

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

December 4, 2024

6:00 P.M.

EXECUTIVE BOARD ROOM

VOTING MEMBERS PRESENT: William Frishman, M.D., Renee Garrick, M.D., Herman Geist, Susan Gevertz, Mitchell Hochberg, Patrick McCoy, Tracey Mitchell, Alfredo Quintero, Michael Rosenblut, Zubeen Shroff, Sharla St. Rose, Mark Tulis, Richard Wishnie

VOTING MEMBERS EXCUSED: John Heimerdinger, Judith Watson

NON-VOTING MEMBERS PRESENT: Michael Israel, Martin Rogowsky

STAFF PRESENT: Chris Librandi, SVP, Deputy General Counsel
Anthony Costello, EVP, COO
Josh Ratner, EVP, Chief Strategy Officer
William Pryor, SVP, Chief HR Officer
Phyllis Yezzo, EVP, CNO
Ann Marie Soares, Executive Corporate Secretary

CALL TO ORDER

The December 4, 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.	Alfredo Quintero
Renee Garrick, M.D.	Michael Rosenblut
Herman Geist	Zubeen Shroff
Susan Gevertz	Sharla St. Rose
Mitchell Hochberg	Mark Tulis
Patrick McCoy	Richard Wishnie
Tracey Mitchell	

VOTING MEMBERS EXCUSED

John Heimerdinger
Judith Watson

NON-VOTING MEMBERS PRESENT

Michael Israel
Martin Rogowsky

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 4, 2024 and attached to these minutes), containing information on Credentialing Appointments, Reappointments, Additional Privileges, FPPEs, and a Medical Staff Bylaws update.

Motion to Approve Recommendations for Credentialing Appointments, Reappointments, Additional Privileges, FPPEs, and a Medical Staff Bylaws update.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, REAPPOINTMENTS, ADDITIONAL PRIVILEGES, FPPEs, AND A MEDICAL STAFF BYLAWS UPDATE. MS. GEVERTZ MOTIONED, SECONDED BY DR. ST. ROSE. 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 6, 2024, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. MCCOY, SECONDED BY DR. FRISHMAN, TO APPROVE THE NOVEMBER 6, 2024, WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

REPORT OF THE COMMITTEES

FINANCE COMMITTEE

Mr. Tulis, Chair, Finance Committee, stated that the Committee met prior to the Board meeting.

Mr. Tulis reported that management presented the 2025 Budget, and it assumes volume growth in many service lines, a reduction in DSH reimbursement, and a focused cost reduction initiative.

Mr. Tulis advised the Board that the 2025 total operating revenue is budgeted at \$2.223 billion, and operating expenses are budgeted at \$2.184 billion resulting in operating income, before excess fringe benefit costs, of \$39.2 million. He stated that after factoring in those costs and capital grants, the bottom line is budgeted to be a positive \$3.5 million.

Mr. Tulis stated that the Committee voted to recommend approval of the 2025 Budget to the Board.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE 2025 BUDGET. MR. TULIS MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on November 8, 2024.

Ms. Gevertz advised the Board that Dr. Garrick summarized the following departmental presentations from the September 12, 2024 meeting of the Quality and Safety Council:

- Radiation Medicine: Key Performance Indicators were presented; 2024 orders received before simulation day; plans ready before treatment day; percentage of canceled treatments; areas of focus for improvement; additional areas of focus, successes and regulatory were all discussed;
- Radiology: Areas of focus – turn around times; 2024 MHRH Radiology Dashboard; challenges and action plan; successes and regulatory were all presented;
- HIM: Birth certificates worksheet submission for 2024; medical records requests for 2024; query data; clinical documentation improvement 2024; and successes were presented; and
- Behavioral Health Council: BHC Network Divisions were presented; areas of focus – Crisis Care, Inpatient Psychiatry, Addictions Treatment, Turning Point Clinic, Outpatient Mental Health, and Assertive Community Treatment were all discussed. In addition, successes were presented and a regulatory report was provided.

A QA/PI report was submitted by Ambulatory Committee, Pain Management Council, Human Resources, Hyperbaric, and Infection Prevention.

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

- Post-Op Sepsis;
 - Interventions:
 - Resident education;
 - Redesign of Cerner workflow; and
 - Review of Sepsis fall out cases during IDT rounds
 - Quality RNs coming to IDT rounds and engaging MDs in real time;
- Performance Improvement Activities – Pressure Injuries;
 - Interdisciplinary Council with focus on:
 - Identification;
 - Prevention; and
 - Treatment
 - Interventions:
 - First year focused on training and accuracy of identification;
 - Now more focused on communication, escalation and appropriate documentation;
 - Standardizing MD documentation in Cerner to be rolled out in next few weeks; and

- Working to operationalize making important distinction between “SKIN FAILURE” and “PRESSURE INJURY”
- Performance Improvement Activities – Hospital Acquired Infection:
 - CAUTI;
 - Hospital Onset Clostridium Difficile Infection; and
 - CLABSI;
- Ongoing QI Projects:
 - Ally Care Center is running projects via multiple grants:
 - People Aging with HIV:
 - Memory Group: Speech Language Path students focus on memory skills building, and creates an environment for population that traditionally suffers from isolation; and
 - Pharmacy residents reduced average number of medications from 13.7 to 12 and improved adherence
 - Retention and Adherence – increasing utilization of the long acting injectable
 - Ryan White Support Services – focus on BIPOC and LGBTQ communities to connect to care and address SDOH, risk reduction and peer support;
 - Internal Medicine:
 - Resident Wellness – develop a multifaceted intervention that includes all types of wellness;
 - Ensuring Patient Continuity – working with RN, front desk and house staff to increase patient continuity with house staff;
 - Improving Diabetes Mellitus control:
 - Established standard approach to patients over A1C of 9%;
 - Considering pilot with Continuous Glucose Monitoring;
 - Addressing rates of ASCVD scoring – educated house staff and standardized documentation; and
 - Improving Hypertension control to goal 130/80 – established standard follow up protocol;
 - Multidisciplinary:
 - Patient Experience Task Force;
 - Pressure Injury Council;
 - Sepsis;
 - Deep Vein Thrombosis Not Present on Admission:
 - Identified themes in our fall outs: Extremes of weight, transfers and cancer diagnosis; and
 - Planned interventions to adjust dosing for certain weights and screen all transfers
 - Mortality Rate;
 - Perioperative PE/DVT Rate per 1000 ACA;
 - Patient Experience:
 - Communication with Doctors Domain;
 - Physician Complaints and Grievances – 6S; 5N and 5S
 - Meds to Beds Initiative; and
 - Update on REGARD:
 - AI platform (REGARD) that supports MD documentation;
 - Ensures safety: can suggest diagnosis;
 - Ensures co-morbid illnesses documented which effects patient complexity;
 - Currently 100% uptake with hospitalist non-teaching services;
 - 50% uptake with teaching services: and
 - Interns being trained as we speak; and
 - Expect uptake to increase rapidly once interns use this tool

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

NEW BUSINESS

Mr. Librandi presented the following three Resolutions to the Board for their approval:

- Resolution 10 – Funds Management Policy – the purpose of the policy is to facilitate compliance with donor intent and to promote practices that result in the greatest flexibility in long term financial planning and utilization of gifts made to the Foundation.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 10, THE FUNDS MANAGEMENT POLICY. MS. MITCHELL MOTIONED, SECONDED BY MS. GEVERTZ. THE MOTION CARRIED UNANIMOUSLY.

- Resolution 11 – Naming Approvals – it is proposed that WCHCC approve the respective dedication and naming opportunities set forth on Attachment A, in recognition of the donations which are in accordance with the Naming Rights Policy adopted by WCHCC.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 11, NAMING APPROVALS. MS. GEVERTZ MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

- Resolution 12 – Lansman Endowment – Dr. Lansman had previously pledged to donate the sum of \$1 million to support the provision of cardiothoracic surgery services throughout the WMCHHealth Network and support an endowment to name the Steven L. Lansman, M.D., Ph.D., Chief of Cardiothoracic Surgery position at Westchester Medical Center (the “Endowed Position”). It has been proposed that WCHCC approve renaming of the Endowed Position to “The Steven L. Lansman, M.D., Ph.D., Director of Surgery”

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 12, THE STEVEN L. LANSMAN, M.D., PH.D, DIRECTOR OF SURGERY ENDOWED POSITION. MS. MITCHELL MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

OLD BUSINESS

There was no old business.

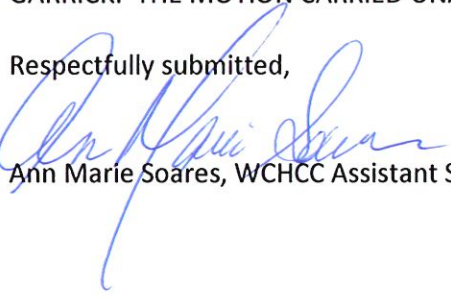
EXECUTIVE SESSION

MR. SHROFF ASKED FOR A MOTION TO MOVE INTO EXECUTIVE SESSION FOR THE PURPOSE OF DISCUSSING QUALITY AND STRATEGIC PLANNING MATTERS. MR. TULIS MOTIONED, SECONDED BY MR. MCCOY. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE DECEMBER 4, 2024, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. MR. QUINTERO MOTIONED, SECONDED BY DR. GARRICK. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,


Ann Marie Soares, WCHCC Assistant Secretary