

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

November 6, 2024

6:00 P.M.

EXECUTIVE BOARD ROOM

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

VOTING MEMBERS EXCUSED: John Heimerdinger, Patrick McCoy

NON-VOTING MEMBERS PRESENT: Michael Israel, Martin Rogowsky

**STAFF PRESENT: Chris Librandi, SVP, Deputy General Counsel
Anthony Costello, EVP, COO
Josh Ratner, EVP, Chief Strategy Officer
William Pryor, SVP, Chief HR Officer
Phyllis Yezzo, EVP, CNO
Ann Marie Soares, Executive Corporate Secretary**

CALL TO ORDER

The November 6, 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.	Alfredo Quintero
Renee Garrick, M.D.	Michael Rosenblut
Herman Geist	Zubeen Shroff
Susan Gevertz	Sharla St. Rose
Mitchell Hochberg	Mark Tulis
Tracey Mitchell	Judith Watson
Richard Wishnie	

VOTING MEMBERS EXCUSED

John Heimerdinger
Patrick McCoy

NON-VOTING MEMBERS PRESENT

Michael Israel
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 November 6, 2024 and attached to these minutes), containing information on Credentialing Appointments, Additional Privileges, Category of Staff Changes and FPPEs.

Motion to Approve Recommendations for Credentialing Appointments, Additional Privileges, Category of Staff Changes, and FPPEs.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, ADDITIONAL PRIVILEGES, CATEGORY OF STAFF CHANGES, AND FPPEs. MS. GEVERTZ MOTIONED, SECONDED BY DR. GARRICK. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE OCTOBER 9, 2024, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. MCCOY, SECONDED BY DR. ST. ROSE, TO APPROVE THE OCTOBER 9, 2024, WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

REPORT OF THE COMMITTEES

EQUITY, INCLUSION AND DIVERSITY COMMITTEE

Ms. Mitchell, Chair, Equity, Inclusion and Diversity Committee, stated that the Committee met on October 30, 2024.

Ms. Mitchell informed the Board of the following meeting topics presented:

- Ms. Baldwin, Senior Vice President of Government and Community Relations, shared relevant EID community events and outreach in 2024 that included:
 - YTD through September 2024, there were 298 community events;
 - # of Attendees = 70,679;
 - # of Engagements = 14,998; and
 - # of Services Provided = 2,017 (over 92 events)
- Mr. Pryor, Executive Vice President and Chief Human Resource Officer, presented updated workforce data and shared HR's current activities to support EID integration efforts that include:
 - Continued engagement in Workforce Development programs; and
 - The roll out of the Network's CARE values
- Dr. Tedjarati, Director of Obstetrics and Gynecology and Chief Clinical Integration Officer, provided an update on efforts to advance initiatives centered on Women's Health and the 2024 action plan:
 - Integrate clinical services (Bridge care model);
 - Expand partnerships;
 - Improve maternal health outcomes; and
 - Successfully secure NY state grants to support operations
- Ms. Roman, Senior Vice President and Chief Equity, Inclusion and Diversity Officer offered an update on the equity, inclusion and diversity activities, which are focused on:
 - Raising visibility and awareness;
 - Building capacity in systems and people; and
 - Developing programs to support integration efforts network wide.

FINANCE COMMITTEE

Mr. Tulis, Chair, Finance Committee, stated that the Committee met prior to the Board meeting.

Mr. Tulis reported that management presented the September financial statements. He advised that cash and Investments were \$197.6 million at September 30, 2024, an increase of \$24.4 million from December 31, 2023. Mr. Tulis reported that net patient service revenue was \$77 million higher (5.3%) than the comparable period last year due to higher volume and rate increases. He stated that salaries and benefits increased by \$55 million, as a result of continued investment in physician services, salary increases and certain fringe benefit costs, particularly health benefits. Mr. Tulis reported that supplies and other expenses increased by \$40 million over the comparable period last year. The most significant area of increase was in med/lab supplies, with a significant portion can be attributed to increased volume.

Mr. Tulis advised that the operating income at September 30, 2024 was \$35.5million. He stated that the bottom line, after taking into account non-operating activities and unrealized gains on investments, was a loss of \$17.6 million.

Mr. Tulis reported that Inpatient volume at both the Valhalla and Mid-Hudson campuses was greater this year than the comparable period last year.

GOVERNANCE AND NOMINATING COMMITTEE

Ms. Watson, Chair, Governance and Nominating Committee stated that the Committee met on November 5, 2024.

Ms. Watson informed the Board that the Committee voted to reappoint Michael Israel, Thomas Collins and Jamal Mahdavian, M.D., to the HA Board for additional three year terms. In addition, the Committee voted to appoint Chris Librandi to the HA Board for a three year term.

MR. SHROFF ASKED FOR A MOTION TO REAPPOINT MICHAEL ISRAEL, THOMAS COLLINS AND JAMAL MAHDAVIAN, M.D., TO THE HA BOARD FOR ADDITIONAL THREE YEAR TERMS, AND APPOINT CHRIS LIBRANDI TO THE HA BOARD FOR A THREE YEAR TERM. MR. HOCHBERG MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

Ms. Watson advised the Board that the Committee also voted to appoint Barbara Kukowski and Elissa Chessari to the MidHudson Valley Early Education Center Board for a term of three years.

MR. SHROFF ASKED FOR A MOTION TO APPOINT BARBARA KUKOWSKI AND ELISSA CHESSARI TO THE MIDHUDSON VALLEY EARLY EDUCATION CENTER BOARD FOR A TERM OF THREE YEARS. MR. TULIS MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on October 11, 2024.

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

- Dialysis: Technical and Microbiologic Monitoring; Key Performance Indicators were presented; Adverse Events/Midas were discussed, Successes and Regulatory matters were presented;
- Glycemic Council: consists of providers, nursing, Quality and Safety, Nursing Education, Nutrition and Food Services, Information Technology, Pharmacy and Clinical Laboratory. SHM Glycemic Control eQUIPS Benchmarking Program – consists of 86 hospitals nationwide, WMC Goal: 1st Quartile for all key metrics;
- Environment of Care: The Seven EOC plans were discussed: Emergency Management, Safety Management, Medical Equipment Management, Life Safety Management, Security Management, Hazardous Materials & Waste Management and Utilities Management. A regulatory report was provided; and
- Valhalla Critical Care: Areas of Focus: Infection Control; Critical Care Pressure Injury Prevalence; Hospital Throughput, Actions and Interventions; Critical Care CMS Sep-1 Compliance rate; Critical Care Risk Event: Unplanned Extubation; Ventilator Order; Complaints and Grievances; and Regulatory were discussed.

A QA/PI report was submitted by Food and Nutrition, Anesthesia, Respiratory Services, Otolaryngology, and MHRH Critical Care Committee.

Ms. Gevertz informed the Board that the Committee received a presentation on Behavioral Health Services by Dr. Ferrando, Mr. Landers, Ms. Carmona and Mr. Hixson. They presented the following highlights and data:

- Behavioral Health Divisions:
 - Crisis Care & Patient Placement:
 - Psychiatric ER Care
 - Inpatient Psychiatry;
 - Addictions Treatment:
 - Inpatient Detox/Rehab; and
 - Outpatient Clinic
 - Outpatient Mental Health:
 - WMC and MHRH Clinics; and
 - ACT Teams

- Crisis Care: Emergency Psychiatric Safety Planning
 - Analysis – patients and their care teams prepare safety plans at discharge to identify coping strategies and outreach steps for patients to use during post-discharge crisis episodes in the community;
 - Action Plan – BH will continue auditing safety plans until all sites are in 100% compliance for a least four consecutive months
- Inpatient Psychiatry: Use of Restrictive Interventions
 - Analysis – Increased aggression among child and adolescent patients has led inpatient treatment teams to use restrictive interventions at a growing rate to ensure patient and staff safety. In recent quarters, adult patient acuity has also required more use of such restrictions but at a lower rate of increase.
 - Action Plan – Beginning in 2023, treatment teams improved assessments of the stress triggers and de-escalation preference of aggressive patients, and focused on planning patient-centered staff interventions in advance of crisis episodes.
- Addictions Treatment: Inpatient Detox and Rehab
 - Analysis – In the last several months, the Detox team has discovered contraband on the unit more frequently. Contraband has included drugs, vape, controlled substances, as well as, objects that can be used as a weapon
 - Action Plan – established a contraband reduction workgroup; updated “Policy and Procedure – Patient Valuables and Searches – Substance Use Disorder Unit”
- Addictions Treatment: Turning Point Clinic
 - Analysis – +50% “no show” rate blocks the intake schedule and increases turn-around time for referred patients. No shows are more likely the further out appointments are scheduled; double booking has not yielded consistent improvement.
 - Action Plan – In addition to emergency same day admissions and other priority intakes, the program implemented a 5 day appointment window to ensure scheduling on a weekly basis. All waited listed patients are called as appointments open to close gaps and reduce the impact that “no shows” have on admission scheduling.
- Outpatient Mental Health: WMC and MHRH Clinics
 - Analysis – Despite the significance of trauma history for mental health treatment, in 2022 and 2023 chart reviews found outpatient providers were not documenting such histories consistently.
 - Action Plan – Through 2023, the clinic conducted staff-wide training on the importance of trauma history. The clinic modified the EMR to allow clinicians to document trauma histories in more than one section of the assessment screens for medication management visits, and it now emphasizes the assessment of trauma history when training new psychiatry residents each year.
- Outpatient Mental Health: Assertive Community Treatment (ACT)
 - Analysis – Because of clients’ serious and chronic functional impairments and their difficulty coping on the community, the program is designed for them to see ACT team members at least 6 times per month.
 - Action Plan – The ACT team now conducts more active outreach to clients who miss appointments and addresses obstacles to communicating with some of them, such as using grant funding to purchase cell phones and cell plans for clients.
- Successes:
 - MHRH is treating more patients for substance abuse disorder;
 - 3 year \$1.5 million OASAS Low-Threshold Buprenorphine grant has improved brief interventions for treatment and linkages to SUD care in the MHRH ED;
 - WMC began outpatient S-Ketamine treatment program at Valhalla; and
 - MHRH psychiatry patient satisfaction continues to improve.
- A Regulatory report was provided.

Ms. Gevertz informed the Board that the Committee received a presentation on Transplant by Dr. DebRoy, Dr. Veillette, Dr. Gass, and Ms. Berger. They presented the following highlights and data:

- Kidney Transplant Key Performance Indicators;
- Kidney Transplant Performance Improvement:
 - Waiting Time Modification Due to Race-Based eGFR Calculation:
 - Problem: Historical eGFR calculation disadvantaged Black patients;
 - Process Improvement: Programs may request waiting time modification for Black patients if historical eGFR calculation was used at referral/evaluation;
 - Results: 110 Black patients reviewed, 34 qualified for additional waiting time (average 2 years per patient). Six Black patients received transplants as a result.
 - Impact of Social Determinants of Health (SDOH) on Transplant Evaluation:
 - Problem: SDOH implicated as barriers to transplant nationwide;
 - Process Improvement: Studied impact of race on transplant evaluation outcomes at WMC accounting for SDOH and medical factors;
 - Results: Similar listing rates for White, Black and Asian patients and higher for Hispanic patients. However, Black patients took significantly longer to complete evaluation process.
- Kidney Transplant Performance Improvement:
 - Outreach and Program Development:
 - Problem: increased competition for referrals and decreased Living Donation post-COVID;
 - Process Improvement: launched satellite clinic at GSH; joined National Kidney Registry; established partnership with Renewal Organization; and launched report card program for dialysis units;
 - Results: 41% increase in referrals over last 12 months; performed first altruistic living donor transplant in history of WMC; and trajectory for highest volume since 2007
- Kidney Transplant Opportunities and Next Steps:
 - Streamline throughput of patients – pre, peri and post-transplant;
 - Management of Complex Waitlist; and
 - Advance Innovative Practices
- Pediatric Transplant – Substantial growth over last three years:
 - 19 pediatric candidates on waitlist;
 - 13 pediatric kidney transplants;
 - Separate multidisciplinary meeting;
 - Hired fourth pediatric nephrologist; and
 - National Kidney Registry
- Liver Transplant Key Performance Indicators were presented;
- Liver Transplant Performance Improvement - Expanding donor pool using Normothermic Machine Perfusion (NMP):
 - Problem: Shortage of suitable donors, leading to longer wait times, especially for patients with lower MELD scores and/or liver cancer, NMP minimizes cold ischemic injury and enables rehab of marginal livers
 - Process Improvement: Selective utilization of NMP
 - Marginal Livers;
 - Marginal Recipients; and
 - Logistical Constraints
 - Results: One case completed – recipient is alive and well, will monitor indications for NMP utilization and pre & post-transplant outcomes
 - Outreach and Program Development:
 - Problem: Increased competition for transplant referrals
 - Process Improvement:
 - Satellite Clinics – Established satellite at MHRH, launching satellite at GSH
 - First Responder's Program
 - Provider Outreach / Education:
 - Close relationship between Surgical Oncology / HPB / Liver Transplant

- Optimizing inpatient, high MELD, transplant rates
 - Results: 7% increase in liver transplant evaluations over last 12 months
- Heart Transplant Key Performance Indicators;
- Heart Transplant Performance Improvement:
 - Utilization of cfDNA & MMDx for Rejection Surveillance;
 - Evaluation of Utilization of Normothermic Machine Perfusion;
 - Obtaining hearts we never would have taken;
 - Distance;
 - Quality;
 - Donation after Circulatory Death; and
 - Shortened ICU time & hospitalization
 - Utilization of Donation after Circulatory Death (DCD) Hearts;
 - Post-Transplant CMV Prevention and Treatment; and
 - Hemodynamic Monitoring of Pre-Transplant Candidates on Intra-Aortic Balloon Pump (IABP)
- Donation After Circulatory Death Heart Transplant:
 - National and Regional shortage of suitable donors;
 - DCD heart transplant now possible with Normothermic Machine Perfusion (NMP) and Normothermic Regional Perfusion (NRP);
 - Results: 14 DCD heart transplants performed since 2021;
 - 4 cases utilizing NRP technique;
 - 10 cases utilizing NMP; and
 - Overall Survival = 92.9% for NMP utilization and pre & post-transplant outcomes
 - Outreach and Program Development:
 - Problem: Increased competition for transplant referrals
 - Process Improvement:
 - Satellite Clinics – Established satellite at MHRH, launching satellite at GSH
 - First Responder’s Program
 - Provider Outreach / Education:
 - Close relationship between Surgical Oncology / HPB / Liver Transplant
 - Optimizing inpatient, high MELD, transplant rates
 - Results: 7% increase in liver transplant evaluations over last 12 months

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

NEW BUSINESS

Mr. Librandi presented the proposed revisions to the HealthAlliance Bylaws to the Board for its approval. He stated that the only revisions are that the Board of Directors shall consist of thirteen or more Directors, and the Officers of the Board will now be eligible for three, two year terms.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE PROPOSED HA BYLAW REVISIONS, THE BOARD OF DIRECTORS SHALL CONSIST OF THIRTEEN OR MORE DIRECTORS, AND THE OFFICERS OF THE BOARD WILL NOW BE ELIGIBLE FOR THREE, TWO YEAR TERMS. MR. ROSNEBLUT MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

Mr. Shroff informed the Board that John Heimerdinger is home recuperating, and has requested to be excused until further notice, from any and all Board business. In light of that, Mr. Shroff has requested that Judith Watson assume the position of Secretary of the Board of Directors.

MR. SHROFF ASKED FOR A MOTION TO APPOINT JUDITH WATSON, SECRETARY TO THE BOARD OF DIRECTORS. MS. GEVERTZ MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

OLD BUSINESS

There was no old business.

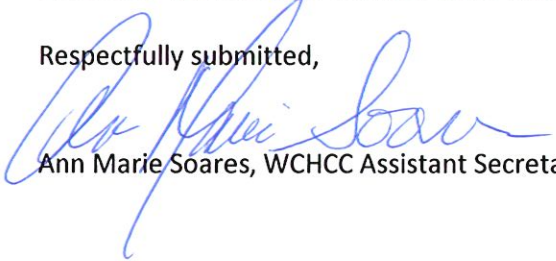
EXECUTIVE SESSION

MR. SHROFF ASKED FOR A MOTION TO MOVE INTO EXECUTIVE SESSION FOR THE PURPOSE OF DISCUSSING QUALITY AND PERSONNEL MATTERS. MR. TULIS MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE NOVEMBER 6, 2024, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. QUINTERO MOTIONED, SECONDED BY DR. ST. ROSE. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



Ann Marie Soares, WCHCC Assistant Secretary