

**WESTCHESTER COUNTY HEALTH CARE CORPORATION**

**BOARD OF DIRECTORS MEETING**

**JANUARY 7, 2026**

**5:00 P.M.**

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

**VOTING MEMBERS EXCUSED:** Patrick McCoy

**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  
Maxwell Oppong, Manager Workstation Engineer  
Dr. Peter Paige, EVP, 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  
Phyllis Yezzo, EVP, CNO  
Ann Marie Soares, Executive Corporate Secretary

## CALL TO ORDER

The January 7, 2026, 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, Ph.D. – via Zoom.
Mitchell Hochberg	Zubeen Shroff
Tracey Mitchell	Mark Tulis
Lori Morton, Ph.D.	Judith Watson
Alfredo Quintero	Richard Wishnie

### VOTING MEMBERS EXCUSED

Patrick McCoy

### NON-VOTING MEMBERS PRESENT

Tamer El-Rayess  
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 DECEMBER 3, 2025, MEETING OF THE BOARD. A MOTION WAS MADE BY MS. GEVERTZ, SECONDED BY MR. ROSENBLUT, TO APPROVE THE DECEMBER 3, 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 January 7, 2026 and attached to these minutes), containing information on Credentialing Appointments, Additional Privileges, Updates to Privilege Forms, FPPEs, Medical Staff Bylaws Updates, and Rules and Regulations for informational purposes.

**Motion to Approve Recommendations for Credentialing Appointments, Additional Privileges, Updates to Privilege Forms, FPPEs, and Medical Staff Bylaws Updates.**

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE RECOMMENDATIONS FOR CREDENTIALING APPOINTMENTS, ADDITIONAL PRIVILEGES, UPDATES TO PRIVILEGE FORMS, FPPES, AND MEDICAL STAFF BYLAWS UPDATES. DR. MORTON MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

## **REPORT OF THE PRESIDENT**

Dr. Lubarsky recognized Richard Wishnie's birthday and acknowledged his positive contributions and involvement with the county.

Dr. Lubarsky noted the disciplined execution and focus on maintaining liquidity, which led to improved financial performance at the end of the year.

Dr. Lubarsky updated the Board on a recent meeting with Governor's Office, stating it was a productive meeting, emphasizing the critical role that WMCHHealth plays as a safety net provider. He discussed the importance of state government understanding the Network's role and the assessment of critical infrastructure needs.

Dr. Lubarsky shared a patient story from the western region, highlighting the extraordinary patience and advocacy of the staff in transitioning a long-term patient to a community home.

Dr. Lubarsky announced plans for an upcoming advocacy day in February or March to continue educating and advocating on the Network's behalf.

Dr. Lubarsky praised the Government Community Relations team for their efforts in organizing employee food and toy drives in collaboration with the employee engagements and the foundation.

Dr. Lubarsky outlined the schedule for upcoming focus meetings, covering strategy, budget and finance, quality and safety, and inventory network expansion.

## **REPORT OF THE COMMITTEES**

### **AUDIT AND CORPORATE COMPLIANCE COMMITTEE**

Mr. Tulis, Chair, Audit and Corporate Compliance Committee, stated that the Committee met this afternoon prior to the Board meeting.

Mr. Tulis informed the Board that Mr. Perez-Casellas presented the 2026 Corporate Compliance Work Plan and Risk Assessment to the Committee. In addition, Mr. Palovick shared the 2026 Internal Audit Work Plan with the Committee. Mr. Tulis advised that the Committee approved the 2026 Corporate Compliance and Internal Audit Work Plans.

Mr. Tulis reported to the Board that Mr. Palovick advised that the following Internal Audits are in progress: 340B Drug Program – WMC/MHRH, Vituity Contract Administration, and the ICU Tower Construction Project. He reported that the following internal audits were completed: Patient Accounting, Accounts Payable Network Wide, and Dialysis Services Contract Administration – WMC/MHRH.

### **FINANCE COMMITTEE**

Mr. Quintero, Chair, Finance Committee, advised the Board that the Committee met on January 6, 2026, and reviewed the November 30, 2025, financials.

### **EXECUTIVE COMMITTEE**

Mr. Shroff, Chair, Executive Committee, reported that the Committee met on January 2, 2026. He stated that no actions were taken.

## QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on December 5, 2025.

Dr. Prabhakaran provided the Committee with the report of the Quality and Safety Council meeting of October 9, 2025.

- Radiology: Quality Goals for 2025: improve MRI turnaround time in all areas: inpatient, outpatient and anesthesia cases; maintain and enhance Emergency Radiology Program (WMC and MHRH); reduce patient misidentifications throughout the network; and provide 24/7 Ultrasound technologist coverage at WMC. Challenges and Action Plans were discussed, MRI TAT were discussed, Misidentification/Misadministration was discussed, and Radiology Successes were reviewed. A Regulatory Report was provided.
- Pain Management: Utilization of "PCA", High Dose Opioid Utilization, Naloxone, Safe Opioid Prescribing Upon Discharge, PDMP Change, "PRN" Change, and Future Directions were discussed.

QA/PI reports were submitted by Antimicrobial Stewardship, Cardiovascular Council, and Surgery.

Ms. Gevertz reported that the Committee received a presentation on the Emergency Department by Dr. Miller. He highlighted the following data and information:

- PI Projects: Turnaround Time for Discharge and ED Length of Stay;
- PI Updates: Turnaround Time for Discharge (TAT-D):
  - Background: Why did CMS choose TAT-D for OP-18?
    - Good indicator of ED function separate from hospital challenges
  - Split flow at WMC:
    - Targeting door to provider time, TAT-D and LWOBs;
    - Dedicated space to allow rapid evaluation and the initiation of treatment for waiting room patients;
    - Treat and release when possible;
    - Flexible approach to patient otherwise waiting to be seen;
    - Early initiation of treatment plan allows for earlier disposition and reduced LWOBs;
    - Minor construction October 2024 to add 5 HW spaces for this project;
  - Provider in Triage (PIT) at MHRH
    - Initiated when pull until full no longer possible;
- Turnaround Time for Discharge and LWBS rates were discussed;
- Sepsis CMS Sep 1 Bundle Compliance was reviewed;
- Update: ED TAT-A for Behavioral Health Admissions:
- MHRH: Collaboration between HM and EM
  - Emergency medicine and hospitalist medicine have joint monthly conference to review key performance indicators
- Update: TAT-A: WMC Decision to Admit to Admit Order;
- WMC Decision To Admit (DTA) to Patient Status Order (PSO):
  - Decision to admit (DTA), a custom time stamp in the EMR introduced in Oct 2024;
  - Allows us to track and trend the "delay" in accepting patients ready for admission;
- Patient Satisfaction Scores were reviewed;
- Complaints and Grievances were reviewed;

- WMC Patient Safety Audit: Radiology Fail Safe:
  - Joint project with Radiology Chief Residents and ED physician leadership;
- DNV Healthcare Symposium:
  - Dr. Robin Altman and Donna Worflar (ED Nurse Director at Valhalla) led a multidisciplinary team

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

#### **OLD BUSINESS**

There was no old business.

#### **NEW BUSINESS**

Ms. White presented Resolution 1, Westchester Medical Center Foundation Namings to the Board.

MR. SHROFF ASKED FOR A MOTION TO APPROVE RESOLUTION 1, WESTCHESTER MEDICAL CENTER FOUNDATION NAMINGS. MR. TULIS MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MISSION STATEMENT AND VALUES. MR. TULIS MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY

#### **EXECUTIVE SESSION**

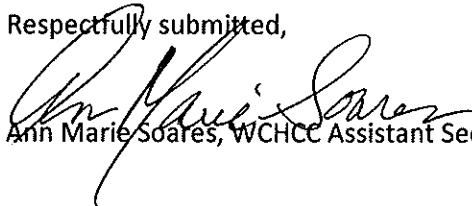
MR. SHROFF ASKED FOR A MOTION TO GO INTO EXECUTIVE SESSION TO DISCUSS QUALITY AND STRATEGIC MATTERS. MR. HOCHBERG MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

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

#### **ADJOURNMENT**

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE JANUARY 7, 2026, MEETING OF THE WCHCC BOARD OF DIRECTORS. MR. HOCHBERG MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,

  
Ann Marie Soares, WCHCC Assistant Secretary