WESTCHESTER COUNTY HEALTH CARE CORPORATION

BOARD OF DIRECTORS MEETING

MARCH 4, 2026

5:00 P.M.

VOTING MEMBERS PRESENT: William Frishman, M.D., Susan Gevertz, Mitchell Hochberg, Tracey Mitchell – via Zoom, Lori Morton, Ph.D., Alfredo Quintero – via Zoom, Michael Rosenblut, Zubeen Shroff, Sharla St. Rose, Ph.D., Mark Tulis, Judith Watson – via Zoom, 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, EVP, 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
Thomas Scaglione, VP, Government and Community Relations
Don Steigman, EVP, System Integration
Phyllis Yezzo, EVP, CNO

CALL TO ORDER

The March 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 – via Zoom	Mark Tulis
Lori Morton, Ph.D.	Judith Watson – via Zoom
Alfredo Quintero – via Zoom	Richard Wishnie

VOTING MEMBERS EXCUSED

Patrick McCoy

NON-VOTING MEMBERS PRESENT

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

CONSENT AGENDA

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE MINUTES FROM THE FEBRUARY 4, 2026, MEETING OF THE BOARD. A MOTION WAS MADE BY MR. TULIS, SECONDED BY MR. ROSENBLUT, TO APPROVE THE FEBRUARY 4, 2026, WCHCC BOARD OF DIRECTORS MEETING MINUTES. THE MOTION WAS APPROVED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO APPROVE THE CREDENTIALING PACKET (DATED MARCH 4, 2026, AND ATTACHED TO THESE MINUTES), CONTAINING INFORMATION ON CREDENTIALING APPOINTMENTS, ADDITIONAL CLINICAL PRIVILEGES, A CATEGORY CHANGE AND FPPES. MR. HOCHBERG MOTIONED, SECONDED BY MS. GEVERTZ. THE MOTION CARRIED UNANIMOUSLY.

REPORT OF THE PRESIDENT

Dr. Lubarsky informed the Board that the management team remains focused on the following:

- Advancing Quality initiatives;
- Strengthening Patient Experience;
- Improving employee moral and culture;
- Expanding access to WMCHealth's services; and
- Modernizing WMCHealth's IT infrastructure

Dr. Lubarsky reminded the Board that all of these initiatives require time, effort and money. He stated that the Network continues to pursue a variety of state and federal funding opportunities to achieve these initiatives.

Dr. Lubarsky shared a patient (family member of one of our physicians) story highlighting professionalism, compassion, and confidence across staff, reinforcing the importance of sustaining resources to support care delivery.

Dr. Lubarsky informed the Board of a Workforce and Culture initiative. He stated that Dr. Yezzo has taken the lead on creating a weekly Rounding Schedule for leadership to get out onto the floors and units to interact with clinical staff.

Dr. Lubarsky reported on a recent HANY'S Advocacy Day event.

REPORT OF THE COMMITTEES

EXECUTIVE COMMITTEE

Mr. Hochberg, acting Chair, Executive Committee reported that the Committee met on February 13, 2026.

Mr. Hochberg informed the Board that the purpose of the meeting was to discuss proposed Medical Staff Bylaws amendment, a Clinical Pharmacy privilege form and associated applicants in support of the WMC Specialty Pharmacy clinical services program.

Dr. Shah provided background on the Specialty Pharmacy – Integrated Service Line. She outlined the Benefits of a Health System Owned Specialty Pharmacy Program. Dr. Shah presented a Specialty Pharmacy Services Overview: Clinical Medication Management; Benefits Navigation; and Dispensing Logistics. She advised that this care continuum establishes patient care at WMC and 340B eligibility. Dr. Shah reviewed the Pharmacist Credentialing and Privileges for Medication Therapy Management and Collaborative Drug Therapy Management – future Phase II.

Mr. Hochberg informed the Board that the Committee voted to approve the following:

- Proposed Medical Staff Bylaw amendment;
- Clinical pharmacist privilege form; and
- Inclusion and approval of two pharmacist providers

Mr. Shroff, Chair, Executive Committee, reported that the Committee met on February 27, 2026. He stated that no actions were taken. He advised that the Committee discussed general corporate strategy and personnel issues.

AUDIT AND CORPORATE COMPLIANCE COMMITTEE

Mr. Tulis, Chair, Audit and Corporate Compliance, informed the Board that the Committee met yesterday for an educational session on the Conflict of Interest Management process, presented by Mr. Perez-Casellas. He stated that the Committee took no formal actions.

FINANCE COMMITTEE

Mr. Quintero, Chair, Finance Committee, advised the Board that the Committee met on March 3, 2026, and reviewed the January 31, 2026, financials.

PEOPLE, CULTURE AND COMPENSATION COMMITTEE

Dr. St. Rose, Chair, People, Culture and Compensation Committee, advised the Board that the Committee met on February 27, 2026.

Dr. St. Rose informed the Board that the Committee discussed personnel matters and reviewed the 2025 Annual Bonus Incentive program.

QUALITY COMMITTEE

Ms. Gevertz, Chair, Quality Committee, reported that the Committee met on February 27, 2026,

Dr. Prabhakaran provided the Committee with the report of the Quality and Safety Council meeting of January 20, 2026.

- Pharmacy – Medication Safety Event Reporting, Medication Overrides, Inventory Management, IV Pump Guardrail Compliance, Controlled Substance Diversion Detection, Successes, and a Regulatory report was provided.

- Nursing Quality – 2025 Dashboard for Pressure Injuries, Falls, Falls with Fracture, SCD Compliance, CAUTI, CLABSI, Restraints, BCMA and HCAHPS/Press Gainey. Transfusion Administration, Barcode Medication Administration, Interdisciplinary Team Rounds, Our Journey of Excellence, Unit Specific Performance Improvement Projects, and Networkwide Standardization and Service Line Enhancements.

- Critical Care – 2025 Successes, Dashboard, Areas of Focus: Pressure Injury Prevalence, Sepsis Compliance and Improvement Strategies, Ventilator Order Compliance and Unplanned Extubation, and Quality Goals for 2026.

QA/PI reports were submitted by ALLY Center, Dental Medicine, Urology, and Palliative Care.

Ms. Gevertz reported that the Committee received a comprehensive Quality presentation by Dr. Paige. He highlighted the following data and information:

- Quality Outcomes
  - CLABSI – 0.107, Benchmark is 0.834;
  - CAUTI – 0.480, Benchmark is 0.839;
  - C-Diff – 0.820, Benchmark is 0.862;
  - MRSA – 0.563, Benchmark is 0.844;
  - SSI – Colo – 0.000, Benchmark is 0.937;
  - SSI-Hyst – 0.000, Benchmark is 0.937; and
  - Mortality O/E – 1.005, Benchmark is 1.000
- Patient Safety Indicators:
  - PSI 90 – 1.857, Benchmark is 1.000;
  - PSI 3 – 3.014, Benchmark is 0.630;
  - PSI 10 – 0.000, Benchmark is 1.670;
  - PSI 11 – 0.000, Benchmark is 9.420;
  - PSI 12 – 9.585, Benchmark is 3.520; and
  - PSI 13 – 0.000, Benchmark is 5.270
- Patient Experience:
  - HCAHPS 20th Percentile Nationally, Benchmark is 50th Percentile;

    - Child CAHPS – 18th Percentile Nationally, Benchmark is 50th Percentile;
    - OAS CAHPS – 24th Percentile Nationally, Benchmark is 50th Percentile; and
    - ED – 2nd Percentile Nationally, Benchmark is 50th Percentile
- Efficiency:
    - LOS O/B – 1.420, Benchmark is 1.000;
    - First Case On Time Start – 44.5%, Benchmark is 75.0%;
    - Average Turnover Time OR Room in minutes – 37, Benchmark is 39;
- Targeted Interventions:
    - Key Themes: Align clinical care goals across the organization; Focus: Accountability, Leadership, Data, and Task Forces; and Progress
- Patient Safety Indicator 03: Pressure Injury:
    - Reduce hospital acquired pressure injuries:
- Patient Safety Indicator 12: Primary Embolism or Deep Vein Thrombosis: Reduce events related to peri-operative venous-thromboembolism;
- Surgical Site Infection: Hysterectomy;
- Reduce C-Difficile Infection;
- First Case on Time Starts and Room Turnover Time; and
- Length of Stay (LOS) Reduction

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

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new 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. ROSENBLUT. THE MOTION CARRIED UNANIMOUSLY.

MR. SHROFF ASKED FOR A MOTION TO MOVE OUT OF EXECUTUVE SESSION. MS. GEVERTZ MOTIONED, SECONDED BY DR. MORTON. THE MOTION CARRIED UNANIMOUSLY.

ADJOURNMENT

MR. SHROFF ASKED FOR A MOTION TO ADJOURN THE MARCH 4, 2026, MEETING OF THE WCHCC BOARD OF DIRECTORS. MR. HOCHBERG MOTIONED, SECONDED BY MR. WISHNIE. THE MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,

Ann Marie Soares, WCHCC Assistant Secretary