

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

September 4, 2024

6:00 P.M.

EXECUTIVE BOARD ROOM

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

VOTING MEMBERS EXCUSED: Mark Tulis

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 September 4, 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.	Tracey Mitchell
Renee Garrick, M.D.	Alfredo Quintero
Herman Geist	Michael Rosenblut
Susan Gevertz	Zubeen Shroff
John Heimerdinger - WebEx	Sharla St. Rose
Mitchell Hochberg - WebEx	Judith Watson
Patrick McCoy	Richard Wishnie

VOTING MEMBERS EXCUSED

Mark Tulis

NON-VOTING MEMBERS PRESENT

Michael Israel
Martin Rogowsky

REPORT OF THE PRESIDENT OF THE MEDICAL STAFF

Dr. Garrick provided the report of the President of the Medical Staff. She presented a credentialing packet (dated September 4, 2024 and attached to these minutes), containing information on Credentialing Appointments, Reappointments, Additional Privileges, Category of Staff Changes, and FPPEs.

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

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

REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE JUNE 4, 2024, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. MCCOY, SECONDED BY DR. GARRICK, TO APPROVE THE JUNE 4, 2024,

WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

REPORT OF THE COMMITTEES

PERSONNEL AND COMPENSATION COMMITTEE

Mr. Shroff, acting Chair, Personnel and Compensation Committee, reported that the Committee met on August 22, 2024. He stated that Corporation matters were discussed in executive session.

FINANCE COMMITTEE

Mr. Quintero, acting Chair, Finance Committee, stated that the Committee met prior to the Board meeting and reviewed the June 30, 2024 financials.

Mr. Quintero advised that Cash and Investments were \$317 million at June 30, 2024, an increase of \$144 million from December 31, 2023, primarily due to receipt of \$125 million of Medicaid DSH in June.

Mr. Quintero informed the Board that Net patient service revenue was \$40.6 million higher (4.3%) than the comparable period last year, due to higher volume and rate increases. He stated that salaries and benefits increased by \$43 million, a result of continued investment in physician services, salary increases and certain fringe benefit costs, particularly health benefits. In addition, supplies and other expenses increased by \$20 million over the comparable period last year. Mr. Quintero advised that the most significant area of cost increase was in med/lab supplies, with a significant portion attributed to increased volume.

Mr. Quintero stated that Operating income at June 30, 2024 was \$11.2m. He stated that the bottom line, after taking into account non-operating activities and unrealized gains and losses on investments, was a loss of \$26.6 million.

Mr. Quintero informed the Board that inpatient volume and Emergency Department visits at both the Valhalla and Mid-Hudson campuses was greater this year than the comparable period last year.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on June 7th and July 19, 2024.

June 7, 2024

Dr. Garrick summarized the following departmental presentations from the April 11, 2024 meeting of the Quality and Safety Council:

- Surgery: CMS Core Sepsis was presented along with the analysis and action plan, as well as Pressure Injury clinical metrics and action plan. The WMC Burn Team received ABA Program Verification. Successful MHRH Trauma Center re-verification visit in December 2023.
- Medicine: Data was presented along with the analysis and action plans for Pressure Injuries, Hospital Acquired Infections, Patient Experience and Perioperative Deep Vein Thrombosis and Pulmonary Embolism.
- MFCH Quality Council: The Quality Council structure was reviewed, Solutions for Patient Safety Network was discussed, serious safety events data and their analysis and action plan was presented. Successes, Regulatory report, and challenges and future direction was reviewed.
- Neurology: 2024 year to date analysis for mortalities and readmissions by race and gender were reviewed. Areas of Focus for Improvement, Successes, and a Regulatory report was provided.
- Emergency Medicine: Valhalla - Areas of focus for improvement were discussed for Sepsis and ED

Throughout. The 2023 DNV Triennial Survey for Valhalla was discussed. MHRH - Areas of focus for improvement were discussed for Stroke Measures and Sepsis. Successes and a Regulatory report were reviewed.

A QA/PI report was submitted by Antimicrobial Stewardship Council, Cardiovascular Council, Risk Management, Home Health Agency, Neurosurgery, and Social Work/Case Management.

Ms. Gevertz informed the Board that the Committee received a presentation on Neurosurgery by Dr. Gandhi and Dr. Santarelli. They presented the following highlights and data:

- Overview of Dashboard and departmental trends;
- Review of ongoing neurosurgical Quality undertakings;
- New Developments;
- DVT/PE prevention pilot;
- Ongoing resident QI projects;
- Patient satisfaction update;
- Complaints and grievances;
- Tracking discharge data on out patient population for Social Determinants of Health; and
- 1st Annual Neurosurgery Quality Symposium at WMC – March 2024

Ms. Gevertz informed the Board that the Committee received a presentation on Neurology by Dr, Mulligan Dr. Dohle. They presented the following highlights and data:

- Neurology Quality Goals for 2024;
- Outcomes to date for length of stay and pressure injuries;
- Improve HCAHPS Scores and outcomes to date;
- Include Social Determinants of Health in outcomes data; mortalities and readmissions;
- Establish a unit Based Quality Council Meeting:
 - Currently weekly to semi-monthly meetings;
 - In collaboration with Neurosurgery;
 - Attended by Neurology, Neurosurgery; Nurse Leadership, and Patient Experience;
- Stroke data volume and performance measures.

Level 4 Epilepsy Center Accreditation, and Primary Plus Stroke Center Certification at MHRH.

Areas of Concentration Program in Quality for NYMC Medical students was discussed.

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

July 19, 2024

Dr. Garrick summarized the following departmental presentations from the May 9, 2024 meeting of the Quality and Safety Council:

- Organ Donor Council: Data was shared for both the Valhalla campus and MHRH on the number of patients referred for donation; number of donations; number of specific organs transplanted; and eye donations. A raising awareness event was held on April 12th, with a flag raising for Blue and Green Day. Challenges and Current Action Plan was discussed.
- Orthopaedic Surgery: Processes of Care Tables were discussed for both Valhalla and MHRH, Area of Focus – Average Length of Stay, Area of Focus – Readmissions with 30 days; and Surgical site infections. Areas of Focus for Improvement – Valhalla/MHRH – Communication regarding medications; and Press Ganey outpatient domains. Area for Improvement and a Regulatory report were provided.

- Transfer Center: The Quality Council structure was reviewed, Solutions for Patient Safety Network was discussed, serious safety events data and their analysis and action plan was presented. Successes, Regulatory report, and challenges and future direction was reviewed.
- Transplant Quality: 2024 year to date analysis for mortalities and readmissions by race and gender were reviewed. Areas of Focus for Improvement, Successes, and a Regulatory report was provided.

A QA/PI report was submitted by OB/GYN, Oncology Quality Council, Ophthalmology, OR Committee, and Patient Experience.

Ms. Gevertz informed the Board that the Committee received a presentation on the Nursing Quality Council by Dr. Yezzo. She presented the following highlights and data:

- Pressure injuries, prevalence goal is 5.84%, year to date June is 4.67% for Valhalla, and 3.09% for MHRH;
 - Analysis and Action Plan were discussed
- Falls:
 - Valhalla 2023 goal was 2.0, year to date rate is 1.7;
 - MHRH 2023 goal was 4.2; year to date rate is 3.1
 - Analysis and Action Plan were discussed
- CAUTI:
 - Valhalla 2023 goal was -15.75 CAD, Q1 2024 rate was -3.38, MHRH 2023 goal was -3.78, Q1 2024 rate was -0.58;
 - Analysis and Action Plan were discussed
- CLASBI:
 - Valhalla 2023 goal CAD was -23.83, Q1 2024 rate was -3.02, MHRH 2023 goal was 0.10, Q1 2024 rate was 0.31;
 - Analysis and Action Plan were discussed
- Restraints:
 - Valhalla 2023 goal was 98%, year to date 2024 goal was met for Valhalla, MHRH 2023 goal was 95%, year to date 2024 rate was just below goal at 94%;
 - Analysis and Action Plan were discussed
- Transfusion Administration:
 - Valhalla 2023 goal was 92%, year to date rate is 93%;
 - Analysis and Action Plan were discussed
 - Transfusion administration compliance remains stable;
 - Number of suspected transfusion reactions reported are below national average of 1-2%;
- Barcode Medication Administration:
 - Valhalla/MHRH 2023 goal was 95%, year to date rate is 96%;
 - Analysis and Action Plan were discussed
 - Barcode patient and medication administration scanning rates remain above 95%;
 - Collaboration with Pharmacy on correcting medication scanning issues; and
 - Meeting with staff members with lower scanning scores
- Unit Specific Nursing Performance Improvement Projects were presented;
- Academic Milestones: Publications were reviewed;
- Clinical Staffing Committee:
 - Enacted in January 2022, each hospital is required to have a clinical staffing committee;
 - Mutually agreed upon ratios are to be determined by the committee and posted on the NYSDOH website for public reporting; and
 - Expanded to include all outpatient and procedural areas
- College and University Collaboration was reviewed;
- Rewards and Recognition;
- Network Standardization and Service Line Enhancements were reviewed;

- WMC Victims Services and Community Outreach was discussed;
- Community Affiliations:
 - Agreement with Keller Army Community Hospital at West Point Military Academy;
 - Provide training for US Army CRNAs to maintain skills in trauma cases and general anesthesia by training at WMCHHealth Valhalla campus;
- A Regulatory report was provided for Valhalla and MHRH

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

NEW BUSINESS

Mr. Shroff informed the Board that there are four candidates for appointment to the Westchester Medical Center Foundation Board. He stated that the CVs for Jon Dorf, Reverend Dr. Hugh Marriott, Patricia Simone and Julie Zielinski are on Diligent.

A discussion ensued.

MR. SHROFF ASKED FOR A MOTION TO APPOINT JON DORF, REVEREND DR. HUGH MARRIOTT, PATRICIA SIMONE AND JULIE ZIELINSKI TO THE WESTCHESTER MEDICAL CENTER FOUNDATION FOR A TERM OF THREE YEARS. MR. ROSENBLUT MOTIONED SECONDED BY MS. GEVERTZ. THE MOTION CARRIED UNANIMOUSLY.

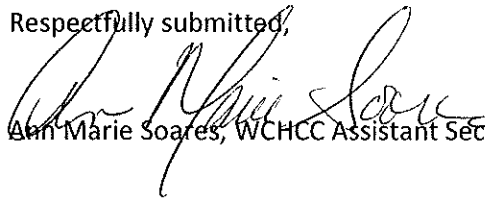
OLD BUSINESS

There was no old business.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE SEPTEMBER 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