

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

July 20, 2022

6:30 P.M.

EXECUTIVE BOARD ROOM

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

VOTING MEMBERS EXCUSED: Mitchell Hochberg

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

STAFF PRESENT: Julie Switzer, EVP and Chief Legal Officer
Gary Brudnicki, Senior Executive Vice President
Kara Bennorth, EVP
Marc Chasin, M.D., CHIO, WMCHealth
Michael Doyle, M.D., Executive Director and CMO, HealthAlliance
Mark Fersko, Revenue and Finance Advisor – via WebEx
Michael Gewitz, M.D., Executive Director, MFCH
Mary Leahy, M.D., CEO, Bon Secours Charity Health System
Josh Ratner, EVP, Chief Strategy Officer
Phyllis Yezzo, CNO

CALL TO ORDER

The July 20, 2022, 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

- | | |
|------------------------|------------------|
| Orlando Adamson, M.D. | Patrick McCoy |
| William Frishman, M.D. | Tracey Mitchell |
| Renee Garrick, M.D. | Alfredo Quintero |
| Herman Geist | Zubeen Shroff |
| Susan Gevertz | Mark Tulis |
| John Heimerdinger | Richard Wishnie |

VOTING MEMBERS EXCUSED

Mitchell Hochberg

NON-VOTING MEMBERS PRESENT

- Michael Israel
- John Flannery
- Martin Rogowsky
- Michael Rosenblut

EXECUTIVE SESSION

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

MR. SHROFF ASKED FOR A MOTION TO MOVE OUT OF EXECUTIVE SESSION. MR. TULIS 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 JUNE 1, 2022, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. HEIMERDINGER, SECONDED BY MS. GEVERTZ, TO APPROVE THE JUNE 1, 2022, 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 July 20, 2022 and attached to these minutes) containing information on Credentialing Appointments, Reappointments, Requests for Additional Privileges, and FPPEs.

Motion to Approve Recommendations for Appointments, Reappointments, Requests for Additional Privileges and FPPEs.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR APPOINTMENTS, REAPPOINTMENTS, REQUESTS FOR ADDITIONAL PRIVILEGES, AND FPPES. MS. GEVERTZ MOTIONED, SECONDED BY DR. ADAMSON. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Dr. Garrick provide a COVID update to the Board. She stated that presently there were 35 inpatients across the Network, with 32 of those patients in the ICU. Dr. Garrick advised that COVID inpatient volume is tracking higher than the same period in 2021.

Mr. Ratner provided the Board with an update on grant activity.

Mr. Ratner shared a full-page ad regarding HealthAlliance Hospital Mary's Avenue with the Board.

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

- 5 South Unit Renovation project in Main Hospital in progress;
- Construction of ACP 7th floor in progress;
- NICU expansion project in progress; and
- Commencement of Pfizer booster vaccinations for ages 5-11.

Mr. Brudnicki reviewed the May, 2022, volumes compared to the May, 2021, volumes. He stated that volume in all areas was higher in May, 2022, than in May, 2021.

Mr. Brudnicki provided the following Clinical Operations Updates for the MHRH Campus:

- Initiated design for MHRH Behavioral Health renovations;
- Initiated feasibility study for Orthopedic Center of Excellence;
- Pediatric infusion outpatient services to commence in June 2022; and
- 3 Spellman renovations are in progress.

Mr. Brudnicki reviewed the May, 2022, volumes compared to the May, 2021, volumes. He stated that volume in all areas was higher in May, 2022, than in May, 2021.

Dr. Gewitz advised the Board that WMCHHealth is in the process of developing a Pediatric Dialysis program.

Dr. Gewitz informed the Board that the Pet Therapy program will be re-instituted at the Maria Fareri Children's Hospital ("MFCH"). He stated that the program had been suspended due to COVID.

Dr. Gewitz advised the Board that the MFCH has launched a Diversity and Inclusion Task Force for the pediatric house staff.

Dr. Garrick provided a Medical Leadership and Quality Update to the Board.

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. Campbell advised that the following compliance audits were in progress:

- OP MH Telepsychiatry Services – Valhalla and MHRH;
- Outpatient Infusion Center – MHRH;
- High Volume Provider Documentation and Coding Review E&M for Established Patients Office Visit Level 4 – APS; and
- Hospital Discharge Day Services CPT Code 66239 – APS.

Ms. Campbell discussed the following completed audits with the Committee:

- DRG 391/392 Esophagitis & Misc. Digestive Disorders with and without MCC – Valhalla and MHRH;
- DRG 470 Major Joint Replacement or Reattachment of lower Extremity – Valhalla; and
- High Volume Provider Documentation and Coding Review CPT 9300 Electrocardiogram, routine EKG.

Mr. McCoy advised the Board that Mr. Palovick informed the Committee of the following three internal audits in progress: Physician Contracts – MHRH, Transportation Services Contract Administration; and Grant Thornton Support.

Mr. Palovick discussed the following two completed internal audits with the Committee: 2021 Senior Management Expenses and Outpatient Radiology Revenue Cycle.

FINANCE COMMITTEE

Mr. Tulis, Chair, Finance Committee, stated that the Committee met this afternoon, prior to the Board meeting. He stated that the Committee reviewed the financial statements for the period ended May 31, 2022.

Mr. Tulis informed the Board that the Committee recommended approval of the following capital lease to the Board for its approval:

Dell Financial Services	Hardware and Software for Dell Storage Infrastructure at Valhalla and MHRH	\$2,931,858	60 months
-------------------------	--	-------------	-----------

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE DELL FINANCIAL SERVICES CAPITAL LEASE. MR. MCCOY MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, stated that the Committee met on June 3, 2022.

Ms. Gevertz informed the Board that Dr. Garrick presented the report of the Quality and Safety Council meeting of April 14, 2022. Dr. Garrick advised that the following Departments presented: Hyperbarics and Wound Care, Department of Internal Medicine, Nursing Quality and Patient Safety, and Graduate Medical Education. She stated that QA/PI reports were submitted by Antimicrobial Stewardship and the Department of Ophthalmology.

Ms. Gevertz advised the Board that the Committee received a presentation on Radiology Services by Dr. Lefkovitz. He presented the Department's Performance Improvement Program ("PI"):

- PI – is organized via a multidisciplinary committee, which meets monthly. Committee members include the Committee Chair, QA Director, faculty, nursing manager, residents, technologist managers, MHRH Radiology management team, administration, the Departmental Director and Quality management.
- Average Turnaround Times by Modality;
- 2021 Performance Improvement Summary for Valhalla and MHRH were presented Pre-Procedure Testing;

- 2021 QA/PI and Regulatory Accomplishments:
 - Successful IAC mid-cycle audit for Nuclear Medicine, Nuclear Cardiology and PET ACR Accreditation granted for three years for the following equipment:
 - Stereotactic Biopsy (WMC);
 - All Ultrasound Units (MHRH);
 - MRI (MHRH);
 - Mammography (MHRH)
 - Continued Radiology cross-training programs for staff including contrast media administration for technologists;
 - Hand hygiene compliance: 100% at both MHRH and Valhalla;
 - Successful hospital-wide surveys by DNV and MQSA at MHRH;
 - Worked with Neurology and Neurosurgery for successful completion of DNV Stroke Certification Survey;
 - 14 policies were updated/reviewed in conjunction with “PolicyHelp” personnel; and
 - Assured health equity throughout the community by offering extended weekday hours and weekend availability for appointments.

- 2021 QA/PI and Regulatory Accomplishments Equipment:
 - Valhalla: Completed project to replace outdated 1.5T and 3T MRIs in the Pediatric Hospital with the Philips Ingenia Ambition 1.5T “Blue Seal” quenchless MRI and Philips advanced 3T Ingenia Elition MRI and renovated Pediatric Radiology suite with Tier-3 Ambient experience;
 - Completed project to replace the single plane and biplane angio suites with advanced Philips single plane and biplane Azurian units with Tier-1 Ambient experience in the Main Department;
 - Installed new Philips 256 CT (Spectral) 7500 Hawk in the Main department to replace outdated Philips 64 CT;
 - Replaced outdated Philips Radiographic room in the Main Department of the hospital with Philips C-90 digital radiography;
 - Completed installation of two Philips C-90 digital radiographic rooms (with Tier-1 Ambient experience) and an EOS Musculoskeletal-scoliosis room (with Tier-3 Ambient experience) as part of the Orthopedic and Spine Center in the ACP (4th floor);
 - Reconfigured the shell space and deployed a new GE/OEC 9900 Elite C-arm and on 2nd floor of the ACP for use by the Pain Management service;
 - Implemented advanced Avtex PureCloud Genesys phone system for the Advanced Imaging call center;
 - Completed AI at Bradhurst “facelift” project- updating flooring and lighting;
 - Installed AIDOC Artificial Intelligence (AI) software program for AI image interpretation and workflow enhancement at WMC and MHRH;
 - MHRH: Completed project to replace outdated Siemens Cath lab and Philips single plane VIR lab with two Philips dual use Azurian angio systems;
 - Replaced the outdated 128 Philips CT adjacent to the Emergency Department with the advanced 256 i-CT (with Tier-1 Ambient experience);
 - Installed Radimetrics radiation dose management system; and
 - Implemented electronic inventory management system for IR.

Dr. Lefkovitz also discussed Radiology Quality Improvement Opportunities for 2022 with the Committee.

Ms. Gevertz advised the Board that the Committee received a presentation on the Comprehensive Stroke Program by Dr. Chong and Ms. Geraci. They highlighted the following:

- Network Initiatives –
 - Integrate and harmonize all protocols across the Network;
 - Standardize processes;
 - Ensure vascular neurology expertise across the Network;
 - Develop a thrombectomy capable center at MHRH and HAHV;
 - Rapid evaluation, treatment, transfer if warranted; and
 - Address implications of EMS S-LAMS diversion.

- Telestroke initiatives at WMC:
 - MHRH: Jan, 2022;
 - HAHV: Oct, 2021; and
 - Garnet: maintained.

- Stoke Diagnosis Volumes for 2021 and Q1 2022;
- Number of Patients that received IV Alteplase volume for 2020 – Q1 2022;
- 2019 – Q1 2022 Time to intravenous Thrombolytic Therapy in 60 minutes or less and percentage of patients that had a Door to Needle in 60 minutes or less;
- 2019 – Q1 2022 Time to intravenous Thrombolytic Therapy in 45 minutes or less and percentage of patients that had a Door to Needle in 45 minutes or less;
- Door to Needle Median Times 2021 – Q1 2022;
- Number of patients that received Thrombectomy 2020 – Q1 2022;
- Door to Puncture Time <=90 min for 2021 – Q1 2022;
- Door to Recanalization/Reperfusion Times <=120 min for 2021 – Q1 2;
- 2021 – Q1 2022 Achievement Measures;
- 2021 – Q1 2022 Quality Measures; and
- Awards

Ms. Gevertz stated that Ms. McFarlane provided a regulatory report to the Committee, as well as an update on surveys.

NEW BUSINESS

There was no new business.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE JULY 20, 2022, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. DR. FRISHMAN MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,


AnnMarie Fernandez, WCHCC Assistant Secretary