

**WESTCHESTER COUNTY HEALTH CARE CORPORATION**

**BOARD OF DIRECTORS MEETING**

**APRIL 12, 2023**

**6:30 P.M.**

**EXECUTIVE BOARD ROOM**

**VOTING MEMBERS PRESENT: William Frishman, M.D., Renee Garrick, M.D., Susan Gevertz, John Heimerdinger, Patrick McCoy, Tracey Mitchell, Zubeen Shroff, Mark Tulis, Judith Watson, Richard Wishnie**

**VOTONG MEMBERS EXCUSED: Herman Geist, Mitchell Hochberg, Alfredo Quintero**

**NON-VOTING MEMBERS PRESENT: John Flannery, Michael Israel, Martin Rogowsky, Michael Rosenblut**

**STAFF PRESENT: Julie Switzer, EVP and Chief Legal Officer  
Gary Brudnicki, Senior Executive Vice President  
Marc Chasin, M.D., CHIO  
Anthony Costello, EVP, COO  
Michael Doyle, M.D., Executive Director and CMO, HealthAlliance  
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  
John Brand, SVP, Marketing and Communications  
Phyllis Yezzo, EVP, CNO  
Ann Marie Fernandez, Executive Secretary**

## **CALL TO ORDER**

The April 12, 2023, 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. | Tracey Mitchell |
| Renee Garrick, M.D.    | Zubeen Shroff   |
| Susan Gevertz          | Mark Tulis      |
| John Heimerdinger      | Judith Watson   |
| Patrick McCoy          | Richard Wishnie |

### **VOTING MEMBERS EXCUSED**

Herman Geist  
Mitchell Hochberg  
Alfredo Quintero

### **NON-VOTING MEMBERS PRESENT**

John Flannery  
Michael Israel  
Martin Rogowsky  
Michael Rosenblut

## **EXECUTIVE SESSION**

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

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

## **REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA**

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE FEBRUARY 1, 2023, AND THE MARCH 1, 2023, MEETINGS OF THE BOARD. A MOTION WAS MADE BY MR. WISHNIE, AND SECONDED BY DR. FRISHMAN, TO APPROVE THE FEBRUARY 1, 2023, AND THE MARCH 1, 2023, WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

## **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 12, 2023 and attached to these minutes), containing information on Credentialing Appointments, Reappointments, Additional Privileges, and FPPEs.

**Motion to Approve Recommendations for Appointments, Reappointments, Additional Privileges, and FPPEs**

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR APPOINTMENTS, REAPPOINTMENTS, ADDITIONAL PRIVILEGES, AND FPPEs. DR. GARRICK MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY.

**REPORT OF THE PRESIDENT**

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

- WMC Same -Day Cardiac Appointments – Your Heart Can’t Wait, launched March 2023;
- HealthAlliance Hospital’s First 100 Days; and
- Earned Media Coverage:
  - Becker’s Hospital Review – NY hospital to raise nurses’ pay by up to 40% over 3 years;
  - News 12 Westchester – Minimally invasive heart surgery leaves less scarring and faster recovery; and Hudson Valley physician focuses on lowering maternal mortality rates among black patients;
  - Spectrum News 1 – Advanced cardiac lab in Kingston helps save lives; and
  - Fox Business – Daylight Savings Time: How it can hinder health and how to cope

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

- ED Trauma Bay Renovation Project nearing completion;
- 5 North Unit Renovation Project in Main Hospital nearing completion;
- ACP Café Construction Project completed;
- L&D Triage Bay Project completed;
- Main Cooling Tower Replacement Project – Phase 3 commenced; and
- Successful reaccreditation as a Level IV Pediatric Comprehensive Epilepsy Center through NAEC

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

- Dr. Rebecca Martin (APS – Palliative Care);
- Dr. Jennifer Salcedo (APS – OBGYN); and
- Dr. Ljiljana Vasovic (APS – Pathology)

Mr. Costello reviewed the March, 2023, volumes for the Valhalla campus compared to the March, 2022, volumes. He stated that for March, 2023, all areas were higher than March, 2022.

Mr. Costello provided a construction update on various projects.

Mr. Costello provided the following Clinical Operations Updates for MHRH:

- Successful DNV Primary Plus Stroke Center Certification (Thrombectomy Capable); and
- Atrium 1<sup>st</sup> Floor Renovation Project initiated

Mr. Costello reviewed the March, 2023, volumes for MHRH compared to the March, 2022, volumes. He stated that for March, 2023, all areas were higher than March, 2022.

Dr. Gewitz discussed WMC’s annual transfer volume with the Board. He discussed the transfers by origin, both from within the Network, as well as outside referrals. Dr. Gewitz outlined the Network’s strategy for maintaining our Preeminent Transfer Center status as follows:

- Manage the Transfer System efficiently;

- Be the technology leader;
- Attract patients; and
- Maintain the best clinical staff

Dr. Gewitz informed the Board of new technology called Carpediem™ - Cardio-Renal Infant Pediatric Dialysis. He stated that it provides continuous renal replacement therapy (CRRT) for acute kidney injury and fluid overloaded pediatric patients weighing 2.5 to 10 kgs.

Dr. Gewitz discussed WMC's focus on expanding the Clinical Trial Base.

Dr. Gewitz stated that Project Adam participation continues to grow, and several New Jersey high schools are enrolled.

Dr. Gewitz informed the Board that Dr. Supriya Jain received the NY Assembly recognition award.

Dr. Garrick discussed the NRMP Main Residency Match results from 2013-2023. She stated that WMC's residency programs have attracted candidates from 81 different U.S. medical schools and several leading international universities.

Dr. Garrick provided a Neurology update for the Board.

- New Tele-Stroke Platform: Accelerate speed of interventions and improve data tracking / trending;
- MHRH: Creating A Center of Excellence for Movement Disorders:
  - Dr. Amodeo: Recognized expert in Parkinson's (research studies, invited reviewer, lead panelist and specialty educator);
  - Dr. Danisi: Movement Disorder specialist; and
  - Dr. Su Kanchana, MD, PhD: Joining MHRH Fall 2023 (fellowship at NIH)
- Expansion of Epilepsy Services:
  - Partnering with Northeastern NY Epilepsy Foundation: Social support for patients; and
  - ABRET certification planned for EEG lab

Dr. Garrick advised the Board of Microwave Tumor Ablation, available through Interventional Radiology at WMC.

Ms. Gerry provided a Development update for the Board. She stated that, with community support, the six Network Foundations funded the following 2022 initiatives:

- Expansion of the Isaac and Naomi Kaplan Family Regional Neonatal Intensive Care Unit - \$1.8 million;
- Emergency Department upgrades - \$998,419.00;
- Radiology upgrades - \$732,714;
- Surgical Services - \$1 million;
- Upgraded pediatric physiologic monitoring - \$600,000;
- Equipment and technology upgrades - \$524,268;
- Women's Health - \$165,320;
- Massage therapy - \$40,000;
- Giraffe beds - \$156,000;
- Child Life - \$60,000;
- Staff development - \$40,000;
- Donor milk - \$20,000; and
- Specialty services - \$20,000

Ms. Gerry reviewed the Foundation revenue activity, comparing 2022 to 2021.

Ms. Gerry advised the Board of the 2022 performance review for notable major gifts, the Children's Miracle Network, Point of Sale, Third Party, and Direct mail.

Ms. Gerry reviewed the 2023 WMCHHealth Funding Priorities for the Board, highlighting the Critical Care Campaign.

Ms. Gerry presented the 2023 Network Events calendar to the Board.

Dr. Yezzo provided a Nursing update to the Board. She discussed staffing trends, vacancies and travel nurses. Dr. Yezzo advised the Board of WMCHHealth's collaboration with colleges and universities. She highlighted several nursing awards and recognitions. Dr. Yezzo discussed several academic milestones, and Operation Nightingale.

## **REPORT OF THE COMMITTEES**

### **AUDIT AND CORPORATE COMPLIANCE COMMITTEE**

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

Mr. McCoy informed the Board that Ms. Ariel advised the Committee of an audit in progress for DRG 640 and 641 – Miscellaneous Disorders of Nutrition Metabolism, Fluids, and Electrolytes with and without MCC for Valhalla and MHRH. Ms. Ariel also discussed two completed hospital audits, and a completed special project audit.

Mr. McCoy informed the Board that Mr. Palovick advised of the following two internal audits in progress, 2022 Senior Management Expenses and Philips Healthcare Contract Administration. Mr. Palovick also discussed two completed audits.

### **FINANCE COMMITTEE**

Mr. Tulis, Chair, Finance Committee, stated that the Committee met this afternoon in a combined Audit and Finance Committee meeting. He stated that the Finance Committee reviewed the financial statements for the period ended February 28, 2023.

Mr. McCoy, Chair, Audit and Corporate Compliance Committee, advised that Grant Thornton presented the 2022 Audit results to the combined Committees. He stated that the Committees voted to accept the 2022 Audit results.

### **TECHNOLOGY AND PATIENT EXPERIENCE COMMITTEE**

Mr. Rosenblut, Chair, Technology and Patient Experience Committee, reported that the Committee met on March 10, 2023.

Mr. Rosenblut advised that the Committee was presented with the 2023 Patient Experience Goals. The Committee also received an Outpatient Experience Operational update, as well as next steps.

Mr. Rosenblut informed the Board that the Committee received an update on self-service technology. He stated that Adult and Pediatric Patient Advisory Councils have been established.

## QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on March 3, 2023.

Ms. Gevertz stated that Dr. Garrick summarized the following departmental presentations from the January 12, 2023, meeting of the Quality and Safety Council:

- Rehabilitation Medicine Quality Committee – Rehabilitation Medicine gave a presentation to the Committee at the last meeting. The Residency program has been approved and main tower patient PT individualized plans of care are appropriate and in place; and
- Pharmacy Quality Committee – Antibiotic Stewardship steps are in place as are Alaris Pump and Pyxis guardrails. Diversion risks are tracked and addressed. Cost savings were reported and Cerner data provided.

QA/PI reports were submitted by Human Resources, GME, Laboratory/Pathology, Nursing Quality, Otolaryngology, Patient Experience, Transfer Center, Emergency Medicine, and ISO.

Ms. Gevertz advised the Board that the Committee received a presentation on Infection Prevention by Dr. Chen and Dr. Keller. They presented the following:

- Hospital-Associated Infection (HAI) Measures - CDC models are risk adjusted to the 2015 National HAI data. Data presented includes both Valhalla and MHRH. Standard Infection Ratio (SIR) discussed and it was noted that Q1 and Q2 2020 data was waived due to the COVID-19 emergency. National SIR data for HAIs from 2019 to 2021 was presented;
- Device Related Infections – Central Line Associated Bloodstream Infections (CLABSI) have experienced an uptick though there have been improvements in the Trauma ICU. Catheter-Associated Urinary Tract Infections (CAUTI) have had a sustained decline and are below National and NYS SIR. Education and the Nurse-driven Foley removal protocol have helped with the improvement;
- Surgical Site Infections (SSI) – Colon and Abdominal Hysterectomy Surgical Site Infection data trends discussed;
- Antibiotic-Resistant Organisms – Clostridium Difficile Infection data shows an overall positive trend but remains a focus because it is above National and NYS SIRs. MRSA Infection rate data shows that 2022 was a successful year attributable to CLASBI prevention efforts and chlorhexidine bathing in the ICUs;
- Hand Hygiene Compliance – Valhalla campus is closer to the 90% compliance goal than MHRH. Staff education and feedback is done;
- Disparities in Hospital Associated Infections – Potential drivers of racial/ethnic inequities in HAI and proposed actions discussed. Findings in literature regarding MRSA, C. Difficile and CAUTI discussed. 2022 WMC data regarding CAUTI and CLASBI rates by race presented. Differences in infection rate by race do not meet statistical significance. Further analysis may involve aggregating data across years and/or evaluating process measures;
- COVID-19 Inpatient Census Data from December 2020 to February 2023 – Trends and variants discussed. Dr. Garrick said that the data is tracked by hand every day by Ms. Cuddy and that other related metrics, include PPE, are tracked; and
- MPox – National trends, WMC's quick vaccination rollout, and related data shared. Dr. Garrick discussed training.

Ms. Gevertz informed the Board that the Committee received a presentation on the Environment of Care Quality Council by Mr. Doering. He 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 2022 Key Performance Indicators:
  - Utilities -Work Order completion goal was exceeded as was Legionella water sampling. Mr. Costello discussed water filtration, treatment and broad testing;
  - Security – Both staff ID compliance and Mental Health visitor screening for contraband and dangerous instruments goals were exceeded;
  - Safety: Access to critical access control panel goal was not met. The CMS requirement was discussed, data was close to goal and the large number of critical access panels were discussed. Eyewash inspections exceeded goal;
  - Hazardous Materials – Goals exceeded regarding the percentage of staff who can properly describe how to obtain a Safety Data sheet and staff knowledge of hazardous medication disposal;
  - Medical Equipment – Proactive department rounding which was put in place to interact with staff about any questions regarding medical equipment resulted in achieving the goal of reducing the percentage of service requests;
  - Hazardous Waste – Volume has increased and the definition of hazardous was shared. Pathology and Pharmacy will be closely examined to achieve a reduction; and
  - Emergency Management – Code triage events and desktop drills took place, there was one instance of significant internet outage and 13 of 14 improvement items were completed mostly related to communication.
- Regulatory – 2022 OSHA and PESH related inspections discussed in detail. All responses were accepted.
- 2023 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. A discussion was had regarding solving false fire alarms.

Ms. Gevertz advised that the Committee voted to recommend that the Board of Directors adopt the 2022 Evaluations of the Management Plan for the Environment of Care and the 2023 Management Plans for the Environment of Care.

MR. SHROFF ASKED FOR A MOTION TO ADOPT THE 2022 EVALUATIONS OF THE MANAGEMENT PLAN FOR THE ENVIRONMENT OF CARE AND THE 2023 MANAGEMENT PLANS FOR THE ENVIRONMENT OF CARE. MS. WATSON 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**

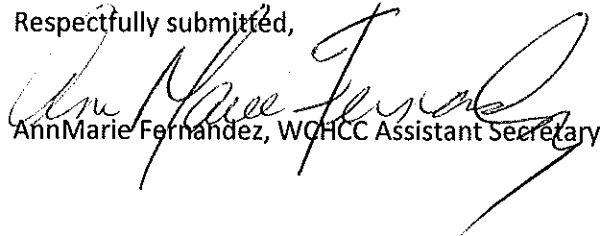
Ms. Switzer presented Resolution 2-2023 to the Board. She stated that the Gift Acceptance Policy Resolution will be adopted by all of the Network Boards, resulting in a uniform policy applicable to all gifts to WMCHHealth made through the six (6) Network Foundations.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE GIFT ACCEPTANCE POLICY RESOLUTION 2-2023. MS. GEVERTZ MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

**ADJOURNMENT**

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE APRIL 12, 2023, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. DR. GARRICK MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



AnnMarie Fernandez, WHCC Assistant Secretary