:21,23	50:13	<b>truly</b> 66:16,19
<b>surgical</b> 54:23	<b>terminate</b>	<b>thirds</b> 11:11	<b>times</b> 45:20	<b>try</b> 8:23 39:5
<b>switchboard</b>	32:23 33:23	<b>third-party</b>	53:17 54:1	<b>trying</b> 8:8 22:2
31:18 37:2,4	<b>terms</b> 6:25	20:22	55:13,13	50:17
<b>sword</b> 44:15	45:16 65:1,13	<b>thirty</b> 29:15	<b>Timmy</b> 72:8	<b>Tuesday</b> 27:23
<b>sworn</b> 86:6	70:17	58:7	79:1	<b>Tunstall</b> 28:6,7
<b>system</b> 28:4	<b>terrible</b> 38:11	<b>thirty-five</b>	<b>TIMOTHY</b>	29:10 30:7,22
34:21 41:13	38:12	31:12 32:2,7	2:15	<b>turn</b> 4:5,8 5:17
<hr/>	<b>testified</b> 27:6	32:10 34:12	<b>today</b> 3:11 5:11	40:23 61:21
<b>T</b>	<b>testimony</b>	<b>Thomas</b> 27:17	5:12,15,24	<b>turned</b> 8:25 9:1
<b>table</b> 3:24	80:12,20 86:5	<b>thought</b> 13:14	6:17 8:16	<b>Turnpike</b> 1:7
<b>take</b> 17:19 31:9	86:8	21:12 27:2	9:15 25:6	<b>twelve</b> 22:10
36:7 39:24	<b>text</b> 19:18 25:8	67:21	44:11 48:5,20	<b>twenty</b> 17:12
46:6 57:23	<b>thank</b> 39:7	<b>thousand</b> 56:24	48:23 50:2,6	56:14 59:6
63:10 78:9	54:7 73:7	58:6,7	50:19 56:9	<b>twenty-four</b>
81:9	79:12 83:14	<b>threatened</b>	82:20 83:17	76:10 81:7
<b>taken</b> 12:13	83:15,24 84:6	48:5	<b>told</b> 9:7,8,13,24	<b>twenty-third</b>

<p>31:2 34:22  <b>twilight</b> 9:2  <b>two</b> 5:2 8:19            9:7 10:19            11:11 12:3            13:13 14:1            16:8 26:25            27:11 31:16            37:21 42:15            42:18 46:15            47:20 48:2            49:22 55:9            57:21 60:16            66:12  <b>type</b> 18:17 75:6  <b>typed</b> 80:16</p> <hr/> <p style="text-align: center;"><b>U</b></p> <hr/> <p><b>ultimate</b> 68:16  <b>ultimately</b> 64:6  <b>Unanimous</b> 3:9            3:15 79:12            84:6  <b>unbelievable</b>            46:17  <b>unclear</b> 13:5  <b>underlying</b>            51:5  <b>understand</b>            45:15 46:2            70:7,9 75:4,7            83:16  <b>understanding</b>            4:16 8:1 26:4            26:5 80:10  <b>unforeseen</b>            80:10  <b>Unfortunately</b>            55:12  <b>union</b> 47:24            48:3,20 49:6            49:8 56:10            82:20  <b>unit</b> 15:13            45:19,19  <b>units</b> 42:8</p>	<p>44:22 54:9            55:1,8 62:16  <b>University</b> 1:5  <b>unsafe</b> 55:25  <b>urge</b> 46:6  <b>Urgent</b> 35:18  <b>usage</b> 43:15  <b>use</b> 34:21 36:2            38:12 40:4            59:5 72:16  <b>utilize</b> 34:4            41:9 53:14            55:7  <b>utmost</b> 55:16</p> <hr/> <p style="text-align: center;"><b>V</b></p> <hr/> <p><b>V</b> 2:9  <b>vacancies</b>            43:20,24 44:2            44:12  <b>vacancy</b> 44:7  <b>vacant</b> 55:8  <b>value</b> 67:10,11            67:21  <b>variance</b> 16:14            16:17  <b>variety</b> 40:13  <b>various</b> 40:1  <b>vendor</b> 21:14            21:15 22:1,14            29:3  <b>vendors</b> 21:13  <b>vendor's</b> 21:13  <b>vernacular</b>            11:20  <b>version</b> 6:13            10:10  <b>versus</b> 27:4  <b>VICTOR</b> 2:4  <b>view</b> 66:5  <b>Vince</b> 22:16            32:16  <b>VINCENT</b>            2:13  <b>virtually</b> 40:25  <b>visit</b> 30:15</p>	<p><b>visits</b> 15:1,4            16:2,4,7,10            16:10,12,23            16:24 18:11            30:8 37:1            71:7  <b>vocal</b> 54:16            55:2  <b>volume</b> 21:19            29:18 54:16            70:17  <b>voluntary</b>            57:14,24  <b>volunteer</b> 49:1  <b>vote</b> 6:4 7:10            7:15,24 8:1            8:16 18:14            30:20 71:11            76:7 77:18            80:13  <b>voted</b> 77:16  <b>votes</b> 77:11</p> <hr/> <p style="text-align: center;"><b>W</b></p> <hr/> <p><b>wage</b> 43:3  <b>Wait</b> 50:25  <b>walk-ins</b> 35:21  <b>want</b> 4:11 5:20            8:18 10:11            18:16 19:11            22:6,6,21,24            22:25 23:2            26:20 27:8            28:2 29:12            35:1,23 38:15            41:7,8 42:14            45:12 49:3            50:19 54:18            60:12 63:6,7            68:12,13            73:22 74:7            79:2 81:6  <b>wanted</b> 17:9            48:4 57:23            58:8,10 64:24            71:1</p>	<p><b>wants</b> 70:9  <b>Warren</b> 2:4 5:6            9:6 17:9  <b>Warren's</b> 51:11            51:12  <b>wasn't</b> 16:16  <b>way</b> 8:9 11:11            20:24 35:5            41:4,25 44:8            44:19 52:2            53:13 55:3,22            61:18 63:4            67:8,17,18            77:21 82:8            86:12  <b>ways</b> 55:6  <b>wean</b> 30:21  <b>Wednesday</b>            24:3 27:7  <b>week</b> 69:3 76:3  <b>weekly</b> 22:18            71:5  <b>weeks</b> 26:25            40:25 52:20            58:4  <b>weigh</b> 67:13  <b>welcome</b> 3:5,23            84:1  <b>went</b> 18:1            29:14 73:18            75:17 79:13  <b>weren't</b> 70:2  <b>we'll</b> 4:3 11:7            38:23 47:4            56:20 64:21            68:15 70:9            71:11 77:4            82:16  <b>we're</b> 3:24 4:12            8:14 12:21            16:11 17:11            17:12 19:22            20:9,11 21:19            21:20 28:14            28:16 29:7            33:3,4,18,20</p>	<p>33:21 35:21            36:14 37:16            38:9 40:19            41:4,21 44:13            44:16 51:14            52:10 55:4,5            55:7,16 56:4            56:12 59:5            60:3,8 61:10            62:14 65:1            68:5,12 69:24            70:20,20            71:12,13            72:20,22 74:3            74:6 78:13,17  <b>we've</b> 6:6 18:10            20:18 25:6            27:5 28:6,21            30:11 32:4            34:11 43:19            44:1,3,5,21            47:5,6 50:17            56:7 60:9            61:8,13 65:6            74:14,22            75:16  <b>whatsoever</b>            80:25  <b>wholehearte...</b>            8:12 52:8  <b>willing</b> 72:5            80:9  <b>Winthrop</b> 36:6  <b>witness</b> 86:5,8  <b>word</b> 6:8 10:9            33:14 83:13  <b>words</b> 45:3            67:3  <b>work</b> 13:6            21:11 42:23            45:4,22,23            62:13,16            71:25 73:5,15            82:11  <b>worked</b> 43:21  <b>working</b> 44:17</p>
--	--	--	--	--

45:25 56:20 73:4 <b>works</b> 46:13 <b>world</b> 7:9 22:8 <b>worried</b> 78:17 <b>worse</b> 33:21 <b>worth</b> 11:24 12:6 13:24 21:16,21 <b>wouldn't</b> 11:17 24:22 37:25 38:1,4 65:3 <b>Wow</b> 34:3 <b>written</b> 3:16 10:1 <b>wrong</b> 22:9 26:4 55:4 73:18	<hr/> <b>Z</b> <hr/> <b>zero</b> 14:10 43:15,20 44:9 <b>Zuckerman</b> 3:22,23 9:15 56:21 79:9 <b>Zysman</b> 2:4 4:25 5:1,6,13 5:24 8:17 9:13,21 10:14 13:20 14:5,12 14:18,21 15:6 15:19,22 16:1 16:6,20,22 17:1,6,15 22:1,8 25:25 26:1 27:22 28:1,10,13,19 28:22,25 29:3 29:8,23 30:3 30:5,16,24 31:5 33:5,12 35:17 36:4,14 37:12,25 38:4 38:7 43:5 44:14 48:7,15 48:18 49:6,10 49:21 50:1,5 50:9,12,18,23 54:8 55:19 65:8,11,15 69:18,23 70:2 70:11 73:9	<b>\$39</b> 23:9,10 <b>\$4</b> 61:3,5,16 <b>\$40</b> 23:21 <b>\$45</b> 23:13,14 23:17 <b>\$5</b> 39:13 56:7 57:1 59:18 61:17 <b>\$558,000,000</b> 7:13,14 <b>\$57</b> 27:13 <b>\$850,000</b> 28:18	<b>5:17</b> 5:21 <b>5:30</b> 80:8,24 <b>5:41</b> 5:22 <b>547</b> 12:2 <b>558,548</b> 12:3
<hr/> <b>X</b> <hr/> <b>x</b> 1:2,4 56:18	<hr/> <b>Y</b> <hr/> <b>year</b> 3:7,18 14:10 16:5,8 18:19,20 27:12 30:23 30:25 31:6 33:17,18 38:2 43:9,10 44:7 49:20 58:11 58:16 69:1,25 71:20 74:16 74:24 <b>years</b> 16:8 38:1 38:12 43:22 55:24 56:14 56:14,14 57:18 58:2 59:4,5,6,6,9 60:16 66:12 <b>yesterday</b> 8:23 8:25 9:1 12:15 46:17 <b>yo</b> 4:7 <b>York</b> 1:7 86:4	<hr/> <b>1</b> <hr/> <b>11</b> 58:13,14 <b>11:00</b> 24:3 35:5 <b>12</b> 12:15 58:14 <b>12-hour</b> 41:10 <b>14</b> 4:9 11:9,10 <b>16</b> 15:2,9 <b>160,000</b> 16:4 18:11 <b>17</b> 15:2	<hr/> <b>6</b> <hr/> <b>6-month</b> 37:9 37:13,20,23 <b>6:30</b> 80:24
		<hr/> <b>2</b> <hr/> <b>2007</b> 22:4 <b>2011</b> 57:24,25 <b>2016</b> 11:22 14:24 16:16 16:19,25 17:1 17:21 39:13 <b>2017</b> 1:9 3:6,18 4:8 11:16,22 12:19 16:18 16:25 17:8,11 21:23 30:9 36:13 61:12 <b>2018</b> 17:12 <b>2201</b> 1:7 <b>23</b> 34:24,25 36:16,17	<hr/> <b>7</b> <hr/> <b>7,000</b> 15:1,4 16:7,10,24 17:2,7 <b>7:00</b> 1:9 3:1 <b>7:08</b> 7:11 <b>7:52</b> 80:2
	<hr/> <b>\$</b> <hr/> <b>\$1</b> 14:20,21,22 15:4 20:18,21 21:21 22:3 33:24 <b>\$1.3</b> 30:19 31:6 37:14 38:2 <b>\$11</b> 11:23 12:6 13:20 <b>\$12</b> 21:16 <b>\$2</b> 12:1,9 13:22 14:19	<hr/> <b>3</b> <hr/> <b>31</b> 3:18	<hr/> <b>8</b> <hr/> <b>8:00</b> 24:8 <b>8:15</b> 79:13 <b>8:57</b> 84:7 <b>80</b> 85:3
	<hr/> <b>5</b> <hr/> <b>5</b> 1:9 3:6	<hr/> <b>9</b> <hr/> <b>9</b> 4:9 11:9,10 11:25	