

WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

NOVEMBER 5, 2025

5:00 P.M.

VOTING MEMBERS PRESENT: William Frishman, M.D., Susan Gevertz, Mitchell Hochberg, Patrick McCoy, 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

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
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 November 5, 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	Sharla St. Rose
Mitchell Hochberg	Zubeen Shroff
Patrick McCoy	Mark Tulis
Tracey Mitchell – via Zoom	Judith Watson
Lori Morton	Richard Wishnie
Alfredo Quintero	

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 NOVEMBER 5, 2025, MEETING OF THE BOARD. A MOTION WAS MADE BY MS. GEVERTZ, SECONDED BY MR. TULIS, TO APPROVE THE NOVEMBER 5, 2025, WCHCC BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

REPORT OF THE PRESIDENT OF THE MEDICAL STAFF

Dr. Prabhakaran provided the report of the President of the Medical Staff. He presented a credentialing packet (dated December 3, 2025, and attached to these minutes), containing information on Credentialing Appointments, Reappointments, and FPPEs.

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

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, ADDITIONAL PRIVILEGES, AND FPPEs. DR. MORTON MOTIONED, SECONDED BY DR. FRISHMAN. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Dr. Lubarsky acknowledged the tremendous efforts of the WMCHealth team throughout the year, emphasizing their hard work and resilience in achieving stability and growth. He encouraged the team to unwind and recharge during the holiday season to prepare for the challenges of the upcoming year.

Dr. Lubarsky expressed his gratitude to the Board for their time, guidance, and partnership throughout the year. He acknowledged that the Board members, unlike the management team, are not compensated for their efforts and appreciated their support in approving various transformation efforts.

Dr. Lubarsky mentioned John Phillips, the Director of Urology, and highlighted a story about a patient he took care of, which defines the organization's values and mission.

Dr. Lubarsky shared the success of the recent employee engagement survey, which saw a 67% participation rate from the workforce. He stated that this was a significant improvement compared to previous surveys and indicated strong employee engagement.

Dr. Lubarsky highlighted the organization's impact on the community, mentioning an employee-driven food drive that collected over 1500 food items for local food banks and community organizations. He stated that this initiative supports families facing food insecurity and demonstrates the organization's commitment to community service.

Dr. Lubarsky announced the launch of a holiday toy drive to benefit children in need. He stated that this initiative is part of the organization's ongoing efforts to support the community and foster a sense of pride and engagement among employees.

Dr. Lubarsky reported that the 2026 budget will be finalized next month. In addition, a series of holiday town halls will be held across all shifts and areas to thank employees for their participation in the engagement survey to ensure their voices are heard.

REPORT OF THE COMMITTEES

FINANCE COMMITTEE

Mr. Tulis, Chair, Finance Committee, advised the Board that the Committee met on December 2, 2025, and reviewed the October 31, 2025, financials.

Mr. Tulis informed the Board that the Committee discussed Resolution 24, Press Ganey, Resolution 25, Hospital Integration, and Resolution 26, IT Contract. He stated that the Committee recommended all three (3) Resolutions to the Board for their approval.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 24, PRESS GANEY. MR. TULIS MOTIONED, SECONDED BY MS. GEVERTZ. THE MOTION CARRIED UNANIMOSULY.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 25, HOSPITAL INTEGRATION. MR. TULIS MOTIONED, SECONDED BY DR. MORTON. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 26, IT CONTRACT. MR. QUINTERO MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

GOVERNANCE AND NOMINATING COMMITTEE

Ms. Watson, Chair, Governance and Nominating Committee, reported that the Committee met on October 23, 2025. She stated that the Committee voted to recommend the following slate of Board Officers for a 2 year term:

- Zubeen shroff – Chair

- Mitchell Hochberg – 1st Vice Chair
- Mark Tulis – Vice Chair
- Susan Gevert – Vice Chair
- Judith Watson – Secretary
- Alfredo Quintero – Treasurer

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE SLATE OF BOARD OFFICERS FOR A TWO YEAR TERM. 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 10, 2025.

Ms. Cuddy provided the Committee with the report of the Quality and Safety Council meeting of August 21, 2025, and September 11, 2025.

August 21, 2025:

- Palliative Care: Penetration rate; Days from admission to consult request, average time to referral by service, areas of focus, successes and a regulatory report were provided.
- OB/GYN: Quality updates, Path to Improvement/Interventions, post-partum hemorrhage rates, cesarean section transfusion rates, enhanced recovery after surgery (ERAS) protocol, hysterectomy surgical site infection rates, IDT rounds, simulation, education, patient reported experience measure survey, future goals, and a regulatory report were provided.

QA/PI reports were submitted by Ophthalmology.

September 11, 2025:

- Infection Prevention: Public reporting of HAI, national benchmarking of HAI measures, areas of focus: Clostridium Difficile Infection, MRSA Blood Stream Infection, surgical site infection, central line associated Bloodstream infection, catheter associated urinary tract infection, engagement of resident and fellows, and a regulatory report were provided.
- Emergency Medicine: Turn around time to discharge, left without being seen, Sep-1 Bundle, Press Ganey Doctors Top Box and Overall, Time to Provider and Room to Provider, other initiatives, Call to Action, and a regulatory report were provided.
- Glycemic Council: Make-up of Council, Opportunity for Improvement: Rates of Hypoglycemia, Action Plan: Improved coordination of POC testing and meal delivery, daily hypoglycemia event reports, new Quality and Performance Metrics for 2025, glycemic management in the ICU, and MICU mini PDSA.

QA/PI reports were submitted by Ambulatory Committee, HIM, Human Resources, Hyperbaric, and Behavioral Health Council.

Ms. Gevertz reported that the Committee received a presentation on the Department of Medicine by Dr. Douglas and Dr. Porrovecchio. They highlighted the following data and information:

- Sepsis:
 - Sep 1 Compliance Improvement rates were presented;

- Average length of stay;
 - Mortality rate;
 - Readmission rate
 - Action Plan: Supporting Sepsis Documentation
- Pressure Injury data was presented;
- Perioperative PE or DVT data was presented;
- Ongoing Action Plans:
 - Pressure Injury:
 - Interdisciplinary council:
 - Mobility; and
 - Documentation
 - Skin Failure:
 - Operationalized in June;
 - Working on internal consistency of documentation; and
 - Have avoided many PI designations with the use of this diagnosis
 - DVT NPOA:
 - Common themes identified:
 - Dosing;
 - Transfers and missing opportunities for screening; and
 - On and off prophylaxis for procedures
 - Cerner decision support designed
- Skin Failure: Positive Early Results
- Hospital Acquired Infections Progress:
 - Action Plans:
 - CAUTI: uptick in Q2. Reinvigorating IDT checklist; rolling out hospitalist CMS checklist;
 - CLABSI: uptick in Q2/Q3. Issues identified with TPN and ports. Interdisciplinary work initiated with nursing, surgery, and infection control; and
 - HO CDI: Since 2 step testing initiated on September 9th, we had zero events; will continue to monitor
- Patient Experience: HCAHPS Incremental Success
 - HCAHPS are continuing to rise from 2023 through year-to-date 2025
- Improvements in the Leading Indicator: Patient Complaints
 - Patient Complaints continue to decline for 2025, compared to 2024
- Impact of Focus on Communication: Actions taken
 - Educational initiatives
 - Workshop with house staff; and
 - Workshop with new interns during orientation
 - Partnership with Patient Experience
 - Direct Observations of patient encounters with feedback; and
 - Unit Based Rounds and direct feedback to MDs in real time
 - Positive Feedback loop
- Sample of Ongoing QI Projects in Department of Medicine
 - Internal Medicine
 - Resident Wellness—now a resident led committee;
 - Ensuring Patient Continuity—ongoing;
 - Addressing rates of ASCVD scoring—award winning abstract;
 - Improving handoffs;
 - High Value Care: decreasing unnecessary CBC with diff utilization; and
 - Improving comfort with US guided IV placement

- Ally Clinic
 - Improvement of completion of referrals for SDOH screening from 20% to 99%
 - \$30 for 30 initiative for Retention and Adherence Program to achieve viral suppression
- Gastroenterology: improving adherence to surveillance guidelines for IBD patients
- Endocrinology: improving rates of screening for MASLD in DM patients in the clinic
- Infectious Diseases: reducing CAUTI rates by implementation of UA w reflex to UCx workflow in Cerner
- Rheumatology: screening men for Osteoporosis, an overlooked population
- Update on REGARD:
 - AI platform REGARD that supports MD documentation;
 - Ensures safety: can suggest diagnosis; and
 - Ensures co-morbid illnesses documented which effects patient complexity

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

OLD BUSINESS

Ms. White presented Resolution 23, LHCSA to the Board. She stated that the LHCSA was closed several years ago, and in order to finalize the closure, the Certificate of Incorporation needs to be amended to change the county location of the LHCSA.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 23, LHCSA. DR. ST. ROSE MOTIONED, SECONDED BY MR. TULIUS. THE MOTION CARRIED UNANIMOUSLY.

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

Ms. White presented the WCHCC Bylaws revision to the Board. The revision stated that the Board will meet no less than quarterly.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE WCHCC BYLAWS REVISION. MR. WISHNIE MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE DECEMBER 3, 2025, 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