WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

FEBUARY 4, 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
William Pryor, EVP, Chief HR Officer
Josh Ratner, EVP, Chief Strategy Officer
Don Steigman, EVP, System Integration
Phyllis Yezzo, EVP, CNO
Ann Marie Soares, Executive Corporate Secretary

CALL TO ORDER

The February 4, 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.
Mitchell Hochberg	Zubeen Shroff
Tracey Mitchell	Mark Tulis
Lori Morton, Ph.D. – via Zoom	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 JANUARY 7, 2026, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. TULIS, SECONDED BY MR. QUINTERO, TO APPROVE THE JANUARY 7, 2026, 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 February 4, 2026, and attached to these minutes), containing information on Credentialing Appointments, Additional Privileges, and FPPEs to the Board for their approval.

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. ST. ROSE MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Dr. Lubarsky updated the Board on the following:

- The 2026 Budget supports the Strategic Plan and operational stability;

    - The proposed budget is positioned as foundational to the first year of the strategic plan, enabling continued patient care, growth, and fiscal sustainability;
    - It reflects realistic volume assumptions and incorporates funding for initiatives already underway or beginning this year, including infrastructure and operational effectiveness improvements;
    - Significant emphasis was placed on advancing infrastructure and operational capabilities without requiring additional "workarounds"; and
    - Improvements span areas such as ancillary services, pharmacy, and overall operational efficiency.
- Quality improvement initiatives are a major focus, with a more detailed discussion planned for a future Board meeting;
- A patient story was shared highlighting professionalism, compassion, and confidence across staff, reinforcing the importance of sustaining resources to support care delivery;
- Culture change is ongoing and incremental, with an emphasis on maintaining and expanding the behaviors that lead to excellent patient outcomes;
- Leadership listening and engagement were highlighted as essential components;
- A continued series of town halls will be held to gather input from employees and providers across facilities;
- A new, more user-friendly internal internet/intranet platform is launching this month to improve communication and storytelling across the organization;
- Advocacy efforts continue around the state-directed payment plan (EPP), with leadership emphasizing proximity to approval but acknowledging unresolved timing issues;
- The organization is approximately three days short of meeting the current threshold, which would result in approximately $300 million annually if approved; and
- Work is ongoing across supply chain, specialty pharmacy delivery, quality initiatives, and rankings, with an emphasis on fundamental capability improvements rather than temporary fixes.

REPORT OF THE COMMITTEES

EXECUTIVE COMMITTEE

Mr. Shroff, Chair, Executive Committee, reported that the Committee met on January 30, 2026. He stated that no actions were taken.

FINANCE COMMITTEE

Mr. Quintero, Chair, Finance Committee, advised the Board that the Committee met on January 29, 2026, and reviewed the December 31, 2025, financials and the 2026 Budget.

Mr. Quintero advised the Board that Mr. Burke presented the following year end financials:

- Current assets are $1.2 billion at December 31, 2025, compared to $962.2 million at December 31, 2024, reflecting strong asset growth;
- Total assets at December 31, 2025 was $2.187 billion, compared to $1.923 billion at December 31, 2024;
- Operating revenues:
    - $2.379B vs. $2.20B last year;
    - $200 million increase
- Operating expenses:
    - Up by $130 million
- Operating income improved:

    - $147 million (current);
    - vs. $24 million last year;
    - Very strong year-over-year operating performance.
- Interest Expense reflects the August debt issuance:
    - $75 million vs. $31 million last year.
- Investment Gains - Unrealized gains on investments:
    - $583 million
- Capital unrealized gains:
    - $600 million

Mr. Quintero informed the Board that the 2026 Budget was presented and discussed in detail. He stated that the Committee voted to recommend approval of the 2026 Budget by the Board.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE 2026 BUDGET. MR. ROSENBLUT MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

PEOPLE, CULTURE AND COMPENSATION COMMITTEE

Dr. St. Rose, Chair, People, Culture and Compensation Committee, advised the Board that the Committee met on January 28, 2026.

Dr. St. Rose informed the Board that the Committee reviewed and discussed two HR policies and subsequently recommended them to the Board for approval.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE TWO HR POLICIES. MS. GEVERTZ MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOSULY.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on January 9, 2026, and January 30, 2026.

January 9, 2026:

Dr. Prabhakaran provided the Committee with the report of the Quality and Safety Council meeting of November 13, 2025.

- Case Management: 2025 Goals were discussed, Average Length of Stay, Adult Inpatient Number of Admissions and Discharges, Adult Unplanned Readmission Rate, MFCH Unplanned Readmission Rate, P2P Success Rates, Successes, Learnings, and Goals for 2026.

- Neurology: Overview, Pressure Injuries, PEs and DVTs, Length of Stay, HCAHP Scores, Mortalities for 2025, Decrease in Wrong Medication, and Update on the Neurosciences Council.

- Neurosurgery: Quality Goals for 2025, DVTs and PEs, Pressure Ulcers, Neuroscience Quality Council, 3S Family Update, Patient Handoff – ICU to Ward, Areas of Focus for Improvement, Successes, Resident QI projects featured at 2025 Neurosurgery Quality Symposium, and a Regulatory Report was provided

QA/PI report were submitted by the Emergency Department.

Ms. Gevertz reported that the Committee received a presentation on the Neuroscience Quality Council by Dr. Dohle and Dr. Santarelli. They highlighted the following data and information:

- A brief introduction was given to the Committee on the Neuroscience Quality Council;
- Family Communication:
    - The Patient Experience;
        - Neurosurgery;
        - Neurology
    - 3S Family Update:
        - Neurosciences residents engage with patients and their caregivers to address any unanswered questions on a daily basis;
        - A brochure has been developed letting patients and caregivers know when to expect afternoon updates. A QR code will be introduced for receiving feedback; and
        - A designated time has been assigned for these conversations
    - Handoff Optimization Template: Pre-intervention Survey of Residents and Advanced Practice Providers involved in ICU Handoff;
        - Implementation of the QI Intervention
- NQC 2025 Review and Goals for 2026:
    - Successes:
        - Creation of a culture of Quality in the Neurology/Neurosurgery departments;
        - Improved collaboration and communication among interdisciplinary team members; and
        - Heightened focus on patient and caregiver engagement and satisfaction
    - Opportunities:
        - Quantification of success;
        - Sustainment of improvement; and
        - Engagement of stakeholders
- Quality Initiatives in the Neurosciences

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

Ms. Gevertz advised the Board that the Committee voted to recommend approval of the 2026 Reporting calendar to the Board.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE 2026 REPORTING CALENDAR. MS. GEVERTZ MOTIONED, SECONDED BY MR. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

January 30, 2026:

Dr. Prabhakaran provided the Committee with the report of the Quality and Safety Council meeting of December 11, 2025.

- MFCH: Quality Goals and Progress for 2025 were presented; Solutions for Patient Safety Journey: high level milestones were presented; Key Performance Indicators – Hospital Acquired Conditions by Team and Patient Safety Events; Safety Methodology; Pressure Injury Prevention; Unexplained Extubation Prevention Process Improvement; and Patient Safety Events for 2020-2025

- Patient Experience: Quality Goals for 2025 – The Human Experience Journey; Year to Date 2025 Performance; Governance Structure and Workstreams; Actions to Date and Next Steps; Key Performance Indicators Complaints and Grievances – WMC/MHRH; Inpatient HCAHPS; Outpatient Ambulatory Service CAHPS; and ED Press Ganey Scores.

- PMR: Key Performance Indicators; Centralized Referral Management; Areas of Focus, Pursuing CARF Certification; CARF Preparation Program Enhancements; Ongoing Initiatives; UDS Credentialing; and 2025 Areas of Focus.

QA/PI reports were submitted by GME and Information Systems.

Ms. Gevertz advised the Board that the Committee received a report on the Environment of Care by Ms. Malek and Mr. Costello. They presented the 2025 Management Plan Evaluations and the 2026 Management Plans including the 2026 Key Performance Indicators for the following:

- Hazardous Materials and Waste Management;
- Medical Equipment Management Plan;
- Utilities Management Plan;
- Security Management Plan;
- Emergency Management Plan;
- Life Safety Management Plan; and
- Safety Management Plan

Ms. Gevertz advised the Board that the Committee voted to recommend approval of the 2025 Management Plan Evaluations, and the acceptance of the 2026 Management Plans to the Board.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE 2025 MANAGEMENT PLAN EVALUATIONS AND ACCEPT THE 2026 MANAGEMENT PLANS. MS. GEVERTZ MOTIONED, SECONDED BY MR. TULIS. THE MOTION CARRIED UNANIMOUSLY.

Ms. Gevertz informed the Board that the Committee received a 2025 Annual Quality and Regulatory Summary by MS. Cuddy and Ms. McFarlane.

Ms. Gevertz informed the Board that the Committee received a 2026-2027 PI and Safety Plan presentation by Ms. Cuddy. She reviewed the following:

- 2026 Key Performance Indicators;
    - Maintain or improve Leapfrog Hospital Safety Grades across all facilities with no regression, while achieving measurable, year-over-year systemwide reductions in hospital acquired infections and serious safety events, positioning the system for advancement to Bor higher in 2027;
    - Reduce infection rates for surgical site infections (SSI): Hysterectomy to achieve an SIR of 1.32 or lower;
    - Reduce Length of Stay observed/expected to:
        - WMC: 1.31; and
        - MHRH: 1.09
    - Maintain readmission rate below 10%; and
- Reduce HAC events by 5% for Patient Safety Indicators with focus on: PSI-90, PSI-03, PSI-11, PSI-12, and PSI-13

Ms. Gevertz stated that the Committee recommended that the Board approve the 2026-2027 PI and Safety Plan and the 2026 Organizational Priorities.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE 2026-2027 PI AND SAFETY PLAN AND THE 2026 ORGANIZATIONAL PRIORITIES. MS. GEVERTZ MOTIONED, SECONDED BY MS. WATSON. THE MOTIN CARRIED UNANIMOUSLY.

OLD BUSINESS

There was no old business.

NEW BUSINESS

Ms. White presented the following slate of Westchester Medical Center Foundation Board Trustees for reappointment to a three-year term:

- Navy Djonovic
- Michael McCormack
- Jeremy Abramson
- Elizabeth Bracken-Thompson
- John A. DeCicco, Sr.
- Ben Lieberman
- Vincent Miller
- Alana Sweeney

MR. SHROFF ASKED FOR A MOTION TO REAPPOINT THE ABOVE SLATE OF WESTCHESTER MEDICAL CENTER FOUNDATION BOARD TRUSTEES FOR REAPPOINTMENT TO A THREE-YEAR TERM. MR. WISHNIE MOTIONED, SECONDED BY MS. WATSON. THE MOTION CARRIED UNANIMOUSLY.

Ms. Baldwin advised the Board that a vote is required to approve the 2026 Mission Statement Goals.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE 2026 MISSION STATEMENT GOALS. MR. TULIS MOTIONED, SECONDED BY MR. HOCHBERG. THE MOTION CARRIED UNANIMOSULY.

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 EXECUTUVE SESSION. MS. WATSON MOTIONED, SECONDED BY MR. QUINTERO. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE FEBRUARY 4, 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