WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

October 9, 2024

6:00 P.M.

EXECUTIVE BOARD ROOM

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

VOTING MEMBERS EXCUSED: Herman Geist, John Heimerdinger

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 October 9, 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
Susan Gevertz	Zubeen Shroff
Mitchell Hochberg	Sharla St. Rose
Patrick McCoy	Mark Tulis
Tracey Mitchell	Judith Watson
	Richard Wishnie

VOTING MEMBERS EXCUSED

Herman Geist
John Heimerdinger

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 October 9, 2024 and attached to these minutes), containing information on Credentialing Appointments, Additional Privileges, FPPEs and Updates to the Cardiothoracic Surgery Delineation of Privilege Form.

Motion to Approve Recommendations for Credentialing Appointments, Additional Privileges, FPPEs, and Updates to the Cardiothoracic Surgery Delineation of Privilege Form.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, ADDITIONAL PRIVILEGES, FPPES, AND UPDATES TO THE CARDIOTHORACIC SURGERY DELINEATION OF PRIVILEGE FORM. MS. GEVERTZ MOTIONED, SECONDED BY MS. MITCHELL. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE SEPTEMBER 4, 2024, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. MCCOY, SECONDED BY DR. FRISHMAN, TO APPROVE THE SEPTEMBER 4, 2024, WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

DIO REPORT

Dr. Garrick discussed the Designated Institutional Official (DIO) report which is the annual report that a sponsoring institution's DIO prepares and submits to the NYS Department of Health, residency program directors, and sponsoring institution leadership.

She discussed a positive ACGME survey that led to no citations. She reported on the Sponsoring Institution Resident/Fellow Survey that had a 99% response rate. She reported on successes in resident matching, including notably with international schools.

She also discussed the Sponsoring Institution well-being curriculum for fellows and faculty and certain action plans for GME programs.

REPORT OF THE COMMITTEES

AUDIT AND CORPORATE COMPLIANCE COMMITTEE

Mr. McCoy, Chair, Audit and Corporate Compliance Committee, stated that the Committee met this afternoon, prior to the Finance Committee meeting.

Mr. McCoy informed the Board that Ms. Ariel advised that there is an audit in progress for DRG 064/065 Intracranial Hemorrhage or Cerebral Infarction with MCC/CC/TPA. He stated that the following audits were completed: DRG 023 Craniotomy with Major Device Implant or Acute Complex CNS Principal Diagnosis with MCC or Chemotherapy Implant or Epilepsy with Neurostimulator; DRG 853 Infectious and Parasitic Diseases with OR Procedures with MCC – MHRH; and DRG 853 Infectious and Parasitic Diseases with OR Procedures with MCC – Valhalla.

Mr. McCoy advised the Board that Mr. Palovick reviewed the following internal audits in progress: Lab Services Contract Administration – MHRH; Third Party Access Controls; Physician Compensation; and ICU Tower Construction Project. He stated that the following internal audits were completed: Wound Care Contract Administration and TSA Contract Administration.

FINANCE COMMITTEE

Mr. Tulis, Chair, Finance Committee, stated that the Committee met prior to the Board meeting and reviewed the August 31, 2024 financials.

Mr. Tulis advised the Board that the Committee recommended the following two items to the Board for their approval:

- Capital Lease – I.T. storage systems requires capacity expansion. This additional capacity should be adequate for the next three years. Dell provides the systems and will finance the cost of $658,000 over three years, with quarterly payments of $58,000 at an interest rate of 4.15%; and

- Microsoft Enterprise Software Renewal: WMC is finalizing the terms of a 3-year renewal for its Microsoft Enterprise Agreement, because this will be a multi-year agreement, it requires Board approval. WMC will be contracting directly with Microsoft to achieve considerable savings vs. the list price. The total cost over three years will be approximately $10 million.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE CAPITAL LEASE WITH DELL, AND THE MICROSOFT ENTERPRISE SOFTWARE RENEWAL. MR. HOCHBERG MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOSULY.

PATIENT EXPERIENCE AND TECHNOLOGY COMMITTEE

Mr. Rosenblut, Chair, Patient Experience and Technology Committee stated that the Committee met on September 6, 2024.

Mr. Rosenblut informed the Board that the Committee reviewed the Outpatient Ambulatory Surgery CAHPS, Online Reputation Management, Continued Improvement Driving Systemic Change, 2024 Patient Experience Updates, and the 2024 Patient Experience Goals.

Mr. Rosenblut provided a handout to the Board members with data that was provided at the September Committee meeting for their reference.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on September 6, 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 Resolution 8 to the Board, establishing a Naming Rights Policy for WMC and the Westchester Medical Center Foundation, to govern the naming of physical spaces, programs, and funds, and to set donor recognition levels for the same and approving certain particular namings.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 8, ESTABLISHING A NAMING RIGHTS POLICY FOR WMC AND THE WESTCHESTER MEDICAL CENTER FOUNDATION AND APPROVING CERTAIN PARTICULAR NAMINGS. MR. ROSENBLUT MOTIONED SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMSOULSY.

Mr. Librandi presented Resolution 9 to the Board, authorizing WMC to enter into a Third Amended Exclusive Management Agreement with Charity and the Charity Hospitals, effective July 10, 2024.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOKUTION 9, AUTHORIZING WMC TO ENTER INTO A THIRD AMENDED EXCLUSIVE MANAGEMENT AGREEMENT WITH CHARITY AND THE CHARITY HOSPITALS, EFFECTIVE JULY 10, 2024. MR. TULIS MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

OLD BUSINESS

There was no old business.

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. MCCOY. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE OCTOBER 4, 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