

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

October 12, 2022

6:30 P.M.

EXECUTIVE BOARD ROOM

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

VOTING MEMBERS EXCUSED: Mark Tulis

NON-VOTING MEMBERS PRESENT: Michael Israel, Michael Rosenblut

NON-VOTING MEMBERS EXCUSED: John Flannery, Martin Rogowsky

**STAFF PRESENT: Julie Switzer, EVP and Chief Legal Officer
Gary Brudnicki, Senior Executive Vice President
Kara Bennorth, EVP
Marc Chasin, M.D., CHIO, WMCHealth
Anthony Costello, EVP, COO
Michael Doyle, M.D., Executive Director and CMO, HealthAlliance – Via WebEx
Mark Fersko, Revenue and Finance Advisor – via WebEx
Michael Gewitz, M.D., Executive Director, MFCH
Mary Leahy, M.D., CEO, Bon Secours Charity Health System
Josh Ratner, EVP, Chief Strategy Officer
Phyllis Yezzo, CNO**

CALL TO ORDER

The October 12, 2022, meeting of the Westchester County Health Care Corporation (“WCHCC”) Board of Directors was called to order at 6:30 p.m., by Mr. Shroff, Chair. A quorum was present.

VOTING MEMBERS PRESENT

William Frishman, M.D.	Patrick McCoy
Renee Garrick, M.D.	Tracey Mitchell
Herman Geist	Alfredo Quintero – Via WebEx
Susan Gevertz	Zubeen Shroff
John Heimerdinger	Judith Watson
Mitchell Hochberg	Richard Wishnie

VOTING MEMBERS EXCUSED

Mark Tulis

NON-VOTING MEMBERS PRESENT

Michael Israel
Michael Rosenblut

NON-VOTING MEMBERS EXCUSED

John Flannery
Martin Rogowsky

EXECUTIVE SESSION

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

MR. SHROFF ASKED FOR A MOTION TO MOVE OUT OF EXECUTIVE SESSION. MR. HEIMERDINGER MOTIONED, SECONDED BY MR. MCCOY. 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 7, 2022, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. WISHNIE, SECONDED BY MS. GEVERTZ, TO APPROVE THE SEPTEMBER 7, 2022, WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

REPORT OF THE PRESIDENT OF THE MEDICAL STAFF

Dr. Zelazny provided the report of the President of the Medical Staff. He presented a credentialing packet (dated October 12, 2022 and attached to these minutes) containing information on Credentialing Appointments, Reappointments, Requests for Additional Privileges, Category of Staff Changes, and FPPEs.

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

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR APPOINTMENTS, REAPPOINTMENTS, REQUESTS FOR ADDITIONAL PRIVILEGES, CATEGORY OF STAFF CHANGES, AND FFPS. DR. FRISHMAN MOTIONED, SECONDED BY DR. GARRICK. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Mr. Ratner provided the following Community Relations update to the Board:

- Hudson Valley Hot Air Balloon Festival September 2nd – 4th, had over 10,000 spectators;
- White Plains Wellness Festival September 24th, had over 2,000 visitors; and
- Corazon Latino – Cardiovascular Health in Westchester County and the Hudson Valley, 45 attendees

Mr. Ratner provided the following Marketing and Communications updates to the Board:

- Michael Israel was named a 2022 Westchester Power 100 Leader; City and State’s Prominent Power Players;
- Warrior Wednesday Campaign:
 - Recognized Pediatric Cancer and Sickle Cell Awareness months through series of pediatric patient testimonials; and
 - Four “Warrior Wednesday” posts garnered 520+ likes and 385 new followers
- Margaretville Hospital Substance Use Disorder Program:
 - Received a \$500,000 federal grant to support its family first program; and
 - Collaborated with several local news outlets and shared word of the program on our digital platforms.

Mr. Costello provided the following Clinical Operations Updates for the Valhalla Campus:

- NICU expansion Phase 2 is in progress;
- 5 South Unit renovation project is completed;
- 5 North Unit renovation project initiated;
- Radiation Medicine Department renovation project Phase 2 in progress; and
- Pediatric Hospitalist Fellowship Program approved.

Mr. Costello updated the Board on physician recruitment for the Valhalla Campus.

Mr. Costello reviewed the September, 2022, volumes compared to the September, 2021, volumes. He stated that all areas for September, 2022, were higher than September, 2021.

Dr. Gewitz advised the Board of the following Program Developments for the Maria Fareri Children’s Hospital (“MFCH”):

- Reopening Pediatric Cardiothoracic Surgery – Dr. Sameh Said, Pediatric CTS; and
- Developing a MFCH Aero Digestive Center – Dr. Jennifer McLevy-Bazzanella, Pediatric ENT.

Dr. Gewitz discussed Pediatric Behavioral Medicine challenges with the Board. He stated that there will be a Children’s Hospital Association Behavioral Health Summit on October 12, 2022.

Dr. Gewitz informed the Board of a \$10,000 grant from the Rite Aid Foundation for food support gift cards. He stated that the grant is to provide food support for guardians, and is managed through case management and patient experience.

Dr. Garrick provided a Medical Leadership and Quality Update to the Board. She highlighted the following:

- Leading Edge Treatments: Advances in Oncology and Neurosurgery;
- Leading Edge Treatments: Advances in Pediatric and Adult ENT;
- Improving Patient Safety through Performance Excellence:
 - Clinical and Anatomic Pathology – underwent major lab processes accreditation survey with 17 surveyors; no major findings
 - Laboratory Growth and Scope – over 17,000 samples processed daily, 2.7 million annually;
 - New Medical Executive Committee – created to provide clinical guidance to labs for clinical and immunological testing, choices, limitations, and partnerships; and
 - Improving Patient Safety through Performance Improvement – standardized approach to performance improvements: all departments and areas.

REPORT OF THE COMMITTEES

AUDIT AND CORPORATE COMPLIANCE COMMITTEE

Mr. McCoy, Chair, Audit and Corporate Compliance Committee, advised the Board that the Committee met earlier this afternoon.

Mr. McCoy informed the Board that Ms. Campbell reported that the following audits are in progress: DRG 291, 292, 293 Heart Failure and Shock with/without MCC/CC - Valhalla and MHRH; Outpatient Infusion Center – MHRH; and Hospital Discharge Day Services – CPT 99239 for APS.

He stated that Ms. Campbell also reviewed the following completed audits: Outpatient Telepsychiatry Services – Valhalla and MHRH and High Volume Provider Documentation and Coding Review E&M for Established Patient Office Visit Level 4 (99214 and 99204) – APS. She also discussed a special project audit for the Outpatient Turning Point Program at MHRH, and a Corrective Action Plan for High Volume Provider Documentation and Coding Review CPT 99223 (Initial Hospital Visit) and 99233 (Subsequent Hospital Visit) – Cardiology Kingston.

Mr. McCoy informed the Board that Mr. Palovick advised the Committee of the following two internal audits in progress: Wound Care Contract Administration and Transportation Services Contract Administration. He also reviewed the findings for the following two completed audits: Physician Contracts - MHRH and Grant Thornton Support.

FINANCE COMMITTEE

Mr. Shroff, Acting Chair of today's Finance Committee, stated that the Committee met this afternoon prior to the Board meeting. He stated that the Committee reviewed the financial statements for the period ended August 31, 2022.

Mr. Shroff informed the Board that the Committee approved the minutes of the September 7, 2022, meeting. He stated that the September 30, 2022, financial statements will be presented at the November 2, 2022, Finance Committee meeting.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, stated that the Committee met on September 9, 2022.

Ms. Gevertz informed the Board that Dr. Garrick presented the report of the Quality and Safety Council meeting of June 16, 2022. Dr. Garrick advised that the following Departments presented: Critical Care Committee, Laboratory/Pathology, and Radiation Medicine. She stated that QA/PI reports were submitted by the Neurosurgery Quality Council and the Pain Management Council.

Ms. Gevertz advised the Board that the Committee received a presentation on the Nursing Quality Council by Dr. Yezzo. Dr. Yezzo highlighted the following:

- Nursing Department Quality Calendar: meets on the 3rd Wednesday of each month;
- Nurse Sensitive Indicators: structure, process and outcomes;
- Event Reporting: actual and near misses;
- Intra-professional Performance Improvement Activities: Departmental Quality Committees, Committees and Task Forces;
- Pressure Injuries: increase in pressure injuries in critical care – device related injuries related to ET tubes, knowledge gap related to pressure injury staging, inconsistent daily documentation and what is present on admission. Action plan – new wound care team, Network wide case conference, two RN skin assessment on admission, discharge and transfer, and Network policy revisions.
 - Pressure Injury Prevention Bundle – inconsistent approach to pressure injury prevention and multiple varied treatment/skin management products available. Plan – Pressure Injury Prevention Bundle to be implemented based on risk factors – rollout Critical Care areas house-wide. Education on pressure injury prevention bundle and skin care products, and streamline wound care products.
- Falls: mostly related to toileting. Action Plan – proactive, purposeful rounding – focus on positioning, pain and personal needs. Individualized Action Plans in units with the most falls.
- Blood Administration: Partnership with transfusion safety officer to improve documentation compliance.
- Restraints: Are being utilized primarily in critical care. The most common indicators for restraint use are pulling at tubes and cognitive impairment. Plan/Actions: nursing leadership reviews daily need for restraint utilizing the latest restrictive method: Mittens.
- CAUTI: Analysis – multiple indications for catheter insertion, length of dwell time beyond clinical indication. Plan/Actions – nurse driven urinary catheter removal protocol, partnership with Infection Control: Real-time review process, and Optimize the “Clinical Nurse Leader Organizer in Cerner” for daily tracking.
- CLASBI: Plan/Actions – Biopath utilization review, weekly Central Venous Catheter rounding, Infection control unit dashboards, Optimize the “Clinical Nurse Leader Organizer in Cerner” for daily tracking, and increase use of mid-lines in lieu of PICC lines.
- Patient Experience: Plan/Actions – focus on Compassionate Care Model, focus on employee rounding, nurse leader rounding, nursing quality boards on the units, and communication about medicine.
- Workforce: Nursing staff diversity was presented, as well as education levels. Touro University School of Nursing at WMC – 1st class September 2022.
- Regulatory update was provided, as well as accomplishments.

Ms. Gevertz informed the Board that the Committee also received a presentation on the Oncology Quality Council by Dr. Cairo. He presented the following highlights:

- WMC/MHRH Cancer Program: a multi-site, multi-disciplinary care team dedicated to improving survival and quality of life for cancer patients. The cancer program is committed to:
 - Continuous development and advancement of oncology care;
 - High quality care across the care continuum;
 - Quality improvement and improved patient outcomes;
 - Continuing education to patients and providers;
 - Outstanding mentoring for trainees; and
 - Cutting edge clinical and translational research.
- Cancer Quality Improvements:
 - Reduction in CLASBI and opportunistic infection in oncology patients;

- New physician leadership recruitments to WMC Cancer Center;
- Multidisciplinary Tumor Board conferences;
- Foundation Accreditation of Cellular Therapy (FACT), NYS, FDA approvals;
- Commission on Cancer Accreditation;
- Influenza vaccine for at risk pediatric oncology patients;
- Oncology integrated electronic medical record; and
- CAR T-cell Therapy approvals.
- Major recruitments were discussed;
- WMC FACT Accreditations:
 - Clinical Programs:
 - Adults HSCT; and
 - Pediatric HSCT.
- Commission on Cancer Accreditation surveyed on May 23, 2022, accredited for one year.
- Cancer Nursing Accomplishment: CoC standard for oncology nursing changed in 2021. Oncology nurses are required to be oncology certified or obtain 36 CEU/CME per three year accreditation cycle. In 2021, due to COVID, WMC did not meet this standard. Nursing leadership established an action plan in January, 2022, and pediatric and adult oncology nurses achieved 100% compliance for 2022 CEU requirement.
- Oncology Integrated EMR;
- Omniscient and the promise of personalized brain mapping; and
- Laser Ablation – Laser Interstitial Thermal Therapy (LITT); WMC performed first laser case in the region.

Ms. Gevertz stated that Ms. McFarlane provided a regulatory report to the Committee, as well as an update on surveys.

NEW BUSINESS

RESOLUTIONS

Ms. Switzer presented the following naming Resolutions, all relating to MHRH, to the Board for its approval:

- Resolution 8 – The Herb and Sue Redl Pediatric Emergency Department;
- Resolution 9 – Marshall & Sterling Pediatric Lounge; and
- Resolution 10 – The Samuel Simon and Dr. Gregory Chiamonte Total Joint Center

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MHRH NAMING RESOLUTIONS NUMBERED 8, 9 AND 10. MR. WISHNIE MOTIONED, SECONDED BY MR. HEIMERDINGER. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE OCTOBER 12, 2022, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. DR. GARRICK MOTIONED, SECONDED BY MR. HEIMERDINGER. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,


AnnMarie Fernandez, WCHCC Assistant Secretary