

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

APRIL 3, 2024

6:00 P.M.

EXECUTIVE BOARD ROOM

VOTING MEMBERS PRESENT: William Frishman, M.D., Herman Geist, Susan Gevertz, John Heimerdinger, Patrick McCoy, Tracey Mitchell, Alfredo Quintero, Michael Rosenblut, Zubeen Shroff, Sharla St. Rose, Mark Tulis, Judith Watson, Richard Wishnie

VOTING MEMBERS EXCUSED: Renee Garrick, M.D., Mitchell Hochberg

NON-VOTING MEMBERS PRESENT: Michael Israel

NON-VOTING MEMBERS EXCUSED: Martin Rogowsky

STAFF PRESENT: Barbara Kukowski, SVP, Deputy General Counsel
Anthony Costello, EVP, COO
Josh Ratner, EVP, Chief Strategy Officer
Phyllis Yezzo, EVP, CNO
Ann Marie Soares, Executive Corporate Secretary

CALL TO ORDER

The April 3, 2024, meeting of the Westchester County Health Care Corporation (“WCHCC”) Board of Directors was called to order at 6:00 p.m., by Mr. Shroff, Chair. A quorum was present.

VOTING MEMBERS PRESENT

William Frishman, M.D.	Michael Rosenblut
Herman Geist	Zubeen Shroff
Susan Gevertz	Sharla St. Rose
John Heimerdinger	Mark Tulis
Patrick McCoy	Judith Watson
Tracey Mitchell	Richard Wishnie
Alfredo Quintero	

VOTING MEMBERS EXCUSED

Renee Garrick, M.D.
Mitchell Hochberg

NON-VOTING MEMBERS PRESENT

Michael Israel

NON-VOTING MEMBERS EXCUSED

Martin Rogowsky

REPORT OF THE PRESIDENT OF THE MEDICAL STAFF

Dr. Altman provided the report of the President of the Medical Staff. She presented a credentialing packet (dated April 3, 2024 and attached to these minutes), containing information on Credentialing Appointments, Reappointments, Additional Privileges, Category of Staff Changes, FPPEs and updates to the Hematology/Oncology Adult and Pediatric Privileges, updates to the Gynecologic Oncology Privileges for Physician Assistants, and updates to the Rules and Regulations of the Medical Staff.

Motion to Approve Recommendations for Credentialing Appointments, Reappointments, Additional Privileges, Category of Staff Changes, FPPEs and updates to the Hematology/Oncology Adult and Pediatric Privileges, updates to the Gynecologic Oncology Privileges for Physician Assistants, and updates to the Rules and Regulations of the Medical Staff.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, REAPPOINTMENTS, ADDITIONAL PRIVILEGES, CATEGORY OF STAFF CHANGES, FPPEs AND UPDATES TO THE HEMATOLOGY/ONCOLOGY ADULT AND PEDIATRIC PRIVILEGES, UPDATES TO THE GYNECOLOGIC ONCOLOGY PRIVILEGES FOR PHYSICIAN ASSISTANTS, AND UPDATES TO THE RULES AND REGULATIONS OF THE MEDICAL STAFF. MS. WATSON MOTIONED, SECONDED BY MR. MCCOY. THE MOTION CARRIED UNANIMOUSLY.

EXECUTIVE SESSION

The Board moved into Executive Session for the purpose of discussing personnel, strategic planning and quality matters.

MR. SHROFF ASKED FOR A MOTION TO MOVE OUT OF EXECUTIVE SESSION. DR. FRISHMAN MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE MARCH 6, 2024, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. HEIMERDINGER, SECONDED BY MR. TULIS, TO APPROVE THE MARCH 6, 2024, WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

REPORT OF THE COMMITTEES

AUDIT AND CORPORATE COMPLIANCE COMMITTEE

Mr. McCoy informed the Board that the Committee met this afternoon, prior to the Finance Committee.

Mr. McCoy advised the Board that Ms. Ariel reported that the following four hospital audits are in progress: DRG 023 – Craniotomy with Major Device Implant or Acute Complex – Valhalla, DRG 202/203 Bronchitis and Asthma with and without CC/MCC – Valhalla and MHRH, DRG 853 – Infections and Parasitic Diseases with OR Procedures with MCC – Valhalla and MHRH, and DRG 602-603 – Cellulitis with and without MCC – Valhalla and MHRH.

Mr. McCoy reported that Ms. Ariel reviewed the following completed audit and Corrective Action Plans for DRG 871 and 872 – Septicemia or Severe Sepsis without MV >96 Hours with and without MCC – Valhalla and MHRH, Important Message from Medicare – Valhalla and MHRH.

Mr. McCoy informed the Board that Mr. Palovick reported that the following internal audits are in progress: Textile Services Contract Administration – MHRH, IT Asset Management, and Teaching Supervision and Administration Services Contract Administration.

Mr. McCoy stated that Mr. Palovick reported on the following two completed internal audits: Textile Service Contract Administration – Valhalla, and Payroll – Valhalla.

COMBINED AUDIT AND FINANCE COMMITTEE

Mr. McCoy, Chair, Audit and Corporate Compliance, advised the Board that the combined Committees met this afternoon, prior to the Board Meeting. He stated that Michael Sorelle, Partner, Derrick McGrow, Partner, and Steven Dioguardi, Senior Manager, with Grant Thornton, presented the 2023 Westchester County Health Care Corporation's ("WCHCC") audit results. He stated that the Committees voted to accept the audit results.

Mr. Tulis, Chair, Finance Committee, reported that the Committee approved the March 6, 2024 Finance Committee meeting minutes, and then moved into Executive Session.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on March 6, 2024.

Ms. Gevertz stated that Dr. Garrick summarized the following departmental presentations from the January 11, 2024, meeting of the Quality and Safety Council:

- Pharmacy: The Medication Use Safety Subcommittee was discussed, overrides, inventory management, guardrail compliance and diversion detection were all discussed. Clinical, Operational and Financial successes were all discussed.
- Rehabilitation: Key performance indicators were shared. The following areas of focus were presented: Discharge Destination and Early Transfer Rates, CMS required data collection, Discharge performance measures, and Unit rebranding. Success and a Regulatory report were shared.
- Nursing Quality: Pressure injuries analysis and action plan was shared, falls, CAUTI analysis and action plan, CLABSI analysis and action plan, restraints analysis and action plan, transfusion administration analysis and action plan, nurse call responsiveness and barcode medication administration were all discussed.

A QA/PI report was submitted by ISO Education, ALLY Center, Dental Medicine, and Palliative Care.

Ms. Gevertz informed the Board that the Committee received a presentation on the 2023 Annual Summary Quality and Regulatory by Dr. Garrick, Ms. Cuddy and Ms. McFarlane. The following data and highlights were presented:

Quality:

- Table of Organization - Explained in detail;
- 2023 Quality Department Activities – The Department maintained and continued usual quality improvement activities, as well as COVID 19 reporting responsibilities and participation in related activities including policy revisions, staff training, rounding, and vaccinating;
- 2023 Organization Priorities and Outcomes;
- WMCHHealth COVID Experience 2020–2023 was discussed;
- 2023 Clinical Optimization and Efficiency activities – Including maternal collaborative and other indicators and outcomes; and
- National Hospital Quality Measures – Sustained improvements, particular measures, outcomes and opportunities for improvement were discussed in detail.

Regulatory:

- 2023 – 45 surveys; 65 survey days; 174 surveyor days;
- 100% accreditation and certification achieved; 63% of surveys resulted in no deficiencies. Where findings identified, corrective actions were implemented and achieved;
- Primary Stroke Certification at MHRH was newly added; and Advanced Sterile Processing Certification at Valhalla;
- Discussed the organizational ISO Internal Audit Program process and audits conducted;
- NYPORTS – 12 events in 2023. Internal Incident Reviews found system level issues and risk reduction strategies were developed and implemented; discussed event trends identified 2018-2023 and most frequently occurring and related initiatives to address them;
- Contracted Services –1500+ vendor evaluations completed; performed applying indicators and criteria which were discussed in detail including results of review;
- Discussed results of Culture of Safety Survey including opportunities for improvement and the Board initiative being rolled out to address enhancement of communication between disciplines/departments; and
- Workplace Violence in Healthcare was discussed. Healthcare makes up 12.2% of the US Workforce and accounts for nearly the same amount of violent injuries as all other industries combined (75%).

Dr. Garrick reported on:

- 2023 Culture of Safety Survey was discussed in detail;
- 2023 Star Rating Data

- National Hospital Quality Measures – Unplanned readmissions, length of stay, PI, and HCAHPS;
- Focus on Organizational PI, and current PI projects were discussed; and
- Patient Safety Indicators
- LEAPFROG 2023 Safety Grade;
- Inpatient Quality Reporting (CMS) was discussed, including the significant upcoming changes for 2023, 2024, and 2025;
- CMS Structural Equity Measure (new for 2022) was discussed; and
- CMS Social Determinants of Health (SDOH) Measures were reviewed.

Ms. Gevertz informed the Board that Ms. Cuddy presented the 2024 Performance Improvement and Patient Safety Plan to the Committee. Ms. Cuddy highlighted the following:

- 2024 Performance Improvement and Safety Plan – Revisions to the plan were outlined; and
- 2024 Organizational Priorities – Goals include ensuring accurate and timely submission of required external data reports by continued standardization and optimization of Cerner and other data sources, patient safety - focus on improving communication by implementing recommendations from the completed communication initiative, documentation and reducing hospital acquired conditions, and identify opportunities to address inequities in care.

MR. SHROFF ASKED FOR A MOTION TO ADOPT AND APPROVE THE 2023 ANNUAL SUMMARY, THE 2024 PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PLAN, AND THE 2024 ORGANIZATIONAL PRIORITIES. MS. GEVERTZ MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY.

Ms. Gevertz informed the Board that the Committee received a presentation on the Environment of Care Quality Council by Ms. Malek and Mr. Belfiore. They presented the following:

- Environment of Care/Safety Rounds – WMC – Environment of care rounds are conducted in every clinical unit twice a year by multidisciplinary teams. Each team has a specific set of questions to answer. Data collection process and survey process were also discussed;
- Review of 2023 Key Performance Indicators for all seven Environment of Care Plans;
- Regulatory – 2023 OSHA and PESH related inspections discussed in detail. All responses were accepted; and
- 2024 Proposed Key Performance Indicators – Safety, Emergency Management, Hazardous Materials, Utilities, Life Safety, Medical Equipment and Security Goals were presented. The EOC Committee's process for determining goals after sustained success was discussed.

MR. SHROFF ASKED FOR A MOTION TO ADOPT THE 2023 EVALUATIONS OF THE MANAGEMENT PLAN FOR THE ENVIRONMENT OF CARE, AND APPROVE THE 2024 MANAGEMENT PLANS FOR THE ENVIRONMENT OF CARE. MR. TULIS MOTIONED, SECONDED BY MR. HEIMERDINGER. THE MOTION CARRIED UNANIMOUSLY.

Ms. Gevertz informed the Board that Ms. McFarlane provided a regulatory report for the Committee.

NEW BUSINESS

There was no new business.

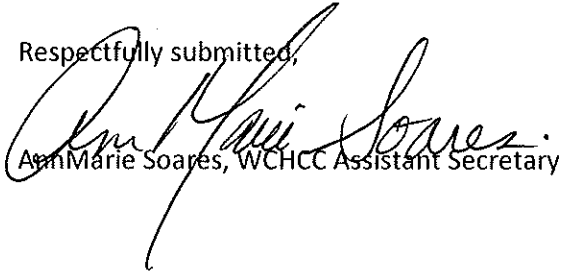
OLD BUSINESS

There was no old business.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE APRIL 3, 2024, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. ROSENBLUT MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



AnnMarie Soares, WCHCC Assistant Secretary