

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

DECEMBER 6, 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, Tracey Mitchell, Alfredo Quintero, Zubeen Shroff, Mark Tulis, Richard Wishnie

VOTING MEMBERS EXCUSED: Patrick McCoy, Judith Watson

NON-VOTING MEMBERS PRESENT: Michael Israel, Michael Rosenblut

NON-VOTING MEMBERS EXCUSED: John Flannery, Martin Rogowsky

STAFF PRESENT: Julie Switzer, EVP, Chief Legal Officer and General Counsel
Marc Chasin, M.D., CHIO
Anthony Costello, EVP, COO
Anthony Frank, EVP, CFO
Michael Gewitz, M.D., Executive Director, MFCH
Mary Leahy, M.D., President, Bon Secours Charity Health System
William Pryor, EVP, Chief Human Resources Officer
Josh Ratner, EVP, Chief Strategy Officer
Phyllis Yezzo, EVP, CNO
Inder Sandhu-Gay, SVP, Network Strategy and Development
Ann Marie Soares, Executive Corporate Secretary

CALL TO ORDER

The December 6, 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.	Mitchell Hochberg
Renee Garrick, M.D.	Tracey Mitchell
Herman Geist	Alfredo Quintero
Susan Gevertz	Zubeen Shroff
John Heimerdinger	Mark Tulis
	Richard Wishnie

VOTING MEMBERS EXCUSED

Patrick McCoy
Judith Watson

NON-VOTING MEMBERS PRESENT

Michael Israel
Michael Rosenblut

NON-VOTING MEMBERS EXCUSED

John Flannery
Marty Rogowsky

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. 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 NOVEMBER 1, 2023, MEETING OF THE BOARD. A MOTION WAS MADE BY DR. GARRICK, AND SECONDED BY MS. MITCHELL, TO APPROVE THE NOVEMBER 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. Garrick provided the report of the President of the Medical Staff. She presented a credentialing packet (dated December 6, 2023 and attached to these minutes), containing information on Credentialing Appointments, Updates to the Physician Assistant DOP, Additional Privileges, and FPPEs.

Motion to Approve Recommendations for Appointments, Updates to the Physician Assistant DOP, Additional Privileges, and FPPEs

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

REPORT OF THE COMMITTEES

EXECUTIVE COMMITTEE

Mr. Shroff, Chair, Executive Committee, stated that the Committee met on November 3, 2023.

Mr. Shroff advised the Board that the purpose of the meeting was to consider increasing the maximum amount of the New Money Project Financing from \$195 million to \$225 million. He stated that Management recommended this action to take advantage of very favorable market conditions and the high level of interest by investors.

Mr. Shroff advised the Board that the Committee voted to approve the increase.

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 October 31, 2023.

Mr. Tulis informed the Board that management presented the September Financial statements. He stated that Cash and Investments were \$161million at September 30, 2023.

Mr. Tulis reported that Net Patient Service Revenue was \$130 million higher (10%) than the comparable period last year due to higher volume and rate increases. Salaries and benefits increased by \$92 million as a result of continued investment in Physician services, salary rate increases and certain fringe benefit costs, particularly health benefits.

Mr. Tulis advised that Supplies and other expenses increased by \$56 million over the comparable period last year. He stated that the most significant area of increase was in med/lab supplies; a significant portion can be attributed to increased volume.

Mr. Tulis informed the Board that the Operating Income at September 30, 2023 was flat to last year, and was \$51.7 million. He stated that after taking in to account non-operating activities, primarily interest expense, Net Income was \$22.4 million compared to \$19.7 million last year.

Mr. Tulis advised that the non-cash NYS Pension adjustment was a negative \$26 million this year, compared to a positive \$21million last year, which was a \$47 million negative swing year over year.

Mr. Tulis reported that the bottom line, after taking into account unrealized gains and losses on investments, was a loss of \$28.4 million.

Mr. Tulis reported that Inpatient Volume and Emergency Department visits at both the Valhalla and Mid-Hudson campuses were greater this year than the comparable period last year.

Operating Budget - 2024

Mr. Tulis advised that the Committee reviewed the Draft 2024 Strategic Operating Plan, which assumes volume growth in many service lines, a reduction in DSH reimbursement, and a focused cost reduction initiative.

Mr. Tulis stated that the Total Operating Revenue is budgeted at \$2.097 billion and operating expenses are budgeted at \$2.056 billion, resulting in Operating Income before excess fringe benefit costs, of \$41.4 million.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on November 3, 2023 and stated that Dr. Garrick summarized the following departmental presentations from the September 14, 2023, meeting of the Quality and Safety Council:

- Radiology:
 - Areas of Focus for Improvement including :
 - Turnaround time for MRI, CT scan and STAT x-rays, staff recruitment, and the use of the ACP MRI for inpatient scans
 - Successes and Regulatory outcomes;
- Health Information Management – 2023 data regarding Medical Record delinquencies and deficiencies, coverage rates, queries and physician response rates were discussed. Electronic Patient Request for medical records will be rolled out in December 2023. Improvements have been made in deficiency management
 - Analysis:
 - Deficiency Management – We have maintained compliance far below our targets for delinquent medical records. Operative Reports done within 24 hours, and TAT for patient medical record requests.
 - Clinical Documentation Improvement – Our CDI team is covering 65% of the expected cases and between CDI and Coding, 70% of the accounts review had a query opportunity. Documentation Clarification and Clinical indicators continues to be the top queries and providers are responding to 94% of all queries; and
- Behavioral Health Council – Crisis Care, Inpatient Psychiatry, Addictions Treatment for inpatient detox and rehab, and Turning Point were discussed. In addition, Outpatient Mental Health clinics and Assertive Community Treatment were discussed. Successes and Regulatory outcomes were presented.

QA/PI reports were submitted by Valhalla Audit Overview, Ambulatory Committee, Pain Management Council, Human Resources, Hyperbaric, Infection Prevention, Emergency Medicine, and Information Systems/myCare.

Ms. Gevertz informed the Board that the Committee received a presentation on the Department of Medicine by Dr. Lebovics, Dr. Shah and Dr. Porrovecchio. They presented the following:

- Performance Improvement Activities related to Pressure Injuries:
- Performance Improvement Activities related to– Patient Experience:
 - HCAHPS scores were presented along with benchmarks
- Total Complaints for 2021vs 2022 vs 2023 were discussed; reduction of both complaints and grievances since 2021;
- Performance Improvement Activities – Hospital Acquired Infection:
 - CAUTI – from July 2022 – July 2023, there were 3 cases at Valhalla and 1 case at MHRH;

- CLABSI – from July 2022 – July 2023, there were 5 cases at Valhalla and 1 case at MHRH;
 - Catheter and Central Line days have decreased since the introduction of IDT Rounds in 2022
- Health Equity:
 - Consistent with the goal of the US Department of Health and Human Services’ Office of Disease Prevention and Health Promotion’ to improve health access and quality by ensuring timely, high quality health care services:
 - The Internal Medicine Clinic allows for outpatient follow up for patients who lack health insurance; and
 - New patient initiatives ensure all patients have discharge appointment for follow up, taking the patient’s geographic location into account
 - Ongoing Outpatient QI Projects for our minority populations:
 - Adenoma detection rates on screening colonoscopies in minority populations;
 - Studies looking at Race/Gender/Ethnicity/Insurance Status/Primary Language in outcomes:
 - Improving Glycemic control in patients with A1c >9 – preliminary data shows no difference in outcomes when comparing baseline demographic data; and
 - Improving Hypertension control in patients with SBP >130
- Specific Ongoing QI Projects in the various sections of the Department of Medicine, plus multidisciplinary QI Projects:

Ms. Gevertz informed the Board that the Committee received a presentation on Pharmacy by Ms. Simmons, AVP of Regional Pharmacy Services. The following data and highlights were presented:

- Medication Safety:
 - Medication Use Safety Subcommittee (MUSS);
 - Pharmacy Informatics and Medication Safety – Parkinson’s Disease Rule in Cerner; and
 - Prescription Drug Monitoring Program (PDMP) Rule in Cerner;
- Medication Safety Overrides 2022 through Q3 2023:
 - Analysis:
 - Internal goal is ≤5%;
 - Safety and compliance indicator: measures the percentage of medications removed from Pyxis on override; and
 - We are trending well below benchmark;
 - Action Plan:
 - Medication overrides are analyzed by pharmacy to ensure appropriateness;
 - Reconciliation of Pyxis removal and the provider’s order occur as well; and
 - Approved override lists are reviewed and vetted annually (or as needed) at MUSS, P&T, and Med Exec Committee;
- Medication Safety Inventory Management 2022 through Q3 2023:
 - Analysis:
 - Internal goal is ≤1%;
 - Inventory management indicator: identifies the rate at which medications are unavailable to the end user in the Pyxis device; and
 - Valhalla Campus: National drug shortages have contributed to supply chain issues resulting in impacted medication being consolidated in central pharmacy and dispensed patient specific;
 - Action Plan:
 - New BD software will be implemented in 2024 which will provide a more analytical approach to Pyxis inventory across all campuses;

- Weekly Network drug shortage calls; and
- Stock is rotated across WMCHHealth Network as needed;
- Medication Safety Diversion Detection 2022 through Q3 2023:
 - Analysis:
 - Internal goal ≥99%;
 - Safety and compliance indicator: measuring how quickly discrepancies are resolved; and
 - Some discrepancies require deeper investigation which prolongs the time to resolution in the system
 - Action Plan:
 - Controlled substance discrepancies are reviewed by pharmacy on a daily basis for prompt accountability and resolution;
- Clinical, Operational and Financial Successes were presented.

Regulatory

- Regulatory Visits in 2023:
 - Annual DNV Survey – Full Compliance;
 - DNV Comprehensive Stroke Center Certification – Full Compliance;
 - Bureau of Narcotic Enforcement (BNE) Valhalla campus – Full Compliance
 - Unannounced, unexpected visit due to increased ordering of controlled substances; proper documentation provided; and
 - Drug Enforcement Agency (DEA) MHRH campus – Full Compliance
 - Unannounced, routine visit
- LeapFrog CPOE Testing
 - Successful Computerized Provider Order Entry testing
 - Confirmation of a solid pharmacy build in Cerner
- Drug Supply Chain Security Act (DSCSA)
 - All Network sites in conformance ahead of schedule

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

NEW BUSINESS

No new business.

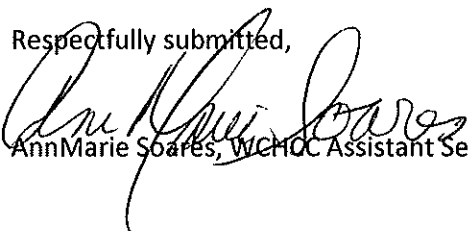
OLD BUSINESS

There was no old business.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE DECEMBER 6, 2023, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. HEIMERDINGER MOTIONED, SECONDED BY MR. HOCHBERG. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,


AnnMarie Soares, WMCHOC Assistant Secretary