

**WESTCHESTER COUNTY HEALTH CARE CORPORATION**

**ANNUAL BOARD OF DIRECTORS MEETING**

**NOVEMBER 5, 2025**

**4:00 P.M.**

**VOTING MEMBERS PRESENT:** William Frishman, M.D., Susan Gevertz, Mitchell Hochberg, Tracey Mitchell, Lori Morton, Alfredo Quintero, Michael Rosenblut, Zubeen Shroff, Sharla St. Rose, Mark Tulis, Judith Watson, Richard Wishnie

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

**VOTING MEMBERS EXCUSED:** Patrick McCoy

**STAFF PRESENT:** Christine White, EVP, Chief Legal Officer  
Megan Baldwin, SVP, Chief of Staff  
Leo Bodden, SVP, Chief Information Officer  
Michael Burke, Interim CFO  
Anthony Costello, Sr. EVP, COO  
Dr. Peter Paige, Chief Clinical Officer  
Jorge Perez-Casellas – Interim Chief Compliance Officer  
William Pryor, EVP, Chief HR Officer  
Josh Ratner, EVP, Chief Strategy Officer  
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 November 5, 2025, Annual meeting of the Westchester County Health Care Corporation (“WCHCC”) Board of Directors was called to order at 4:00 p.m., by Mr. Shroff, Chair. A quorum was present.

### VOTING MEMBERS PRESENT

William Frishman, M.D.	Michael Rosenblut
Mitchell Hochberg	Sharla St. Rose
Patrick McCoy	Zubeen Shroff
Tracey Mitchell – via Teams	Mark Tulis
Lori Morton	Judith Watson
Alfredo Quintero	Richard Wishnie

### VOTING MEMBERS EXCUSED

Patrick McCoy

### NON-VOTING MEMBERS PRESENT

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

## REPORT OF THE CHAIR/ADDITIONS TO THE AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE OCTOBER 8, 2025, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. ROSENBLUT, SECONDED BY MR. HOCHBERG, TO APPROVE THE OCTOBER 8, 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 November 5, 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. DR. FRISHMAN MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

## REPORT OF THE PRESIDENT

Mr. Costello provided the Report of the President. He stated that transformation isn’t one project; it is hundreds of people pulling in the same direction, often behind the scenes, to make care better for our communities. Mr. Costello reported that Dr. Lubarsky is deeply grateful for everyone’s commitment, and confident that the foundation we’re building today will position WMCHHealth for lasting success in the years ahead.

Mr. Costello advised the Board of a new monthly Mission Moment (Employee or Patient story).

Mr. Costello introduced Dr. Peter Paige, Chief Clinical Officer to the Board. He stated that Dr. Kartik Prabhakaran has been named the Interim WMC CMO.

Mr. Costello informed the Board that the Network has launched its Press Ganey Employee Engagement Survey this month.

Mr. Costello advised the Board the WMC was awarded its first ever State Capital Grant: \$100 million in capital from the Safety Net Transformation Program.

Mr. Costello reported that Governor Hochul visited and toured the hospital earlier this month, along with Senate Majority Leader Andrea Stewart Cousins and County Executive Ken Jenkins.

Mr. Costello stated that the 2026 Budgets will be finalized next month.

## **REPORT OF THE COMMITTEES**

### **EXECUTIVE COMMITTEE**

Mr. Shroff, Chair, Executive Committee, informed the Board that the Committee met on October 31, 2025. He stated that the Committee reviewed personnel and strategic planning matters.

### **FINANCE COMMITTEE**

Mr. Tulis, Chair, Finance Committee, advised the Board that the Committee met on October 30, 2025, and reviewed the September 30, 2025, financials.

Mr. Tulis informed the Board that total assets were \$2.111 billion at September 30, 2025, compared to \$1.923 billion at December 31, 2024. He stated that total operating revenue was \$1.751 billion at September 30, 2025, compared to \$1.566 billion at September 30, 2024. Mr. Tulis reported that expenses were higher at \$1.655 billion, compared to \$1.566 billion at September 30, 2024. He stated that the net income was \$36.5 million at September 30, 2025, compared to a loss of \$17.6 million at September 30, 2024.

Mr. Tulis reported that for the Valhalla campus, total acute discharges and outpatient cases were 21,295 for the period ended September 30, 2025, compared to 21,099 at September 30, 2024. He stated that the total ER visits are up at 51,000 for September 30, 2025, compared to 49,936 at September 30, 2024.

Mr. Tulis reported that for the MHRH campus, total acute discharges and outpatient cases were 5,501 for the period ended September 30, 2025, compared to 4,892 at September 30, 2024. He stated that the total ER visits are flat at 26,618 for September 30, 2025, compared to 26,613 at September 30, 2024.

### **GOVERNANCE AND NOMINATING COMMITTEE**

Ms. Watson, Chair, Governance and Nominating Committee, reported that the Committee met on October 23, 2025.

Ms. Watson advised that the 2026 Board Officer Slate was discussed as follows:

- Chair – Zubeen Shroff

- 1<sup>st</sup> Vice Chair – Mitchell Hochberg
- Vice Chair – Susan Gevertz
- Vice Chair – Mark Tulis
- Secretary – Judith Watson
- Treasurer – Alfredo Quintero

MR. SHORFF ASKED FOR A MOTION TO APPOINT THE 2026 SLATE OF BOARD OFFICERS TO A TWO-YEAR TERM. DR. MORTON MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

## QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on October 10, 2025.

Dr. Garrick provided the Committee with the report of the Quality and Safety Council meeting of July 10, 2025.

- Dialysis: Technical and Microbiologic Monitoring, Key Performance Indicators, Challenges, Successes, Midas Reports/Adverse Events and Water Treatment RCA were reported.
- Environment of Care: Emergency Management Plans Focus was presented, 2025 DNV Annual Periodic Survey –4/8-10/2025 was reviewed.
- Radiation Medicine: Standard Dashboard of Key Performance Indicators for 2025 was presented, Quality Goals for 2025, Areas of Focus for Improvement, Successes and a Regulatory report was provided.

QA/PI reports were submitted from Anesthesia, Respiratory Services, Otolaryngology, Laboratory/Pathology, Nursing Quality and Maria Fareri Children's Hospital.

Ms. Gevertz reported that the Committee received a presentation on Behavioral Health Services by Dr. Ferrando, Mr. Landers and Mr. Hixson. They highlighted the following data and information:

- A summary of the Behavioral Health service line was provided;
- Key Performance Indicator Scorecard was reviewed;
- Violence Reduction Child/Adolescent Inpatient Psychiatry:
  - Analysis – the number of violent incidents increased on the inpatient behavioral pediatric units in 2024, including both patient to patient and patient to staff;
  - Goal – Reduce the incidence of assaults on the inpatient behavioral health pediatric units, which also expects to reduce restraint use;
  - Action Plan:
    - Convened multidisciplinary team;
    - Analyze events every month;
    - Implemented community meetings;
    - Ensure ED commences home meds;
    - Increase number of group programs; and
    - Roll out YES social skills training
- Falls Reduction – Inpatient Behavioral Health MHRH:
  - Analysis – During 2024, the rate patients fell increased on unit, although no patients were injured seriously. Patient falls on BH units are nuanced since unlike med/surg, most BH patients are ambulatory. To counter this trend, the programs have intervened on a number of ways and falls have decreased significantly on the inpatient detox/rehab unit. They also decreased somewhat in inpatient psychiatry, however, have trended upward recently.

- Action Plan: purchased and installed portable bed alarms for detox beds, developed and deployed guidelines on use of assistive mobility devices in BH setting, piloted purposeful rounding on 5 Thorne for 4 weeks, relocated hydration stations to within the nursing station to avoid spills and improve monitoring, and Consult Liaison Psychiatry began using a new safety checklist to assess co-morbid psych/medicine patient's appropriateness for transfer to inpatient psychiatric unit.
- Reducing Suicide Attempts – Inpatient Psychiatry: Harm Reduction bedding has arrived;
- Contraband Reduction – Addictions Treatment
  - Analysis – the presence of contraband on the MHRH Detox unit increased in 2024. Contraband includes vapes, illegal/controlled substances, knives, scissors, etc. Following initiation of a PI project, the rate staff finds contraband on the unit has decreased
  - Goal – to reduce the number of contraband events on the inpatient detox unit by improving search process on the unit and establishing a preliminary search in the ED
  - Action Plan –
    - Updated “Policy and Procedure – Patient Valuables and Searches – Substance Use Disorder Unit”;
    - Created “Patient Valuables and Search Procedure Pamphlet” to inform patients about the search procedure in the ED;
- Program Safety – Addictions Treatment
  - Analysis – Recent safety events involving MHRH's inpatient detox patients pointed to gaps in the staff's crisis management and life support training and skills. In response, the Addictions division implemented safety training in both its inpatient and outpatient programs to create a safer environment in all treatment settings. In 2025, NYS also issued updated information for mandated reporters.
  - Action Plan
    - Crisis Prevention Training (CPT) - March/April 2025: All staff were trained in crisis de-escalation interventions to strengthen patient and staff safety, reduce incidents, and enhance consistency in response protocols;
    - Basic Life Support Training (BLS) - June thru August 2025: All staff completed CPR training to ensure readiness in responding to medical emergencies, thereby improving patient outcomes and reinforcing a culture of safety; and
    - NYS Justice Center Mandated Reporter Training - April 2025: All staff completed mandated reporter training, ensuring compliance with regulatory requirements and supporting early identification and intervention for patient safety concerns.
- Expanding Group Treatment – Outpatient Mental Health
- Client Engagement:
  - Analysis – The ACT Team decreased group treatment during COVID-19 pandemic, and by the end of 2025 had not yet restored it fully.
  - Goals – Implement groups and encourage attendance to help satisfy human motivation to connect with others and feel accepted, esteemed and capable, all of which can lead to both mental and physical well-being. The team also expects that the availability of group treatment will increase patient clinical encounters.
- Successes were reviewed, and a Regulatory report was provided.

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

## 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. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

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

## **NEW BUSINESS**

There was no new business.

## **ADJOURNMENT**

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE NOVEMBER 5, 2025, ANNUAL MEETING OF THE WCHCC BOARD OF DIRECTORS. MR. TULIS MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,



Ann Marie Soares, WCHCC Assistant Secretary