

**WESTCHESTER COUNTY HEALTH CARE CORPORATION**

**ANNUAL BOARD OF DIRECTORS MEETING**

**JANUARY 3, 2024**

**6:30 P.M.**

**EXECUTIVE BOARD ROOM**

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

**VOTING MEMBERS EXCUSED:** Renee Garrick, M.D., Herman Geist, Alfredo Quintero, Mark Tulis

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

**NON-VOTING MEMBERS EXCUSED:** John Flannery

**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 January 3, 2024, meeting of the Westchester County Health Care Corporation ("WCHCC") Board of Directors was called to order at 6:00 p.m., by Mr. Shroff, Chair. A quorum was present.

### **VOTING MEMBERS PRESENT**

William Frishman, M.D.	Patrick McCoy
Susan Gevertz	Tracey Mitchell
John Heimerdinger	Zubeen Shroff
Mitchell Hochberg	Judith Watson
	Richard Wishnie

### **VOTING MEMBERS EXCISED**

Renee Garrick, M.D.  
Herman Geist  
Alfredo Quintero  
Mark Tulis

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

Michael Israel  
Martin Rogowsky  
Michael Rosenblut

### **NON-VOTING MEMBERS EXCUSED**

John Flannery

## **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. 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 DECEMBER 6, 2023, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. HEIMERDINGER, AND SECONDED BY MS. MITCHELL, TO APPROVE THE DECEMBER 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. Gewitz provided the report of the President of the Medical Staff. He presented a credentialing packet (dated January 3, 2024 and attached to these minutes), containing information on Credentialing Appointments, Additional Privileges, FPPEs, Updates to the Physician Assistant Critical Care Medicine DOP Form and a Medical Director appointment to Respiratory Medicine.

**Motion to Approve Recommendations for Appointments, Additional Privileges, FPPEs, Updates to the Physician Assistant Critical Care Medicine DOP Form and a Medical Director appointment to Respiratory Medicine.**

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR APPOINTMENTS, ADDITIONAL PRIVILEGES, FPPEs, UPDATES TO THE PHYSICIAN ASSISTANT CRITICAL CARE MEDICINE DOP FORM AND A MEDICAL DIRECTOR APPOINTMENT TO RESPIRATORY MEDICINE. MS. GEVERTZ MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY.

**REPORT OF THE PRESIDENT**

Mr. Ratner updated the Board on the following:

**2024 Strategic Priorities:**

- Community (People) – Implement initiatives to drive recruitment and retention of quality talent;
- Transformation (Growth) – Advance clinical capabilities across the Network, with key investments and service line developments; and
- Quality (Outcomes) – Continue investments that improve the patient and visitor experience.

**Research Administration Update – 2023 Year End Summary Metrics:**

- 2023 number of approved sponsored clinical trials was 47, compared to 38 in 2022;
- 2023 Average turnaround time (TAT) (Days) 110 days, compared to 123 days in 2022; and
- 2023 WMC revenue from clinical trials was \$706,252, compared to \$206,052 in 2022
  - Top Clinical Trials by Department – Neuro-Oncology; Radiation Oncology; Cardiology; and BioGen Cell.

**Grant Administration Update – 2023 Year End Summary:**

- 2023 total revenue was \$35.7 million, compared to \$20.8 million in 2022;
- 2023 number of awards was 114, compared to 87 in 2022;
- 2023 total revenue excluding FEMA and VAP was \$15.3 million, compared to \$12.6 million in 2022; and
- 2023 number of awards excluding FEMA was 94, compared to 82 in 2022.

**Leadership Accolades –** Mr. Ratner informed the Board that Becker’s Hospital Review named Michael Israel and Gary Brudnicki one of 26 highly successful CEO-CFO duos for 2023.

**Marketing and Communications:**

- Earned Media

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

- Recreational and Creative Art Therapy Room Renovation Project Completed;
- Epilepsy Monitoring Unit (EMU) Control Room Construction Project completed;
- Phase 4 Terrazzo Renovation Project completed;
- 3 South Unit Renovation Project in Main Hospital in progress;
- NICU Phase 2 Expansion Project in progress;
- Kitchen Renovation Project in progress; and
- Morgue Construction Project in progress

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

- Dr. Ke Nan Huang (APS – Surgery);
- Dr. Victoria Minior (APS – OBGYN);
- Dr. Ming Chih Tsai (APS – OBGYN); and
- Dr. Veronica Galaviz (APS – OBGYN)

Mr. Costello reviewed the December, 2023, volumes for the Valhalla campus, compared to the December, 2022, volumes. He stated that although some areas of volume for December, 2023, were slightly lower than December, 2022, volumes, all volumes for year-end 2023, were higher than volumes for year-end 2022.

Mr. Costello provided a construction update on various projects.

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

- Successful ACS Trauma Reverification Survey;
- Wound Care Waiting Room Renovation Project completed;
- HIM Renovation Project completed;
- Pharmacy Renovation Project in progress; and
- Cooke Lot paving renovation project completed

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

- Dr. Saluda Kanchana (APS – Neurology)

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

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

- Valhalla ED visits are at an all-time high – year to date;
- PMFCH holds;
- 3 South Overflow Space;
- Becker’s Top 100 US Cancer Programs;
- New Nissim EMU Center;
- National Injury Prevention Day;
- Hudson Valley Regional Perinatal Network Public Health Forum;
- NYS Birth Equity Improvement Project; and
- Operation – Blue Santa

## **REPORT OF THE COMMITTEES**

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

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

Mr. McCoy informed the Board that Ms. Ariel reviewed the 2024 Corporate Compliance and Internal Audit Work Plan and Risk Assessment with the Committee. He stated that the Committee approved the Work Plan.

Mr. McCoy advised the Board that Ms. Ariel reported that there were two audits in progress: Important Message from Medicare (IMM) (WMC/MHRH), and DRGs 871 and 872 – Septicemia or Severe Sepsis without MV >96 hours with and without MCC (WMC/MHRH). She also reviewed the following two completed audits: Childbirth DRG code range 774-807 – WMC, and DRGs 056 and 057 Degenerative Nervous System Disorders with and without MCC – MHRH.

Mr. McCoy reported that Mr. Palovick advised the Committee of the following two internal audits in progress: Textile Services Contract Administration, and Payroll – WMC. He also discussed the following two completed internal audits: Purchasing/Receiving – Network, and B\$ Health System Process.

## FINANCE COMMITTEE

Mr. Shroff, Acting Chair, Finance Committee, stated that the Committee met this afternoon prior to the Board meeting, and reviewed the financial statements for the period ended November 30, 2023.

Mr. Shroff advised that the Committee recommended the following two Resolutions to the Board for its approval:

- Resolution 1 – a five year agreement with Dell to provide software/services integral to the IT security architecture of WMCHHealth Network, and to finance such purchase through a Lease Purchase Schedule with Dell Financial Services, LLC; and
- Resolution 2 – authorize WMC to open and maintain a checking account with either Wells Fargo or JP Morgan Chase as an agency account to be utilized by the Corporation, as well as Turner Construction, as part of the building of the new patient tower.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 1, AUTHORIZING THE CORPORATION TO ENTER INTO A FIVE YEAR AGREEMENT WITH DELL TO PROVIDE SOFTWARE/SERVICES INTEGRAL TO THE IT SECURITY ARCHITECTURE OF WMCHEALTH NETWORK, AND TO FINANCE SUCH PURCHASE THROUGH A LEASE PURCHASE SCHEDULE WITH DELL FINANCIAL SERVICES, LLC. MR. MCCOY MOTIONED, SECONDED BY MS. GEVERTZ. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 2, AUTHORIZING THE CORPORATION TO OPEN AND MAINTAIN A CHECKING ACCOUNT WITH EITHER WELLS FARGO OR JP MORGAN CHASE AS AN AGENCY ACCOUNT TO BE UTILIZED BY THE CORPORATION, AS WELL AS TURNER CONSTRUCTION, AS PART OF THE BUILDING OF THE NEW PATIENT TOWER. MR. WISHNIE MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY.

## GOVERNANCE AND NOMINATING COMMITTEE

Ms. Watson, Chair, Governance and Nominating Committee, stated that the Committee met on December 20, 2023.

Ms. Watson advised the Board that the Committee discussed how to engage the appointing authorities in helping identify and appoint acceptable candidates for the WCHCC Board of Directors.

Ms. Watson stated that Mr. Ratner updated the Committee on where we are with the State on the HealthAlliance matter.

## QUALITY COMMITTEE

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

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

- Antimicrobial Stewardship Council: Key Performance Indicators were presented; Antimicrobial Utilization: Standardized Antimicrobial Administration Ratio metric was discussed: ASP Interventions by Category January – August 2023; Tracking of ASP Interventions – up 14% from 2022; and KPI Analysis and Action Plan were presented. Successes and Regulatory were presented.
- Cardiovascular Council – Quality Program Structure was discussed; Clinical Cardiology – CCU was presented; Clinical Cardiology – The Hypertrophic Cardiomyopathy Program 2017 through Q3 2023 was presented; Electrophysiology Quality Initiative was discussed; and TAVR was reviewed. A Regulatory

updated was provided.

- Social Work Services/Case Management – Areas of Focus for Improvement were discussed:
  - Continue to decrease Length of Stay and Throughput;
  - Improving Denial P2P overturn rate;
  - Reducing Readmissions; and
  - Collaboration in improving patient experience

Successes and a Regulatory update were presented.

- Neurosurgery: an overview of the dashboard and departmental trends was discussed; a review of ongoing neurosurgical Quality undertakings was provided, and future directions were outlined. A patient satisfaction update was provided; a MHRH neurosurgical service is now fully incorporated into system-wide CQI.

QA/PI reports were submitted by Home Health Agency, Surgery, Medicine, and Neurology.

Ms. Gevertz informed the Board that the Committee received a presentation on Patient Experience by Ms. Byrnes. She provided the following data and highlights:

- Patient Satisfaction Data:
  - Complaints and Grievances for January through October 2023 at Valhalla were down from the same period last year:
    - Analysis - the goal for 2023 was to decrease complaints and grievances by 15%, complaints are down 40% and grievances are down 46%.
- Patient Satisfaction Data:
  - Complaints and Grievances for January through October 2023 at MHRH were down from the same period last year:
    - Analysis - the goal for 2023 was to decrease complaints and grievances by 15%, complaints are down 20% and grievances are down 65%.
- HCAHPS Data was reviewed for Valhalla:
  - Nursing Communication is on target for 2023 at 69%;
  - Physician Communication is exceeding target for 2023 at 74%;
  - Medication Communication is on target for 2023 at 63%;
  - Discharge Communication is on target for 2023 at 83%; and
  - Rate Hospital 0-10 is slightly below target for 2023 at 55%
- HCAHPS Data was reviewed for MHRH:
  - Nursing Communication is slightly below target for 2023 at 68%;
  - Physician Communication is exceeding target for 2023 at 68%;
  - Medication Communication is exceeding target for 2023 at 50%;
  - Discharge Communication is on target for 2023 at 80%; and
  - Rate Hospital 0-10 is slightly above target for 2023 at 48%
- Child CAHPS Data for the MFCH:
  - Communication with your Child's Nurse is on target for 2023 at 78%;
  - Nurses Communication with Child is slightly below target for 2023 at 70%;
  - Communication with your Child's Doctor is slightly above target for 2023 at 80%;
  - Doctors Communication with Child is slightly ahead of target for 2023 at 69%;
  - Communication Related to Child's Medication is slightly ahead of target for 2023 at 75%; and
  - Prepare Child to Leave the Hospital is slightly ahead of target for 2023 at 80%
- Workforce Education and Awareness:
  - Training – in person training for 500 clinical staff – Chief Residents, 2023 Incoming House Staff, and Nursing Orientation;
  - HCAHPS Scores and Comment Reports are shared weekly with all Nursing Leaders, real time

- performance improvement and recognition; and increase response rate;
  - Awareness Campaign – resource tips: Communication, Responsiveness; Environment; Courtesy and Respect; and Compassion are distributed at team huddles and posted on The Beat;
  - Collaboration with Equity, Inclusion and Diversity and Patient Experience; and
  - Learning series that invites expert voices to discuss important topics to support a culturally responsive patient experience;
- Patient Family Advisory Councils: Creating an environment where patients, their families, clinicians and hospital staff collaborate as partners to improve quality, safety and the patient experience.
- Patient Satisfaction Survey Expansion;
- Pet Therapy – Patient Support and Comfort; and
- Regulatory: The 2023 DNV Triennial Survey was discussed.

Ms. Gevertz informed the Board that the Committee received a presentation on Engaging the Workforce in ISO 9001:2015. Ms. McFarlane and Mr. Breen presented the following highlights and data:

- Key Foundational Concepts of the ISO Quality Management Standard: Quality Management System, Risk-based Thinking; The Process Approach; Performance Monitoring; and Continuous Improvement;
- Excerpts from DNV issued ISO 2023 Report presented;
- Correlation made between Plan-Do-Check-Act cycle and ISO Clauses;
- Sample utilized ISO training strategies demonstrated. Examples, 'Where's Waldo', Pasta Dinner Process;
- IHI depiction of hospital processes was used to illustrate ISO 'process approach' to evaluating hospital processes in 'bite-size' pieces in order to see more clearly which processes are key processes, which processes take higher priority, and which processes directly impact patients;
- MHRH and Valhalla ISO Auditor Team membership presented and onboarding process described;
- Phases of Process ISO Internal Audit Process was described; and
- ISO Internal audits, to date, provided.

Ms. Gevertz informed the Board that Ms. Cuddy presented the 2024 Draft Reporting Calendar to the Committee. She stated that the Committee recommended approval of the calendar to the Board.

MS. SHROFF ASKED FOR A MOTION TO APPROVE THE 2024 DRAFT REPORTING CALENDAR. MS. GEVERTZ 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**

Mr. Shroff presented two candidates, Michelle Nicholas and Lola Gazivoda, for appointment as Trustees of the Westchester Medical Center Foundation Board, each for a term of three years.

MR. SHROFF ASKED FOR A MOTION TO APPOINT MICHELLE NICHOLAS AND LOLA GAZIVODA AS TRUSTEES TO THE WESTCHESTER MEDICAL CENTER FOUNDATION BOARD, EACH FOR A TERM OF THREE YEARS. MR. MCCOY MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

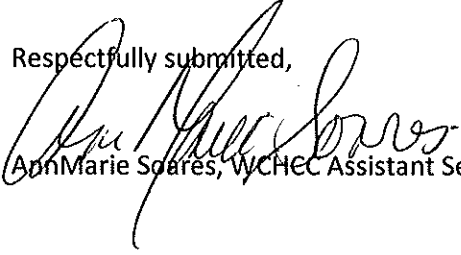
#### **OLD BUSINESS**

There was no old business.

**ADJOURNMENT**

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE JANUARY 3, 2024, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. HEIMERDINGER MOTIONED, SECONDED BY MR. HOCHBERG. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "AnnMarie Soares".

AnnMarie Soares, WCHCC Assistant Secretary