

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

SEPTEMBER 3, 2025

5:00 P.M.

VOTING MEMBERS PRESENT: William Frishman, M.D., Susan Gevertz – via Zoom, Mitchell Hochberg, Tracey Mitchell – via Zoom, Alfredo Quintero, Michael Rosenblut, Zubeen Shroff, Sharla St. Rose, Judith Watson, Richard Wishnie

NON-VOTING MEMBERS PRESENT: Tamer El-Rayess, David Lubarsky, M.D., Martin Rogowsky

VOTING MEMBERS EXCUSED: Patrick McCoy, Mark Tulis

STAFF PRESENT: Christine White, EVP, Chief Legal Officer
Leo Bodden, SVP, Chief Information Officer
John Brand, SVP, Marketing and Corporate Communications
Michael Burke, Interim CFO
Anthony Costello, Sr. EVP, COO
Jorge Perez-Casellas – Interim Chief Compliance Officer
William Pryor, EVP, Chief HR Officer
Josh Ratner, EVP, Chief Strategy Officer
Inder Sandhu-Gay, SVP, Network Strategy
Don Steigman, EVP, System Integration
James Terwilliger, Interim Chief Ambulatory Officer
Phyllis Yezzo, EVP, CNO
Ann Marie Soares, Executive Corporate Secretary

CALL TO ORDER

The September 3, 2025, meeting of the Westchester County Health Care Corporation ("WCHCC") Board of Directors was called to order at 5:00 p.m., by Mr. Shroff, Chair. A quorum was present.

VOTING MEMBERS PRESENT

William Frishman, M.D.	Michael Rosenblut
Susan Gevertz – via Zoom	Sharla St. Rose
Mitchell Hochberg	Zubeen Shroff
Tracey Mitchell – via Zoom	Judith Watson
Alfredo Quintero	Richard Wishnie

VOTING MEMBERS EXCUSED

Patrick McCoy
Mark Tulis

NON-VOTING MEMBERS PRESENT

Tamer El-Rayess – via Zoom
David Lubarsky, M.D.
Martin Rogowsky

REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE JULY 16, 2025 MEETING OF THE BOARD. A MOTION WAS MADE BY MR. ROSENBLUT, SECONDED BY MR. HOCHBERG, TO APPROVE THE JULY 16, 2025, WCHCC 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 September 3, 2025, and attached to these minutes), containing information on Credentialing Appointments, Reappointments, and FPPEs.

Motion to Approve Recommendations for Credentialing Appointments, Reappointments, and FPPEs.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, REAPPOINTMENTS, AND FPPEs. MS. WATSON MOTIONED, SECONDED BY DR. ST. ROSE. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Dr. Lubarsky advised the Board that the management team assembled, continues its hard work to move the Network forward towards a prosperous, meaningful and impactful future.

REPORT OF THE COMMITTEES

EXECUTIVE COMMITTEE

Mr. Shroff, Chair, Executive Committee, informed the Board that the Committee met on August 29, 2025. He stated that the Committee took no actions.

FINANCE COMMITTEE

Mr. Quintero, acting Chair, Finance Committee, advised the Board that the Committee met on August 28, 2025, and reviewed the June 30, 2025 financials.

Mr. Quintero informed the Board that total assets were \$1.948 billion at June 30, 2025, compared to \$1.923 billion at June 30, 2024. He stated that total operating revenue was \$1.153 billion at June 30, 2025, compared to \$1.042 billion at June 30, 2024. Mr. Quintero reported that expenses were higher at \$1.096 billion, compared to \$1.031 billion at June 30, 2024. He stated that the net income was \$13.0 million at June 30, 2025, compared to a loss of \$26.6 million at June 30, 2024.

Mr. Quintero reported that for the Valhalla campus, total acute discharges and outpatient cases were 14,036 for the period ended June 30, 2025, compared to 13,966 at June 30, 2024. He stated that the total ER visits are down slightly at 33,362 for June 30, 2025, compared to 33,843 at June 30, 2024.

Mr. Quintero reported that for the MHRH campus, total acute discharges and outpatient cases were 3,610 for the period ended June 30, 2025, compared to 3,175 at June 30, 2024. He stated that the total ER visits are down slightly at 17,589 for June 30, 2025, compared to 17,986 at June 30, 2024.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on July 18, 2025.

Dr. Garrick provided the Committee with the report of the Quality and Safety Council meeting of May 8, 2025.

- Medicine – Quality Goals for 2025 were presented:
 - Sepsis – analysis and action plan were discussed;
 - Pressure Injuries – Interdisciplinary Council with focus on identification, prevention and treatment. Action plan was discussed;
 - DVT Not Present on Admission – review of all DVT NPOA from 2024 – Common themes identified: under-dosed for weight, transfers and on and off procedures;
 - Hospital Acquired Infections: CAUTI and CLABSI were discussed; and
- Patient Experience – HCAHPS scores were discussed, as well as physician complaints and grievances

QA/PI reports were submitted from Occupational Health, Oncology Quality Council, Patient Experience, Organ Donor Council, Transfer Center, and Transplant Quality.

Ms. Gevertz informed the Board that the Committee received a presentation on the Nursing Quality Council by Dr. Yezzo. She presented the following highlights and data:

- Pressure Injuries – Analysis and Action Plans for Valhalla and MHRH;
- Patient Falls –Valhalla 2024 there were 214 falls, and MHRH 2024 there were 93 falls; Analysis and Action Plans were discussed with specific targeted interventions for reducing falls;
- CAUTI – Benchmark <0. Valhalla 2024 -12.18, MHRH 2024 -0.02. Analysis and Action Plans were discussed;
- CLABSI – Benchmark <0. Valhalla 2024 -12.63, MHRH 2024 -0.28. Analysis and Action Plans were

discussed;

- DVT Prophylaxis – Analysis and Action Plan were discussed; Valhalla 2025 YTD nursing documentation for sequential compression devices (SCD) was 94%;
- Restraints – Analysis and Action Plans were discussed; 2024 Valhalla 30 minute checks was 98% compliant, and 2024 MHRH 30 minutes checks were 95% compliant;
- Transfusion Administration – Analysis and Action Plans were discussed;
- Barcode Medication – Analysis and Action Plans were discussed, scanning rates remain above 95% for both Valhalla and MHRH;
- Interdisciplinary Team Rounds (IDT)
 - Improved Length of Stay (LOS):
 - IDT rounds have reduced patient LOS through collaborative decision-making; and
 - Earlier discharge planning and efficient care coordination are key outcomes.
 - Enhanced Team Communication:
 - Real-time, face-to-face communication among clinical teams;
 - Facilitated by nurse leaders;
 - Quick resolution of barriers and smoother care transitions; and
 - Clear communication with patients about discharge plans and care
 - Throughput Optimization:
 - Better alignment across disciplines improves patient flow; and
 - Daily rounds help identify delays early and escalate issues promptly
 - Initial and Ongoing Education:
 - IDT mock simulation video annually and hands-on training for new hires
- Patient Experience – partnering with Press Ganey;
- Unit Specific Performance Improvement Projects:
 - 5 North Bariatric Quality Project:
 - Aims to improve nutritional compliance and patient outcomes for bariatric patients on full liquid diets;
 - Infection Control Task Force:
 - Reviews cases, monitors trends, and develops solutions to prevent CAUTI (Catheter-Associated Urinary Tract Infections) and CLABSI (Central Line-Associated Bloodstream Infections).
 - Oncology Practice Council:
 - Establishes best practices for chemotherapy administration in alignment with the standards and guidelines of the American Society of Clinical Oncology and the Oncology Nursing Society.
 - Age-Friendly Care for Older Adults in PMR:
 - Creates a specialized environment that addresses the unique needs of older adults undergoing rehabilitation.
- Clinical Staffing Committee – PHL 2805-t:
 - Annual Clinical Staffing Committees in place at WMC and MHRH;
 - Ratios agreed to for 2025 fiscal year;
 - Semiannual review of staffing plan for safe staffing effectiveness;
 - Staffing concerns reviewed monthly and meets 10X per year;
 - “Protest of Assignment” process and submission in place for WMC and MHRH;
 - Mutually agreed upon ratios are submitted every July 1st to NYSDOH;
 - Ratios publicly report on Hospital Profiles on NYSDOH websites; and

There has been no information requests for staffing complaints for 2025 from NYSDOH for staffing concerns

- Networkwide Standardization & Service Line Enhancements:
 - Network Nurse Leadership Council:
 - Standardizing policies, procedures, nursing practice, and compliance with Article 28 section 2805-T Clinical Staffing Committees and Disclosure of Nursing Quality Indicators Public Health Law; and
 - Visitor Guidelines for Patients on Constant Observation (CO)

- Network Professional Development Collaboration:
 - Nursing Grand Rounds: Don't Let Your Nursing Documentation Be Put On Trial;
 - In collaboration with Chief Risk Officer and Department of Risk Management;
 - First Annual Nursing Scholarship Poster Day;
 - Evidence Based Practice Council;
 - Advisory Board Training: Nurse Leaders Guide to Workforce Strategy;
 - RN Care Circle; and
 - Nursing Professional Development Simulation and Skills Lab
- Network Informatics Committee:
 - Nurse Informatics Council involving frontline staff; and
 - Standardizing documentation across the network
- Our Magnet Journey:
 - Gap analysis conducted;
 - Assessment of leadership with B.S. degrees completed for Valhalla and MHRH;
 - First Annual Nursing Scholarship (Research) Poster Day planned for July;
 - Nursing Intelligence partnering with Press Ganey to enhance tracking, monitoring and visualizing key data utilizing NDNQI (National Database of Nursing Quality Indicators);
 - Implementation of the Nursing Bundle:
 - Nurse Leader Rounding;
 - Bedside Shift Report; and
 - Purposeful Rounding
 - Organizational Overview
 - Contextual Information creating a link to the external webpage for the general public regarding the contribution of professional nursing; and
 - Contextual Information strategic plans for the organization and nursing services
- Reward and Recognition:
 - Beacon Award of Excellence;
 - The STAR Award and Excellence in Nursing; and
 - DAISY Award
- Touro University School of Nursing WMCHHealth 2025 Grads;
- Academic Milestones;
- Regulatory: Joint Commission LVAD Certification Survey – 9/23/2024;
- Regulatory: DOH Federal Allegation Survey MHRH – 5/24-28/2024 and 6/1/2024;
- Regulatory: DOH Federal Allegation Survey – 8/19/2024; and
- Regulatory: DOH Federal Allegation Survey – 2/03/2025

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

NEW BUSINESS

There was no new business.

OLD BUSINESS

There was no old business.

EXECUTIVE SESSION

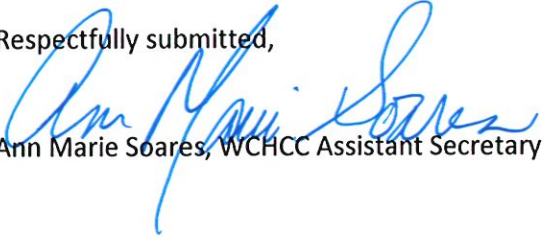
MR. SHROFF ASKED FOR A MOTION TO GO INTO EXECUTIVE SESSION TO DISCUSS QUALITY AND STRATEGIC MATTERS. MR. HOCHBERG MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO MOVE OUT OF EXECUTIVE SESSION. MS. WATSON MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE SEPTEMBER 3, 2025, MEETING OF THE WCHCC BOARD OF DIRECTORS. DR. ST. ROSE MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



Ann Marie Soares, WCHCC Assistant Secretary