

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

September 9, 2021

6:00 P.M.

EXECUTIVE BOARD ROOM

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

VOTING MEMBERS EXCUSED: Tracey Mitchell, Mark Tulis

NON-VOTING MEMBERS PRESENT: Michael Israel, John Flannery – via Webex, Martin Rogowsky, Michael Rosenblut

STAFF PRESENT: Julie Switzer, EVP, Chief Legal Officer
Patti Ariel, SVP, Internal Audit and Chief Compliance Officer
Gary Brudnicki, Senior Executive Vice President
Kara Bennorth, EVP
Valerie Campbell – Regional VP, Corporate Compliance
Marc Chasin, M.D., CHIO
Anthony Costello, EVP, Chief Operating Officer
Michael Doyle, M.D., Executive Director and CMO, HealthAlliance
Mark Fersko, Revenue and Finance Advisor – via Webex
Paula Fessler, Chief Nursing Executive
Michael Gewitz, M.D., Executive Director, MFCH
Mary Leahy, M.D., CEO, Bon Secours Charity Health System
Josh Ratner, EVP, Chief Strategy Officer
Morgan Bonavita – Manager, Network Contracts

CALL TO ORDER

The September 9, 2021, meeting of the Westchester County Health Care Corporation (“WCHCC”) Board of Directors was called to order at 6:00 p.m., by Mr. Hochberg, Chair. A quorum was present.

VOTING MEMBERS PRESENT

Orlando Adamson, M.D.	Mitchell Hochberg
William Frishman, M.D.	Patrick McCoy
Renee Garrick, M.D.	Alfredo Quintero
Herman Geist	Zubeen Shroff
Susan Gevertz – via Webex	Richard Wishnie
John Heimerdinger – via Webex	

VOTING MEMBERS EXCUSED

Tracey Mitchell
Mark Tulis

NON-VOTING MEMBERS PRESENT

Michael Israel
John Flannery – via Webex
Martin Rogowsky
Michael Rosenblut

EXECUTIVE SESSION

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

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

REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. HOCHBERG ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE JULY 14, 2021, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. WISHNIE, SECONDED BY DR. FRISHMAN, TO APPROVE THE JULY 14, 2021, 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 September 8, 2021, and attached to these minutes) containing information on Credentialing Appointments, Reappointments, Additional Privileges, Category of Staff Changes, and FPPEs.

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

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

REPORT OF THE PRESIDENT

Mr. Ratner provided an overview of WMC's recent Vaccine HUB activities to the Board. He stated that 78.4% of Hudson Valley adults 18+ have had at least one dose of the vaccine, exceeding the New York State ("NYS") average of 77.8%. Mr. Ratner advised that 55.9% of Hudson Valley 12-15 year old's have had at least one dose of the vaccine, exceeding the NYS average of 54.9%. In addition, 78% of Hudson Valley hospital workers are fully vaccinated, with the NYS average at 79%.

Mr. Ratner showed images of the permanent structure that replaced the tent testing area on the Valhalla campus. He stated that the permanent structure has four lanes, and can be utilized for both COVID testing and COVID and flu vaccines.

Mr. Ratner provided a government relations update to the Board. He stated that Kathy Hochul was sworn in as NYS Governor on August 24, 2021, and will be up for re-election in 2022. Mr. Ratner advised that this next administration will be tasked with recovering from 58 leadership resignations at NYS DOH in 2021.

Mr. Ratner informed the Board of the following Network grant updates:

- NYSDOH and CMS Vital Access Provider (VAP) Grant
 - 3-year grant to Margaretville Memorial Hospital ("MMH") – funding use in development - \$1.8 million
- HRSA Rural Communities Opioid Response Program (RCORP)
 - 3-year grant to reduce substance use disorder (SUD) including opioid use in high risk rural communities - \$1 million
- EMS Training Grant
 - 1-year grant for EMS training for all levels - CFR, EMT, AEMT at MMH - \$200,000
- Small Hospital Improvement Program (SHIP)
 - 1-year grant to MMH for PrimeRx™ pharmacy management software - \$13,000
- HRSA STAR LRP
 - Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP facility designation for MHRH and HA

Mr. Ratner informed the Board that the Network is preparing to launch a brand awareness campaign focusing on the Heart and Vascular Institute, as well as the NeuroSciences. He stated that the Network is also focused on the launch of new programs and services, Post-COVID-19 Recovery Program, and news on clinical programs and services.

Mr. Ratner reviewed the Network's Digital Marketing Campaigns.

Mr. Ratner presented a video on a pediatric Sickle Cell patient.

Ms. Bennorth reviewed the August 2021 Development Dashboard for the Board. She stated that for the month of July, \$491,638 was received, and for the month of August, \$403,031 was received, bringing the total year to date August to \$4.7 million.

Ms. Bennorth updated the Board on the Point of Sale Campaigns.

Ms. Bennorth informed the Board of the following upcoming events:

- Life Time Athletics charity bike ride event - September 25th;
- 1st Hispanic Radiothon event 93.1 – September 30th;
- Go the Distance – November 7th.

Ms. Bennorth advised the Board of major gifts, ongoing hospital campaigns, and corporate sponsorships.

Mr. Costello updated the Board on several in-house construction projects, such as the Main Tower basement and the Main Tower/ACP Corridor, 4 North, Taylor Pavilion Medicine Offices.

Mr. Costello informed the Board of the following clinical updates at MHRH:

- 3 Spellman Pediatric Unit – bids awarded; construction to commence Q4 2021;
- Relocation and re-opening of the Sleep Lab;
- Readiness for Pediatric expansion – GC negotiation in process;
- Diagnostic Cardiac Cath Lab – go live projected Q4 2021; and
- Call Center consolidation with Valhalla – providing efficiencies and standardization with Valhalla.

- Operational Updates:
 - Main Lobby Renovation – Design Phase; and
 - APS Orthopedic Practice – Design Phase for addition of Diagnostic Radiology installation

- Physician Recruitment (APS):
 - James George, PA (Emergency Medicine);
 - Jennifer Griffiths, MD (APS Nephrology);
 - Michael Perieira, MD (Radiation Medicine – PROS);
 - Kashif Ather, MD (Cardiology – HVHC);
 - Sunhee Woo, MD (Medicine, Premier);
 - Alomie McCallum, NP (Neurology, Premier)
 - Muhammad Qazi, MBBS (Pathology, APS); and
 - Emily Bodin, CRNA (Anesthesiology, APS).

Dr. Doyle, Executive Director of HealthAlliance, informed the Board of the following:

Clinical updates:

- Cath Lab fully operational:
 - 4th Cardiologist added to team: Dr. Pratik Mondal;
 - 72 cases in the first 2 months;
- Women's Health Margaretville:
 - CNMW and FNP Kaitlyn Greenough;
 - Dr. Ashanda Saint-Jean;
- Medication Assisted Treatment (MAT) at Margaretville;
- Mountainside Residential Care Center remains COVID free; visitation in accordance with NYS guidelines;
- OR resumed COVID testing for all elective cases; and
- Volume recovery
 - ED and inpatient at 85-90% pre-COVID.

Behavioral Health:

- 56% of Psychiatry patients are treated and released, and of those admitted, 86% of them are at WMCH Health Network; and
- 49% of Substance Abuse patients are treated and released, and of those admitted, 100% of them are at Broadway.

Kingston COVID-19 Testing Site:

- Daily tests average 30 per day; and
- Open Monday – Friday.

COVID Vaccination POD:

- Resumed vaccinations for staff and 3rd dose for immunocompromised; and
- Continuing to provide vaccinations in Margaretville Hospital.

Surveys and Certifications:

- DEA audit at Methadone Clinic.

Community engagement activities:

- Margaretville Hospital Meet and Greet;
- Ulster County BH Task Force; and
- Hospital tours.

Dr. Leahy informed the Board that there were 353 births across Charity in the month of July, and 350 in August, with the vast amount of births at Good Samaritan Hospital (“GSH”).

Dr. Leahy provided the following facility and service line updates:

- SACH OR plans are being submitted to the town, which will then go to the county, and finally to the DOH for approval;
- The Medical Village project continues; recently there was a ribbon cutting for the expanded Emergency Department and Imaging Suite;
- Demolition is underway on the imaging center at GSH for its renovation project; and
- HVAC work and elevator restoration projects continue.

Dr. Leahy advised the Board that a new psychiatrist and a female urologist joined the medical group this past month, as well as the recent signing of a neurologist. She stated that recruiting continues for Orthopedics, Cardiology, Hematology and GI.

Dr. Leahy informed the Board that there are twenty-one COVID inpatients across the three hospitals, fifteen of whom are unvaccinated. She advised that, to date, 1,862 COVID patients have been discharged from Charity.

Dr. Leahy informed the Board that the Transition Plan to Cerner is progressing with final contract negotiations underway.

Dr. Leahy advised the Board of the following grants and awards:

- Charity applied for and received a Recharge Energy Grant from NYS. She stated that the grant is a seven year commitment at approximately \$300,000 per year for electrical use;
- Charity received a \$325,000 check from United Healthcare for its quality metrics;

- Charity will receive \$436,000 for quality work in collaboration with CMS regarding its CJR Bundle;
- Cabrini grant for \$500,000 for post COVID care;
- The town of Ramapo received funding from the CARES Act and gave GSH \$500,000 for COVID related expenses not covered under FEMA; and
- The ACO will receive \$2.4 million for Medicare Shared Savings.

Dr. Leahy advised that there are other grants pending.

Dr. Gewitz informed the Board that there are five candidates in the interview process for the Pediatric CT search. He stated that there are four finalists (UCLA, Sinai, Columbia and Montefiore) out of eleven candidates for the Pediatric PICU Chief search.

Clinical Research Center:

- Average interval decreased 3-4 months from application to internal system approval; and
- Support staff hiring underway.

Dr. Gewitz advised that the MFCH is the lead center on national COVID Myocarditis publication. Dr. Gewitz presented slides to the Board depicting the Farming Neighborhood of the MFCH at MHRH.

Dr. Gewitz reviewed the pediatric transfer volume for the Network.

Dr. Garrick provided the following CMO update:

GME:

- Upcoming seminar series on professionalism. How to maximize patient experience by improving bedside communication.
- Return of ECRIP Grants
- New Program and Accreditations:
 - Renal;
 - Vascular surgery; and
 - Neurosurgery Critical Care.
- Burn Service Verification
- Stroke and Neuro Critical Care
 - Gold Plus awards – Valhalla and MHRH
- New Critical Care staff and plans
 - Neurology
 - Medicine
- Oncology and palliative care

REPORT OF THE COMMITTEES

AUDIT AND CORPORATE COMPLIANCE COMMITTEE

Mr. Heimerdinger, Chair, Audit and Corporate Compliance Committee, stated that the Committee met on July 16, 2021.

Mr. Heimerdinger advised that Ms. Ariel discussed the status of the following compliance audits in process: Hospital Coding Reviews at WMC for DRG – 177 Respiratory Infections and Inflammations; DRG -885 – Psychoses; and Outpatient Turning Point at MHRH. Ms. Ariel also discussed the following audits in progress at APS: COVID-19 Telehealth Services and two High Volume Provider Documentation and Coding Reviews.

Mr. Heimerdinger advised that Ms. Ariel presented a revised Code of Conduct to the Committee, which they voted to approve.

Mr. Heimerdinger informed the Board that Ms. Campbell discussed the following completed compliance audits: HIPAA Privacy Audits at WMC, a Coding Assessment of Outpatient Laboratory Services, and a High Volume Provider Documentation and Coding Review of CPT 99215 at APS.

Mr. Heimerdinger stated that Mr. Palovick discussed the status of the following Internal Audits in progress: Waste Management Contract Administration, High Dollar Medical Supply Items at MHRH, and Credentialing at WMC. He also discussed the following completed audits: 2020 Senior Management Expenses including Company Credit Card Expenses, a Network-wide Disbursement Audit and a Blood Bank Audit.

FINANCE COMMITTEE

Mr. Shroff, acting Chair, Finance Committee, informed the Board that the Finance Committee met prior to the Board meeting. He stated that the Committee reviewed the financial statements for the period ended June 30, 2021.

Mr. Shroff informed the Board that total cash and investments declined as a result of making the annual NYS Pension Payment, repayment of portions of the prior year Medicare Advances, capital spending funded by operations, operating expenses, and an increase in patient accounts receivables due to volume and other balance sheet changes.

Mr. Shroff advised that other current assets increased due to an increase in prepaid expenses and other receivables as well as other balance sheet changes.

Mr. Shroff informed the board that other long-term liabilities decreased, as a result, making the annual NYS pension payment, the reclassification of certain long-term payable balances to current and other balance sheet changes.

Mr. Shroff stated that the net patient service revenue was higher in 2021, which reflects the return of volume to pre-COVID-19 levels, as well as increases in rates, case mix and outlier revenue.

Mr. Shroff advised that salaries & benefits increased as a result of continued investment in physician services, insourcing of certain services that were previously outsourced, staffing the COVID-19 vaccination program and inflationary increases.

Mr. Shroff informed the Board that total acute volume on the Valhalla campus reflects the return of volume to pre-COVID-19 levels. He stated that patient service revenue reflects the impact of increased rates, case mix and

outlier revenue. Mr. Shroff advised that total acute volume on the MHRH campus reflects the return of volume to pre-COVID-19 levels, in addition to increased volume as a result of the establishment of a Pediatric Service Line and the expansion of psychiatric, detox and chemical dependency services.

Mr. Shroff informed the Board that management presented a summary of the HealthAlliance (“HA”) and Philips Strategic Business Agreement (“SBA”). He stated that the SBA allows HA to strategically plan, procure, install and maintain imaging and monitoring equipment at the new Mary’s Avenue Campus and Margaretville Memorial Hospital. Mr. Shroff advised that the contract value is approximately \$64 million over a 10-year period, and WMC will guarantee HA’s payments under the agreement. He stated that the Committee recommended Resolution 7 to the Board for its approval to guaranty HA’s payments to Philips under the SBA.

MR. HOCHBERG ASKED FOR A MOTION TO APPROVE RESOLUTION 7 WHEREBY WMC WILL GUARANTY HA’S PAYMENTS UNDER ITS PHILIPS SBA. MR. SHROFF MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, stated that the Committee met on July 16, 2021.

Ms. Gevertz advised the Board that Dr. Garrick reviewed the report of the Quality and Safety Committee meeting of May 13, 2021. She stated that the Committee received departmental presentations from Neurology, the Cardiovascular Council, Environment of Care and Radiation Medicine. She stated that QA/PI reports were submitted by Orthopedics, Palliative Care, and Patient Experience.

Ms. Gevertz advised the Board that Dr. Garrick also reviewed the report of the Quality and Safety Committee meeting of June 10, 2021. She stated that the Committee received departmental presentations from the Critical Care Committee, Laboratory and Pathology, and Urology. She stated that QA/PI reports were submitted by Neurology, OB/GYN, and the Organ Donor Council.

Ms. Gevertz advised the Board that the Committee received a presentation on the Maria Fareri Children’s Hospital Quality Council by Dr. Gewitz, Dr. Altman and Ms. Umbro. Dr. Gewitz highlighted the following:

- MFCH Quality Council Overview and reporting schedule;
- NYS data regarding pediatric congenital cardiac surgery data;
- Program Specific Reports – Cardiothoracic Surgery, Oncology and the Hematopoietic Stem Cell Transplant dashboard which reflects falling CLASBI rates, influenza vaccine data for at risk pediatric oncology patients for 2020-2021, Cystic Fibrosis program information/quality measures data and receipt of the Cystic Fibrosis Foundation Award;
- Discussion of COVID and MIS-C data, census, activities, publications and research; and
- Center of Excellence for Pediatric Quality Measures – MFCH’s participation in a 5 hospital collaborative from 2017-2021, end of program summary, outcomes and next steps. Pediatric HCAHPS scores related to discharge information.

Dr. Gewitz provided an overview of the Solutions for Patient Safety (“SPS”) initiative, its mission, and thanked the Board for their support. He discussed the following: National participation, discussion of scorecard contents, and MFCH’s scores. Dr. Gewitz noted that challenges include the availability of data, which is improving. He then discussed the Culture of Patient Safety and Prevention of Hospital Acquired Conditions.

Dr. Altman present the following regarding the SPS Program:

- 5th year of participation and membership;
- Program elements;

- Status of safety culture education and training;
- SPS Approach and Safety Event Review Process, participants and positive outcomes;
- Safety events data, a description of their classification, goals and location of events;
- 7 Hospital Acquired Conditions (“HAC”) Teams, their roles and related data and priority focus;
- Tools developed by the CLASBI HAC Team; and
- SPS accomplishments and challenges for 2021.

Ms. Gevertz stated that Ms. McFarlane provided the regulatory report for the Committee.

NEW BUSINESS

Mr. Israel informed the Board that Patti Ariel is retiring. He presented a Resolution to honor and thank Ms. Ariel, who provided invaluable corporate compliance services to WMCHHealth with great expertise and professionalism. Mr. Israel stated that Ms. Ariel has been a wonderful colleague, performing her job with a unique combination of extraordinary dedication, skill, openness, and humor.

MR. HOCHBERG ASKED FOR A MOTION TO APPROVE THE RESOLUTION HONORING PATTI ARIEL FOR HER INVALUABLE CORPORATE COMPLIANCE SERVICES TO WMCHEALTH. MR. SHROFF MOTIONED, SECONDED BY MR. MCCOY. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. HOCHBERG ASKED FOR A MOTION TO ADJOURN THE SEPTEMBER 9, 2021, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. QUINTERO MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,


AnnMarie Fernandez, WCHCC Assistant Secretary