

**WESTCHESTER COUNTY HEALTH CARE CORPORATION**

**BOARD OF DIRECTORS MEETING**

**OCTOBER 4, 2023**

**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, Zubeen Shroff, Mark Tulis, Judith Watson, Richard Wishnie**

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

**STAFF PRESENT: Barbara Kukowski, SVP, Deputy General Counsel  
Gary Brudnicki, Senior Executive Vice President  
Marc Chasin, M.D., CHIO  
Anthony Costello, EVP, COO  
Anthony Frank, EVP, CFO  
Michael Gewitz, M.D., Executive Director, MFCH  
Josh Ratner, EVP, Chief Strategy Officer  
Phyllis Yezzo, EVP, CNO  
Sean Tedjarati, M.D.  
Inder Sandhu-Gay, SVP, Network Strategy and Development  
Ann Marie Soares, Executive Secretary**

## CALL TO ORDER

The October 4, 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.	Patrick McCoy
Renee Garrick, M.D.	Tracey Mitchell
Herman Geist	Alfredo Quintero
Susan Gevertz	Zubeen shroff
John Heimerdinger	Mark Tulis
Mitchell Hochberg	Judith Watson
	Richard Wishnie

### 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 personnel, strategic planning and quality matters.

MR. SHROFF ASKED FOR A MOTION TO MOVE OUT OF EXECUTIVE SESSION. DR. FRISHMAN MOTIONED, SECONDED BY MR. HEIMERDINGER. 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 6, 2023, MEETING OF THE BOARD. A MOTION WAS MADE BY DR. GARRICK, AND SECONDED BY MS. GEVERTZ, TO APPROVE THE SEPTEMBER 6, 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 October 4, 2023 and attached to these minutes), containing information on Credentialing Appointments, Reappointments, Additional Privileges, FPPEs and Updates to the Anesthesiology DOP.

***Motion to Approve Recommendations for Appointments, Reappointments, Additional Privileges, FPPEs and Updates to the Anesthesiology DOP.***

---

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

Dr. Garrick presented Resolution 6 – MHRH Level II Trauma Center Support to the Board. The Resolution was previously approved by the Medical Staff.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 6 – MHRH LEVEL II TRAUMA CENTER SUPPORT. MR. HOSHBERG MOTIONED, SECONDED BY MS. MITHCELL. THE MOTION CARRIED UNANIMOUSLY.

## **REPORT OF THE PRESIDENT**

Mr. Ratner updated the Board on the following:

Advocacy and Community Engagement:

- White Plains Mayor Tom Rauch – September 12th;
- NYS Assembly Member MaryJane Shimsky – September 13<sup>th</sup>;
- Dutchess County Chamber of Commerce Balloon Fest – September 1<sup>st</sup>;
- HV Heroes Salute – September 16<sup>th</sup>; and
- United Way of Westchester and Putnam Toys for Tots – September 18th

Moms Matter Act – Joint Press Conference with Senator Kirsten Gillibrand:

- Hosted September 14, 2023;
- +150 attendees, including notable speakers:
  - Kirsten Gillibrand, U.S. Senator;
  - Andrea Stewart- Cousins, NYS Senate Majority Leader;
  - MaryJane Shimsky, NYS Assembly member; and
  - Ken Jenkins, Westchester Deputy County Executive

Marketing and Communications:

- Earned Media

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

- Cath Lab 5 Renovation Project completed;
- Phase 3 Terrazzo Renovation Project nearing completion;
- Phase 4 Terrazzo Renovation Project set to commence in October;
- MFCH Public Lavatory #2 Renovation Project nearing completion;
- 3 South Unit Renovation Project in Main Hospital in progress;
- NICU Phase 2 Expansion Project in progress; and
- Morgue Construction Project in progress

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

- Dr. David Kastrinsky (APS – Internal Medicine)
- Dr. Mariana Kawalet (APS – Internal Medicine)
- Dr. Daniela Stokes (APS – Infectious Disease)
- Dr. Orna Alpert (APS – Transplant)
- Dr. Gabriel Froula (APS – Trauma)
- Dr. Jason Elyaguov (APS – Urology)
- Dr. Anupma Agarwal (APS – Pathology)
- Dr. Marta Niederland (APS – Pathology)
- Dr. Krizia Gupiteo (APS – Mental Health)

Mr. Costello reviewed the September, 2023, volumes for the Valhalla campus compared to the September, 2022, volumes. He stated that for September, 2023, volume was higher than September, 2022.

Mr. Costello provided a construction update on various projects.

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

- Phase 4 Terrazzo Renovation Project nearing completion;
- HIM/Pharmacy Renovation Project in progress;
- PT/OT Clinical Office Renovation Project in progress; and
- APS Neurosurgery and Neurology Practice Expansion Project completed

Mr. Costello updated the Board on physician recruitment for MHRH:

- Dr. Evan Jin (APS – Anesthesiology); and
- Dr. Ron Varkey (APS – Anesthesiology)

Mr. Costello reviewed the September, 2023, volumes for MHRH compared to the September, 2022, volumes. He stated that for September, 2023, volume was higher than September, 2022.

Dr. Gewitz provided the Board with the Clinical Operations/MFCH update:

- Fall Events
  - Wines of the World – October 19<sup>th</sup>; and
  - WHUD Radiothon – November 15<sup>th</sup> – 17<sup>th</sup>
- Recent MFCH Faculty Awards and Recognitions;
- MFCH Key Service Drivers; and
- NICU Post Traumatic Stress Syndrome RX Program;

Dr. Garrick provided a Medical Leadership and Quality Update:

- Advances in Medical Care Ophthalmology
  - Micro-invasive and MicroPulse Laser Therapy for Glaucoma; and
  - Complete Anterior Segment Reconstruction
  - NYMC Ophthalmology Residency Symposium;
- Advancing Care: Orthopedics – Building our Community;
- Urology Research and Education;
- Department of Surgery Journal Club; and
- Code Lavender Team Workforce Support Initiative

Mr. Ratner provided update on HealthAlliance to the Board:

- Our Immediate Focus:
  - Internal and external stakeholder engagement;
  - Focus on the Emergency Department: Volume, throughput, patient experience;
  - Recapture elective volume; and
  - Recruitment/Retention: Fill key open positions
- HA Internal and External Stakeholder Engagement:
  - Internal Engagement – Workforce and Providers:
    - ED listening sessions;
    - Clinical and Non-Clinical Operations;
    - Internal providers; and
    - Mountainside and Margaretville staff
  - External Engagement:
    - Community Organizations;
    - Provider Groups/Hospitalists; and
    - Elected Officials

- Key Initiatives:
  - Operations:
    - ED workflows and throughput
    - ED Navigator and Concierge roles (in development)
    - Recruitment / Retention / Pipeline development
      - 1199 Contract
      - MRCC Salary Increases
    - Expanded Cafeteria Hours + Coffee Shop Access
- Margaretville Memorial Hospital/Mountainside Residential Care Center:
  - +\$280K in Grants Awarded;
  - CMS 5 Star Rating;
  - Primary Care; and
  - Margaretville Helipad
- HealthAlliance Clinical Operations/Construction:
  - IP Mental Health Beds;
  - HA Helipad;
  - Healthy Village Phase 1;
  - Cardiac MRI; and
  - NYS Trauma Level III Designation:
    - Go – live 10/16
    - Ribbon cutting 10/18
- Recruitment:
  - Dr. Gabriel Froula, Trauma;
  - Dr. Lore Garten, Behavioral Health; and
  - Charles “Tim” Mitzel, EMS Director

Dr. Tedjarati provided the following WMCHealth Physicians overview to the Board:

- Total providers – 874;
- Individual Suites/Practices – 95;
- Main Building – 25;
- Q2 2023 volume is up 11% over Q2 2022;
- Nine new physicians onboarded in Q2 2023;
- Call Center Operations;
- Initiatives;
- New APS Leadership positions; and
- Patient satisfaction survey update

## REPORT OF THE COMMITTEES

### AUDIT AND CORPORATE COMPLAINTS COMMITTEE

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

Mr. McCoy stated that Ms. Ariel informed the Committee of a Childbirth DRG code range 774-807 audit in progress for WMC. She also discussed a Corrective Action Plan for Outpatient Hospital Clinic Services audit at WMC and a completed audit for DRG 689 and 690 – Kidney and Urinary Tract Infections with and without MCC – MHRH and WMC.

Mr. McCoy informed the Board that Mr. Palovick stated the following three internal audits are in progress: Purchasing/Receiving – Network, External Staffing Process Management; and Textile Services Contract

Administration. Mr. Palovick discussed the following two completed internal audits with the Committee: Pharmacy 340B Program Review – WMC and Philips Healthcare Contract Administration.

## FINANCE COMMITTEE

Mr. Tulis, Chair, Finance Committee, stated that the Committee met this afternoon prior to the Board meeting, and reviewed the financial statements for the period ended August 31, 2023.

## QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on September 8, 2023.

Ms. Gevertz stated that Dr. Garrick summarized the following departmental presentations from the June 8, 2023, meeting of the Quality and Safety Council:

- Dental Medicine – Key Performance Indicators for Patient Experience were presented, along with their analysis and action plan. Key Performance Indicators for Patient Flow were presented, along with their analysis and action plan. Successes were discussed including academic collaboration with the Touro College of Dental Medicine. Approximately 140 third and fourth year students completed one week externships in our clinic. Also began a new affiliation with the HeadStart programs in Brewster and Peekskill to provide oral hygiene education and oral screenings within those communities. There were no regulatory issues to report.
- ALLY Center – Key Performance Indicators were presented for patients living with HIV, in addition to the action plan. Key Performance Indicators for PrEP (Pre-Exposure Prophylaxis) Demographics were discussed along with the action plan. Key Performance Indicators for Sexually Transmitted Infections were presented along with the action plan. Successes – Monkey Pox Vaccination was discussed.
- GME– Key Performance Indicators were discussed; 2023 ACGME Resident-Fellow Surveys Aggregated, and the NRMP Main Residency Match Results for 2013-2023 were discussed. In addition, the action plan, successes and a regulatory report was provided.

QA/PI reports were submitted by Organizational Knowledge ISO, Pharmacy, Rehabilitation, Urology, Nursing Quality Council, Palliative Care, OR Committee, and Ophthalmology.

Ms. Gevertz advised the Board that the Committee received a presentation on the Pressure Injury Quality Council Update by Dr. Lugassy. He highlighted the following:

- Goal – decrease the number of hospital acquired pressure injuries:
  - Indications:
    - Significant impact on patient outcomes;
    - Source of patient and family distress; and
    - Important quality metric (public-facing data)
- Foundational Principles:
  - Hospital-wide consistency;
  - Long-term and sustainable solutions;
  - Integration into hospital culture; and
  - Multidisciplinary ownership
- Current status;
- Council structure was presented;
- Process overview:
  - Kick off meeting - June;
  - Review of current Pressure Injury Status – July; and
  - Review of Gap Analysis – August
- Accomplishments to Date:

- In depth review by each subgroup of current WMC pressure injury state and presentation to Pressure Injury Council:
  - Chart reviews;
  - Mini prevalence studies;
  - Staff interviews
- Subgroup Gap Analysis:
  - Systemic identification of gaps in knowledge, communication and processes; and
  - Focus on ownership and accountability
- Priority Areas Identified:
  - Prevention Subcommittee
    - Provider awareness; and
    - Mobility/Equipment/Personnel
  - Identification Subcommittee
    - Staging accuracy; and
    - Documentation of stage/location/multiple sites
  - Management Subcommittee
    - Early mobility; and
    - Family communication
- Next Steps:
  - Interventions build upon gap analysis and best practices; and
  - Pilot projects followed by further analysis, adaptation, standardization and expansion

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

- Nursing Quality and Patient Safety:
  - Nursing Department Quality Calendar – incorporated into Patient Care Leadership meetings, and survey readiness;
  - Nurse Sensitive Indicators – structure, process and outcomes;
  - Event Reporting – actual and near misses; and
  - Intra-professional Performance Improvement Activities – Departmental Quality Committees, Committees, and Task Forces

Dashboard for 2022 and 2023 year to date was presented along with its analysis and action:

- Pressure Injuries were presented along with their analysis and action;
- Falls were presented along with their analysis and action. It was noted that there was no appreciable change in fall rates in 2023, with falls primarily occurring in medical-surgical and adult behavioral health units;
  - Falls at Home – LifeFone – wearable devices that have fall detection technology and a button to call for assistance:
    - Goal – reduce falls and improve safety in the community setting;
    - There is a Pilot on 5 South with eventual goal to rollout house wide;
    - Patients offered a preferred rate with LifeFone
- CAUTI rates were presented along with their analysis and action plan – CAUTI CAD favorable for 2023 year to date;
- CLASBI rates were presented along with their analysis and action plan – CLASBI CAD below predicted in 2023 year to date for WMC, and above predicted for MHRH, there is a steady decrease in device days;
- Blood Administration rates were presented along with their analysis and action plan – transfusions logged versus confirmed transfused greater than four hours is decreasing, and the number of suspected transfusion reactions reported are below national average;
- Restraints rates were presented along with their analysis and action plan – restraints are being utilized primarily in critical care due to patients pulling at tubes and lines, ISO audit – knowledge gap for violent

restraint policy;

- Patient Experience – HCAHPS Press Ganey scores and Nurse Call Responsiveness rates were presented along with their Action Plan:
  - Purposeful and proactive rounding using the P’s: Pain, Position, and Personal Needs;
  - Decrease median call bell response time with updated call bell system;
  - Nurse Leader Rounding:
    - Identifies safety and quality issues;
    - Provides timely feedback about patient care;
    - Allows for real-time response for patient concerns;
    - Provides opportunities for staff recognition/coaching; and
    - Informs HCAHPs improvement initiatives
  - Idea Boards on each patient care unit;
  - Senior Leadership Rounding; and
  - Medication Cards – supports understanding of medication dosage and side effects.
- Regulatory:
  - DNV Triennial Survey – no nursing findings;
  - DNV Complaint for Cause Surveys – Nursing Focus:
    - April 2023: IV Antihypertensive Reassessment – WMC; and
    - July 2023: NC-2: Fall Prevention Education: Patient and Family Member – MHRH
- Accomplishments:
  - Professional presentations;
  - Cerner Transition with Bon Secours Charity Health System; and
  - Workforce Development

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

#### **NEW BUSINESS**

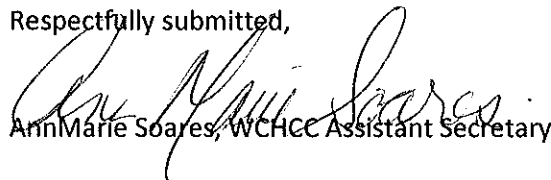
MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 5 – THE MILTON PEDIATRIC EPILEPSY PROGRAM. MS. WATSON MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO APPOINT HEDY CARDOZO AS TRUSTEE TO THE WESTCHESTER MEDICAL CENTER FOUNDATION BOARD FOR THREE YEAR TERM. MR. HOCHBERG MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

#### **ADJOURNMENT**

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE OCTOBER 4, 2023, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. GEIST MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



AnnMarie Soares, WCHCC Assistant Secretary