

**ECMC CORPORATION**  
**ANNUAL REPORT AS REQUIRED BY**  
**NEW YORK PUBLIC AUTHORITIES LAW SECTIONS 2800 AND 3642**

**ANNUAL REPORT:**

New York State Governor David Paterson  
Senate Finance Committee Chairman Carl Kruger  
Senate Finance Committee Ranking Minority Member John DeFrancisco  
Assembly Ways and Means Committee Chairman Herman D. Farrell, Jr.  
Assembly Ways and Means Committee Ranking Minority Member James P. Hayes  
New York State Comptroller Thomas P. DiNapoli  
Erie County Legislature Chair Lynn M. Marinelli  
Erie County Executive Chris Collins  
Erie County Comptroller Mark C. Poloncarz  
Erie County Audit Committee Chairman John P. Schiavone  
Erie County Legislature Clerk Robert M. Graber  
Erie County Clerk Kathleen Hochul

**REPORT OF SUBSIDIARIES / PROCUREMENT CONTRACTS:**

New York State Governor David Paterson  
New York State President of the Senate Malcolm A. Smith  
New York State Speaker of the Assembly Sheldon Silver  
New York State Comptroller Thomas P. DiNapoli  
Erie County Executive Chris Collins  
Clerk of the Erie County Legislature Robert M. Graber  
Copies available to the public upon reasonable request

**BOND SALE REPORT:**

New York State Comptroller Thomas P. DiNapoli  
Senate Finance Committee Chairman Carl Kruger  
New York State Assembly Ways and Means Committee Chair Herman D. Farrell Jr.  
Copies available to the public upon reasonable request

**FINANCIAL MEASURES DISCLOSURE STATEMENT:**

Erie County Executive Chris Collins  
Erie County Legislature Chair Lynn M. Marinelli  
Erie County Attorney Cheryl A. Green

## **TABLE OF CONTENTS**

### **CONTENTS**

**I. ANNUAL REPORT (INSERT) TO: 1.) STATE; 2.) LOCAL AUTHORITIES:**

Public Authorities Law §3642(1); Public Authorities Law §2800; and the Sale Purchase and Operation Agreement, §6.8

- 1.) Operations and Accomplishments
- 2.) Receipts and Disbursements -or- Revenues and Expenses, during such Fiscal Year in accordance with the categories or classifications established by the Corporation for its own operating and capital outlay purposes
- 3.) Assets and Liabilities for Fiscal Year End including the Status of Reserve, Depreciation, Special or Other Funds and including the Receipts and Payments of these Funds
- 4.) Schedule of Bonds and Notes Outstanding at Fiscal Year End, together with Statement of the Amounts Redeemed and Incurred during such Fiscal Year as part of a Schedule of Debt Issuance including Date of Issuance, Term, Amount, Interest Rate, Means of Repayment, Refinancings, Calls, Refundings, Defeasements and Interest Rate Exchange or Other such agreements, and for any debt issued during the reporting year, a Detailed List of Costs for any Debt Issued for such debt
- 5.) Compensation Schedule including, by position, title and name of persons holding such position or title, salary, compensation, allowance and/or benefits provided to any officer, director or employee in a decision making or managerial position of such authority whose salary exceeds \$100,000
- 6.) Projects Undertaken by ECMC Corporation during the past year
- 7.) (i) All Corporation Real Property with Fair Market Value greater than \$15,000 that ECMC Corporation intends to dispose of  
(ii) All Real Property held by ECMC Corporation at the end of the period covered by the report  
(iii) All Real Property disposed of during the past year, including sale prices and names of purchasers
- 8.) ECMC Corporation Code of Ethics
- 9.) Assessment of the Effectiveness of the ECMC Corporation Internal Control Structure and Procedures
- 10.) ECMC Corporation Internet Web Site: [www.ecmc.edu](http://www.ecmc.edu): (b) To the extent practicable, ECMC Corporation shall make accessible to the public via its official internet web site documentation pertaining to its Mission, Current Activities, Most Recent Annual Financial Reports, Current Year Budget, Most Recent Independent Audit Report (unless such information is covered by subdivision two of section eighty-seven of the public officers law

**TABLE OF CONTENTS (CONTINUED)**

**CONTENTS**

**II. REPORT OF SUBSIDIARIES / PROCUREMENT CONTRACTS:**

Public Authorities Law §3642(2); Contract Procurement Guidelines, Article X; and the Sale, Purchase and Operation Agreement, §6.9

- 1.) Name, Principal Business Address, Principal Business Activities of Each Subsidiary of the Corporation
- 2.) Name of all Board Members and Officers of Each Subsidiary
- 3.) Number of Employees of Each Subsidiary
- 4.) List of All Contracts in excess of \$100,000 entered into by the Corporation and its subsidiaries, including the amount, purpose and duration of each such contract
- 5.) Financial Statement
- 6.) Income Statement
- 7.) Balance Sheet

**III. BOND SALE REPORT:**

Public Authorities Law §3633(4)(f), (g) and (h)

- 1.) Private or Public Bond Sale Guidelines set by ECMC Corporation
- 2.) Requirement that ECMC Corporation select Underwriters for Public or Private Bond Sale pursuant to an RFP process
- 3.) Amendments to Guidelines since last Private or Public Bond Sale Report
- 4.) Explanation of the Bond Sale Guidelines and Amendments
- 5.) Results of any Sale of Bonds conducted during the fiscal year

**A Message from the Leadership of ECMC Corporation**

ECMC Corporation has improved our communication and relationship with the New York State Department of Health. This is resulting in the approval of our certificates of need including the expansion of the ECMC emergency room and two new operation rooms. We have also recently received approval to become a Designated Stroke Center and expand our renal dialysis services.

During the last few months, tremendous progress has been made with our new partners at Kaleida Health and the Great Lakes Health System of Western New York to create a prominent new healthcare system. We have been working diligently with the physicians and medical professionals of the Professional Steering Committee and Subcommittees to look at the way we deliver services to our community and are having frank, productive discussions regarding how we can make them more effective and efficient.

Over 60 physicians have been driving this process, with staff from both ECMC and Kaleida facilitating their discussions. While no definite service changes have been determined, we have decided that what we are doing must change and we must begin the process of making Western New York a destination center for healthcare.

The Great Lakes Board has also been very active and supportive to ensure ECMC's and Kaleida's mission of access to healthcare, diversity, teaching, and research. As Kaleida and ECMC come together to create this new system, we have agreed that these components of our mission have to be of equal priority for clinical and financial success. You will be hearing more about the vision of Great Lakes Health in the months to come, as we unfold an outreach and marketing program to employees and our community.

We have also greatly improved our relationship with the County of Erie. The County Executive and the County Legislature have been very supportive of our efforts to create a new healthcare system and reduce our ties to the County. While Erie County may never be totally out of the healthcare business, it is our goal to minimize our financial and operational relationships so that we can continue to operate more like a healthcare business.

We thank the New York State Nurses Association members at ECMC for their leadership in ratifying and signing their new union contract. This new contract is pinnacle to ensuring ECMC's long term success. Like any good agreement, both the ECMC Corporation and the nurses benefited and made sacrifices. We hope that this new agreement will make our nurses' salaries more competitive in the market while addressing healthcare legacy costs that are not sustainable by any corporation in the US. We look forward to working with NYSNA and all of our unions as we advocate for changes to our healthcare system to ensure all Americans are afforded good healthcare.

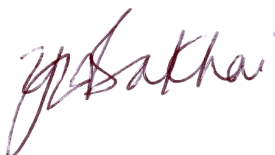
In all, our new relationships are marking significant progress at ECMC. This is no longer about surviving, but thriving. Great Lakes Health, Kaleida, the University at Buffalo, the New York State Department of Health, the County of Erie, and our union leadership recognize that ECMC must grow and that this will help to improve the entire healthcare system. I would like to thank each of these constituencies for their support. We, in turn, look to support them, and move this community forward—together.

This Annual Report in reference to the year 2008 is published to meet the requirements of the Erie County Medical Center Corporation, which is designation as a Public Benefit Corporation. This publication provides important financial information for the public in an economical package. We hope that you enjoy reading the reports as well as the articles about our quality programs.

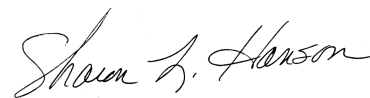
Sincerely,



Jody L. Lomeo  
Chief Executive Officer



Yogesh D. Bakhai, M.D.  
President, Medical/Dental Staff



Sharon L. Hanson  
Chair, Board of Directors

## **ECMC poised for further growth and success with new leadership team**

All the members of the new ECMC Corporation leadership team have a history of leadership in their respective fields and a longstanding relationship of service with the medical center. A former member of the Board of Directors, Mr. Lomeo served as interim CEO of ECMC since July, 2008. Mr. Barabas is an experienced senior hospital executive who joined the medical center as COO in 2007. Ms. Hanson, an executive with Time Warner Cable, has served as a director of ECMC Corporation for over 12 years. Dr. Bakhai has been a member of the Psychiatry Department at ECMC for 20 years and currently serves as its Clinical Director. The individual profiles of the new leadership team appear on the following pages.

### **Jody L. Lomeo, Chief Executive Officer**

The Board of Directors of the Erie County Medical Center Corporation (ECMCC) has appointed Jody L. Lomeo as Chief Executive Officer of ECMCC, now part of the Great Lakes Health System. Mr. Lomeo, 40, is a former ECMCC board chairman who most recently served as vice-chair of the ECMCC board. He is also a vice-chair of the Great Lakes Health System, the board New York State created to combine ECMC and Kaleida Health. Since July 2008, Mr. Lomeo served as interim CEO while the corporation board conducted a national search for a new leader.

Late last year, the five board members on the search committee concluded the search process and selected Mr. Lomeo. As the board members conducted the search process, it had become clear that the qualities ECMC needed in its new arrangement with Great Lakes Health made Mr. Lomeo an ideal choice.

"We realized what we needed for ECMC was a leader of change who could build consensus, trust and continue the momentum we have established," said board and search committee chair Kevin Cichocki, D.C. "Introducing an outside CEO in this environment could have been risky and definitely would have slowed the momentum to create a new health system with Kaleida, Great Lakes Health, UB, and Erie County. In fact, many individuals from these organizations reached out to me to ask if we could get Jody to stay," Cichocki continued. "Jody did not want this job and we had to convince him to take it," he added. "But after all the semi-finalist interviews, we felt that Jody's experience, the respect and trust he earned from our other healthcare provider partners, county and university leaders, and the achievements he realized in the last five months singled him out as the best-possible person for the job that needs doing," Cichocki said.

After an agreement to form what is now Great Lakes Health was worked out under a judge's direction last summer, a new spirit of cooperation developed. Immediately after his appointment as interim CEO, Mr. Lomeo made it a priority to normalize relations with ECMC's new partners, Kaleida Health and Great Lakes Health. Mr. Lomeo took the initiative to create a more conciliatory environment between the two major healthcare organizations, which enhanced the level of cooperation.

Mr. Lomeo also initiated the dialogue that led to an agreement impacting the 2009 Erie County budget, and continues to be involved in the negotiations to resolve other county-related issues. Perhaps most significant, Mr. Lomeo personally led final negotiations that recently resulted in an innovative contract with ECMC's nurses, who had worked without one since 2005.

"This was the furthest thing from my mind last summer. I continued to refuse the job, even a week after I was offered it," Mr. Lomeo said. "But the more I looked at how much has changed in the healthcare sector in the last six months, and the more I looked at my wife and three young sons and realized that I want to help deliver healthcare excellence to this community for them and everyone else, the more I realized I had to accept it."

"I am most gratified for the opportunity, for the support of the ECMCC board, and especially for the encouragement and backing of the leaders of Kaleida, UB and Great Lakes. We disagree on some things, and they know that I will be a forceful advocate for ECMC going forward. But they also know that patience, compromise, and collaboration are the tools we all need to use to improve this community's healthcare systems. And I pledge to everyone that those will be my main tools."

"I would not take this position if I didn't feel the stars are lining up and we can make real progress in reforming healthcare delivery in Western New York," Mr. Lomeo said. "I don't know if it will take two years, or five years, but together we will greatly improve health and hospitals in this region."

Mr. Lomeo initially served on the ECMC Board of Managers before becoming the first chair of the Board of Directors of the public benefit corporation. He was born and raised in Buffalo and received his B.S. degree in finance from the University at Buffalo after two years at Fordham University in the Bronx. He is an active alumnus of St. Joseph Collegiate Institute in Kenmore, and a member of its board of trustees. Mr. Lomeo is also a board member of the U.S. Small Business Administration Buffalo District Advisory Council and is involved in many other organizations and charities throughout Western New York. He was a *Business First* '40 Under 40' honoree in 2007, and lives in East Amherst with his wife Mary and their three sons. Mr. Lomeo is also an independent financial consultant in Williamsville, where he specializes in individual investing and retirement planning.

### **Mark Barabas, President and Chief Operating Officer**

Mark C. Barabas, D.H.A., F.A.C.H.E., joined ECMC Corporation as Chief Operating Officer in 2007 and was appointed President and Chief Operating Officer in 2008. Mr. Barabas is a mission-driven senior healthcare executive with over 20 years of comprehensive healthcare experience. He has a proven track record featuring major accomplishments in cost containment, foundation work, managed care, strategy, labor relations, operations, the regulatory approval process, and hospital accreditation. As COO, Mr. Barabas has worked on numerous initiatives including preparation for the joint commission review, a confidentiality agreement between Sheehan Memorial Hospital and ECMC, and discussions regarding the transfer of detox beds to Sheehan Memorial, as required by the Berger Commission. He also works extensively on physician contracting issues and with several ECMC committees including one that addresses length of stay issues across all services.

Before coming to ECMC in 2007, Mark Barabas [pronounced BEAR-a-bus] was CEO of Mercy Suburban Hospital in East Norriton, PA for three years, and chief operating officer there from 2000-2003. From 1993-1999, he was CEO of Community Hospital of Lancaster in Lancaster, PA. Mr. Barabas, 55, also worked at a hospital in Youngstown, OH, and did his administrative residency at Mercy Hospital in Buffalo. His degrees are from Youngstown State University and the University of Toronto and he is a fellow of the American College of Healthcare Executives.

Mark Barabas has received many professional awards, including the Graduate Literary Award from the University of Toronto, Society of Graduates in Health Administration (2001), for a healthcare article he authored. He has devoted his time to numerous boards, community organizations, and many professional membership positions on national boards. He has also worked as a consultant and accreditation inspector at hospitals across the country.

A recent feather in Mark's professional cap was his election as a Fellow of the American College of Healthcare Executives, the nation's leading professional society for healthcare leaders. The American College of Healthcare Executives (A.C.H.E.) is an international professional society of more than 30,000 healthcare executives. The Fellow status is the highest in the ACHE. To be considered for the F.A.C.H.E. credential, one has to pass the Board of Governors Examination in Healthcare Management, have at least three years tenure as a Diplomat in the ACHE, hold a Master's/advanced degree, have at least five years healthcare management experience, complete 40 hours of continuing education credit in the past five years, and participate in healthcare and community/civic activities.

"Because healthcare management ultimately affects the people in our communities, it is critically important to have a standard of excellence promoted by a professional organization," says Thomas C. Dolan, Ph.D., F.A.C.H.E., C.A.E., President and Chief Executive Officer of ACHE. "By becoming an ACHE Fellow and simultaneously earning board certification from ACHE, healthcare leaders can show that they are committed to providing high-quality service to their patients and community."

### **Sharon L. Hanson, Chair, Board of Directors**

***First woman, first African-American to lead regional hospital's directors***

At its January 2009 meeting, the Erie County Medical Center Corporation's board of directors elected Sharon L. Hanson, a 12-year board member, its new chair. The board's decision made Ms. Hanson, manager of government affairs for Time Warner Cable in Buffalo, the first woman to lead the 12-person board, as well as the first African-American.

Ms. Hanson served on the ECMCC board of directors and the former board of managers since 1996. During that time, she chaired the board's Human Resources, Building and Grounds, and Performance Improvement committees, and also served on the Executive, Executive Compensation and Governance committees. Ms. Hanson is also a member of the ECMC Lifeline Foundation Board of Directors.

“I am honored to serve as chair of this wonderful hospital board, which does so much for the Buffalo community,” Ms. Hanson said. “Working with our new CEO, Jody Lomeo, and the other board members, the doctors, nurses and staff at ECMC, I know that we will continue to grow this hospital and make it a strong partner with Kaleida Health in our new Great Lakes Health System.”

Ms. Hanson has also served in a variety of leadership positions in Buffalo and Erie County. She was special projects coordinator at the Niagara Frontier Transportation Authority for the Airport Improvement Project, which led to the new Greater Buffalo Niagara International Airport. In addition, Sharon provided leadership at Resource Planning Associates as the project director for the Buffalo Minority Business Development Center, where she helped several minority and women business enterprises get off the ground.

Ms. Hanson is a graduate of Canisius College with dual Bachelor of Science degrees in English and Political Science. She is also a graduate of the Leadership Buffalo Class of 1997 and the Dale Carnegie Classic Course. She serves on the boards of directors/trustees of Trocaire College and the Evergreen Association. Ms. Hanson is also active in the community as a member of the NAACP, Women in Cable, and the Public Relations Society of America.

Ms. Hanson most recently received the National Federation for Just Communities of Western New York’s community service/volunteerism award. She also received honors from the ECMC Lifeline Foundation; Black Achievers in Industry; Everywoman Opportunity Center; YWCA Leader Luncheon; as Calvary Outstanding Woman of the Year; the YWCA Board of Directors; Minority Business Development Center; and Bethesda Full Gospel Church.

Sharon Hanson has been recognized by VH1-Save the Music and the African American Women Community Builders of Western New York as Uncrowned Queen. A lifelong Buffalo resident, she is a member of the Chapel at CrossPoint and a mother and grandmother.

#### **Dr. Yogesh Bakhai, President, Medical/Dental Staff**

Yogesh D. Bakhai, M.D., is the new President of the Medical/Dental staff. Dr. Bakhai joined the Psychiatry Department at ECMC as Attending Psychiatrist in 1989 and is currently its Clinical Director. He is the Vice Chair for Clinical Affairs in the Department of Psychiatry and an Associate Professor of Clinical Psychiatry at the University at Buffalo. He is also a member of the Graduate Education Committee, the Resident Selection Committee, the Tenure and Promotions Committee, and the Executive Council of the Department of Psychiatry at UB.

Dr. Bakhai is a Distinguished Fellow of the American Psychiatric Association, a member of the American Society of Emergency Psychiatry, and a Representative of the Western New York Psychiatric Society District Branch of the American Psychiatric Association. He is the author or co-author of many scientific publications and a frequent presenter at professional conferences and grand rounds.

**I-1.) Operations and Accomplishments** (*in reverse chronological order; December 2008 - January 2008*)  
Public Authorities Law §3642(1); Public Authorities Law §2800; and the Sale Purchase  
and Operation Agreement, §6.8

**Executive Administration Appointments/Advancements during 2008**

**Brian M. Murray, M.D., Chief Medical Officer**

Brian M. Murray, M.D., was appointed to the position of Chief Medical Officer (CMO) of ECMC Corporation. The CMO's role is to facilitate medical staff interactions with Hospital Administration and the governing board and to assure effective and efficient delivery of quality medical care.

Dr. Murray previously served as the Associate Medical Director at ECMC. In this capacity, Murray also worked closely with the State University of New York at Buffalo School of Medicine and Biomedical Sciences (UB) to create an infrastructure to enhance research activities at ECMC. He also supervised specific projects related to clinical technology and quality improvement. At ECMC, Dr. Murray has also served as the Director of Dialysis Services (1989- present) and president of the ECMC Medical-Dental Staff (2001-02).

Originally from Ireland, Brian Murray earned his graduate and undergraduate degrees at Trinity College, University of Dublin where he received the Gold Medal for 1st Place overall in the Faculty of Natural Sciences of Trinity College (1976) and the Sir James Craig Memorial Prize for 1st Place in Medicine (1979). He performed his internship and residencies in Medicine at various hospitals, primarily in Dublin, Ireland. After emigrating from Ireland to the United States, Dr. Murray completed a renal fellowship at the University of Minnesota Hospital (1982-85). Dr. Murray is a Fellow of the American College of Physicians (F.A.C.P.) and the Royal College of Physicians in Ireland (F.R.C.P.I.). Board-certified in Internal Medicine (1987) and Nephrology (1990), Dr. Murray has been on staff at ECMC since he relocated to Western New York in 1985. Dr. Murray is also an Associate Professor of Medicine at the University of Buffalo (1994-present).

Dr. Brian Murray is the recipient of several awards, including the *Best of the Best Award* Region's Highest Health Care Honor from the Niagara Health Quality Coalition in Buffalo, New York (2004); the *Gift of Life Award* from the National Kidney Foundation of WNY (2004). Dr. Murray has published many research articles on chronic kidney disease, dialysis and transplantation. Additionally, he has been an invited reviewer for numerous medical journals and a grant reviewer for the American Heart Association, Upstate New York Region and the National Kidney Foundation, Upstate New York Affiliate.

Dr. Murray has been involved with several community service organizations, including Upstate New York Transplant Services, the National Kidney Foundation of Western New York, ESRD Networks of New York State and the Niagara Health Quality Coalition. Throughout his career, Dr. Brian Murray has been a member of several professional societies including; the American College of Physicians, the American Society of Diagnostic & Interventional Nephrology; the American Heart Association; the Central Society for Clinical Research; the American Society of Transplant Physicians; the American Society of Nephrology; and the International Society of Nephrology.

**Dietrich Jehle, M.D., F.A.C.E.P., Associate Medical Director**

Dietrich Jehle, M.D., F.A.C.E.P., was appointed Associate Medical Director for ECMC Corporation and promoted to Professor and Vice Chairman of the Department of Emergency Medicine at the State University of New York (SUNY) at Buffalo (UB). Additionally, the ECMC Lifeline Foundation is recognizing Dr. Jehle as the *Springfest 2008 Distinguished Physician Honoree* for outstanding dedication and service to ECMC and the community.

Dr. Jehle received his B.A. in Mathematics from the University of Virginia (1975), his M.D. from the University of Virginia School of Medicine (1979), and his Post Doctorate degree from the Graduate School of Public Health-Biostatistics at the University of Pittsburgh (1989). He completed his internship and residency in Internal Medicine at the Hospitals of the University Health Center of Pittsburgh [Presbyterian-University Hospital, Pittsburgh, Pennsylvania] (1979-1982).



Dr. Jehle is Board Certified in Emergency Medicine (since 1988, recertified 1997) and Internal Medicine (since 1982). He is a dedicated clinical service provider, superior teacher, and an administrative leader. He has been instrumental in the development of Emergency Medicine at ECMC, having served as the Emergency Department Director for 17 years (1990-2007). ECMC's Emergency Department is now the busiest in the region and a preferred clinical site for medical students and residents training in the field of emergency medicine.

Dr. Jehle is both a researcher, having conducted extensive research on a variety of topics reflecting the broad clinical range of patient conditions seen in emergency medicine, and a reviewer for national journals in emergency medicine. In addition to pioneering ultrasound research, he has performed a number of studies in resuscitation, investigated motor vehicle crashes, and brought new technologies to emergency medicine. He has published five books/book sections, 15 book chapters, 47 peer reviewed publications and 36 abstracts in medical literature. Dr. Jehle has been successful in obtaining significant government and non-governmental funding from 15 research grants totaling in excess of \$12 million. He has also earned numerous national and local teaching awards.

### **Kenneth A. Richmond M.H.A., F.A.C.H.E., Senior Vice President of Operations**

Kenneth A. Richmond M.H.A., F.A.C.H.E., Senior Vice President of Operations, was promoted and assigned/accepted responsibilities for ECMC departments including the: Pharmacy; Plant Operations; Hospital Police (Security); Imaging Services (Radiology); Laboratory; Ambulatory, Renal, and Volunteer Services; and DOC Health; as well as Physician Recruitment, with Physician Recruitment being elevated to the executive level.

Ken Richmond joined ECMC Corporation as Senior Vice President of Operations and Process Improvement in November of 2005. Since Ken Richmond came to ECMC, he has been responsible for initiating and directing many operational services/departments and initiatives that have resulted in important operational improvements.

Ken Richmond has more than 30 years in health care executive management. His previous professional experiences include: consulting for Woodrum ASD in Chicago, IL; serving as Executive Vice President and Chief Operating Officer for Vista Health System in Waukegan, IL; President and Chief Executive Officer after working as Executive Vice President and Chief Operating Officer at Mount Sinai Hospital Medical Center in Chicago, IL. Ken Richmond also served as: Executive Vice President and Chief Operating Officer for Shore Health System in Eastern, MD; President and Chief Executive Officer at Dorchester General Hospital; Senior Vice President for the University Medical Center in Jacksonville, FL; and as Senior Associate/Executive Search Consultant at Kieffer, Ford & Associates, LTD., also in Chicago.

Ken Richmond earned an M.H.A. (Master of Healthcare Administration) from The George Washington University in 1971, after completing a B.S. at The University of Baltimore in 1969. He recently became a Fellow of the American College of Health Care Executives (C.H.E.) and the American Hospital Association.

### **Richard C. Cleland, M.P.A., N.H.A., Senior Vice President of Operations**

Richard C. Cleland, M.P.A., N.H.A., was promoted to the position of Senior Vice President of Operations and will assume responsibility for: Behavioral Health, Rehabilitation, Environmental, Dietary, Transport and Laundry Services. He will retain responsibility for long-term care services, including the Erie County Home.

Rich Cleland most recently served for ECMC Corporation as Executive Director of Continuing Care and Administrator of the Erie County Home. Rich Cleland has identified and developed opportunities to enhance programs and services, improving efficiencies and financial position, with the ultimate goal of making the Erie County Home the best Skilled Nursing Facility (SNF) in Western New York.

Rich Cleland was formerly the Administrator of Brothers of Mercy Nursing and Rehabilitation Center (2000-2006). He was also Director of Maintenance, Plant Operations, and Environmental Services at Brothers of Mercy (1994-2000). He served previously at ECMC as Director and Assistant Director of Cleaning Services (1988-1994).

Richard Cleland holds a Masters of Public Administration from Canisius College. He has a New York State Nursing Home Administrator's license and a certification from St Joseph's College of Maine in Long Term Care Administration (2003). He earned his undergraduate degree from Buffalo State College. He is on staff at both D'Youville College (Health Services Administration) and Erie Community College (Business Administration). He is a Member of the American College of Health Care Executives.

### **NYSNA Nurses Vote to Ratify New Contract**

As announced on December 24, 2008, Nurses at the Erie County Health Department, Erie County Medical Center, and Erie County Home have voted to ratify a new New York State Nurses Association (NYSNA) contract.

While the terms of the contract were not released until the contract was officially signed, ECMC Corporation officials said the new agreement significantly raises NYSNA nurses' salaries to very competitive levels in Western New York and makes retiree health more affordable for the corporation. NYSNA membership has been without a new contract since 2005.

"This new contract is long overdue and provides the nurses of ECMC and the Erie County Home the salaries they deserve, while making us very competitive in the marketplace," said Jody Lomeo, (then Interim) CEO of ECMC Corporation. "Nurses are the backbone of the quality care that we provide at ECMC and this contract will allow us to build upon our strengths as we collaborate with Kaleida and Great Lakes Health to build a premier health care system. The nurses and leadership of NYSNA are to be commended for their foresight and vision that will ensure the ECMC Corporation is a financially healthy organization for years to come."

Erie County Executive Chris Collins commented: "The hardworking nurses of NYSNA are to be commended. This contract is fair to the nurses, local taxpayers and future generations. It also highlights a positive and productive working relationship between Erie County and ECMC, and represents another step forward as we work to remove the County from the hospital business. All but one county labor contract has expired, and having concluded successful negotiations with NYSNA, the County now looks forward to successful labor negotiations with our other unions."

There are approximately 720 NYSNA members at ECMC, 60 members at the Erie County Home and 47 members at the County of Erie Health Department.

### **NYS (SHRPC) Council gives Initial Approval to ECMC as a Designated Stroke Center**

On December 11, 2008, the State Hospital Review and Planning Council (SHRPC) of the New York State Department of Health (NYS-DOH) informed Erie County Medical Center (ECMC) Corporation officials that their application for ECMC to become a Designated Stroke Center was approved, pending a site review and some final steps in the process to be conducted by the NYS-DOH over the next few months.

"Having co-authored a landmark paper published in the New England Journal of Medicine in 1995 on a new and aggressive approach to acute stroke using the clot busting medication tPA, I am very pleased to see that the New York State Department of Health has adopted the recommendations from this important study," explained Michael A. Meyer, MD, Professor of Clinical Neurology and Nuclear Medicine, S.U.N.Y. at Buffalo; and Chief of Neurology and Stroke Services, ECMC. "In so doing, the Department of Health is taking a strong role in developing a state wide program for acute stroke. I am very pleased that they are advancing the application for ECMC to become a Designated Stroke Center. As a 24/7 Adult Regional Trauma Center, ECMC has already been caring for many patients requiring stroke care."

The decision to apply for the stroke center designation was to ECMC administrators and the "ECMC 24/7 Stroke Team" members a logical and necessary step since they consider ECMC to be highly qualified for this designation.

ECMC officials emphasize the fact that ECMC and the Western New York community need not expend additional funds for the stroke center designation since ECMC already has the medical staff, radiological equipment, and surgical team to implement this program.

With regard to staffing, the ECMC 24/7 Stroke Team is comprised of physicians from multiple specialties. Qualified emergency department physicians, having received training and certification to perform the NIH Stroke Scale evaluations, are members of the acute stroke team. Constant stroke patient medical coverage is provided by neurology residents and staff at ECMC. Experienced Stroke Program Coordinator, Paula Quesinberry, RN, oversees patient care services and community education. Furthermore, ECMC operates an out-patient neurology clinic for stroke related evaluations.

The ECMC facility is already well equipped to provide stroke evaluation and care. Immediately adjacent to the large 29-bed ECMC Emergency Department equipped for urgent care is a 64-slice digital imaging scanner for immediate CT angiography of the brain and neck vessels. The unit is already in use for acute stroke evaluations with immediate availability to interactive 3D software for vessel reconstruction.

In the application for the stroke designation, many projected benefits to patients receiving care at ECMC were outlined, including: improved efficiency of patient care; rapid evaluation and treatment of acute stroke patients leading to better outcomes; improved patient treatment times; improved patient outcomes due to appropriate protocols and guidelines; fewer stroke-related complications; decreased patient length of stay; higher patient survival rates; improved long-term outcomes; services to reduce patient disability; and increased patient satisfaction. Additional cost savings to ECMC and the Western New York community will result from: reduced patient length of stay; and initiation of treatments for secondary prevention reducing risk of future hospital admissions. Since Erie County has more stroke deaths than any other county in all of New York State, this program is very much needed in this region of the state.

#### **ECMC Welcomes Russian Visitors**

Russian delegates, all of whom are physicians or educators, visited Buffalo for a week in December 2008. The group was hosted by Buffalo-Tver Sister Cities through the congressionally sponsored Open World Program (see [www.openworld.gov](http://www.openworld.gov)), which is designed to enhance understanding and capabilities between the US and the countries of Eurasia. Buffalo-Tver Sister Cities is working with the Chair of the Disaster Medicine Section of Harvard Medical School and Chief Medical Officer of American Hospital Management to establish the Russian-American Medical Center in Tver, Russia. The delegates were nominated to visit the U.S. Open World's support of substantive projects in cooperation with Russia and the U.S. is making it possible for these delegates to visit the U.S. The group included professionals in such disciplines as: hospital administration, urology, family health, pediatrics, outpatient services; acupuncture, surgery, plastic surgeon, and Russian business/industry.

#### **U.S. Department of Health and Human Services recognizes ECMC for 4th consecutive year of High Organ Donation Rates**

The Erie County Medical Center has joined an elite group of 93 hospitals across the United States that has received the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration Organ Donation Medal of Honor for the fourth consecutive year. The Medal of Honor is awarded to hospitals with eight or more potential organ donors for achieving and sustaining a donation rate of 75 percent or more of eligible donors for at least a year. A total of 412 of the nation's largest hospitals received this award during the Fourth National Learning Congress on Organ Donation and Transplantation, held October 23-24 in Nashville, Tennessee. Karen Ziarkowski, RN, and Diane Stauder, RN, from ECMC's Trauma Intensive Care Unit (TICU) represented ECMC at the conference and accepted the Medal of Honor. ECMC was the only hospital in NYS to earn the medal each of the times it has been awarded by HHS since it was created in 2004.

"For the fourth year, our country's leading hospitals have made great progress in increasing donation rates," said Elizabeth M. Duke, administrator of the HHS Health Resources and Services Administration (HRSA), the agency that leads the federal government's efforts to increase organ and tissue donation. "Each of these hospitals is deserving of the honor, but I am particularly proud of the 93 hospitals that are earning this medal for the fourth consecutive year."

The national increases in organ donation followed HRSA's launch in 2003 of the Organ Donation Breakthrough Collaborative. The Collaborative brings together donation professionals and the hospitals' end-of-life continuum of care. ECMC has actively participated in this national initiative since it began over five years ago.

#### **U.S. Department of Health and Human Services honors ECMC Renal Transplant Team with two Awards**

Over the past year, Erie County Medical Center, has participated in the Transplant, Growth and Management Collaborative. The purpose of the collaborative was to allow an opportunity for transplant centers to share ideas on improving the process of evaluating patients for transplant, and ensuring that capacity could be expanded when needed due to the efforts of the Organ Donation Collaborative.

The ECMC Renal Transplant Team was also honored with two awards during the U.S. Department of Health and Human Services event held in Nashville, Tennessee on October 23-24, 2008. The first award was for increasing the number of transplants by 20%, and the second award was for a 20% reduction in the time it took to evaluate a patient for transplant and to place them on the active transplant waiting list.

The Transplant Team, led by Dr. Rocco Venuto and Dr. George Blessios, members were commended for this achievement, since only three New York State hospitals were honored with both awards.

#### **New York State Committee on Trauma Resident's Trauma Paper Competition held at ECMC**

The New York Chapter of the American College of Surgeons, New York State Committee on Trauma, held the 2009 Resident's Trauma Paper Competition at ECMC on November 19, 2008. The program Introduction and Welcome was presented by William J. Flynn Jr., MD, FACS, Chairman, New York State Committee on Trauma and Clinical Director of Surgery, ECMC. Abstracts were presented by ten medical students from four university/university affiliated New York health systems including: the University of Buffalo, SUNY Upstate University, the University of Rochester, and the Albany Medical Center. At the conclusion of this CME activity, the "learner" was expected to be able to: Identify and discuss current research topics in the field of trauma care and injury management; and describe current principles in the surgical management of abdominal trauma.

As part of this academic function, the "John R. Border, MD, Memorial Lectureship" was held November 20th, 2008, at the University at Buffalo, South Campus. The key note, "Changes in Management of Injuries to the Liver and Spleen" was presented by J. David Richardson, MD, FACS. Dr. Richardson is a senior faculty member of the University of Louisville and surgeon at University Associates.

#### **NYAPRS Psychiatric Emergency Care Community Forum held at ECMC**

The New York Association of Psychiatric Rehabilitation Services (NYAPRS) held an Emergency Care Community Forum at ECMC on November 12, 2008. The forum introduction was provided by Leslie Saunders, Systems Advocate, Western New York Independent Living-Mental Health Peer Connection. The "Framing of the Issue: Meeting the Crisis in our Local Emergency Care Systems" was presented by Matt Canuteson, Policy Specialist, New York Association of Psychiatric Rehabilitation Services. A presentation on "ER Standards of Care/Innovative Peer Crisis Initiatives" was offered by Steve Miccio, Executive Director, PeopleInc-Rose House, Peer Run Crisis Diversion Program, Ulster/Orange, New York. The presentations were followed by a panel discussion and question and answer period pertaining to "Recommendations and Next Steps Toward Improving Local Psychiatric Crisis Response" with panelists: Leslie Saunders; Philip Endress, Commissioner of Mental Health, Erie County, New York; Chris Doherty Smith, Chief Standards Compliance Analyst, NYS Office of Mental Health, WNY Field Office; Yogesh Bakhai, Clinical Director, Psychiatry, ECMC; Calvert G. Warren, Director of the Comprehensive Psychiatric Emergency Program (CPEP), ECMC; Anne-Marie Gallineau, Unit Manager, CPEP, ECMC; and Beth Ladd, Director of Behavioral Health, Buffalo General Hospital.

#### **ECMC "WNY Runs for Heroes' 5K Run & Healthwalk" held**

On October 4, 2008, the ECMC Lifeline Foundation held its twelfth annual "5K Run & Healthwalk" fundraiser. The newly named event now called, "Western New York Runs for Heroes" was held in Delaware Park, at the Marcy Casino

on Lincoln Parkway at Hoyt Lake—a new Buffalo location for this year. Since its inception, area police officers injured in the line of duty and treated at ECMC have been honored during this event. Last year, a firefighter injured in the line of duty and treated at ECMC was honored. The event was further expanded for this year to honor not only Western New York firefighters and police officers injured in the line of duty, but also to recognize physicians, nurses, and other emergency lifesavers.

“WNY Runs for Heroes’ 5K Run & Healthwalk” honorees for 2008 were: Buffalo Police Officer Patricia Parete (in recognition) and Buffalo Police Officer Carl Andolina; Buffalo Firefighter Mark Reed; Lockport Police Officer Steven D. Ritchie and Lockport Police Chief Lawrence M. Eggert; and Jamestown Police Detective David Mitchell.

On December 5, 2006, Buffalo Police Officer Patricia Parete and her partner Officer Carl Andolina were dispatched to a downtown gas station where a fight had been reported. The officers chased a suspect and ordered him to take his hands out of his pockets when he then began shooting at both officers at point blank range.

Officer Andolina tackled him to the ground. Both officers were injured in the gun battle, with Officer Parete sustaining severe injuries from a gunshot to the spine. Officer Andolina was shot three times, treated at ECMC and discharged. Officer Parete underwent extensive emergency/trauma surgery and care at ECMC and continues in rehabilitation elsewhere. Officer Andolina, a 5K Run & Healthwalk honoree (for the second consecutive year) will be present during the event.

Buffalo Firefighter Mark Reed was transported to ECMC on June 10, 2007, after a brick chimney collapsed on him while fighting an arson fire in a vacant house in the City. Reed arrived at ECMC with multiple, life-threatening injuries. Yet, after undergoing multiple surgeries and extensive care, Reed was discharged from ECMC on August 1, 2007. Firefighter Reed is a 5K Run & Healthwalk honoree (for the second consecutive year).

Lockport Police Chief Lawrence Eggert and Officer Steven Ritchie were injured in the line of duty in February of 2003, during a gun battle with a man they pursued for shooting a Lockport bar patron and riddling a building with bullets with a semi-automatic weapon. Both officers were injured and treated by ECMC emergency/trauma teams. Ritchie was brought to ECMC in critical condition. This year, as returning honorees, both Chief Eggert (for fifth consecutive year) and Officer Ritchie (for fourth consecutive year) are expected to participate in the event as health walkers.

In September of 1999, after sustaining life-threatening injuries when shot in the line of duty, Jamestown Police Detective David Mitchell was transported to ECMC for emergency, trauma, and follow-up care. Detective Mitchell will participate once again in the run as a returning honoree (for the eighth consecutive year).

5K Run & Healthwalk competitions included the competitive run as well as a health walk. The course is USA Track & Field certified, sanctioned by the USATF and certified to be accurate by the USATF #NY02009AM. Prizes for the run went to overall female and male winners (no duplicate awards), as well as the first three male and female winners in each of 16 age groups. A special prize for anyone breaking the WNY 5K record-breaking time was also available. Corporate teams, including ECMC departments, were eligible for team prizes.

Co-chairpersons of this event for 2008 were: Buffalo Police Commissioner H. McCarthy Gipson and ECMC Lifeline Foundation Board Vice President Clifton M. Bergfeld of the law firm Watson Bennett. The ECMC Lifeline Foundation Executive Director is Gia Coone.

### **ECMC Experiences Best Nursing Recruitment Year in 12 Years**

On September 17, 2008, Erie County Medical Center (ECMC) Corporation officials announced that they have experienced an outstanding nurse recruitment year for the organization. While the nursing shortage continues across the nation and within the Western New York region, ECMC officials said they have managed to attract more recent nursing graduates and experienced nurses than any previous year within the past twelve years. To date for 2008, ECMC has hired 125 Registered Nurses (RNs) and 56 Licensed Practical Nurses (LPNs) for a total of 181 nurses hired. In 2007, ECMC hired 109 RNs and 66 LPNs for a total of 175 nurses. In 2006, ECMC hired 109 RNs and 32 LPNs for a total of 141. Having the ability to effectively recruit and retain nurses has allowed ECMC to maintain the best nurse to patient staffing ratios in Western New York.

When asked about possible reasons for ECMC’s consistently improving nurse recruitment successes, ECMC Vice President of Nursing Bonnie Ann Glica, R.N., M.S., said, “Nurses are choosing ECMC because through their clinical

experiences on site as students nurses and/or from discussions with other colleagues, they are aware that the training provided at ECMC is exceptional and the institution is truly committed to providing the highest quality of care. Mentoring from expert clinicians as well as exposure to complex patients and progressive standards of care have placed ECMC at the top of the list for those seeking rewarding and dynamic nursing careers.”

ECMC Nurse Recruiter Sue Przepasniak, R.N., said, “We heard repeatedly from graduates of many area colleges over the past several months as we hosted nursing recruitment events, that during their clinical rotations at ECMC, our nursing staff took the time to teach every aspect of quality nursing care. They said this was not the case at many other hospitals.”

ECMC Human Resources Department staff members expect to hire more nurses by the end of 2008, and officials anticipate that the recruitment/hiring trend at ECMC will continue as a result of a greater awareness of the excellence of ECMC’s nursing program.

### **Behavioral Health makes the leap from “Order Entry” to “Order Management” medical information system application**

On September 2, 2008, the Comprehensive Psychiatric Emergency Program (CPEP) Department at ECMC embarked on a new journey of automating patient tracking and work flow by utilization of a new Emergency Department Management system. Part of this exciting transition for this unit was a migration from MEDITECH’s “Order Entry” application to a new integrated, quick and efficient MEDITECH (medical information system) application called “Order Management (OM).”

MEDITECH’s Order Management application streamlines the order transcription process for both ACC Clerks and Nursing staff. The point and click approach inherent to the application has reduced the number of steps necessary to process orders. In addition, the program offers the ability for the user to select “Favorite” orders and order sets that are easily retrieved from drop-down lists which are sorted by order categories.

Other features within the system that have been found to be beneficial to the staff members include: a list of current orders previously entered on a patient that is accessible as soon as the user launches the Order Management application; and special color coding of orders that enables users to more easily identify duplicate orders.

In the past, it was necessary to know or find an exact category and procedure “Mnemonic” to order any procedure in the system. With the new Order Management application, the user has the option of entering “free text” in a field that will find a specific procedure that they are attempting to order. Furthermore, users are able to enter orders by accessing the application directly from their Work List/Status Board.

Secondary to the successful adoption of the application and the benefits associated with OM, the Behavioral Health areas at Erie County Medical Center have moved forward using the Order Management application instead of the Order Entry product. Staff members underwent training on the new application and feedback has been very positive.

### **University at Buffalo partners with ECMC to establish Dedicated Nursing Education Unit**

In September of 2008, the University at Buffalo School of Nursing and the Nursing Department at Erie County Medical Center initiated a Clinical Educational Service Partnership. The project entails implementation of a Dedicated Education Unit (DEU). This project represents the first such effort to pilot the effectiveness of the Dedicated Education Unit in the Western New York healthcare community. A Dedicated Education Unit (DEU) is an inpatient clinical unit that is developed into an optimal teaching/learning environment. Through the collaborative efforts of nurses, management, and faculty, the clinical setting is designed to provide students with a positive clinical learning environment that maximizes the achievement of student learning outcomes. It utilizes proven teaching/learning strategies, and capitalizes on the expertise of both clinicians and faculty.

The objectives of the DEU are to: utilize staff nurses to assist in the clinical competence of undergraduate students; provide clinical education for an increased number of students; assist and support the professional development of staff nurses; and provide a prepared pool of potential resources for workforce recruitment.

The Dedicated Education Unit concept draws from the experiences of Flinders University in South Australia where the DEU concept was developed. The University of Portland School of Nursing piloted the model on the West Coast. The model provides a framework for clinical instruction. Thinking in terms of "it takes a village to raise new nurses," the DEU model establishes an environment which supports and fosters the clinical education of nursing students.

The units selected in which to implement this training program at ECMC are the Acute Geriatric Unit and the Acute Rehabilitation Unit.

***New Anesthesia Workstations Provide Erie County Medical Center with Automated Secure Medication Storage Utilizing technology, ECMC addresses the unique needs of the Operating Room; meets regulatory requirements, increases revenue capture and improves operational efficiency***

ECMC has installed Omnicell\* Anesthesia Workstations in each of its ten Operating Rooms (ORs). The automated system addresses the unique medication workflows and storage requirements for anesthesia providers and enables them to adhere to rigorous patient safety guidelines and regulations while maintaining low inventory levels and maximizing medication revenue capture.

"The implementation of Omnicell Anesthesia Workstations has been a really nice feather in everyone's cap," said Randy Gerwitz, R.Ph. Director of the Department of Pharmaceutical Services, ECMC. "We've been able to bring charge capture rates up to 90 percent or greater for OR medications and supplies. Additionally, for a single drug which is used nearly to exclusion by Anesthesiology, a tremendous increase in doses billed has been documented."

Prior to removal, all medications stored in the Omnicell Anesthesia Workstations are associated to a patient. Controlled substances, locked within unit-dose bins, may be accessed through a touch screen. Other medications and supplies may be withdrawn and scanned from drawers that unlock upon login. All charges are sent automatically from the workstation to ECMC's Meditech billing system.

"Hospital ORs often lack secured storage at the point-of-care, leading to a break down in charge capture and cost management," said Kathryn Sullivan, product manager, Omnicell. "After installing Omnicell Anesthesia Workstations, there is a clear benefit to the hospital's bottom line revenue. Inventory and cost management are key elements to improving both quality of patient care and operational efficiency."

As a 340B eligible facility, accurately documenting pharmaceutical use at ECMC is especially important. The 340B Drug Program provides discounted medications for use in outpatient procedures to hospitals that offer care to the medically underserved. To take advantage of the program, clean audit trails must be created to document the patient's outpatient status at the time services are provided. Nearly half of the OR activity at ECMC is outpatient, so ECMC is pleased to fully realize the savings that complete and accurate charge capture allows.

Another benefit to ECMC's OR as a result of the Omnicell Anesthesia Workstations is a decrease in case turnaround time. The in-room cabinet has eliminated mid-case calls as well as trips by the OR staff to the Pharmacy to stock additional items between surgical cases. In addition, the unique Anesthesia Work Drawer allows secure preparation prior to cases, a favorite time-saving feature of the anesthesia providers. Medications and supplies are now easily accessible—literally at their fingertips—and paper charge documentation is a thing of the past. In-turn, the Pharmacy staff spends less time reconciling controlled substances.

*\*Omnicell and the Omnicell logo design are registered trademarks of Omnicell, Inc.*

**IDS Department Welcomes Visiting Chinese Physicians**

In the summer of 2008, Dr. Fu-Xiang Wang traveled from Harbin, China to Buffalo to study first hand the work of ECMC's Immunodeficiency Services (IDS) Department and its research director, Dr. Chiu-Bin Hsiao. Created in 1988 as a research center that also provides HIV/AIDS clinical care, psychosocial supports, and educational services to the community, the IDS Department is the Designated AIDS Center for Western New York.

Much of the research work and clinical trials at the IDS Department result in new therapies that directly benefit the Center's patients. In addition, the IDS Department is also increasingly establishing links to international collaboration,

both in research and in education. Dr. Wang's three month tenure here marked the second visit by a physician from China. The first visitor, Dr. Yun He, came in 2007 for two months of observation and study before returning to her work in AIDS research and care at the Zhengzhou 6th Hospital in the Henan province of central China.

"I believe that this is the best AIDS/HIV center in New York State and possibly in the nation," says Dr. Hsiao. "We currently have about 1,200 HIV-infected outpatients under our care and have cared for more than 4,000 over the past 20 years. Before the highly active antiretroviral regimens were available, roughly 25% of AIDS patients died each year. Now we are seeing about 2% mortality per year. Of those who die, many succumb from non-HIV related diseases. So only about one percent of infected people die from HIV and those people most often do not adhere to their HIV medication."

Because the ECMC's IDS work is becoming so effective, Dr. Hsiao believes it is time to share its success with the world at large. One of the IDS nurse practitioners, Maureen Maliszewski, has already joined *Doctors Without Borders* to work in an HIV clinic in Africa. And last year Dr. Lin, a pharmacist from the National Chen-Kung University Hospital in Taiwan, trained at IDS for six months and returned to Taiwan to care for HIV patients there.

Dr. Hsiao began a dialogue with China and Taiwan on a trip to his native Taiwan as a keynote speaker at an AIDS conference there in 2005. The following year he helped organize a three-day AIDS symposium in Shanghai comprised of some 200 HIV care leaders. Because most of China is still using first generation antiretrovirals, two years ago Dr. Hsiao decided to begin training Chinese doctors in the new therapies.

Since Drs. Hsiao and Wang hail from nearly opposite ends of China, communication would be virtually impossible without the Mandarin Chinese they both learned in school. Yet Dr. Hsiao has been unable to find any other AIDS physician in the U.S. who is able to fluently speak the official language of China. Because of his language skills, he is currently serving as consultant to Dr. Victor Yu, Chief of the Infectious Disease Section at the VA Medical Center in Pittsburgh, in the translation of the *HIV Clinical Manual* into Mandarin Chinese.

For Dr. Wang, the most obvious benefit of his visit to ECMC was to observe the work of the IDS Department and learn how staff and patients are managing the newer antiretroviral drugs. Through ongoing clinical trials, the Department has now expanded to a cocktail of three drugs which, in a recent clinical trial of 19 patients, was successful with 18.

"I'm hoping Dr. Wang can share what he's learned here with other HIV providers in China," says Dr. Hsiao. "Ideally, I would like to have two or three doctors come in at the same time so they can share their observations and we can discuss things together. We hope to have a network of teachers, including all the people who have come here. Once our network is established, we'll be able to have an international conference via the Internet. HIV is going to become a more common disease but one that is increasingly treatable and very manageable with an early diagnosis. My goal at our center is simple: to bring the best care to our patients and to give them a longer and healthier life."

### **ECMC Lifeline Foundation 2008 *Tournament of Life Golf Classic* a Major Success!**

The 2008 *Tournament of Life Golf Classic* held August 18, 2008, at the beautiful Park Country Club, was a sold out event! This year's event raised approximately \$95,000 net of expenses for ECMC. This success could not be possible without the support of ECMC Corporation (then) Interim CEO and Chair of the Tournament Jody Lomeo, many generous sponsors, the Tournament planning committee members, and event day volunteers.

### **Erie County Home Employees Present Cultural Change Topic at National Conference**

Changing the culture of any organization qualifies as a significant challenge. The Erie County Home (ECH) has been in the "culture change" process for over two years and has taken steps both forward and backward. The Home has made a few giant leaps forward in pursuit of a new way to provide care to its elder and younger residents. ECH is changing because it is necessary to change: the "medical model" is now becoming "person-centered care." To better understand how to implement "person-centered care," ECH has become a member of the newly formed Western New York Alliance for Person-Centered Care and joined the Pioneer Network several years ago (an international organization for "pioneers" in nursing home change headquartered in Rochester, New York).

Overcoming impossible obstacles was the theme of the presentation at the Pioneer Network Annual Conference in Washington, D.C. in August of 2008. ECH staff members shared their experiences with 1,300 attendees from all over



the world and in turn have learned from others experiences. The mutual goal is to work toward a nursing home environment that is even more considerate of the individual and encourages each person to live the fullest and most satisfying life possible within a system of rigid state and federal regulations.

One giant leap forward is Certified Nursing Assistant (C.N.A.) Christine Erny, a presenter at this conference. Christine received a full scholarship from the Pioneer Network to attend the three day conference. Christine has worked for the Erie County Home on the dementia unit for several years. She was instrumental in developing and implementing a daily structured program for residents with dementia, and she now has the opportunity to talk about her role as a C.N.A. in a program that demonstrates amazing resident outcomes and impacts culture change.

Christine's presentation included steps and issues related to: "de-institutionalizing" the Home; developing a "neighborhood" concept; creating a successful "TBI (Traumatic Brain Injury) Neighborhood;" celebrating the individual ("Erie County Home has Talent" Sunday afternoon series); and including residents and front line staff on committees, such as the Neighborhood Steering Committee and the Connection's Newsletter, along with involvement in other aspects of the decision making process.

For some individuals, a skilled nursing facility may be the only option. The Erie County Home is actively engaged in the culture change, but change takes time and determination and an understanding that change is a journey.

### **Erie County Home Taking Long-term Care to New Levels of Efficiency and Quality**

The Erie County Home in Alden, New York, has deployed AccuNurse® voice-assisted care across the entire ECMC Continuing Care System within the skilled nursing facility encompassing all 586 beds at the Erie County Home and the 136 beds in the skilled nursing facility at ECMC. Erie County Home Administration expects this investment to take quality of care to new levels by enabling more proactive care and providing more direct care staff time with residents.

Voice-assisted care gives staff the ability to access resident care needs on-demand, complete paperwork by talking, enhance care-team collaboration with Silent Page™ and respond faster to resident needs with nurse call integration. Numerous performance improvement and reimbursement gains are anticipated.

According to Richard C. Cleland, NHA, MPA, Senior Vice President of Operations for ECMC Corporation, "The premier focus for our organization is providing the highest quality resident-specific care, along with being the best employer for our valued care staff. AccuNurse® will help us achieve these goals. We also expect to be very well positioned for the RUG III system coming to New York this year by increasing accuracy of documentation and ultimately maximizing our reimbursements."

### **ECMC Summer Youth Self-development Program Highly Successful**

On August 12, 2008, Erie County Medical Center Corporation (ECMC) held the culmination and awards event for its first comprehensive self-development *ECMC Summer Youth Program* for area high school students entitled *A Summer Youth "Pathways to Healthcare" Educational Program*. The program, which took place during the summer vacation period, ran from June 30<sup>th</sup> through August 7<sup>th</sup>, providing 100 high school students with opportunities for self-development by exposing them to a variety of hospital-based health careers.

The culmination ceremony featured as keynote speaker, University at Buffalo Clinical Assistant Professor of Surgery and ECMC Director of Breast Health Services/Breast Surgeon Vivian L. Lindfield, MD, who told as an example, an encouraging story about determination in pursuit of her career goals. Guest speakers who further encouraged the teenagers to pursue their dreams included: ECMC Corporation Interim Chief Executive Officer and Board Vice-chairperson Jody L. Lomeo; and ECMC Corporation Board Vice-chairperson Sharon L. Hanson. ECMC Corporate Training Director Rita Hubbard-Robinson directed the youth program and the culmination ceremony. Participating teenagers received certificates for successful program completion and many earned special recognition awards. ECMC internship site supervisors and coordinators were on hand along with Western New York-area high school administrators, teachers, and parents.

"This program was created to stimulate interest in employment in health services and to help meet the future need for qualified personnel in this field, explained ECMC Corporate Training Director Rita Hubbard-Robinson. "In addition to having internship experiences at ECMC, youth participants took part in seminars focused on health careers."

Participating high schools included: Alden; Amherst; Buffalo Academy for Visual and Performing Arts; Buffalo Academy of Science Charter; Buffalo Seminary; Cheektowaga Central; City Honors; Depew; Emerson; Grover Cleveland; Holy Angels; Hutchinson Central Technical; Kenmore East; Lafayette; Lancaster; Leonardo daVinci; Maryvale; McKinley Vocational; Mount Saint Mary Academy; Math, Science and Technology Preparatory School at Seneca; Nardin Academy; Newfane; Niagara Falls; North Collins; Oracle Charter; Orchard Park; Potomac; Riverside; Sacred Heart; St. Francis; St. Tabernacle School of Excellence; St. Joseph Collegiate Institute; Tapestry Charter School; and Williamsville South.

A maximum of 100 students were accepted into the program. Placements covered opportunities in: Radiology; Clinical Offices; Nursing Units; Occupational/Physical Therapy; Patient Transport; Nursing In-service (training); Kitchen Catering; Cardiology (non-invasive); the Cardiac Catheterization and Electrophysiology Labs; the Campus Police Department; the Mailroom; Purchasing; the Medical Library; Finance; Human Resources; Plant Operations; Bio-medical Engineering; and Administration/Marketing/Public Relations.

The criteria established and adhered to in the student selection process included: an 80% overall GPA; letters of recommendation from a counselor and either a math or science teacher; 14 years of age or higher; attendance of 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade in the Fall of 2008; working papers; consent form signed by a parent/guardian; an up-to-date immunization record; photo ID; Social Security Card/number; and completion of an interview. Participating students were required to work two (2) six-hour days for a total of 12 hours per week, which included a one hour seminar, computer-based career exploration and career mentoring. A certificate of completed hours was awarded to each participating student who completed a total of 72 hours during the 6-week program.

### **ECMC “Camp 9-1-1” Safety Training and Injury Prevention for Children**

On July 17, 2008, ECMC held the first of three “Camp 9-1-1” events scheduled for 2008. “Camp 911” is designed to provide children, ages 10 through 13, with an introduction to emergency medical services. The camp emphasizes safety, injury prevention, bystander care, learning and fun through an enjoyable interactive program.

Learning opportunities for children included: Vehicle rollover demonstrations by the New York State Police Department to show children what happens in an accident when vehicle occupants do not wear seatbelts; trained “police dog” demonstrations using animals trained for the Buffalo Police Department by Russ Medina; veterinarian Dr. Susan Mineo with an interactive station on how to care for pets; rooftop helipad tour with Mercy Flight helicopter; observation of emergency care and instruction about care for victims of bioterrorism in ECMC Emergency Department guided by Karen Beckman, RN, MSN, including ultrasound demonstrations by Dr. Peter Rigas; practicing CPR, bystander care; touring a Rural Metro ambulance; observation of preserved/diseased organs and use of microscopes guided by ECMC Pathology Department Director Dr. James Woytash; and competing in a safety obstacle course.

Camp 9-1-1 is sponsored/funded by the Erie County Medical Center (ECMC) Department of Emergency Medicine. Interest in the “Camps” has been growing each year for the past eight years. Additional 2008 Camps were held on July 29<sup>th</sup> and August 21<sup>st</sup>, from 9:00 A.M. to 4:00 PM. The Camps are offered free of charge for those children who have been pre-registered.

### **ECMC receives American Heart Association’s Highest “Get With The Guidelines” Award** ***ECMC Receives Gold Performance Achievement Award for Coronary Heart Disease***

Erie County Medical Center Corporation (ECMC) received the American Heart Association’s Get With The Guidelines–Coronary Artery Disease (GWTG–CAD) Gold Performance Achievement Award. The award recognizes ECMC’s commitment and success in implementing a higher standard of cardiac care that effectively improves treatment of patients hospitalized with coronary artery disease. One of the important criteria is ECMC’s ability to provide angioplasty for heart attack patients within 90 minutes of arrival. Currently, ECMC provides that care on average in approximately 70 minutes.

Under the GWTG–CAD program, patients are started on aggressive risk reduction therapies such as cholesterol-lowering drugs, aspirin, ACE inhibitors and beta-blockers in the hospital and receive smoking cessation/weight management counseling as well as referrals for cardiac rehabilitation before they are discharged. Hospitals that receive the GWTG–CAD Gold Performance Achievement Award have demonstrated for 24 consecutive months that at least 85 percent of its

eligible coronary patients (without contraindications) are discharged following the American Heart Association's recommended treatment guidelines.

"The American Heart Association applauds ECMC for its success in implementing the appropriate evidence-based care and protocols to reduce the number of recurrent events and deaths in cardiovascular disease patients," said Gregg C. Fonarow, M.D., National Chairman of the Get With The Guidelines Steering Committee and Director of Ahmanson-UCLA Cardiomyopathy Center. "ECMC has achieved a high level of performance in terms of implementing these life-prolonging treatments."

"ECMC is dedicated to making our cardiac unit among the best in the country, and the American Heart Association's Get With The Guidelines program is helping us accomplish that by making it easier for our professionals to improve the long-term outcomes of our cardiac patients," said Michael A. Young, M.H.A., F.A.C.H.E., (former) President and Chief Executive Officer, ECMC Corporation. "We are pleased to be recognized for our dedication and achievements in cardiac care."

The American Heart Association's GWTG-CAD program helps hospitals increase the use of, and adherence to, the association's secondary prevention guidelines for coronary artery disease. Developed to assist healthcare professionals follow proven standards and procedures before patients are discharged, GWTG-CAD can help ECMC reduce the risk of recurrent heart attacks and death in treated patients. The program, which works by mobilizing teams in acute care hospitals to implement American Heart Association/American College of Cardiology secondary prevention guidelines, was developed with support from an unrestricted educational grant from Merck & Co., Inc. The American Heart Association's GWTG program is being implemented in hospitals around the country.

According to the American Heart Association, approximately 565,000 people suffer a new heart attack and 300,000 experience a recurrent heart attack each year. Statistics also show that within one year of a heart attack, 18 percent of men and 23 percent of women will die. Within five years after an attack, about 33 percent of men and 43 percent of women will die.

### **State Health Commissioner and Buffalo Area Health Care Leaders Sealed Historic Agreement to Usher in New Era in Health Care**

On June 30, 2008, at the Center of Excellence in Bioinformatics and Life Sciences on the Buffalo-Niagara Medical Campus, New York State Health Commissioner Richard F. Daines, M.D., joined leaders of the Western New York Healthcare System (NewCo), Kaleida Health, Erie County Medical Center, University at Buffalo School of Medicine and Biomedical Sciences, a group of physician leaders and elected officials to discuss the landmark agreement that will reform and improve the health care system in Western New York. The news conference was held to officially recognize the historic agreement that complies with and advances the goals of the Commission on Health Care Facilities in the 21<sup>st</sup> Century (Berger Commission) to improve health care quality and affordability and to make it more responsive to emerging health care needs.

Details of the agreement include:

- ECMC has agreed to sign an amended memorandum of understanding (MOU) and statement of principles that addresses many of our concerns. The MOU and the statement of principles are a binding commitment by the parties to create unified governance as outlined by the Berger Commission. This is the beginning of a process to develop the new healthcare system, and more information will follow as we work on the details of this arrangement.
- A physician steering committee for clinical service line planning will become an integral part of the Western New York Healthcare System process. This committee will include both University and private practice physicians who will be involved in the decisions surrounding development or transfer of clinical services as well as facility planning and the certificate of need process at both health systems.
- ECMC and the County of Erie dropped the litigation and injunction against the New York State Department of Health, Western New York Healthcare System board as well as Kaleida Health. The results of these actions will mean that all of the Berger reform and consolidation efforts will now continue, including the \$65 million HEAL-NY grant to integrate Buffalo General and Millard Fillmore Gates Circle Hospitals as well as plans to create a global vascular facility on the Buffalo Niagara Medical Campus.

This settlement is the result of hard work and dedication of many individuals inside and outside of ECMC, including volunteer members of our hard working ECMC Corporation Board of Directors who have donated hundreds of hours of their time to bring us to this point. This settlement is also the result of a group of dedicated physicians who approached State Supreme Court Justice John M. Curran about assisting with a settlement in this case. They include doctors: Yogesh Bakhai, Lawrence Bone, Merrill Dayton, Stephen Dubovsky, Evan Evans, James Evans, Kevin Gibbons, Kathleen Grimm, James Reidy, Alan Saltzman and Stanley Schwartz. We all owe a debt of gratitude to all of these individuals.

### **ECMC Introducing Computerized Physician Order Entry System** *Important new patient safety initiative underway at Medical Center*

As part of a continuing commitment to patient safety and quality improvement, ECMC is developing a new computerized physician order entry (CPOE) system with the input of ECMC physicians. Although the initiative is being piloted within two select services, hospital wide implementation is the ultimate objective. When fully implemented, the system will be the most comprehensive in the area, with outstanding capabilities and excellent integration with other modules in the Meditech computer system.

At its most basic, computerized physician order entry is a way of avoiding medical errors attributed to problems interpreting doctors' handwriting. Although the system certainly helps to accomplish that goal, it is in fact much more far reaching in its benefits for patient care and safety and hospital administration. For example, CPOE brings relevant patient information to the attention of the physician—information such as current patient medications, allergies, and liver and kidney functions—which are critical when prescribing any drug.

“The system can even alert the physician if the dose of the drug is outside the expected dosage range, or if there are significant potential drug disease or drug-diet interactions,” says Dr. Bradley Truax, former medical director of ECMC and the consultant facilitator on the CPOE project. “Under the old system, the doctor may have to go to five different areas of a paper chart before a single order can be written. The CPOE is automated so that when the physician writes the order, a message will pop up on the screen that shows the patient's critical lab data while automatically checking for a drug/drug interaction and for kidney function to determine the proper dosage for that patient.”

When implemented the computerized physician order entry system will provide physicians and other clinicians with ease of access to patient information and records and achieve a number of patient safety improvements. These include:

- Avoiding errors between drugs with names that look or sound alike
- Eliminating errors due to misread abbreviations
- Automatic dosage calculations for another layer of security and patient safety
- Automatic monitoring of patient catheters
- Calculating and identifying patient risk of falling or developing blood clots
- Ensuring that patients are informed about vaccinations, smoking cessation programs, or other interventions appropriate to their condition

Implementation of CPOE will improve safety, efficiency and utilization of medications, respiratory therapy, nutrition services, labs, radiology—positively impacting orders across the entire spectrum of the organization.”

### **Meditech Laboratory Information System Installation Project Underway**

The ECMC Corporation recently embarked on a major project to upgrade an essential clinical system, the Laboratory Information System (LIS). For nearly 20 years, the ECMC Corporation has been using the Cerner LIS for compiling and sharing laboratory information with patient care providers. The Cerner Classic platform used at ECMC will soon be replaced with a state-of-the-art Meditech Client Server Laboratory Information System module. ECMC uses Meditech modules in most other clinical departments, including Radiology, Pharmacy, and the Emergency Department, to mention just a few. The selection of Meditech continues ECMC's information technology upgrades designed to create a truly integrated and seamless hospital information system. The installation project began in March 2008. An extremely aggressive timetable and project plan was developed to reach the “go-live” date of late September 2008.

### **Nursing Celebrating Nurses**

On June 3, 2008, the Professional Nurses Association of Western New York, District 1 New York State Nurses Association, Inc., held its annual awards banquet “Nursing Celebrating Nurses.” Five nurses affiliated with ECMC were nominated/ recognized by this prestigious organization in 2008.

**Mattie Rhodes Receives Ruth T. McGrorey Award:** Mattie Rhodes, PhD, RN, Clinical Associate Professor at the University at Buffalo School of Nursing has been an active member of District I of the New York State Nurses Association since 1973, and a member of the American Nurses Association since 1978. Her work has positively influenced all areas of nursing practice, education, and research. Dr. Rhodes chairs the ECMC Corporation Research Committee (2002-present). She has presented to regional and national nursing organizations throughout her teaching career.

**Nurse of Distinction Nominee Charlene Ludlow:** ECMC nominated Charlene Ludlow, RN, MHA, CIC, for the 2008 Nurse of Distinction Award. The criteria for those who are nominated for this award encompass outstanding contributions to the nursing profession and to the field of health care, specifically: significant achievement within a particular area of nursing, including clinical practice, education, research or administration; demonstrated leadership that provides a role model to inspire other nurses to improve, and assists other nurses in their development; and participation in activities that foster a positive public image of nursing as a profession. ECMC Patient Safety Officer Charlene Ludlow, RN, MHA, CIC, is an expert clinician whose 25 year career has been dedicated to advancing the profession of nursing, both in clinical and academic arenas. In addition to her current role as patient safety officer at ECMC, she serves as the Emergency Preparedness Director for the Regional Resource Center of WNY.

**Outstanding Staff Nurse Nominee Suzann Van Saun:** Nominated for 2008 Outstanding Staff Nurse was ECMC nurse Suzann Van Saun, RN. The criteria for this nomination include: current member of District 1 or applied for membership; professional registered nurse with a minimum of three years experience as a staff nurse; job title must be staff nurse, but nominee may be employed in any area of nursing; and nominee must be employed in any of the seven counties of District 1.

Other Nurses affiliated with ECMC who were recognized during the “Nursing Celebrating Nursing” awards program included: Emily Murphy recognized with a District 1 Scholarship Award and Jillian Delmont honored with a Graduate Nurse Membership Award.

### **ECMC Utilizing Latest Cardiovascular Ultrasound Technology** ***New Tools Enhance Patient Diagnoses, Treatment, Service at ECMC***

On May 9, 2008, Erie County Medical Center (ECMC) Corporation announced that it is utilizing a state-of-the-art, cardiovascular ultrasound system as well as a new miniaturized, mobile cardiovascular ultrasound device.

The GE Healthcare *Vivid 7 Dimension '06* gives clinicians fully integrated real-time 4D and multi-dimensional imaging capabilities. With it, ECMC brings increased opportunity to the Western New York region by offering physicians the ability to more precisely detect and diagnose pathology that they may not have been able to see before while also improving clinical productivity. The increased capabilities of the *Vivid 7 Dimension '06* can help physicians better manage their cardiovascular patients and enhance their diagnostic confidence. The 4D system provides new echocardiography acquisition, reconstruction and analysis techniques that allow physicians to view images in multiple planes simultaneously. This ability to acquire multiple images from the same heartbeat without moving the probe results in more accurate cardiovascular information in fewer, faster steps. The *Vivid 7 Dimension's* unique features, provide ECMC physicians with new and enhanced cardiovascular ultrasound clinical tools: 4D Imaging—real-time display of 3D images of the heart provides more information on cardiac function and better communication of the heart's structure and function; 4D Tissue Synchronization Imaging (TSI)—takes three simultaneous planes from a single heartbeat to create a

dynamic 4D model with quantitative measurements to better communicate cardiac dyssynchrony. Additional reporting format of a “bull’s eye report” communicates dyssynchrony in a format more easily understood by the electrophysiology (EP) physician; Automated Function Imaging (AFI)—assesses and quantifies left ventricle wall motion to help detect abnormalities; and Blood Flow Imaging (BFI)—vascular imaging mode that gives clinicians a better understanding and delineation of blood flow in vessels.

“The 4D ultrasound gives physicians at ECMC a new tool to help diagnose cardiovascular disease for their patients,” said Jacqueline Blackley, Vice President of Cardiovascular Services for ECMC. “The ability to obtain grayscale, color, Doppler and 4D images from the *Vivid 7 Dimension '06* will likely shorten exam time and increase the diagnostic information obtained about each patient.”

The GE Healthcare *Vivid i* cardiovascular ultrasound system provides high-performance, full-featured imaging in a lightweight design. With this miniaturized ultrasound device, ECMC introduces a new era in diagnostic mobility to the Western New York community by offering an innovative means for doctors to obtain the information they need at the bedside or in the operating room to diagnose patients more efficiently. Now ECMC clinicians are able to perform echo (echocardiography) exams from any location. With the appearance, dimensions, and utilities of a portable computer, the *Vivid i* provides all the diagnostic capabilities of a clinical stand-alone ultrasound system that weighs 30 times less.

“With its ease of movement and diagnostic image quality, the portable ultrasound system makes it easier for the doctor to go to the patient to perform an ultrasound scan, rather than the reverse,” explained Jacqueline Blackley.

With the *Vivid i*, ECMC can now offer new and enhanced medical ultrasound capabilities, such as: mobility—the physicians at ECMC can make it possible for patients to receive these diagnostic exams anywhere, as opposed to being transported to an echo lab; and wireless capabilities—the wireless capabilities enable physicians to transfer files instantly from the system to other physicians for consultation. The physicians at ECMC now have a new tool to help them more quickly diagnose cardiovascular disease.

“These new ultrasound systems are enabling us to break barriers in speed and accuracy of patient exams,” said Blackley. “The technology is greatly benefiting ECMC physicians and most importantly—our patients.”

### **Accredited Echocardiography Laboratory**

One American dies every 32 seconds of cardiovascular disease, disorders of the heart and blood vessels. Cardiovascular disease is the leading cause of death in the United States, costing society over 83.7 billion dollars each year in health services, medications and lost work time due to disability. Cardiac structure and flow information provided by echocardiographic testing is useful in the detection and management of many types of heart disease. This noninvasive test has become one of the standard diagnostic tools in cardiology with an estimated 10 million echocardiograms performed annually in the United States. Echocardiography is a complex imaging technique that relies on the experience and training of both the physician and sonographer. Their interpretive and technical abilities determine the diagnostic accuracy of an echocardiographic examination. The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) has developed an accreditation program which evaluates the quality of these and other critical elements of an echocardiography laboratory.

Erie County Medical Center Corporation was granted accreditation by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL). The laboratory is one of the first one thousand echocardiography laboratories in the United States, Canada and Puerto Rico to be so recognized for its commitment to high quality patient care and its provision of quality diagnostic testing.

The ICAEL was established with the support of the American Society of Echocardiography (ASE), the American College of Cardiology (ACC) and the Society of Pediatric Echocardiography (SOPE) to provide a peer review mechanism to encourage and recognize the provision of quality echocardiographic diagnostic evaluations by a process of voluntary accreditation. A non-profit organization, the ICAEL is dedicated to ensuring high quality patient care and to promoting health care.

Participation in the accreditation process is voluntary. Accreditation status signifies that the facility has been reviewed by an independent agency which recognizes the laboratory's commitment to quality testing for the diagnosis of heart disease.

**Three ECMC professionals honored during ECMC Lifeline Foundation *Springfest 2008* event**

*Springfest 2008*, the ECMC Lifeline Foundation's *Prescription for A Night of Elegance*, was held on Saturday, May 3, 2008, at the Hyatt Regency Buffalo. Springfest is the premier fund-raising event conducted each year by the Lifeline Foundation for ECMC. Attendance for this 2008 function exceeded 500 medical and community professionals.

In preparation for Springfest, a nominating committee comprised of healthcare administration, physician, and nursing colleagues selects three deserving professionals affiliated with ECMC to be honored during this annual black-tie dinner dance event. The individuals chosen to be honored were: Sharon L. Hanson as the *Lifeline Chairman's Distinguished Service Honoree*; Dietrich Jehle, MD, FACEP, as the *Distinguished Physician Honoree*; and Jennifer Sweetland, RN, as the *Distinguished Nursing Honoree*.

The ECMC Lifeline Foundation Inc. is a not-for-profit, 501 (c) (3) corporation whose mission is to assist ECMC Corporation in procuring the resources needed to be the medical center of choice through excellence in patient care and customer service.

**ECMC Dedicates Burn Treatment Center in recognition of the late Roger W. Seibel, MD**  
***Dr. Seibel's Leadership Helped Establish The Standard for Trauma Care***

On May 1, 2008, ECMC Corporation held a dedication ceremony to rename the Burn Treatment Unit the "Roger W. Seibel, MD, Burn Treatment Center" in recognition of the late Dr. Seibel for his tremendous contributions to trauma and burn care. ECMC and University at Buffalo administrators, physicians, and nurses who worked with/for Dr. Seibel participated in the dedication ceremony.

The ceremony included an invocation offered by Rev. Dr. James A. Lewis III, Director of Pastoral Care, ECMC. Remarks were made by: Michael A. Young, M.H.A., F.A.C.H.E., President and Chief Executive Officer, ECMC Corporation; Merrill T. Dayton, M.D., Chairman, Department of Surgery, State University of New York at Buffalo; John N. LaDuca, M.D., Attending Physician, Department of Surgery, ECMC; Linda Schwab, M.S., R.N., Trauma/Burn Program Coordinator, ECMC; and Kathleen H. Seibel, R.N. (wife of Dr. Seibel). Dedication comments were presented by William J. Flynn Jr., M.D., F.A.C.S., (then) Interim Director of Surgery, Trauma and Burn, ECMC. The participants unveiled the plaque to be mounted in a prominent location within the Burn Center. Guided tours of Burn Center were provided immediately following the ceremony.

A native of Lancaster, New York, Dr. Roger W. Seibel received his undergraduate degree from the University of Vermont (1962). He returned to Buffalo to attend Medical School at the State University of New York at Buffalo (1966). After graduating, he began his surgical residency at the Edward J. Meyer Memorial Hospital, the forerunner of today's Erie County Medical Center. His residency was interrupted by service in the United States Air Force, which included a tour in Vietnam where he developed a keen interest in Trauma and Burn Care. Upon his return to Buffalo, he completed his surgical residency under the direction of Dr. John Border. This residency proved to be a pioneering experience in which Dr. Seibel, his colleagues, and mentors embarked upon clinical research which transformed the management of the multi-trauma patient. Today, these practices are universally accepted as the standard of trauma care.

Dr. Seibel remained at ECMC throughout his career, making Buffalo and ECMC his home. He rose to leadership in the Department of Surgery at the University of Buffalo as a Clinical Professor of Surgery and as ECMC's Clinical Chief of Surgery and Clinical Director of Trauma and Burn Services. The ECMC Lifeline Foundation recognized Dr. Seibel for his tremendous contributions to ECMC by honoring him at their annual *Springfest* dinner event (1995).

Dr. Seibel developed an exceptional "burn team" by setting high, uncompromised standards that focused on providing the best care for patients. He showed respect for each member of the team, including every discipline in the development of a patient's plan of care and giving recognition when it was due. Through his example, Dr. Seibel inspired scores of residents to become good surgeons. He fostered a culture of trauma care, which has become the essence of ECMC's Regional Trauma and Burn Center. His leadership at the Regional and State level helped ECMC to achieve the best trauma survival rates in New York State. His work as part of the New York State Trauma Advisory Committee helped to build a robust statewide trauma system. Dr. Seibel was recognized by his peers when he was named Chairman of the New York State Committee on Trauma by the American College of Surgeons. Dr. Seibel was also recognized by the American Trauma Society as New York State's Trauma Director of Distinction (2006). Though

he often talked of retiring, Dr. Seibel remained actively involved in clinical practice until his death in 2007. His devotion to ECMC was unwavering. Until his death, Dr. Seibel lived with his wife, Kathleen, in Eggertsville, New York, where Kathleen continues to reside today.

To continue Dr. Seibel's tradition of training resident's to be master surgeons and leaders in American Surgery, the *Roger W. Seibel, M.D., Memorial Resident's Fund* has been established by the University at Buffalo Department of Surgery.

ECMC's Regional Burn Treatment Center is the only unit of its kind in Western New York. Established in 1989, the Burn Center offers 24-hour-a-day care by a specially trained burn healthcare team. The Burn Center provides extensive rehabilitation programs and comprehensive psychosocial support. It is an integral part of ECMC's renowned trauma care services. An outpatient wound clinic is also accessible by appointment seven-days-a-week.

#### **ECMC is First Hospital in WNY to implement fully functional Bedside Medication Verification (BMV) technology**

ECMC is leading the way in patient safety with Bedside Medication Verification (BMV), a \$1 million investment in a new hardware and software system that strongly reinforces medication safety. BMV safeguards the dispensing of patient medications through the use of barcode scanning technology and addresses the five rights of a patient for medication safety: *right patient, right dose, right medication, right time, and the right route*. Errors can occur at any level from prescribing to documenting, dispensing and administering, and improved patient safety is a driving force behind the new technology. The system incorporates the use of barcodes specific to the medication and identifies patients by a bar-coded admission wristband. A mobile medication cart with a wireless scanner allows the nurse to administer the medications and document any clinical information directly at the patient's bedside.

Ensuring medication safety means there are multiple levels of safety checking that occur within a system. ECMC has implemented the following layers of safety checking:

1. Instead of faxing orders to our pharmacy, they're now put through a scanner. This improves legibility and reduces lost orders.
2. The pharmacist checks for allergies and adverse drug reactions based on the information that's scanned down.
3. When entering the order, the pharmacist goes to a Unit-Based Medication Cabinet, from which the nurse pulls the meds. Nurses can only pull the meds assigned to a specific patient.
4. The nurse acknowledges what she's pulled against the written order and then begins the process of administering the drugs. Before the drug is administered, the patient's wristband is scanned to verify the correct patient and the barcodes on the meds are scanned to ensure proper dose, route, time, and correct drug.

This pioneering collaboration of Information Technology, Nursing, and Pharmacy creates a level of patient safety at ECMC unmatched by other area hospitals.

#### **Vascular Access Center at ECMC**

The Vascular Access Center (VAC) at ECMC is a self contained unit for outpatient vascular access ambulatory procedures. It is the first unit in Western New York that is dedicated to vascular access for hemodialysis. Vascular access procedures are administered to dialysis patients to maximize the amount of blood that is cleansed during hemodialysis treatments. This is accomplished by allowing high volumes of blood to continuously flow during treatments. The VAC staff at ECMC consists of vascular surgeons under the medical direction of Daniel A. Leary, MD, and the management of Jody Nazzarett. There are vascular access coordinators both on- and off-site. The VAC administers a variety of relatively painless procedures to determine the cause of a patient's access complications. A



database is maintained regarding every patient's access and facilitates the development of each patient's care plan. End Stage Renal (kidney) Disease (ESRD) patients who have vascular access complications are promptly scheduled based on urgency. The objective of the VAC is to resolve these complications, and to improve efficiency and patient outcomes. The VAC staff contacts the patient regarding medications and preparation for procedures. Specific instructions are sent to the dialysis unit and, if time permits, the patient's home. Communication with dialysis units and nephrologists is of high priority. Notification is sent to both the dialysis unit and the nephrologists within 24 hours of intervention.

#### **ECMC's Decon Day Education Forum**

On April 16th, 2008, the ECMC Regional Resource Center for Emergency Preparedness held the first Decontamination Day Education Forum. The purpose of the forum was to provide training for hospital and clinic decontamination teams. The Western New York region has a long history of chemical production and manufacturing. The area is also a major transportation corridor for hazardous chemicals in shipment via roadways and railroads. Hospitals recognize the importance for decontamination teams in case of any incidents with a chemical spill where people are affected. Presentation topics included: radioactive material decontamination, decontamination of service and guide dogs, how to secure clothing and other personal effects for use as potential evidence, removing protective vests and securing weapons during the decontamination of a police officer, the importance of psychological first aid for victims, decontamination of the pediatric patient, psychological effects in decontamination of children, hazardous material response training, as well as care and maintenance of personal protective equipment. One hundred and thirty four (134) participants, including team members from Western New York, The Finger Lakes Region, and Syracuse attended the event.

#### **ECMC holds DVT Awareness Month Event**

Since March is deep-vein thrombosis (DVT) awareness month, Erie County Medical Center held its third annual educational program on DVT risk assessment and prevention. The awareness program informs clinicians, and ultimately the public, about DVT. Deep-vein thrombosis is a medical condition in which a thrombus (blood clot) forms in a large vein, usually in the lower limbs. This condition causes circulation to be blocked, either partially or completely. There are many risk factors that can potentially lead to DVT, including cancer, obesity, or restricted mobility due to acute medical illness, stroke, major surgery or respiratory failure. According to the American Heart Association, up to two million Americans are affected annually by DVT, and it claims approximately 300,000 lives annually—more than breast cancer and AIDS combined. Many Americans are at risk for DVT. However, according to a national survey released by the American Public Health Association (APHA) most Americans (74%) have little or no awareness of DVT. So, it is important to understand how to help to reduce the risk of developing potentially fatal complications.

#### **ECMC Celebrates Black History Month**

On February 25, 2008, ECMC held a Black History Month recognition celebration. An invocation was offered by Rev. Dr. James A. Lewis III. ECMC Corporation administrators welcomed those in attendance. Buffalo Public Schools Superintendent Dr. James A. Williams stressed important points about Black History and education. A music medley was presented by Buffalo Public School student members of the BAVPA Jazz Ensemble.

#### **Valentine's Flowers Lift Patients Spirits**

Good care can make the difference in a hospital stay, and on February 14, 2008, at ECMC, nurses and other staff members, all dedicated to the overall healing of their patients, further demonstrated their concern for patients in celebration of Valentine's Day. Patients were delighted as they each received a rose or card from ECMC. Red roses were given out to ECMC's inpatients.

“Caring for patients is about more than providing medical care,” noted Dr. John Fudyma, (then) Chief Medical Officer at ECMC. “A smile, a laugh, or in this case a rose or card, brightens our patients' day and lifts their spirits, which is a priority for our caring staff everyday.”

“Being in the hospital on a holiday is not easy for anyone,” said Dawn Walters, RN, Assistant Director of Nursing, Medical/Surgical units, ECMC. “By bringing the flowers to our patients, we are able to make it a little easier. And it was great to see their faces brighten when they received the roses.”

**I-2.) Receipts and Disbursements -or- Revenues and Expenses** during such Fiscal Year in accordance with the categories or classifications established by the Corporation for its own operating and capital outlay purposes

ERIE COUNTY MEDICAL CENTER CORPORATION

STATEMENTS OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS

For the Years Ended December 31,  
(000's omitted)

	<u>2008</u>	<u>2007</u>
Operating revenue:		
Net patient service revenue	\$ 352,357	\$ 337,775
Intergovernmental transfer revenue – net	42,102	11,035
Other operating revenue	<u>16,487</u>	<u>18,506</u>
Total operating revenue	<u>410,946</u>	<u>367,316</u>
Operating expenses:		
Salaries, wages and fringe benefits	210,788	185,024
Other professional and temporary services	71,299	63,311
Supplies	54,789	52,953
Utilities and telephone	10,675	9,376
Other operating expenses	9,939	7,703
Services purchased from Erie County	1,521	1,816
Provision for bad debts	19,630	19,072
Depreciation and amortization	12,513	11,691
Interest expense	<u>5,562</u>	<u>5,562</u>
Total operating expenses	<u>396,716</u>	<u>356,508</u>
Operating income	<u>14,230</u>	<u>10,808</u>
Non-operating revenue (expense):		
Investment income (loss)	(7,706)	6,411
Erie County contribution – operations	<u>5,562</u>	<u>14,000</u>
Net non-operating revenue	<u>(2,144)</u>	<u>20,411</u>
Excess of revenues over expenses before capital grants and contributions	12,086	31,219
Capital contributions – Erie County	<u>1,696</u>	<u>6,698</u>
Change in net assets	13,782	37,917
Net assets – beginning of year	<u>103,701</u>	<u>65,784</u>
Net assets – end of year	<u>\$ 117,483</u>	<u>\$ 103,701</u>

**I-3.) Assets and Liabilities** for Fiscal Year End including the Status of Reserve, Depreciation, Special or Other Funds and including the Receipts and Payments of these Funds

ERIE COUNTY MEDICAL CENTER CORPORATION

STATEMENTS OF NET ASSETS  
December 31,  
(000's omitted)

ASSETS	2008	2007
Current assets:		
Cash and cash equivalents	\$ 57,464	\$ 30,600
Investments	68,001	72,326
Assets whose use is limited	20,639	10,791
Patient accounts receivable, net of estimated uncollectibles of \$23,269 in 2008 and \$25,950 in 2007	44,432	46,170
Due from Erie County	1,864	2,860
Capital appropriations due from Erie County	1,451	1,955
Other receivables	20,134	9,854
Inventories	4,192	4,985
Prepays and other	1,669	1,315
Total current assets	<u>219,846</u>	<u>180,856</u>
Non-current assets:		
Other receivable	13,346	-
Other assets	384	307
Assets whose use is limited	40,759	54,016
Land improvements, buildings and equipment – net	73,845	74,925
Deferred financing costs, net	2,649	2,753
Total non-current assets	<u>130,983</u>	<u>132,001</u>
Total	<u>\$ 350,829</u>	<u>\$ 312,857</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Accounts payable	\$ 19,905	\$ 17,442
Due to Erie County	5,310	4,055
Accrued salaries, wages and payroll taxes	12,926	7,948
Accrued vacation, sick pay and retirement benefits	18,475	18,107
Accrued other liabilities	10,279	9,590
Funds held in custody for others	1,072	989
Current portion of long-term debt	2,070	-
Interest payable	929	929
Estimated third-party payor settlements	17,732	23,110
Total current liabilities	<u>88,698</u>	<u>82,170</u>
Non-current liabilities:		
Long-term debt	99,305	101,375
Self-insured obligations	45,343	25,611
Total non-current liabilities	<u>144,648</u>	<u>126,986</u>
Total liabilities	<u>233,346</u>	<u>209,156</u>
Net assets:		
Invested in capital assets, net of related debt	(7,030)	(5,951)
Restricted:		
For debt service	10,112	9,593
Expendable for capital	14,795	28,111
Unrestricted	99,606	71,948
Total net assets	<u>117,483</u>	<u>103,701</u>
Total	<u>\$ 350,829</u>	<u>\$ 312,857</u>

**I-4.) Schedule of Bonds and Notes Outstanding at Fiscal Year End**, together with Statement of the Amounts Redeemed and Incurred during such Fiscal Year as part of a Schedule of Debt Issuance including Date of Issuance, Term, Amount, Interest Rate, Means of Repayment, Refinancings, Calls, Refundings, Defeasements and Interest Rate Exchange or

Other such agreements, and for any debt issued during the reporting year, a Detailed List of Costs for any Debt Issued for such debt

**Schedule of Bonds and Notes Outstanding** at Fiscal Year End

\$101,375 Senior Revenue Bonds, Series 2004

No bonds were issued, redeemed, called, or re-financed during 2008

**I-5.) Compensation Schedule** including, by position, title and name of persons holding such position or title, salary, compensation, allowance and/or benefits provided to any officer, director or employee in a decision making or managerial position of such authority whose salary exceeds \$100,000

**ERIE COUNTY MEDICAL CENTER CORPORATION**

**Compensation**

**Schedule**

**Year 2008**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Position</b>	<b>Compensation</b>
Young	Michael	A	CHIEF EXECUTIVE OFFICER	661,247
Lomeo	Jody	L	Interim CHIEF EXECUTIVE OFFICER	184,800
McCarthy	Sue	J	CHIEF FINANCIAL OFFICER	438,438
Barabas	Mark	C	CHIEF OPERATING OFFICER	283,839
Fudyma	John	R	CHIEF MEDICAL OFFICER	127,382
Murray	Brian	M	CHIEF MEDICAL OFFICER	221,722
Maricle	Karen	M	SENIOR VICE PRESIDENT OPERATIONS	194,896
Cleland	Richard	C	SENIOR VICE PRESIDENT OPERATIONS	191,696
Richmond	Kenneth	A	SENIOR VICE PRESIDENT OPERATIONS	235,832
Cancilla	Deborah	A	CHIEF INFORMATION OFFICER	236,667
Glica	Bonnie	A	SENIOR VICE PRESIDENT OF NURSING	179,080
O'Hara	Kathleen	E	VICE PRESIDENT OF HUMAN RESOURCES	147,442

**I-6.) Projects Undertaken by ECMC Corporation during the past year**

<b><u>Project</u></b>	<b><u>Amount</u></b>
Eight zone one nursing unit renovation	562,000
Twelve zone three nursing unit renovations	600,000
Surgery air handling replacement	1,959,900
Re-tube boiler #3	285,000
Lab Training for MediTech system	347,091
MediTech clinical applications training	187,260

**I-7.) (i) All Corporation Real Property** with Fair Market Value greater than \$15,000 that ECMC Corporation intends to dispose of:

None

**(ii) All Real Property held by ECMC Corporation** at the end of the period covered by the report:

The Corporation has no real property.

**(iii) All Real Property disposed of during the past year**, including sale prices and names of purchasers:

None.

**I-8.) ECMC Corporation Code of Ethics**

**ECMC Corporation Code of Ethics**

ARTICLE XVII CODE OF ETHICS AND CONFLICTS OF INTEREST

Section 1. Compliance: The members of the Board agree to comply with all applicable local and state regulations and laws regarding conflicts of interest.

Section 2. No Forfeit of Office or Employment: Except as provided by law, no officer, member, or employee of the state or of any public corporation shall forfeit his or her office or employment by reason of his or her acceptance of appointment as a director, nonvoting representative, officer, or employee of the Corporation, nor shall such service as such a director, nonvoting representative, officer or employee be deemed incompatible or in conflict with such office or employment; and provided further, however, that no public officer elected to his or her office pursuant to the laws of the state or any municipality thereof may serve as a member of the governing body of the Corporation during his or her term of office.

Section 3. Influence of Decision-Makers: No member of the Board shall use his or her position to influence the judgment or any decision of any Corporation employee concerning the procurement of goods or services on behalf of the Corporation.

Section 4. Disclosure of Personal Interest and Abstention: It is the responsibility of every Board member to disclose to the Chairperson of the Board any personal or business interest in any matter that comes before the Board for consideration. Each member of the Board shall abstain from voting on any matter in which he or she has a personal or business interest.

Section 5. Self-Dealing: The Corporation shall not engage in any transaction with a person, firm, or other business entity in which one or more of the Board members has a financial interest in such person, firm or other business entity, unless such interest is disclosed in good faith to the Board, and the Board authorizes such transaction by a vote sufficient for such purpose, without counting the vote of the interested Board member.

**I-9.) Assessment of the Effectiveness of the ECMC Corporation Internal Control Structure and Procedures**

Independent auditors identified no material weaknesses during the 2007 financial audit. The independent audit did identify one significant deficiency in 2007 regarding the Erie County Home and one control deficiency. These prior year deficiencies have been addressed by management. No report for 2008 has been received as of the date of this filing.

**I-10.) ECMC Corporation Internet Web Site:** [www.ecmc.edu](http://www.ecmc.edu)

**II. REPORT OF SUBSIDIARIES / PROCUREMENT CONTRACTS:**

Public Authorities Law §3642(2); Contract Procurement Guidelines, Article X; and the Sale, Purchase and Operation Agreement, §6.9

**II-1.) Name, Principal Business Address, Principal Business Activities of Each Subsidiary of the Corporation**

**1.) PRIMARY CORPORATION: Public Benefit Corporation**

**ECMC Corporation**, 462 Grider Street, Buffalo, New York 14215; 716-898-3000; www.ecmc.edu

The ECMC Corporation includes an advanced academic medical center (ECMC) with 550 inpatient beds and 136 skilled-nursing-home beds, on- and off-campus health centers, over 40 outpatient specialty care clinics and the Erie County Home, a 586-bed skilled nursing facility. ECMC is the regional center for trauma, burn care, rehabilitation and is a major teaching facility for the State University of New York at Buffalo. Most ECMC physicians, dentists and pharmacists are dedicated faculty members of the University. More Western New York residents are choosing ECMC for exceptional patient care and customer service provided as a result of its *Culture of Care*.

**ECMC Corporation Mission Statement:** The ECMC Corporation is dedicated to being the hospital of choice through excellence in patient care and customer service.

**ECMC Corporation Affiliation Statement:** The ECMC Corporation is affiliated with the University at Buffalo School of Medicine and Biomedical Sciences.

**2.) ECMCC Strategic Services LLC**

The Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships. The accounts of ECMCC Strategic Services, LLC are fully consolidated into the accounts of the Corporation as of and for the years ending December 31, 2008 and 2007, respectively. The assets of ECMCC Strategic Services LLC consist substantially of cash of approximately \$600,000 at both December 31, 2008 and 2007. Net assets of this entity are approximately \$600,000 at both December 31, 2008 and 2007. ECMCC Strategic Services LLC owns approximately 40% of Greater Buffalo Niagara SC Venture, LLC. That ownership interest is accounted for by ECMCC Strategic Services LLC utilizing the equity method of accounting.

**3.) Grider Community Gardens, LLC**

This entity is wholly owned and controlled by the Corporation. The purpose of the entity is to purchase real property adjacent or near the ECMCC Grider Street campus for the purposes of future expansion and/or reconfiguration of the campus. The Corporation's net investment as of December 31, 2008 and 2007 is approximately \$105,000 and \$139,000, respectively, and is reflected in other non-current assets of the accompanying financial statements.

**II-2.) Name of all Board Members and Officers of Each Subsidiary**

**1-a.) ECMC Corporation Board of Directors 2009**

**OFFICERS**

Sharon L. Hanson  
*Chair*

Kevin E. Cichocki, D.C.  
*Vice-chair*

Kevin M. Hogan, Esq.  
*Vice-chair*

Michael A. Seaman  
*Treasurer*

Bishop Michael A. Badger  
*Secretary*

Sue J. McCarthy  
*Assistant Treasurer*

Patricia M. Grasha  
*Assistant Secretary*

**MEMBERS**

Douglas H. Baker

Richard F. Brox, R.L.A.

Ronald A. Chapin

Anthony M. Iacono

Samuel L. Shapiro, Esq.

Joseph A. Zizzi, Sr., M.D.

**NON-VOTING MEMBERS**

Ronald P. Bennett, Esq.

Kevin Pranikoff, M.D.

**1-b.) ECMC Corporation Executive Administration 2009**

Jody L. Lomeo  
*Chief Executive Officer*



Mark C. Barabas, D.H.A., F.A.C.H.E.  
*President and Chief Operating Officer*

Michael J. Sammarco  
*Acting Chief Financial Officer*

Brian M. Murray, M.D.  
*Chief Medical Officer*

Kenneth A. Richmond, M.H.A., F.A.C.H.E.  
*Senior Vice President of Operations*

Richard C. Cleland, M.P.A., N.H.A.  
*Senior Vice President of Operations*

Bonnie Ann Glica, R.N., M.S.  
*Senior Vice President of Nursing*

Leslie Feidt  
*Acting Chief Information Officer*

Thomas J. Quatroche Jr., Ph.D.  
*Senior Vice President of Marketing and Planning*

**1-c.) ECMC Corporation Medical-Dental Staff Officers 2009**

Yogesh D. Bakhai, M.D.  
*President*

Joseph Kowalski, M.D.  
*President-elect*

James T. Evans, M.D.  
*Immediate Past-president*

A. John Ryan, Jr., M.D.  
*Treasurer*

William J. Fiden, M.D.  
*Secretary*

George Boucher, M.D.  
*Full-Time Representative*

Robert Whitney, M.D.  
*Full-Time Representative*

Nancy Ebling, D.O.  
*Part-Time Representative*

William Dice, M.D.  
*Alternate Part-Time Representative*

**1-a.) ECMC Corporation Board of Directors 2008**

**OFFICERS**

Kevin E. Cichocki, D.C.  
*Chairman*

Sharon L. Hanson  
*Vice-Chairperson*

Jody L. Lomeo  
*Vice-Chairperson*

Samuel L. Shapiro, Esq.  
*Vice-Chairperson and Treasurer*

Michael A. Seaman  
*Secretary*

Michael A. Young, M.H.A., F.A.C.H.E.  
*President and Chief Executive Officer*

Joseph A. Zizzi, Sr., M.D.  
*Immediate Past Chairman*

#### **MEMBERS**

Pastor Michael A. Badger

Douglas H. Baker

Richard F. Brox, R.L.A.

Ronald A. Chapin

Kevin M. Hogan, Esq.

Anthony M. Iacono

#### **NON-VOTING MEMBERS**

Ronald P. Bennett, Esq.

Michael W. Mullins

Kevin Pranikoff, M.D.

#### **1-b.) ECMC Corporation Executive Administration 2008**

Michael A. Young, M.H.A., F.A.C.H.E.  
*President and Chief Executive Officer*

Sue J. McCarthy  
*Chief Financial Officer*

Mark C. Barabas, D.H.A., F.A.C.H.E.  
*Chief Operating Officer*

Karen M. Maricle, R.N., M.S., C.N.A.A.  
*Senior Vice President of Operations*

Kenneth A. Richmond, M.H.A., C.H.E.  
*Senior Vice President of Operations*

John R. Fudyma, M.D.  
*Chief Medical Officer*

Debbie Cancilla  
*Chief Information Officer*

Richard Cleland, N.H.A., M.P.A.  
*Executive Director, Continuing Care*

Thomas J. Quatroche Jr., Ph.D.  
*Senior Vice President of Marketing and Planning*

William Gajewski  
*Executive Director of Physician Relations / Physician Liaison*

**1-c.) ECMC Corporation Medical-Dental Staff 2008**

**OFFICERS**

James T. Evans, M.D.  
*President*

Yogesh Bakhai, M.D.  
*President-elect*

David G. Ellis, M.D.  
*Immediate Past-president*

Pamela D. Reed, M.D.  
*Secretary*

Erik Jensen, M.D.  
*Treasurer*

Ali El-Sohl, M.D.  
*Full-time Faculty Staff Representative*

Robert Whitney, M.D.  
*Full-time Faculty Staff Representative*

George Blessios, M.D.  
*Voluntary Faculty Staff Representative*

Lakshmanan Rajendran, M.D.  
*Alternate Volunteer Faculty Staff Representative*

**2.) ECMCC Strategic Services LLC**

**OFFICERS**

Jody L. Lomeo

Michael J. Sammarco

### **3.) Grider Community Gardens, LLC**

#### **OFFICERS**

Jody L. Lomeo

Michael J. Sammarco

### **II-3.) Number of Employees of Each Subsidiary**

#### **1.) ECMC Corporation:**

As of December 31, 2008, ECMC Corporation employed/employs 3,092 staff members.

#### **2.) ECMCC Strategic Services LLC:**

Not Applicable

#### **3.) Grider Community Gardens, LLC:**

Not Applicable

### **II-4.) List of All Contracts** in excess of \$100,000 entered into by the Corporation and its subsidiaries, including the amount, purpose and duration of each such contract

#### **2008 PROCUREMENT REPORT for CONTRACTS IN EXCESS OF \$100,000**

1. NEC, Princeton, NJ  
HIS switch upgrade

19-Feb-08  
\$145,880

2. Zoll Medical, Chelmsford, MA  
Defibrillators Purchase

3-Mar-08  
\$302,376

3. MediTech, Westwood, MA  
Patient Discharge Software  
20/3/2008

\$230,400

4. GE Healthcare, Wauwatosa, WI  
Echo Software upgrade

26-Mar-08  
\$285,505

5. Teletracking Technologies, Pittsburgh, Pa Bed Tracking Software	31-Mar-08 \$177,195
6. Dell, Round Rock, Texas PCs	4-Apr-08 \$164,457
7. Philips Med. Santa Clara, Calif. Telemetry Equipment	4/28/2008 \$551,785
8. Dell, Round Rock , Texas Bedside Medication Verification	5/14/2008 \$549,413
9. Hill Rom, Batesville, Indiana Patient beds	5/14/2008 \$205,071
10. Vocollect Healthcare, Pittsburgh, Pa. AccuNurse System	6/9/2008 \$500,299
11. Cardinal Health, San Diego, Calif. IV Pumps	7/10/2008 \$156,299
12. Conmed/Linvatec, Largo, Fla. OR Video System	8/28/2008 \$180,672
13. Philips Med, Santa Clara, Calif. Patient Monitoring Systems	9/26/2008 \$809,827
14. GE Medical, Milwaukee, WI. Mobile C-Arm	6/16/2008 \$119,504
15. Philips Med, Santa Clara, Calif. 64 Slice CT Scanner	11/5/2008

\$693,934

16. Philips Med, Santa Clara, Calif.  
Digital Radiography Unit

11/5/2008  
\$313,052

17. Hill Rom, Batesville Indiana  
ICU Patient Care Beds

12/31/2008  
\$926,716

## II-5.) Financial Statement

See I-2 and 3 above

## II-6.) Income Statement

See I-2 above

## II-7.) Balance Sheet

See I-3 above

## II-4-7.)

**2.) ECMCC Strategic Services LLC:** The Corporation is the sole owner of this enterprise, which was established to enable the Corporation to enter into various other business relationships. The accounts of ECMCC Strategic Services, LLC are fully consolidated into the accounts of the Corporation as of and for the years ending December 31, 2008 and 2007, respectively. The assets of ECMCC Strategic Services LLC consist substantially of cash of approximately \$600,000 at both December 31, 2008 and 2007. Net assets of this entity are approximately \$600,000 at both December 31, 2008 and 2007. ECMCC Strategic Services LLC owns approximately 40% of Greater Buffalo Niagara SC Venture, LLC. That ownership interest is accounted for by ECMCC Strategic Services LLC utilizing the equity method of accounting.

**3.) Grider Community Gardens, LLC:** This entity is wholly owned and controlled by the Corporation. The purpose of the entity is to purchase real property adjacent or near the ECMCC Grider Street campus for the purposes of future expansion and/or reconfiguration of the campus. The Corporation's net investment as of December 31, 2008 and 2007 is approximately \$105,000 and \$139,000, respectively, and is reflected in other non-current assets of the accompanying financial statements.

## III. BOND SALE REPORT:

Public Authorities Law §3633(4)(f), (g) and (h)

## 1-5.) Schedule of Bonds and Notes Outstanding at Fiscal Year End

\$101,375 Senior Revenue Bonds, Series 2004

No bonds were issued, redeemed, called, or re-financed during 2008

###