

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

FEBRUARY 1, 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, Judith Watson, Richard Wishnie

VOTONG MEMBERS EXCUSED: Patrick McCoy

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
Marc Chasin, M.D., CHIO
Anthony Costello, EVP, COO
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, EVP, CNO
Margaret Deering, Executive Secretary

CALL TO ORDER

The February 1, 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

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|------------------------|------------------|
| William Frishman, M.D. | Tracey Mitchell |
| Renee Garrick, M.D. | Alfredo Quintero |
| Herman Geist | Mark Tulis |
| Susan Gevertz | Zubeen Shroff |
| John Heimerdinger | Judith Watson |
| Mitchell Hochberg | Richard Wishnie |

NON-VOTING MEMBERS PRESENT

John Flannery
Michael Israel
Martin Rogowsky
Michael Rosenblut

EXECUTIVE SESSION

The Board moved into Executive Session for the purpose of discussing 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 JANUARY 4, 2023, MEETING OF THE BOARD. A MOTION WAS MADE BY DR. GARRICK, SECONDED BY MR. HEIMERDINGER, TO APPROVE THE JANUARY 4, 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. Altman provided the report of the President of the Medical Staff. She presented a credentialing packet (dated February 1, 2023 and attached to these minutes) containing information on Credentialing Appointments, Reappointments, Additional Privileges, FPPEs, and Updates to the Neurosurgery DOP.

Motion to Approve Recommendations for Appointments, Reappointments, Additional Privileges, FPPEs, and Updates to the Neurosurgery DOP.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR APPOINTMENTS, REAPPOINTMENTS, ADDITIONAL PRIVILEGES, FPPEs AND UPDATES TO THE NEUROSURGERY DOP. MR. HEIMERDINGER MOTIONED, SECONDED BY MS. MITCHELL. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Mr. Ratner provided a Research and Grants Administration Update for the month of January to the Board. He stated that WMC was awarded \$700,000 for the expansion of CTCL, and for the purchase of advanced technological equipment. In addition, Ace Hardware awarded \$9,000 in gift cards for food to the Maria Fareri Children's Hospital ("MFCH"), Mid-Hudson Regional Hospital ("MHRH"), and HealthAlliance.

Mr. Ratner provided the following Marketing and Communications updates to the Board:

- Master Brand II – 10.6 million people have been exposed to the campaign, 211,000 video views on YouTube, and 19,000 visits to our Stroke Recovery landing page;
- Northern Region Earned Media; and
- HealthAlliance Hospital Update – 85,000 views to the new Google Business Listing for HA

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

- Main Cooling Tower Replacement Project initiated;
- NICU Expansion Project Phase 1B completed;
- Cath Lab 6 Construction Project completed; and
- 5 North Unit Renovation Project in Main Hospital in progress

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

- Dr. Jordan Gross (APS – Orthopedics);
- Dr. Dennis John (APS – Internal Medicine);
- Dr. James Miceli (APS – Internal Medicine);
- Dr. Tong Dai (APS – Hematology/Oncology); and
- Dr. James Clarke (APS – Surgery)

Mr. Costello reviewed the January, 2023, volumes for the Valhalla campus compared to the January, 2022, volumes. He stated that for January, 2023, all areas were higher than January, 2022.

Mr. Costello provided a construction update on various projects.

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

- 3 Spellman Pediatric Unit ribbon cutting ceremony; and
- Cooke Tower WMCHealth Network branded exterior signage install completed

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

- Dr. John Mitchell (APS – Psychiatry);
- Dr. Vikas Patel (APS – Neurosurgery);
- Dr. Rafi Yusef (APS – Family Medicine); and
- Dr. Arti Balchandani (APS – Pediatrics)

Mr. Costello reviewed the January, 2023, volumes for MHRH compared to the January, 2022, volumes. He stated that for January, 2023, all areas were higher than January, 2022.

Dr. Gewitz compared the January, 2022, Adult and Pediatric Census Tracking to January, 2023 for the Board, in addition to the Emergency Department census for the same period.

Dr. Gewitz informed the Board of the Transfer Center activity for January, 2023. He stated that overall transfers for the month were 977, compared to 837 for January, 2022.

Dr. Gewitz provided a Project Adam Update: Post Damar Hamlin to the Board.

Dr. Gewitz informed the Board of the following new MFCH Program Initiatives:

- DEI impact on HACs;
- Work Place Violence (“WPV”): Patient Behavioral Events (“PBE”); and
- Employee Harm: Physical (not WPV related)

Dr. Gewitz showed several images of the MHRH Farming Unit’s official opening.

Dr. Garrick updated the Board on graduate medical education. She stated that since 2019, WMC has successfully applied for and received initial accreditation for 9 new training programs:

1. Vascular Surgery (ACHME-R);
2. Otolaryngology - Head and Neck Surgery (ACGME-R);
3. Plastic and Reconstructive Surgery (ACGME-R);
4. Physical Medicine and Rehabilitation (ACGME-R);
5. Pediatric Hospitalist (ACGME-F);
6. Adult Cardiothoracic Anesthesiology (ACGME-F);
7. Regional Anesthesiology and Acute Pain Medicine (ACGME-F);
8. Renal-Critical Care (ACGME-F/T); and
9. Neuro-Critical Care (UCNS-F)

Dr. Garrick informed the Board that Gynecologic Oncology (ACGME-F) is pending the result of a site visit in November, 2022. In addition, WMC has an additional residency in Pharmacology beginning in June, 2023.

Dr. Garrick provided a presentation on Orthopedics: Clinical Advances and Quality Measures.

Dr. Garrick updated the Board on the Neurology Continuity of Care Program: MHRH and WMC:

- The majority of Neurology and Stroke patients are transferred here for care; and
- Most were not likely to routinely return here for chronic care follow-up

Dr. Garrick stated that there is a new GME/Attending Clinic Follow-up Pilot program:

- Patients will have personal follow-up appointment scheduled at discharge;
- Tele-health visits will be arranged for any patient, as needed; and
- This will expand our impact and simultaneously provide leading-edge tools and training for our residents and fellows.

Dr. Leahy, CEO of Bon Secours Charity Health System, provided the following quarterly update to the Board:

- Clinical Operations:
 - New Chief Medical Officer – Dr. Pickens;
 - Structural Heart Program;
 - Medical Group 2022 Expansion; and
 - Radiation Therapy update

- Service Line Development and Physician Recruitment:
 - Cardiology;
 - Surgery;
 - Urology;
 - Neurology; and
 - Orthopedics
- Operational updates:
 - Cerner Transition scheduled for May 2023;
 - Radiology Services;
 - Facility Upgrade; and
 - UKG Dimensions

REPORT OF THE COMMITTEES

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 December 31, 2022.

Mr. Tulis advised the Board that total cash and investments declined, primarily as a result of repaying of the 2020 Medicare Advances, an increase in patient accounts receivable due to volume, unrealized losses on investments, and other balance sheet changes. He stated that other long-term liabilities decreased, as a result of a reduction in the NYS pension liability, and deferred inflows of resources increased primarily due to pension related adjustments.

Mr. Tulis informed the Board that the bottom line loss was \$7.9 million for the year ended December 31, 2022, compared to a profit of \$10.3 million for the year ended December 31, 2021. He stated that the net patient service revenue was higher in 2022, which reflects the return to normal volume levels.

Mr. Tulis advised that the NYS non-cash pension adjustment was a positive \$11.4 million in 2022, compared to a positive \$11 million in 2021, primarily due to the pension plan's investment performance in 2022 compared to 2021.

Mr. Tulis advised that total acute care volume reflects the return to normal volume levels on both the Valhalla and MHRH campuses.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on January 6, 2023.

Ms. Gevertz stated that Dr. Garrick summarized the following departmental presentations from the November 10, 2022, meeting of the Quality and Safety Council:

- Oncology Quality Council – Cancer quality improvements for 2021-2022 were discussed. Major recruitments to the Cancer Center were presented along with the frequency/ type of tumor board conferences, and Cancer Nursing Accomplishments.
- IT Accomplishments 2022 – Overall incident ticket volume was presented, the patient portal was discussed, the Cerner Millennium application was discussed, technology and infrastructure were reviewed, and IT Security initiatives were presented.

QA/PI reports were submitted by the Cardiology Council, Neurology, Palliative Care, Glycemic Council and ISO Education – Control of Nonconforming Outputs.

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

- Key Performance Indicators for complaints and grievances at WMC. Proactive rounding introduced in 2022 to respond to issues in real time resulting in lower complaints and grievances. Focus areas include care/treatment delays; courtesy; communication, responsiveness; and discharge planning.
- Key Performance Indicators for complaints and grievances at MHRH. Aligned classifications with CMS guidelines, which resulted in increase in issues resolved in real time and a decreased number of grievances. Focus areas are courtesy; communication, coordination of care/treatment; responsiveness; and discharge planning.
- Key Performance Indicators for HCAHPS WMC and MHRH: Nursing communication; Physician communication; Medication communication; and Discharge Communication.
- Increases in Nurse and Physician communication at MHRH, which exceeded 2021 scores and 2022 targets.
- Key Performance Indicators for CAHPS MFCH: Communication with child's nurse, Nurses communication with child, Communication with child's doctor, Doctor's communication with child, Communication related to child's medicine, and Prepare for child to leave hospital.
- Successes:
 - Service Facilitations:
 - Delivery of non-clinical services and supportive amenities;
 - Beneficiaries include inpatient/outpatient, family and caregivers; and
 - Services address psychosocial issues, comfort, education, and information critical to the care continuum.

Patient Experience Key Indicators:

- In 2021 there were 7900 services. The goal for 2022 was an increase of service facilitations by 20%. The 2022 YTD service facilitations is 21,000.
- Patient Experience Pilots: 2022 goal is to convene a multidisciplinary team to create a positive patient experience. The Pilot launched in January 2022, on 4 South Medicine, and April 2022, in Neurosciences, with both pilots resulting in increased HCAHPS scores and decreased complaints and grievances. The next unit for the Pilot rollout is Cardiothoracic.
- 2022 Goal: Increased HCAHPS Response Rate from 14.2% to 16.2%:
 - TV channel/posters on units and in-patient guide;
 - Increased distribution and collection in BHC;
 - Delivered multiple trainings to workforce on the importance of HCAHPS, and their role in supporting increased patient participation.

Response rate to date: 2021 – 14.2%, and 2022 January through October – 18.5%

- Health Equity – leveraging internal and external relationships to respond to patient needs.
 - Discharge Meal Program - Feeding Westchester; and
 - Legal Health Services – LegalHealth;
- Health Equity – supporting access to equitable, culturally responsive care:
 - WMCHHealth Equity, Inclusion and Diversity Steering Committee;
 - Language Interpretation Services; and
 - Health Equity Data Improvement Taskforce
- Action Plan: Build on Process Improvements using lessons learned in 2022 Patient Experience pilots to improve patient experience and HCAHPS scores through:
 - Interdisciplinary rounding;

- Nurse leader rounding;
- Clinical team scripting;
- Support Services/Patient Experience partnership;
- Workforce education;
- Caregiver Center Services; and
- Patient feedback.
- Regulatory:
 - February 2022 and October 2022 – adopted recommendations related to documentation, such as email responses and closure letters;
 - June 2022 – Received positive feedback related to rounding practices to provide proactive support and mitigate complaints and grievances; and
 - June 2022 – collaborated with Quality and Regulatory Affairs to leverage Press Ganey partnerships for Culture of Safety survey participation.

Ms. Gevertz informed the Board that the Committee received a presentation on the Pain Quality Council by Drs. Sekhri and Asprinio. They highlighted the following:

- Mission is to increase utilization of “PCA”;
- Restrict High Dose Opioids;
- Increase the safety of opioid prescribing for inpatients; and
- Ensure safe and equitable prescription of opioids during Transition of Care

There was a greater than nine-fold increase in the average number of patients with non-pain provider-ordered PCA per month from 2019 to 2021. Sustained growth in non-PCA writing from 2021 to 2022, with average of 65 patients a month increasing to greater than 75 per month.

A discussion was held on high dose opioid utilization from 2019 to 2021. In addition, it was reported that there has been an 11% decrease in average total number of inpatients with naloxone administrations.

Progress has been made with the PDMP/PRN Change for outpatient practices.

Equitable prescriptions of Opioids (2022) was discussed, along with the number of tablets of opioids dispensed upon discharge by race.

- Future Directions:
 - Include Network Hospitals;
 - Post-discharge referrals of the high risk OSA patient;
 - Treatment
 - Continue to maintain rx PCA among non-pain/non-anesthesia providers;
 - Assessment: Continue to increase accuracy;
 - Transition of Care:
 - Opioids upon discharge (2 Opioids/Sedatives);
 - Naloxone RX for high risk patients;
 - Demographics/Integrity; and
 - Checking PDMP
 - Working with IT team to further develop data

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

NEW BUSINESS

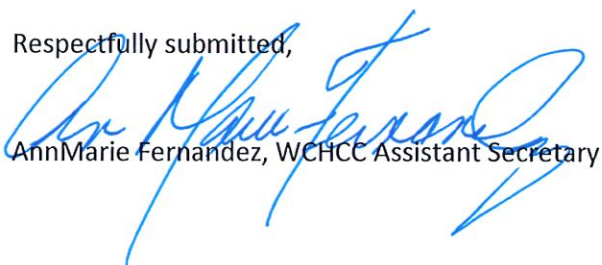
MR. SHROFF ASKED FOR A MOTION TO APPOINT ANTHONY COSTELLO TO THE HEALTHALLIANCE BOARD OF DIRECTORS FOR A THREE-YEAR TERM. MR. WISHNIE MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO APPOINT KARA BENNORTH TO THE WESTCHESTER MEDICAL CENTER FOUNDATION BOARD FOR A THREE-YEAR TERM. MS. MITCHELL MOTIONED, SECONDED BY MS. GEVERTZ. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE FEBRUARY 1, 2023, MEETING OF THE WESTCHESTER COUNTY HEALTH CARE CORPORATION BOARD OF DIRECTORS. DR. FRISHMAN MOTIONED, SECONDED BY MR. GEIST. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



AnnMarie Fernandez, WCHCC Assistant Secretary