



# ECMCC Board of Director's Meeting

December 3, 2024

Zizzi Conference Center

Erie County Medical Center

462 Grider Street

Buffalo, NY 14215

AGENDA  
REGULAR MEETING OF THE BOARD OF DIRECTORS OF  
ERIE COUNTY MEDICAL CENTER CORPORATION  
DECEMBER 3, 2024

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES FROM OCTOBER 22, 2024 MEETING
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON DECEMBER 3, 2024
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
  - A) **Chief Executive Officer & President**
  - B) **Chief Financial Officer**
  - C) All other reports from leadership are received and filed
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
  - A) **Executive Committee** (by Eugenio Russi)
  - B) **Finance Committee** (by Michael Seaman)
  - C) **Audit Committee** (by Darby Fishkin)
  - D) **HR Committee** (by Michael Seaman)
  - E) **Investment Committee** (by Eugenio Russi)
  - F) **MWBE Committee** (by Reverend Mark Blue)
  - G) **Post-Acute QI Committee** (by Michael Seaman)
  - H) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

**THE NEXT MEETING WILL BE HELD ON  
TUESDAY JANUARY 28, 2025**

*Agenda for Regular Board of Directors Meeting  
December 3, 2024*

ERIE COUNTY MEDICAL CENTER CORPORATION  
OCTOBER 22 , 2024 MINUTES OF THE  
BOARD OF DIRECTORS MEETING

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Present: Ronald Bennett\*, Reverend Mark Blue\*, Jonathan Dandes, Sharon Hanson, Michael Hoffert\*, James Lawicki\*, Christopher O'Brien\*, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp\*

Excused: Darby Fishkin, Christian Johnson, Hon. John O'Donnell\*, Jennifer Persico

Also

Present: Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee, Charlene Ludlow, Phyllis Murawski, Jennifer Pugh, MD, Anastasia Roeder, Jonathan Swiatkowski

\*participated virtually

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I. Call to Order:

The meeting was called to order at 4:30 p.m. by Chair, Eugenio Russi.

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Sharon Hanson the minutes of the September 24, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution of the Board of Directors of Erie County Medical Center Corporation Approving Service Contracts in Excess of One Year

Moved by Reverend Pointer Kinzer and seconded by Michael Seaman

**Motion approved unanimously**

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

Moved by Reverend Kinzer Pointer and seconded by Sharon Hanson

**Motion approved unanimously**

VI. Reports from the Corporation's Leadership Team

**Chief Executive Officer and President**

Dr. Thomas Quatroche began his report with an update on quality where patient safety indicators continue to be examined and initiatives developed to ensure that we provide care at the national level. Patient experience scores are slightly lower than last year due to a very full hospital. Dr. Quatroche recognized various employees for their outstanding work. The BRAVE Trauma Recovery Center received a \$10K

donation for Attorney John Frohmen. Jon Swiatkowski received the C-Level Award from Business First. Dr. Quatroche reviewed numerous events held for and in honor of the employees. A summary of the Foundation Tent Sale and Annual Giving was presented and Dr. Quatroche thanked Stacy Roeder for her efforts as interim Director. Dr. Quatroche reported that there have been 667 new hires since the beginning of the year with only 9 agency nurses being used by the hospital. Dr. Quatroche recognized Diane Artieri and her outstanding efforts handling the Baxter Solution shortage.

### **Chief Financial Officer**

Jonathan Swiatkowski reported a slight improvement from the last month. Discharges fell just short of budget, while observation cases exceeded budget and last year's scores. Inpatient admissions and outpatient surgeries were higher than budget. ALC days and left without being seen both increased. Acute LOS was 22.7% higher than budget and 8.0% higher than 2023. Total average length of stay was 23.1% higher than budget but only 2% higher than last year. The left without being seen number decreased though still remains a challenge. Hospital staff continue to work on reducing length-of-stay. Days cash-on-hand was slightly lower than budget. September reflected a net loss of \$399,000. Mr. Swiatkowski gave additional information on cash flow and actuarial reports. A summary of the preliminary financial results through September 30, 2024 was reviewed and the full set of these materials are received and filed.

### **V. Standing Committees**

- a. **Executive Committee:** Chair Russi reported that the Executive Committee meeting a week earlier discussed issues concerning the IV shortage, safety and finance.
- b. **Finance Committee:** There was no report given from the Finance Committee.
- c. **Buildings and Grounds Committee:** Ronald Bennett gave a brief summary of the last Buildings and Grounds Committee meeting.
- d. **Post-Acute QI Committee :** Michael Seaman gave an update of the most recent Post-Acute QI Committee meeting.
- e. **Quality Improvement and Patient Safety Committee:** Michael Hoffert offered a brief summary of the most recent Quality Improvement and Patient Safety Committee meeting.

All reports except that of the Performance Improvement Committee are received and filed.

### **VI. Recess to Executive Session – Matters Made Confidential by Law**

Moved by Reverend Kinzer Pointer and seconded by Michael Seaman to enter into Executive Session at 4:57 p.m. to consider matters made confidential by law, including strategic planning.

Motion approved unanimously

VII. Reconvene in Open Session

Moved by Michael Seaman and seconded Reverend Kinzer Pointer to reconvene in Open Session at 5:16 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. Adjournment

The Board of Directors meeting at 5:17 p.m.

  
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Sharon L. Hanson  
Corporation Secretary

**A Resolution of the Board of Directors of Erie County Medical Center Corporation  
Approving Service Contracts in Excess of One Year**

Approved October 22, 2024

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WHEREAS, in accordance with New York Public Authorities Law § 2879(3)(b)(ii), all agreements for services to be rendered in excess of one year (the “Applicable Contracts”) are required to be approved by the Erie County Medical Center Corporation (the “Corporation”) Board of Directors (the “Board”) via resolution, and reviewed annually thereafter; and

WHEREAS, in accordance with Article VI, Section 20 of the Corporation By-Laws, the Corporation has delegated primary responsibility for approval and review of these contracts to the Contracts Committee of the Board; and

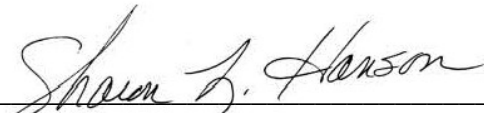
WHEREAS, on October 16, 2024, the Contracts Committee met and approved the Applicable Contracts during the period between July 1, 2024 through September 30, 2024, and reviewed contracts previously approved; and

WHEREAS, the Contracts Committee approved the ratification of the Applicable Contracts in their current form; and

WHEREAS, the Contracts Committee recommends to the Board that the Corporation approve and ratify the Applicable Contracts;

NOW, THEREFORE, the Board of Directors resolves as follows:

1. The Board of Directors of Erie County Medical Center Corporation hereby approves and ratifies the Applicable Contracts described in the attachment to this Resolution.
2. This resolution shall take effect immediately.



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Sharon L. Hanson  
Corporation Secretary

**New contracts**  
**July 1, 2024 - September 30, 2024**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Clinical	5/6/2024	5/5/2027	AMS to furnish oncologist to provide clinical oncology services.	[Redacted]
Academic Medicine Services, Inc. d/b/a UBMD Internal Medicine	Professional Services Agreement	Clinical	2/12/2022	2/11/2025	AMS to furnish administrative and clinical transplant services.	\$1,523,282
Buffalo City Mission BCM (City Mission Society, Inc.)	Services Agreement (4th Amendment)	Administration	9/1/2024	8/31/2029	Amendment extending term of arrangement for patient discharges, increasing compensation, along with minor revisions to processes.	\$62,050, plus \$335 per day for RCU beds when utilized
Core Finance Team Affiliates, LLC	Professional Services Agreement (Addendum)	Finance	9/1/2024	Project completion	Addendum to joint representation with Kaleida to add appropriate Section 401 cost report review.	N/A; contingency based
Drager Medical, Inc.	Maintenance Agreement	Biomed	8/1/2024	8/31/2027	Maintenance services on equipment.	\$232,095
Evergreen Medical Services, Inc	Services Agreement (1st Amendment)	Plant Operations	11/28/2024	11/30/2026	Extension of existing medical gas and vacuum inspection agreement.	No change; amount remains \$21,334
Foundation Medicine, Inc.	Services Agreement	Laboratory	11/1/2024	12/31/2025	Reference laboratory agreement for instances where third party payer cannot be billed directly by lab.	\$7,400
Freed Maxick CPAs, PC	Professional Services Agreement (1st Amendment)	Administration	1/1/2024	1/1/2026	Amendment to extend reimbursement services (cost report, Medicaid/Medicare, etc.) through 2026.	[Redacted]
Glazer Law PLLC	Engagement Letter (Addendum)	Finance	9/1/2024	Project completion	Engagement adding co-counsel to address Section 401 issue (see Core Finance above).	N/A; contingency based
Great Lakes Medical Imaging, LLC	Professional Services Agreement (5th Amendment)	Clinical	8/6/2024	7/31/2026	Amendment to existing agreement extending term and adjusting compensation.	Increases compensation from \$7.0M to \$8.75M annually
Kideney Architects P.C.	Services Agreement (33rd Amendment)	Property & Plant Operations	6/3/2024	8/31/2026	33rd Amendment for Generator Replacement project.	\$774,959
LaBella Associates, DPC	Professional Services Agreement	Property & Plant Operations	11/1/2024	10/31/2029	Vendor to provide architectural services in rotation with other architects.	\$500,000
LaBella Associates, DPC	Professional Services Agreement	Property & Plant Operations	12/1/2024	11/30/2029	Vendor to provide engineering services	\$100,000
Nalco Company, LLC	Maintenance Agreement (2nd Amendment)	Plant Operations	8/16/2024	8/15/2027	Extension of supplemental water disinfection program.	[Redacted]
Pharmacy Corporation of America d/b/a Pharmerica	Services Agreement (2nd Amendment)	Pharmacy	11/1/2022	1/31/2025	Short-term extension of Terrace View pharmacy services agreement, including purchase of pharmaceuticals, while RFP pending.	\$1,250,000
Research Foundation of SUNY	Services Agreement	Clinical	10/1/2022	9/30/2024	ECMCC to sub-contract research portion of DOJ grant re: SNUG/BRAVE programs.	\$52,000
Sellers Dorsey & Associates LLC	Services Agreement	Administration	5/1/2024	12/31/2028	Consulting service for Medicaid Directed Payment Programs.	\$48,500
Siemens Medical Solutions USA, Inc.	Maintenance Agreement	Radiology	10/28/2024	12/31/2026	Maintenance agreement for repairs and upkeep on various Siemens manufactured equipment.	\$196,199
SpendMend LLC	Services Agreement	Compliance	10/1/2024	10/2/2029	Vendor to complete required annual audits, education and training for the 340B program.	[Redacted]

Trellis RX, LLC	Services Agreement (1st Amendment)	Pharmacy	9/1/2024	4/30/2034	Amendment extending pharmacy services.	\$7,500,000
UB Oral & Maxillofacial Surgery, Inc.	Professional Services Agreement	Clinical	6/16/2024	6/15/2027	Administrative and clinical oral and maxillofacial surgery services.	\$212,775
UB Surgeons, Inc.	Professional Services Agreement	Clinical	7/1/2024	6/30/2027	USI to provide physician for clinical transplant services.	[Redacted]
UB Surgeons, Inc.	Professional Services Agreement (1st Amendment)	Clinical	8/1/2022	7/31/2025	Extending the term of bariatrics surgery fellowship program.	\$188,248
University Orthopaedic Services, Inc.	Professional Services Agreement	Clinical	1/1/2024	12/31/2024	UBO physician to continue to provide administrative services related to bundled payment program to ECMCC and Kaleida.	\$25,000
Vantage Point Logistics, Inc.	Services Agreement (1st Amendment)	Purchasing	7/31/2024	2/19/2027	Amendment confirming VPL's pricing commitment while exploring joint venture.	\$250,000
Watts Architecture & Engineering, DPC	Professional Services Agreement	Property & Plant Operations	11/1/2024	10/31/2029	Vendor to provide architectural services in rotation with other architects.	\$500,000

**Annual review of previously approved contracts  
July 1, 2023 - September 30, 2023 (approved October 2023)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Academic Medicine Services, Inc. d/b/a UB MD Internal Medicine	Professional Services Agreement	Clinical	9/22/2022	9/21/2025	Group to provide various internal medicine services to ECMCC.	\$5,500,000
American National Red Cross	Blood Services Agreement (Second Amendment)	Clinical	7/19/2023	7/18/2025	Extension of agreement under which ECMCC purchases blood products and associated services from the Red Cross.	No change; estimated annual spend remains \$250,000
Applied Software Inc. (Magview)	Software Support Agreement	Imaging	9/1/2023	8/31/2025	Support agreement for LungView software. (Anticipate renewal beyond 1-year term.)	\$6,926
Dental Imaging Technologies Corp.	Maintenance Agreement	Dental	7/1/2023	6/30/2025	Annual renewal of dental equipment maintenance agreement.	\$3,736
Ferguson Electric Service Co., Inc.	Services Agreement (First Amendment)	Plant Operations	8/1/2023	9/30/2025	Extension into 2025 of high voltage and switchgear services and emergency electrical work and inspections.	\$200,000
Greycastle Security, LLC	Managed Security Services Agreement (First Amendment)	IT	11/1/2023	10/31/2025	Vendor provides IT security assessments and cyber security services.	[Redacted]
HP Inc. (Hewlett Packard)	Managed Print Services Agreement (Third Amendment)	Public Relations	10/1/2023	9/30/2027	Renewal agreement of managed print services with HP.	\$281,412
Maxim Healthcare Services, Inc.	Services Agreement	HIM	8/23/2023	8/22/2026	Vendor to provide coding services on as-needed basis to ECMCC. (Anticipate renewal beyond 1-year term.)	\$400,000
Medtronic USA, Inc.	Maintenance Agreement	Operating Room	9/29/2023	9/28/2026	Maintenance on eighteen pieces of OR equipment.	\$63,000
Merge Healthcare, Inc.	Support Services Agreement	IT	9/30/2023	12/31/2024	Support services for cardiology/hematology equipment and software.	\$98,013
OEC Medical Systems, Inc. (a GE Healthcare business)	Maintenance Agreement	Imaging	4/8/2024	4/7/2029	Maintenance of various pieces of GE imaging equipment.	\$7,593
Pentax Medical	Maintenance Agreement	Operating Room	10/1/2023	2/29/27	Maintenance of various pieces of OR equipment.	\$79,996



Philips Healthcare, a division of Philips North America LLC	Maintenance Agreement	Imaging	4/1/2024	3/31/2029	Maintenance of various pieces of Imaging equipment.	Year 1: \$303,652 Year 2: \$288,189 Year 3: \$226,513 Years 4-5: \$180,653
Press Ganey Associates, Inc.	Survey Agreement (Amendment)	Administration	8/1/2023	3/31/2025	Short-term extension to patient satisfaction survey engagement while RFP pending.	[Redacted]
Steris Corporation	Maintenance Agreement	Biomed	7/1/2023	6/30/2025	Maintenance of various pieces of biomedical equipment.	\$60,000
UB Family Medicine, Inc.	Professional Services Agreement (First Amendment)	Clinical	11/15/2022	11/15/2025	Extends term of chemical dependency agreement into 2025; increases to chief of services, inpatient services, and consultations vs. original 2019 agreement.	Increase from \$1,421,119 to \$1,480,060 (2022-23), \$1,507,971 (2023-24), & \$1,536,439 (2024-25)
University at Buffalo Surgeons, Inc.	Professional Services Agreement	Clinical	1/9/2023	1/8/2026	Assigns physician to provide surgical transplant services to ECMCC.	[Redacted]

**Annual review of previously approved contracts  
July 1, 2022 - September 30, 2022 (approved October 2022; reviewed October 2023)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
AllPro Parking, LLC	Valet Services Agreement	Administration	12/6/2022	12/5/2025	Valet parking services for hospital visitors and patients.	[Redacted]
Bond, Schoeneck & King	Engagement Letter	Legal	11/1/2022	10/31/2025	Firm to provide primary counsel regarding payer matters and secondary regarding physician, real estate, and regulatory matters.	\$5,000
Change Healthcare Technology Enabled Services, LLC	Master Relationship Agreement	Revenue Cycle	11/1/2022	10/31/2025	Vendor to provide third party billing services for professional billing component.	\$1,100,000
Carestream Health, Inc.	Service Agreement	Imaging	12/26/2022	12/25/2027	Servicing on various pieces of imaging equipment.	\$199,004
Getinge USA Sales, LLC	Maintenance Agreement	Biomed	9/14/2022	9/13/2027	Service plan for biomed equipment.	\$2,496
Goldberg Segalla, LLP	Engagement Letter	Legal	11/1/2022	10/31/2025	Firm to provide secondary counsel regarding general liability matters.	\$5,000
Hurwitz & Fine, PC	Engagement Letter	Legal	7/1/2022	6/30/2025	Firm to provide primary counsel regarding insurance coverage matters.	\$5,000
iSecure, LLC	Services Agreement	IT	9/1/2022	8/31/2025	Third-party cyber risk management tool to monitor the Internet security presence of cloud vendors.	[Redacted]
Magavern, Magavern, & Grimm LLP	Engagement Letter	Legal	11/1/2022	10/31/2025	Firm to provide primary counsel regarding estate/surrogate, guardianship, trespass, and mental health matters, and secondary regarding collection matters.	\$550,000
NxStage Medical, Inc.	Extended Service Agreement	Biomed	7/11/2022	7/10/2025	Servicing agreement for biomed equipment.	\$70,320
Olympus America Inc.	Equipment Service Agreement	OR	7/19/2022	7/18/2025	Servicing agreement for Olympus OR equipment.	\$54,653

## Executive Conference Room/Teams Meeting

October 3, 2024

Present: Dr. Yogesh Bakhai, Dr. Sam Cloud, Dr. Mandip Panesar, Dr. Siva Yedlapati, Dr. Lakshpaul Chauhan, Dr. Victor Vacanti (video conference), Dr. Richard Hall (video conference), Dr. Ashvin Tadakamalla (video conference)

Excused: Christopher Resetarits, CRNA

Agenda Item	Discussion/Recommendation	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:01pm		
<b>II. ADMINISTRATIVE</b>	<p>Guests: Dr. Dinerman and Dr. Pittenger</p> <p>It was also noted that the resignation request for Rosh-Neke Thomas Talley, FNP presented at last meeting, is being rescinded. This was a clerical error from the Clinic. As this action is within 60 days, it has been removed from the roster of approval actions required by the Board of Directors.</p>		
A. Minutes	The minutes of the September 5, 2024 Credentials Committee meeting were presented for review.	It was properly moved by Dr. Mandip Panesar, seconded by Dr. Siva Yedlapati, and unanimously carried:	RESOLVED, that the Credentials Committee approve the minutes of the September 5, 2024 meeting and recommend same to the Medical Staff Executive Committee.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None

Highlight: Initiate FPPE

E. Name Changes (1)		<b><u>Orthopaedic Surgery</u></b> <ul style="list-style-type: none"> <li>Jillian Piniewski, FNP <b>changed her name to Jillian Tornabene, FNP</b></li> </ul>	None	None	
F. Leave of Absence (4)		<b><u>Anesthesiology</u></b> <ul style="list-style-type: none"> <li>Danielle Doherty, CRNA- maternity; RTW 12/01/24</li> </ul> <b><u>Internal Medicine</u></b> <ul style="list-style-type: none"> <li>Chandrarekha Americhetty, MD- maternity; RTW 10/08/24</li> </ul> <b><u>Neurology</u></b> <ul style="list-style-type: none"> <li>Rebecca Buttaccio, PA-C- maternity; RTW 11/18/24</li> </ul> <b><u>Psychiatry</u></b> <ul style="list-style-type: none"> <li>Hannah Lapides, NP- maternity; RTW 12/31/24</li> </ul>	None	Informational purposes only	
G. Resignations (6)		Files are updated and resignation protocol followed. The Committee discussed retention rates and Wellness Committee initiatives to investigate and manage.		Notification via these minutes to MEC, Board of Directors, Revenue Management, Decision Support	
NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/ SUPERVISING	RESIGN DATE	INITIAL DATE
Rachna Bharti, MD	Family Medicine	<ul style="list-style-type: none"> <li>Apogee</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	N/A	09/16/24	03/26/24
Hui Tung Tony Lin, MD	Family Medicine	<ul style="list-style-type: none"> <li>UBMD</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	5 AHPs in process- Doreen Park confirmed they are being split btw Dr. Wilkins and Dr. Wilber	09/06/24	07/25/23
Patrick Christie, PA-C	Internal Medicine	<ul style="list-style-type: none"> <li>S&amp;K</li> <li>Only working at Roswell</li> <li>Confirmed in email</li> </ul>	N/A	09/09/24	01/23/24
Salah Abdelhadi, MD	Radiology	<ul style="list-style-type: none"> <li>GLMI</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	N/A	09/12/24	07/28/20

Highlight: Initiate FPPE

Raspal Sandhu, MD	Radiology	<ul style="list-style-type: none"> <li>GLMI</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	N/A	09/12/24	07/28/20
Faisal Shah, MD	Radiology	<ul style="list-style-type: none"> <li>GLMI</li> <li>Left practice plan</li> <li>Confirmed in email</li> </ul>	N/A	09/12/24	01/25/22
<b>III. CHANGE IN STAFF CATEGORY</b>					
		None			
<b>IV. CHANGE/ADD DEPARTMENT</b>					
		None			
<b>V. CHANGE/ADDITION Collaborating/Supervising</b>					
A. Dilafruz ElNasser, ANP	<b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>Changing from Dr. Mikac to Dr. Eberl</li> </ul>		The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.	
B. SungHoon Jung, FNP	<b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>Changing from Dr. Lin to Dr. Wilkins</li> </ul>		The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.	
C. Sarah Toblin, PA-C	<b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>Changing from Dr. Mikac to Dr. Williams</li> </ul>		The Committee voted, all in favor, to approve the changes as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.	
<b>VI. PRIVILEGE ADDITION/ REVISION</b>					
		None			
<b>VII. PRIVILEGE WITHDRAWAL</b>					
		None			
<b>VIII. UNACCREDITED FELLOWSHIPS</b>					
		Nothing to report at this time	None	Informational purposes only	

Highlight: Initiate FPPE

IX. INITIAL APPOINTMENTS			
Scott Becht, PA-C Emergency Medicine	<ul style="list-style-type: none"> <li>• Gannon University Master of Physician Assistant Sciences August 2024</li> <li>• Time gap – August 2024 to November 2024 applying for NY medical license, DEA and credentialing</li> <li>• Joining UEMS November 2024</li> <li>• Supervising Physician - Dr. Jason Borton (1)</li> <li>• NCCPA certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Erin Davis, FNP Internal Medicine	<ul style="list-style-type: none"> <li>• University of Phoenix Master of Science Family Nurse Practitioner February 2023</li> <li>• Registered Nurse Banner MD Anderson Outpatient Oncology Infusion June 2021 to present</li> <li>• Hired by Grider Support Services September 2024 Internal Medicine – Hematology</li> <li>• Collaborating Physician – Dr. Naheed Alam (5)</li> <li>• AANP certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Julia Hitchcock, MD Internal Medicine	<ul style="list-style-type: none"> <li>• Wright State University MD May 2021</li> <li>• Time gap May 2021 to June 2021 – time to move from Ohio to New York for Residency</li> <li>• Jacobs School of Medicine Internal Medicine Residency June 2021 to June 2024</li> <li>• Time gap July 2024 to September 2024 – time to study and sit for IM boards, vacation with family</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Hired by UBMD Internal Medicine October 2024</li> <li>• Temporary privileges granted October 1, 2024 for immediate patient need</li> <li>• American Board of Internal Medicine eligible, sat August 26, 2024 pending results</li> </ul>		
Alexis Pittenger, PsyD Internal Medicine	<ul style="list-style-type: none"> <li>• Doctor of Psychology in Clinical Psychology- Xavier University August 2012; this includes an Internship at the May Institute</li> <li>• Kennedy Krieger Institute Fellowship in Behavioral Psychology September 2012- August 2013</li> <li>• Kennedy Krieger Institute Fellowship in Child Clinical Psychology September 2013- August 2015</li> <li>• Cincinnati Children's Hospital and Medical Center from November 2015-January 2019</li> <li>• Macks Psychology Group from January 2019-November 2021</li> <li>• Child and Adolescent Psychology Associates from December 2021-May 2023</li> <li>• Time gap from May 2023 to August 2024 moved from Ohio to New York, stay at home parent to help kids adjust. Finding and applying for new position</li> <li>• Joining UBMD</li> </ul>	<p>The Committee interviewed Dr. Pittenger regarding flags presented by the MDSO. It was properly moved by Dr. Mandip Panesar, seconded by Dr. Victor Vacanti and unanimously carried:</p> <p><b>EXTRACT FOR MEC</b></p>	<p>RESOLVED, that the Credentials Committee approves the appointment of Alexis Pittenger, PsyD to the Medical/Dental Staff of Erie County Medical Center and recommends same to the Medical Staff Executive Committee.</p>
Navpreet Rana, DO Internal Medicine	<ul style="list-style-type: none"> <li>• University of New England Doctor of Osteopathic Medicine May 2017</li> </ul>	<p>The Committee voted, all in favor, to approve the</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Time gap May 2017 to June 2017 – vacation between medical school and start of residency</li> <li>• Guthrie/Robert Packer Hospital General Surgery Residency July 2017 to June 2018</li> <li>• Jacobs School of Medicine Internal Medicine Residency June 2018 to June 2021 and Gastroenterology Fellowship July 2021 to June 2024</li> <li>• Time gap June 2024 to November 2024 – GI board preparation, time with family</li> <li>• Hired by UBMD Internal Medicine Gastroenterology November 2024</li> <li>• American Board of Internal Medicine certified and Gastroenterology eligible</li> </ul>	appointment with privileges granted as requested.	
Gina Sparacino, MD Internal Medicine	<ul style="list-style-type: none"> <li>• State University of New York at Buffalo MD June 2018</li> <li>• Jacobs School of Medicine Internal Medicine Residency June 2018 to June 2021 and Gastroenterology Fellowship July 2021 to June 2024</li> <li>• Gastroenterologist – WNY VA Medical Center June 2024 to present, Kaleida Health / General Physicians, PC August 2024 to present</li> <li>• Temporary privileges granted September 1, 2024 for immediate patient need</li> <li>• American Board of Internal Medicine certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Natasha Gautam, MD Ophthalmology	<ul style="list-style-type: none"> <li>• Adesh Institute of Medical Sciences &amp; Research MBBS June 2012</li> </ul>	Dr. Gautam is not currently board eligible until she completes 5 years of practice;	RESOLVED, that the Credentials Committee approves the appointment of Natasha Gautam, MD to the

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Postgraduate Institute of Medical Education &amp; Research Chandigarh - Ophthalmology Residency July 2012 to June 2015, Senior Glaucoma Residency July 2015 to June 2017, and Glaucoma Fellowship June 2017 to July 2018</li> <li>• Time gap – August 2018 to January 2019 maternity leave</li> <li>• Consultant Advanced Eye Hospital, Yamunagar, Haryana India February 2019 to June 2020</li> <li>• Time gap – June 2020 to August 2020 moved to the US</li> <li>• Research Assistant University of Iowa Hospitals and Clinics September 2020 to July 2021</li> <li>• Ann &amp; Robert H. Lurie Children’s Hospital of Chicago, Northwestern University, Pediatric Ophthalmology Fellowship July 2022 to July 2023</li> <li>• Mayo Clinic Glaucoma Fellowship July 2023 to July 2024</li> <li>• Time gap – July 2024 to September 2024 vacation</li> <li>• Joining UB as a Clinical Assistant Professor in Ophthalmology/Ross Eye Institute on H1B Visa October 2024</li> <li>• Board status – International Medical Graduate subject to the requirement of practicing for five years on a full physician license before being eligible for board certification</li> </ul>	<p>as outlined in the International Pathway. She will be eligible in 2029.</p> <p><b>EXTRACT FOR MEC EXTENSION NEEDED DUE TO 5 YEAR PATHWAY</b></p>	<p>Medical/Dental Staff of Erie County Medical Center and recommends same to the Medical Staff Executive Committee.</p>
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<p>Evan Briggs, PA-C Orthopaedic Surgery</p>	<ul style="list-style-type: none"> <li>• Rochester Institute of Technology Master of Science Physician Assistant August 2016</li> <li>• Time gap August 2016 to October 2016 – completed education, prepared for boards, licensing and employment</li> <li>• Physician Assistant Surgery Department Highland Hospital October 2016 to November 2017</li> <li>• Time gap November 2017 to February 2018 – searching for employment in Orthopaedics</li> <li>• Physician Assistant Orthopaedic Surgery Rochester General Hospital February 2018 to September 2024, University Orthopaedic Services, Inc September 2024 to present</li> <li>• Supervising Physician – Dr. Jennifer Gurske-DePerio (1)</li> <li>• NCCPA certified</li> </ul>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>
<p>Megan Donnelly-Davis, PA-C Orthopaedic Surgery</p>	<ul style="list-style-type: none"> <li>• Daemen College Master of Science Physician Assistant May 2010</li> <li>• Time gap May 2010 to September 2010</li> <li>• Physician Assistant – UB Emergency Medicine at ECMC September 2010 to August 2015, Neurosurgical October 2013 to August 2015, Team Health Emergency Medicine August 2015 to October 2017, Critical Care &amp; Cardiothoracic Surgery at Catholic Health October 2017 to present</li> </ul>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>

	<ul style="list-style-type: none"> <li>• Hired by Grider Support Services Orthopaedic Surgery October 2024</li> <li>• Supervising Physician – Dr. Evgeny Dyskin (2)</li> <li>• NCCPA certified</li> </ul>		
Matthew Long, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> <li>• Daemen University Master of Science Physician Assistant May 2024</li> <li>• Time gap June 2024 to August 2024 – applied for license and sat for NCCPA exam</li> <li>• Physician Assistant Orthopaedic Surgery University Orthopaedic Services, Inc August 2024 to present</li> <li>• Supervising Physician – Dr. K. Keely Boyle (2)</li> <li>• NCCPA certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Brian Dinerman, MD Urology	<ul style="list-style-type: none"> <li>• SUNY Downstate Medical Center College of Medicine MD May 2016</li> <li>• Time gap June 2016 to July 2016 vacation</li> <li>• Zucker School of Medicine at Hofstra/Northwell at Lenox Hill Hospital General Surgery Residency July 2017 to June 2019 and Urology Residency July 2017 to November 2021</li> <li>• Time gap November 2021 to June 2022 relocated waiting for residency program to begin</li> <li>• Jacobs School of Medicine Urology Residency July 2022 to June 2024</li> <li>• Hired by WNY Urology July 2024</li> </ul>	<p>The Committee interviewed Dr. Dinerman regarding flags presented by the MDSO.</p> <p>It was properly moved by Dr. Mandip Panesar, seconded by Dr. Siva Yedlapati and unanimously carried:</p>	RESOLVED, that the Credentials Committee approves the appointment of Brian Dinerman, MD to the Medical/Dental Staff of Erie County Medical Center and recommends same to the Medical Staff Executive Committee.

	<ul style="list-style-type: none"> <li>American Board of Urology eligible, sat July 11, 2024, pending results</li> </ul>		
<b>X. Temporary Privileges (6)</b>	<ul style="list-style-type: none"> <li>Elizabeth Smith, PA-C Pain Management Anesthesiology September 9, 2024</li> <li>Mary Bedzyk, PA-C Emergency Medicine September 9, 2024</li> <li>Charles Wilber, MD Family Medicine Addictions September 13, 2024</li> <li>Kelly Emerson, PA-C Emergency Medicine September 15, 2024</li> <li>Helen Potter, MD Surgery September 24, 2024</li> <li>Julia Hitchcock, MD Internal Medicine October 1, 2024</li> </ul>	For informational purposes.	None
<b>XI. REAPPOINTMENTS (49)</b>	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges as requested.	Via these minutes, recommendation to Medical Executive Committee for approval.

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Gan, Dalong CRNA	Anesthesia	AHP	
Klemp, Christine FNP Collaborating MD: Suchy	Anesthesia	AHP	
Aiad, Jean DDS	Dentistry	Active	
Peterson, Courtney DMD	Dentistry	Active	
Hyde, Michael PA-C Supervising MD: Varughese	Emergency Medicine	AHP	
Kiszka, Jason FNP Collaborating MD: O'Brien	Emergency Medicine	AHP	
Vona, Jaime PA-C Supervising MD: Varughese	Emergency Medicine	AHP	
Foster, Amy FNP – 2 Departments	Family Medicine & Internal Med	AHP	

Highlight: Initiate FPPE

Collaborating MD: Claus & Martinez			
Maciejewski, Julianne MD	Family Medicine	Active	
Walker, Logan MD	Family Medicine	Active	
Claus, Jonathan MD	<b>Internal Medicine</b>	Active	
Dobson, Beata ANP Collaborating MD: Banas	Internal Medicine	AHP	
Idupuganti, Amrutha MD	Internal Medicine	Active	
Kwiatkowski, Alysia DO	Internal Medicine	Active	
Lackner, Jeffrey PSYD	Internal Medicine	AHP	
Marsillo, Alyssa PA-C Supervising MD: Kwiatkowski	Internal Medicine	AHP	
Mendu, Anuradha MD	Internal Medicine	Active	
Provenzo, Ashley FNP Collaborating MD: Yedlapati	Internal Medicine	AHP	
Quigg, Richard MD	Internal Medicine	Active	
Rivera, Ramon MD	Internal Medicine	Active	
Singh, Tegbeer, MD	Internal Medicine	Active	
Sperry, Howard MD	Internal Medicine	Active	
Tiu-Snyderman, Zerline MD	Internal Medicine	CR&F	
Zimmerman, Kenneth MD	Internal Medicine	CR&F	
Algattas, Hann MD	<b>Neurosurgery</b>	Active	
Castiglia, Gregory MD	Neurosurgery	Active	New Privilege: Spinal fusion, cervical, thoracic or lumbar with/without instrumentation
Reesor, Stephanie PA-C Supervising MD: Meyers	Neurosurgery	AHP	
Griffith, Suzanne MD	<b>OB/GYN</b>	Active	
Lalgudi, Vaitheeswara MD	<b>Ophthalmology</b>	Active	
Nigalye, Sanil DDS MD	Oral & Maxillofacial Surgery	Active	
DelPrince, Clayton MD	<b>Orthopaedic Surgery</b>	Active	
Rauh, Michael MD	Orthopaedic Surgery	Active	
Shanahan, Christopher PA-C Supervising MD: Clark	Orthopaedic Surgery	AHP	
Mendu, Anuradha MD	<b>Psych &amp; Behavioral Medicine</b>	Active	
Banerjee, Sara MD	<b>Radiology</b>	Active	
Lang, Joseph MD	Radiology	Active	
Lawton, Christopher MD	Radiology	Active	

Highlight: Initiate FPPE

Nicholas, Christopher MD	Radiology	Active	
Kalinka, Lisa ANP Collaborating MD: Kayler	<b>Surgery</b>	Active	
Knott, Liam MD	Surgery	Active	
Qaqish, Thamer MD	Cardiovascular	Active	<b><u>Withdraw Privilege: (1) Cardiovascular Privilege:</u></b> Moderate Sedation
Qaqish, Thamer MD	Surgery	Active	<b><u>Adding Privileges: (4)</u></b> Radiologic Procedures (Operative) <ul style="list-style-type: none"> <li>• Fluoroscopy for foreign body localization</li> <li>• Placement of intra-arterial catheter for lysis of thrombosed arteries</li> </ul> GI Tract <ul style="list-style-type: none"> <li>• Gastric surgeries – all types</li> </ul> Head & Neck Surgery <ul style="list-style-type: none"> <li>• Cricothyroidotomy</li> </ul>
Stephan, Rabie MD	Surgery	CR&F	
Aldridge, Janerio MD	<b>Thoracic/Cardiovascular Surgery</b>	Associate	
Carlson, Russell MD	Thoracic/Cardiovascular Surgery	Active	
Murphy, Mary PA-C Supervising MD: Aldridge	Thoracic/Cardiovascular Surgery	AHP	
Abramowitz, David MD	<b>Urology</b>	Active	
Chazen, Mark MD	Urology	Active	
Gan, Dalong CRNA	<b>Anesthesia</b>	AHP	
Klemp, Christine FNP Collaborating MD: Suchy	Anesthesia	AHP	
<b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b>			

<b>XII. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	<b><u>Internal Medicine</u></b> <ul style="list-style-type: none"> <li>• Ashleigh Walker, FNP-Apogee</li> <li>• Letting privileges run out 12-31-2024 Per Apogee</li> </ul>	For informational purposes.	None necessary.

Highlight: Initiate FPPE

<b>2<sup>nd</sup> Notice</b>	<b><u>Family Medicine</u></b> <ul style="list-style-type: none"> <li>Rhonda Francis, FNP - Apogee</li> </ul> Letting privileges run out 11-30-2024. Has not worked here in 2 years. Per Apogee <b><u>Ophthalmology</u></b> <ul style="list-style-type: none"> <li>Charles Niles, MD – C,R&amp;F</li> </ul> Letting privileges run out 11-30-2024. Per email	For informational purposes.	None necessary.
<b>3<sup>rd</sup> Notice</b>	None	For informational purposes.	None necessary.
<b>XIII. PROFESSIONAL PRACTICE EVALUATIONS</b>	OPPE was performed in the Department of Chemical Dependency, Family Medicine, Radiology, Teleradiology and Surgery, with the following notes: <ul style="list-style-type: none"> <li>One metric was changed in Chemical Dependency, moving consults within 30 hours to 24 hours, with a request to investigate AIS and methadone maintenance consults.</li> <li>Surgery added measures: Transplant return to OR within 24 hours</li> </ul> FPPE was transitioned to Bolaji Anjorn: Internal Med, Anesthesia, Family Med, OBGYN, Plastics distributed.	All reviewed by the Chief of Service. There were no FPPE's necessary for the providers who did not meet one or more measures. The providers were notified and metrics will be tracked.	Continue to monitor.
<b>XIV. OLD BUSINESS</b>			
A. Expirables	Expirables were reviewed and discussed with the Credentials Committee. Policy for review.	For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.	None necessary.
B. DEA, License, Boards	<b><u>October 2024</u></b> <ul style="list-style-type: none"> <li>DEA- 10</li> <li>License- 29</li> <li>Boards- 0</li> </ul> <b><u>November 2024</u></b> <ul style="list-style-type: none"> <li>DEA- 11</li> <li>License- 40</li> <li>Boards- 1</li> </ul>	For informational purposes.	None necessary.

C. Dr. Fred Rodems	Dr. Rodems, who has been on staff since 1984, does not wish to pay to maintain his boards as he is “volunteering his time”. Dr. Hall explained that he is retired but covers every other Wednesday in the clinic and supervises the Residents. A discussion ensued regarding who covers Dr. Rodems salary, and it was determined that it is not a volunteer position. The Committee agreed to have Dr. Hall speak to the Medical Executive Committee and request a board exception.	<b>EXTRACT FOR MED EXEC</b>  Dr. Hall will present this at the October Medical Staff Executive Committee.	Follow up after Med Exec
D. Dr. Pidor-Psychiatry Boards	Presented at the July Credentials meeting for initial appointment but was not extracted for the Med Exec meeting for discussion regarding her not being board eligible.  Dr. Pidor was previously on staff from 06/26/14-10/05/19; when she left for illness. With her return, there have been payer issues due to her board status. Dr. Bakhai has agreed to reach out to them and discuss alternatives. The Committee agreed to Dr. Bakhai requesting a board exception at the Medical Executive Committee.	<b>EXTRACT FOR MED EXEC</b>  Dr. Bakhai will present this at the October Medical Staff Executive Committee.	Follow up after Med Exec
E. Terrace/View/Buffalo Ultrasound Contract	At the August meeting, it was noted that ECMC is still waiting for a contract and credentialing agreement with Buffalo Ultrasound for provision of services to Terrace View patients. It is anticipated that 30 providers will need to come on staff, but hopefully the delegated credentialing will be in place by then so we can get the required information from the distant site.  <b>Delegated credentialing agreement to be put in place with the contract. Awaiting legal.</b>	Waiting for Legal to complete the contract.	No action necessary.
G. Pain Management addition	July meeting: “This item will be on hold until Dr. Thomas Suchy meets with Neurosurgery.”  Cheryl discussed with Dr. Suchy who scheduled a meeting with neurosurgery. Awaiting results of that meeting.	For informational purposes.	Follow up to come

<b>XIIV. NEW BUSINESS</b>			
A. Policy regarding Expirables	A new policy has been drafted to address Expiring Documents for the Medical/Dental Staff. The policy allows the process for the Credentialing Office to be consistent across the board. This policy allows the Chief of Service, practice plans and providers enough time to help resolve the issue in a timely manner. Following this process, issue would then escalate to the CMO and Credentials Committee Chair. For this to be successful it requires consistent application of the policy by the MSO and decision making on the part of Leadership.	The Credentials Committee endorsed the creation of this policy and will present it at the Annual Medical Staff meeting. The policy will also be included with all medical staff applications. Reminder emails will also state that no response is "subject to action by the Leadership Council".	Recommendation, via these minutes, to the Medical Executive Committee for approval.
B. Moderate sedation	<p>The criteria for moderate sedation was reviewed. It is noted that the privilege criteria is not consistent across the board regarding the privilege forms. Some Committee members felt that ACLS should be required with the moderate sedation privilege. Other Committee members that the "life support training" involved in the moderate sedation course is sufficient.</p> <p>Cheryl Carpenter, Director of the Medical Dental Staff Office, has agreed to speak to Dr, DePlato, Chief of service of Anesthesiology.</p>	The Committee will reach out to Dr. Anthony DePlato to make a recommendation and will bring that back to the Credentials Committee for their review and endorsement.	Will await follow-up with Dr. DePlato.
<b>XIIIV. ADJOURNMENT</b>	The meeting was adjourned at 4:15pm		

Respectfully submitted,



Yogesh Bakhai, MD  
Chair, Credentials Committee



**ERIE COUNTY MEDICAL CENTER  
POLICY AND PROCEDURE**

Name/Title of Policy: <b>Expiring Documents Medical/Dental Staff</b>	Policy #: MS-07
Policy Type Administrative Clinical Practice	Developed by: Office of the CMO Director of Medical/Dental Staff Services
References: ECMCC Medical/Dental Staff Bylaws, Rules and Regulations	Applies to: All Members of the ECMCC Medical/Dental Staff and Individua who have Temporary, Telemedicine, Disaster or Training Clinical Privileges at ECMCC

Replaces the following P&P(s), if applicable:

Effective Date				
Review Date				
Revision Date				

**PURPOSE**

This policy defines the process the Erie County Medical Center Corporation (ECMCC) uses to ensure that credentials providers maintain current, valid and unrestricted medical licenses, DEA certificates, Medical Malpractice Insurance, Health Assessments and other special certifications pursuant to the Medical and Dental Staff Bylaws, Rules & Regulations.

- A. All members of the ECMCC Medical/Dental Staff must maintain a current, valid NYS License, DEA License (where applicable), Medical Malpractice Insurance in appropriate amounts, Health Assessments and information where applicable and any other special certifications required of their practice, specialty or privilege requests.
- B. Pursuant to the Medical/Dental Staff Bylaws, Rules & Regulations §3.1, automatic relinquishment/resignation will occur in the following instances:
  - 1. Whenever a practitioner’s license or other legal credential authorizing practice in this or another state is lapsed, revoked, suspended or voluntarily relinquished to avoid disciplinary action;
  - 2. Failure to maintain current Medical Malpractice Insurance in appropriate amounts;
  - 3. Failure to maintain a DEA certificate (where applicable)
  - 4. Failure to maintain Health Information as required by the Bylaws, Rules & Regulations and/or New York State Department of Health (including, but not limited to annual tuberculosis risk assessment).
  - 5. Failure to maintain current special certifications required for his/her privileges or practice, including, but not limited to ACLS, PALS, Conscious Sedation training, etc.

Siemens Industry, Inc.	Services Agreement	Plant Operations	3/1/2022	2/28/2025	Contractor to perform scheduled preventative maintenance (inspections, calibration, adjustments, equipment/controls operation, operating and safety controls check) on various components of the facility management system that controls the HVAC / smoke control system.	\$100,690
SpendMend, LLC	Services Agreement (Fourth Amendment)	Purchasing	3/3/2020	Evergreen	Adjusts fees for audit to 22% of benefit resulting from audit; allows for termination on 60 days' notice.	\$5,000
UB Family Medicine, Inc.	Professional Services Agreement (First Amendment)	Medical	9/6/2021	9/13/2027	Adds pediatric on-call services.	Adds \$20,000/year to existing agreement

**Annual review of previously approved contracts  
July 1, 2021 - September 30, 2021 (approved October 2021; reviewed October 2022 and 2023)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
Cardinal Health 200, LLC	Inventory Storage Services Agreement	Purchasing	9/15/2021	Evergreen	Cardinal to provide storage for state-mandated 90-day PPE supply.	\$31,680
Favorite Healthcare Staffing	Staffing Services Agreement	Human Resources	7/22/2021	Evergreen	Staffing agency providing clinical staff to ECMCC and Terrace View.	Varies based on need
Fortus Travel Group, Inc.	Staffing Services Agreement	Human Resources	6/17/2021	Evergreen	Staffing agency providing clinical staff to ECMCC and Terrace View.	Varies based on need
Parkview Health Services, LLC	340B Contract Pharmacy Agreement	Pharmacy	10/1/2020	9/30/2025	Outside pharmacy to provide drugs at 340B pricing to patients.	\$20,000
Select Actuarial Services	Vending Services Agreement	Finance	7/1/2021	12/31/2025	Provision of actuarial services related to medical professional liability.	[Redacted]

**Annual review of previously approved contracts  
July 1, 2020 - September 30, 2020 (approved October 2020; reviewed October 2021, 2022 and 2023)**

Vendor	Contract Type	Department	Effective Date	Expiration Date	Description	Annual Estimated Value
GE Precision Healthcare, LLC	Servicing Agreement	Biomed	7/15/2020	7/14/2027	Servicing for biomed equipment.	\$66,471

ERIE COUNTY MEDICAL CENTER CORPORATION  
OCTOBER 15, 2024 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
BOARD OF DIRECTOR'S CONFERENCE ROOM

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PRESENT: JONATHAN DANDES, DARBY FISHKIN, SHARON HANSON, THOMAS QUATROCHE,  
EUGENIO RUSSI

ALSO

PRESENT: SAMUEL CLOUD, JOSEPH GIGLIA, ANDREW DAVIS, JONATHAN SWIATKOWSKI

\*VIRTUAL

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I. Call to Order

The meeting was called to order at 4:07 p.m. by Board Chair Eugenio Russi.

II. Minutes

Motion was made by Sharon Hanson, seconded by Darby Fishkin and unanimously passed to approve the minutes of the Executive Committee meeting of September 17, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported that the hospital received the Gold Beacon award a national recognition for the ICU. US News and World Report rated out hip replacements program top in the country and Terrace View as one of the Top Nursing Homes in the country. Hiring continues to be strong for the hospital with over 650 new hires for the year, 175 being nurses. Finding LPNs for Terrace View continues to be a challenge. Applications for the ICU exceed the current need.

Finances Report

Jonathan Swiatkowski reported a slight improvement from the last month. Discharges fell just short of budget, while observation cases exceeded budget and last year's scores. Inpatient admissions and outpatient surgeries were higher than budget. ALC days and left without being seen both increased. Acute LOS was 22.7% higher than budget and 8.0% higher than 2023. Total average length of stay was 23.1% higher than budget but only 2% higher than last year. The left without being seen number decreased though still remains a challenge. Days cash-on-hand was slightly lower than budget. July reflected a net loss of \$399,000. Mr. Swiatkowski gave additional information on cash flow and actuarial reports. He also updated the group on the Baxter IV Solutions plant. Dr. Quatroche praised Diane Artieri for her efforts to keep the hospital well supplied.

- IV. Statewide Transformation Grant for Technology Update  
Dr. Quatroche reported that there is currently no update of progress on the Statewide Transformation Grant for Technology.
- V. Strategic Plan Update  
Dr. Quatroche announced that he and Andy Davis will be updating the board on the Strategic Plan at the October meeting.
- VI. Legal Issue  
Joseph Giglia updated the committee on a legal issue.
- VII. Adjourn  
There being no other business, the meeting was adjourned at 4:43 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, OCTOBER 15, 2024 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

DARBY FISHKIN \*  
PHILIP STEGEMANN, MD  
BENJAMIN SWANEKAMP \*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

MICHAEL SEAMAN  
REV. MARK BLUE

ALSO PRESENT:

THOMAS QUATROCHE  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
VANESSA HINDERLITER

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**I. CALL TO ORDER**

Mr. Swiatkowski advised that Mr. Michael Seaman is unable to attend today's meeting and requested that Ms. Darby Fishkin serve as Acting Chair. The meeting was called to order at 8:32 AM by Acting Chair Darby Fishkin.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Philip Stegemann, seconded by Benjamin Swanekamp and unanimously passed to approve the minutes of the Finance Committee meeting of September 17, 2024.

**III. SEPTEMBER 2024 OPERATING PERFORMANCE**

Mr. Swiatkowski reported performance improvement in several areas during the month of September compared to unfavorable volume trends in July and August. Despite length of stay remaining high during the month at 8.6 days, inpatient discharges and total surgical volume improved over prior month results. Mr. Swiatkowski also reported that acute case mix index was at the highest level in over ten years at 2.16.

Mr. Swiatkowski reviewed the finance dashboard, reporting that although an operating loss was incurred, it was lower than projected in the operating plan. Revenue losses as a result of volume were favorably offset by additional revenue related to case mix index. Mr. Swiatkowski briefly reviewed cash flow.

Mr. Swiatkowski reviewed financial performance for the month of September. Operating revenue exceeded budget, driven by volume, case mix and continuing growth in specialty pharmacy while operating expenses continued to exceed the operating plan. Mr. Swiatkowski noted positive non-operating investment income for the month due to favorable investment market performance.

Mr. Swiatkowski reviewed length of stay trends for the calendar year to date, noting increased length of stay beginning in June as the organization began to experience challenges with discharging patients to alternative level of care facilities due to new CMS minimum staffing standards at nursing homes. Mr. Swiatkowski advised the Committee that length of stay has improved slightly for the month of October to date.

Net patient service revenue and other revenue exceeded the operating plan for the month. Although inpatient discharges and outpatient visits were lower than plan by 2.9% and 4.6% respectively, acute case mix index was 20% higher than expected. Mr. Swiatkowski reviewed factors which have favorably affected the case mix index statistic for the last several months, including the actual severity of cases and documentation improvements. Mr. Swiatkowski also discussed continuing growth in ECMCC's specialty pharmacy operations, noting that the organization has expanded the drug formulary and payer participation in the program.

Mr. Swiatkowski further reviewed operating expenses for the month of September, noting that salary and supply expense was driven by overall patient volume. Mr. Swiatkowski noted that the total number of FTE's, although greater than budget, is slightly lower than statistics from the month of August. Supply expense was greater than budget due to surgical supply costs related to the increased severity of cases and pharmaceutical costs related to specialty pharmacy and oncology services. Mr. Swiatkowski also reviewed physician fees and other expenses.

Year-to-date financial performance through September 30, 2024 was driven by overall favorable revenue with some offsetting expense which has exceeded the operating plan. Mr. Swiatkowski noted significant performance improvement compared to the first three quarters of 2023. Mr. Swiatkowski briefly discussed projected year-end actuarial determined liabilities, noting the changes from the prior calendar year. After recognition of year-to-date grant revenue and non-operating investment income, overall financial performance is well ahead of 2024 budget projections and prior year operating performance.

#### **IV. OTHER UPDATES**

Mr. Swiatkowski presented several updates regarding the status of pending UPL, DSH and IGT payments. Mr. Swiatkowski advised that ECMCC again achieved exempt status under DSH Section 203, avoiding the significant Medicaid rate reductions for Federal fiscal year 2025 outlined in the Law.

Mr. Swiatkowski presented updates to the Committee regarding the New York State VAPAP and Safety Net Transformation Programs as they relate to ECMCC.

Mr. Swiatkowski provided updates to the Committee regarding the nationwide IV solution shortage due to major flooding in North Carolina which critically impacted a manufacturer's production and supply chain. Mr. Swiatkowski discussed actions taken by the organization and credited Ms. Diane Artieri, ECMCC's Vice President of Materials Management, and her procurement team for their efforts to ensure adequate supply levels to maintain operations.

In response to questions and comments by Ms. Fishkin and Dr. Stegemann, a discussion was held regarding several topics including length of stay, the organization's efforts to work with community partners who are able to provide the appropriate level of care to patients, and ECMCC's specialty pharmacy operations.

**V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:03 AM by Acting Chair Darby Fishkin.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE AUDIT COMMITTEE MEETING

WEDNESDAY, SEPTEMBER 18, 2024 – 2:00 PM

BOARD MEMBERS PRESENT OR ATTENDING BY VIDEO CONFERENCE OR TELEPHONE:	DARBY FISHKIN * REV. KINZER POINTER *	* ATTENDING VIA VIDEO CONFERENCE OR PHONE
BOARD MEMBERS EXCUSED:	CHRISTOPHER O'BRIEN JAMES LAWICKI	
ALSO PRESENT:	THOMAS J. QUATROCHE ANDREW DAVIS JOSEPH GIGLIA, EX-OFFICIO JONATHAN SWIATKOWSKI	
GUESTS	DAVID L. NESBITT NADINE MUND	

**I. CALL TO ORDER**

Chair Darby Fishkin called the Audit Committee meeting to order at 2:01 PM.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Reverend Kinzer Pointer, seconded by Mr. Joseph Giglia and unanimously passed to approve the minutes of the Audit Committee meeting of March 14, 2024.

**III. QUARTERLY COMPLIANCE & ETHICS REPORT**

Mr. David L. Nesbitt, Esq., ECMCC's Chief Compliance Officer reported that based on guidance issued by the Office of the Inspector General (OIG) and the Office of the Medicaid Inspector General (OMIG), the Corporation is required to hold Compliance Committee meetings on a quarterly basis. Each Committee meeting will have a strong focus on ECMCC's Compliance Program and will benefit ECMCC's Board of Directors by keeping all Board members informed of compliance activities throughout the year.

Mr. Nesbitt noted that an updated draft Compliance Plan has been prepared and sent in advance of today's meeting for the Committee's review and consideration. All guidance issued by OIG and OMIG has been reviewed by Mr. Nesbitt and Ms. Nadine Mund, ECMCC's Director of Compliance. The updated draft Compliance Plan incorporates



current requirements to adopt, implement and maintain an effective compliance program based on the guidance set forth.

Mr. Nesbitt advised the Committee of a new regulatory requirement from OMIG which requires the Corporation to complete an internal Compliance Program effectiveness review annually. The Compliance department has prepared a draft internal Compliance Program Effectiveness review summary which includes an examination of the organization's Compliance Program and reviews the effectiveness of ECMCC's compliance efforts. The draft internal Compliance Program Effectiveness review summary was also provided to Committee members in advance of today's meeting.

Mr. Nesbitt discussed ECMCC's commitment to maintain an effective Compliance Program based on OIG and OMIG and to also meet best practice standards. In addition to the Audit and Compliance Committee of the Corporation's Board of Directors, ECMCC is also required to have a Compliance Committee comprised of senior staff members.

Mr. Nesbitt advised the Committee that the draft Compliance Plan has at its foundation seven elements which New York State and federal guidelines have deemed necessary for an effective, high quality compliance program. Each of the seven key elements were reviewed by Mr. Nesbitt and Ms. Mund and discussed in detail with the Committee and are fully outlined in the updated draft Compliance Plan. Mr. Nesbitt and Ms. Mund also reviewed actions taken by the Compliance Department's staff members to ensure compliance with each of the key elements. Mr. Nesbitt placed emphasis on ECMCC's Compliance department's leadership and oversight and reviewed in detail the roles of the Compliance Officers, other Compliance department staff, the Board Audit and Compliance Committee, and Staff Compliance Committee. Mr. Nesbitt also noted that key staff members of the Compliance department have the advantage of working within ECMCC's corporate offices, allowing them to interact with ECMCC's executive management team on a daily basis. Mr. Nesbitt also advised that the Compliance department reports to the Office of General Counsel.

Mr. Nesbitt noted that consistent standards of conduct throughout the organization are an important part of ECMCC's compliance program and include required compliance education and training for all ECMCC personnel and vendors with additional education and training requirements which will be implemented for all medical dental staff, volunteers and Board Members.

Ms. Mund reported that ECMCC has performed an informal risk assessment during the development of its annual Compliance Workplan. The process has been updated and formalized and will include interviews of key stakeholders. Ms. Mund and Mr. Nesbitt outlined actions to be taken during the risk assessment process. Ms. Mund advised that upon completion of the annual evaluation of the Compliance Program Effectiveness, the

evaluation will be documented and presented for review to the Staff Compliance Committee and the Corporation's Audit and Compliance Committee.

Mr. Nesbitt invited discussion from Committee members. In response to a question raised by Chair Darby Fishkin, Mr. Nesbitt noted that in evaluating the Corporation's Compliance Program, it was determined that the Compliance Department will further document each compliance matter requiring investigation by the department.

#### **IV. ACTION ITEMS**

Upon final review, Chair Darby Fishkin called for a motion to recommend approval of the draft Compliance Plan to the ECMCC Board of Directors. Upon motion by Reverend Kinzer Pointer and seconded by Mr. Joseph Giglia, the Committee voted unanimously to recommend approval to the ECMCC Board.

#### **VI. INTERNAL AUDIT UPDATE**

Mr. Nesbitt provided an update to the Committee with regard to the position of the Director of Internal Audit, which is currently vacant due to the resignation of Mr. Patrick Orloff. Mr. Nesbitt also advised the Committee that the draft internal Audit Charter will be presented to the Committee for review at the next meeting.

Mr. Swiatkowski advised the Committee that ECMCC's external audit firm, RSM US, LLP will begin their planning work regarding the Corporation's annual external audit. Mr. Matthew Garvey of RSM will attend the November 12, 2024 Audit Committee meeting to review RSM's proposed audit plan.

Mr. Swiatkowski briefly discussed year end planning and upcoming actuarial reporting.

Mr. Andrew Davis presented a brief report regarding an audit matter.

In closing, Reverend Kinzer Pointer extended his thanks and appreciation to the Corporation's Compliance Department for their efforts.

#### **VII. ADJOURN**

There being no further business, the meeting was adjourned at 2:32 PM by Chair Darby Fishkin.

# ERIE COUNTY MEDICAL CENTER CORPORATION

## BOARD OF DIRECTORS MINUTES OF THE BUILDINGS & GROUNDS COMMITTEE MEETING SEPTEMBER 24, 2024 – 3:00PM VIA MICROSOFT TEAMS

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BOARD MEMBERS PRESENT:	RONALD BENNETT MICHAEL HOFFERT	REVEREND MARK BLUE
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EXCUSED:	ANDREW DAVIS KEITH AMBROSE	JAMES LAWICKI
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ALSO PRESENT:	PAMELA LEE	KEVIN MADOO
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### I. CALL TO ORDER

Chair, Ronald Bennett called the meeting to order at 3:02 p.m.

### II. APPROVAL OF BUILDINGS AND GROUNDS MEETING MINUTES

Moved by Michael Hoffert and seconded by Ronald Bennett to approve and file the minutes of the Buildings and Grounds Committee of April 23, 2024 as presented.

### III. UPDATE – COMPLETED INITIATIVES/PROJECTS

Kevin Madoo reported the following projects have been completed:

- Main Hospital Gift Shop storage room expansion
- Main Kitchen dishwasher room
- Terrace View servery dishwasher equipment replacements
- Data Center 2<sup>nd</sup> electrical feed

### IV. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

Kevin Madoo provided an overview of the projects currently in progress.

- Mammography Suite: Currently in design phase. A new CON was submitted for a new proposed location.
- Medical gas equipment replacements: The new system is operational; the old system will serve as back-up. The project is 95% complete.
- Behavioral Health bathroom floor renovation. Replace current flooring with slip-resistant floors for the 4<sup>th</sup> and 9<sup>th</sup> floor bathrooms.
- Main Hospital hot water recirculation line replacements.
- Campus Grounds: The Grounds crew is transitioning into winter operations mode. Rock salt and ice melt is stored, and snow removal equipment is being prepped.

## ERIE COUNTY MEDICAL CENTER CORPORATION

### **V. UPDATE – PENDING INITIATIVES/PROJECTS**

Kevin Madoo provided an overview of the pending projects which included the following:

- Fire damper redesign (regulatory): Currently in design mode, field work to be completed.
- Service elevator upgrades: Currently in design mode.
- 1<sup>st</sup> floor Dental Clinic upgrades.
- MEP (Mechanical, Electrical and Plumbing): major equipment age and replacement plan.
- Removal of inground fuel oil tanks.

### **VI. ADJOURNMENT**

Moved by Michael Hoffert and seconded by Reverend Mark Blue to adjourn the Buildings and Grounds Committee meeting at 3:23 p.m.

BOARD OF DIRECTORS  
MINUTES OF THE HUMAN RESOURCES COMMITTEE MEETING  
TUESDAY, SEPTEMBER 10, 2024  
10:00 - 11:00 A.M.

***THIS MEETING WAS HELD VIRTUALLY VIA TEAMS***

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**VOTING BOARD**

**MEMBERS PRESENT:**

MICHAEL SEAMAN

MICHAEL HOFFERT

**EXCUSED:**

**ALSO**

**PRESENT:**

ANDREW DAVIS

ERIN CONLEY

CYNTHIA BASS

LISA HIGHWAY

HEATHER GALLAGHER

SEAN BEITER

**I. CALL TO ORDER**

Chair, Michael Seaman called the meeting to order at 10:04 a.m.

**II. APPROVAL OF MINUTES**

Moved by Michael Hoffert and seconded by Michael Seaman to receive and file the minutes from the July 9, 2024 Human Resources Committee Meeting of the Board of Directors.

**III. HOSPITAL UPDATE**

Andrew Davis, Chief Operating Officer, reported the hospital continues to work through ALC cases. He commended the HR team on their tremendous efforts managing the conversion projects such as the UKG recruitment platform and the health insurance transition to Univera. Additionally, he thanked the team for their great work maintaining union relationships, recruitment, and managing our diversity events and initiatives. Mr. Davis mentioned we will be celebrating our 5<sup>th</sup> Annual Diversity Vendor Networking Fair next year.

**IV. EMPLOYEE RECOGNITION – ECMC AND TERRACE VIEW**

Erin Conley, Training Coordinator, reported there were several employee recognition efforts for the month of August. ECMC was delighted to honor the award recipients for their accomplishments and dedication. Ms. Conley presented the following employee recognition events.

ECMC Employee of the Month

- August 2024 – April Martin, EKG Technician – Non-Invasive Cardiology

Terrace View Employee of the Month

- August 2024 – Molly Hill, Certified Nursing Assistant – Kleinhans

### Employee Recognition

- Tulip Award
  - July/August 2024 – Victoria Hutchins, ACC – CPEP
- Nurse Hero of the Month
  - August 2024 – Rachel Dean, RN, Charge Nurse – 6z1

Ms. Conley announced ECMC concluded the Healthcare Explorers program. The immersive five-week summer internship program provided hands-on experience in multiple specialties for 165 high school students from the surrounding Western New York communities. Students experienced the full spectrum of care and career opportunities available to them, as well as invaluable networking opportunities with medical professionals and other students. In addition, ECMC was honored to host the Healthcare Association of New York State (HANYS) at one of the sessions for a spotlight on ECMC and the Healthcare Explorers program. Ms. Conley shared a link to the video for the Committee.

## **V. DIVERSITY, EQUITY, AND INCLUSION**

Cynthia Bass, Chief Diversity Officer, reported the key department events and initiatives for July and August which included the following:

- DEI Office Updates
  - Ms. Bass shared the new DEI brochure which includes recent and future events and activities, Employee Resource Group information, DEI team contact information, and Mission and Purpose statements.
  - To encourage participation in the Puerto Rican & Hispanic Day Parade on August 17<sup>th</sup>, a QR code was included in the brochure for employees to register.
- Food Trucks
  - In response to an employee request during Leadership Council, food trucks were added to the schedule for Terrace View beginning in August.
- VOYCE Audit
  - The DEI office oversees the language asset services for the hospital. An audit of all VOYCE machines throughout the hospital was conducted.
- Learning & Organizational Development Center (L&OD) Updates
  - Dr. Kiera Duckworth continues to provide various training opportunities. Some of the highlights include:
    - Team building and communication trainings with ECMC areas including MICUs (day and night shifts), You Center for Wellness, Risk Management, and Revenue Cycle.
    - Conflict resolution trainings with ECMC areas including ACCs, Surgical Processing, Revenue Cycle Team Leads and Charge Nurses.
    - Leadership Academy graduated two cohorts during July and August with a total of 17 graduates.
    - HealthStream content library is on track to launch by the end of 2024. Single sign-on capabilities have been established and employee information is being imported from UKGPro via the learning management system (LMS).
- Events/Awareness
  - Leadership Speaker Series for Developing Professionals (July 9)
    - Hosted Shentelle Bell, MSN, RN – Director of Nursing for Ambulatory Services
  - 4<sup>th</sup> Annual Diversity Vendor Networking Fair (August 1)
    - The event included guest speakers, Hon. April Baskin, Chairwoman, Erie County Legislature; Glenn Jackson, Chief Diversity Officer of M&T Bank; and Jason Myles Clark, Executive Vice President of the NYS

Minority & Women Business Development. The outdoor event showcased over 60 local MWBE vendors featuring a diverse assortment of merchandise and homemade goods. The event was a success with total sales of \$24,000 exceeding last year's sales by \$3,000. A percentage of all employee payroll deduction transactions are donated to the ECMC Foundation.

- 22<sup>nd</sup> Annual Hispanic and Puerto Rican Day Parade (August 17)
  - This is the second year ECMC participated in the parade and received first place honors for the float contest.
- International Overdose Awareness Day (August 31)
  - Hosted event in collaboration with You Center for Wellness and Employee Health on August 30, which included an information table in the main lobby, prayer service and overdose awareness board to recognize loved ones and community members taken by the epidemic.
- Upcoming: National Hispanic Heritage Month (September 15-October 15)
- Upcoming: World Diversity Awareness Month (October)

## **VI. RECRUITMENT AND RETENTION**

Lisa Highway, Director of Recruitment and Retention, reported the recruitment team continues working with schools to promote our nurse intern program and the various career opportunities available at ECMC. An orientation was held for new nurse interns during the summer. Several interns were hired for various clinical positions to prepare students for employment after graduation. Additional initiatives include attending job fairs and information table events at schools. Recruitment efforts continue for Behavioral Health and Terrace View positions. We are pleased to report, positions in critical care and med-surg are currently filled, with a waiting list for med-surg.

Additional updates include:

- NYSDOH audit at Terrace View – HR scored 100%
- Hired one Junior Personnel Clerk for the onboarding process, interviews are underway for a second position.

## **VII. COMPENSATION, BENEFITS, AND HRIS**

Heather Gallagher, Sr. Director of Compensation, Benefits, and HRIS, summarized the key highlights and initiatives.

- Benefits Update
  - Benefits Open Enrollment - October 21-November 22
  - The employee health insurance provider will be transitioning from Highmark to Univera effective January 1, 2025. Univera has been onsite conducting Town Hall informational sessions during all shifts and meeting with employees and unions answering any questions they may have.
- HRIS Timekeeping and Scheduling System
  - We concluded the RFP selection and awarded the contract to UKG Dimensions, transitioning from UKG Workforce Central.
- Completed NYSNA compensation general increase, effective the end of September.

## **VIII. EMPLOYEE AND LABOR RELATIONS**

Sean Beiter, Director of Labor and Employee Relations, reported the labor team continues to implement the philosophy of cooperative labor relations with the three bargaining units. Key highlights include:

- The Employee and Labor Relations department is excited to welcome Laura Tesch, returning to join the team as a Business Partner for behavioral health and med-surg.
- Continue to meet regularly with the three unions that represent our bargaining units to maintain open communication and resolve issues at the lowest possible level.
- Monthly and quarterly labor management meetings with AFSCME, CSEA and NYSNA to discuss staffing ratios, state regulations, measure progress and address concerns.
- Provide support for all managers and department leaders dealing with employee matters.
- Continue to investigate employee grievances/harassment complaints and seek to restore cooperative working relationships.

## **IX. CLOSING REMARKS**

Mr. Hoffert posed a question regarding the transition to Univera. Ms. Gallagher provided a brief overview related to provider network coverage in response to Mr. Hoffert's inquiry.

The next meeting is scheduled for November 12, 2024.

## **X. ADJOURNMENT**

Moved by Michael Hoffert and seconded by Michael Seaman to adjourn the meeting at 10:37 a.m.



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# **Erie County Medical Center Corporation**

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## **Statement of Investment Policy and Guidelines**

Drafted: December 12, 2006

Revised: April 15, 2014  
December 2014  
September 2015  
October 2016  
December 2019  
March 2020  
March 2021  
October 2022  
November 2023  
October 2024

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## **I. INTRODUCTION**

In accordance with Public Authorities Law §2925 and its associated regulations, Public Authorities Law § 3636, and the Investment Guidelines for Public Authorities issued by the New York State Comptroller, an investment program involving public funds must include four basic ingredients – legality, safety, liquidity and reasonable return.

It is the responsibility of each public authority to determine and evaluate its own risk in all its investment transactions with due regard to prudent business principles and practices and diligence under the circumstances then prevailing that a knowledgeable and prudent investor would act. The financial resources of the public authority should be properly managed to achieve investment income consistent with sound investment practice.

This document defines the investment policies, objectives, and guidelines applicable to the Erie County Medical Center Corporation’s (“Corporation”) Investment Funds. It was developed by the Corporation’s Investment Committee (“Committee”) in conjunction with its Investment Management Consultant.

The purpose of this document is threefold. First, it will constitute the investment plan for these assets. Second, it will serve as a communication tool between the Committee and its investment manager(s). Third, these guidelines will provide a framework to measure the ongoing progress of the recommended structure, and as such should be reviewed annually and revised as necessary to reflect changes in available investment opportunities and market conditions or as a result of any recommendations from the periodic evaluation of the performance of the investment program or any audits of the investment program.

## **II. GENERAL INVESTMENT GUIDELINES AND OBJECTIVES**

### **General Investment Return Objective**

The long-term objective of the Corporation’s Investment Funds is to generate returns which are sufficient to meet current and expected future financial requirements. To accomplish this, the Corporation seeks to earn the greatest total return possible, consistent within its general risk tolerance, eligible asset classes, and asset allocation strategies outlined in this document.

### **General Investment Risk Objective**

Permanent loss of capital is the most significant risk to achievement of the Funds’ objectives. The Committee will seek to avoid such losses through a robust approach to risk assessment. Risk considerations will be viewed from a total portfolio perspective rather than at the individual investment level.

Risk tolerance can be defined by the *ability* and *willingness* to take risk. Several factors influence the ability to take risk, including the Investment Funds’ purpose, time horizon, liquidity needs, and any other unique factors such as their effect on organizational debt covenants, where applicable. Variables that affect the Corporation’s willingness to take risk include market or economic conditions, valuation and interest rate levels, and the Corporation’s strategic plans or operating environment.

It is recognized that volatility is a widely-used measure of risk in the short term and that market fluctuations may result in varying levels of interim performance. It is expected that volatility will be managed through specific asset allocation strategies and diversification based upon the appropriate investment time horizon. Diversification shall exist at multiple levels of the investment program, including asset class, sub-asset class, risk factor, investment manager type, and underlying exposures of each investment manager (e.g. prudent levels of sector and company/issuer diversification).

### **Asset Allocation Process**

It is recognized that asset allocation is a key determinant of investment return variability. The Committee expects the asset allocation policies to reflect and be consistent with the investment objectives and risk tolerances expressed throughout this document. These policies are designed to increase the likelihood of achieving return objectives over a full market cycle and within acceptable risk parameters.

The Investment Committee and Management, with assistance from the Investment Management Consultant, shall engage in a thorough process to determine appropriate policy asset allocations for the Funds. The Investment Management Consultant shall recommend a policy asset allocation for each Fund and formulate forward-looking return and volatility projections based on its capital markets expectations.

Individual Fund objectives and constraints that serve as key inputs to determining policy asset allocation can be found in Appendix A of this document.

### **Performance Evaluation**

Total Fund performance against objectives shall be viewed from a long-term perspective, generally a full market cycle (approximately 7+ years). This can be augmented with comparisons over rolling periods such as 3 or 5 years. The investment performance of the Funds, as well as their asset class components, shall be measured against commonly accepted performance benchmarks as shown in the Appendix B.

### **Permissible Investments**

The asset allocation of the Funds is expected to include a wide range of asset classes. The addition or removal of asset classes will necessitate deliberation by the Investment Committee, Management, and Investment Consultant regarding the merits of an asset class from an organizational and total portfolio context. A list of asset classes currently included in the Corporation's Fund allocations can be found in Appendix B.

## **III. DELEGATION OF AUTHORITY AND RESPONSIBILITIES**

### **Board of Directors and Investment Committee**

The Board of Directors is charged by law with the responsibility for the management of the assets of the Corporation. The Board of Directors shall discharge its duties solely in the interest of the Corporation, with the care, skill, prudence and diligence under the circumstances then prevailing. In this regard, the Board of Directors, the Investment Committee, and Corporation management shall invest and manage Corporation funds as a prudent investor would, by considering the purposes, terms and other circumstances of the funds in the Corporation's care and by pursuing an overall investment strategy reasonably suited to the Corporation, and they shall require the same standard of prudence from investment managers and consultants they engage to assist them.

Within the broad framework of policy set by the Board of Directors, the Investment Committee shall have direct responsibility for the oversight and management of the invested assets of the Corporation and for the establishment of investment policies and procedures. Such oversight shall include:

- A. Establishing reasonable and consistent investment objectives, policies and guidelines which will direct the investment of the Corporation's assets.
- B. Determining the Corporation's risk tolerance and investment horizon and communicating these to the appropriate parties.

- C. Designating an appropriate Corporation individual as “Investment Officer” whose responsibility it will be to proscribe and maintain a control structure to protect investment assets from loss, theft, and misuse.
- D. Developing and enacting proper control procedures (for example, replacing Investment Manager(s) due to fundamental change in investment management process, or failure to comply with established guidelines).
- E. Advising and communicating with the Board of Directors as necessary with respect to investment matters.
- F. Recommending to the Board of Directors proposed changes and revisions to this Investment Policy.
- G. Reviewing any independent audits of the investment program if requested to do so by the Corporation’s Audit Committee.
- H. Prudently and diligently selecting qualified investment professionals in compliance with the Corporation’s procurement requirements, including Investment Management Consultants, Investment Managers, and Custodians. Additional specialists such as attorneys, auditors, and others may be employed by the Board of Directors, acting on its own or through its Investment Committee, to assist in meeting its responsibilities and obligations to administer Corporation assets prudently.
- I. Regularly evaluating the performance of the Investment Manager(s) to assure adherence to policy guidelines and monitoring investment objective progress.

## **Responsibilities of the Investment Managers**

### Investment Manager

The Corporation enters into agreements with selected investment managers who provide day-to-day investment management services to the Corporation. Each investment manager will have discretion to purchase, sell or hold the specific securities that will be used to meet the Corporation’s investment objectives. Such appointments do not relieve the Committee from the responsibilities of overseeing the investment program.

### Adherence to Investment guidelines

The investments are to be managed in accordance with the guidelines expressed herein, or expressed by separate written instructions, when deviation is deemed prudent and desirable by the Investment Committee. Written instructions amending this document must be authorized by the Investment Committee of the Board (Committee) and should be communicated through the Chief Investment Officer.

### Discretionary Authority

The Investment Managers are expected to exercise complete investment discretion within the boundaries of the restrictions outlined in this Statement of Investment Policy and Guidelines.

Such discretion includes decisions to buy, hold, or sell equity or fixed-income securities (including cash equivalents) in amounts and proportions reflective of each manager's current investment strategy. However, the Committee is aware that its decision to invest in a commingled account and/or mutual fund may relieve the manager from strict adherence to all elements of the policy. In such case, the manager’s strategy shall be dictated by its fund prospectus or other relevant governing documents.

### Realized Gains/Losses

In addition to investment income, fiscal year net realized gains/losses are an important element of the Corporation's budgeting process. Specifically, the Corporation requires that its investment managers communicate, in advance, any intentions to realize fiscal year losses in excess of \$250,000.

### Reporting

The Investment Managers shall provide, on a timely basis, quarterly reports containing portfolio activity, valuations at market, and quarterly strategy updates.

### Compliance with Prudency and Diversification Measures

As a fiduciary, each investment manager is expected to diversify the portfolio to minimize the risk of large losses. The manager is expected to invest the assets with care, skill, prudence, and diligence under the circumstances then prevailing. In this regard, the manager shall invest and manage Corporation funds as a prudent investor would, by considering the purposes, terms and other circumstances of the funds in the Corporation's care and by pursuing an overall investment strategy reasonably suited to the Corporation. Furthermore, the investment manager is expected to acknowledge its intention to comply with the Statement of Investment Policy and Guidelines as it currently exists or as modified by the Committee in the future.

### **Responsibilities of the Trustee / Custodian**

The Trustee/Custodian will be selected by the Investment Committee and will provide full custodian services. It will maintain possession of securities owned by the Corporation, collect dividend and interest payments, and redeem maturing securities, and effect receipt and delivery following purchases and sales. The Trustee/Custodian may also perform regular accounting of assets owned, purchased, or sold, as well as movement of assets into and out of the Corporation accounts. In addition, the custodian will provide monthly documentation of portfolio activity and portfolio value.

The Trustee/Custodian is responsible for the safekeeping of Corporation assets, assuring protection from loss, theft or misuse, and timely/reliable auditing of earnings and transactions. Specific responsibilities of the Trustee/Custodian include:

1. Maintaining possession of securities owned by the Corporation, collecting dividend and interest payments, redeeming maturing securities, and effecting receipt and delivery following purchases and sales.
2. Performing regular accounting of assets owned, purchased, or sold, as well as movement of assets into and out of the Corporation accounts.
3. Providing monthly documentation of portfolio activity and portfolio value.
4. Furnishing to the Corporation's Investment Officer a copy of its "SSAE 16 Report" from its independent auditors on an annual basis.

### Safekeeping Accounts

Securities purchased should be delivered against payment and held in a custodian safekeeping account in investment accounts segregated from the custodian's own assets.

### Collateralization

As it pertains to demand deposits, time deposits, or certificates of deposit, the Corporation will seek to ensure New York State Public Authorities collateralization guidelines are followed for such assets through its relationship with custodial banking institutions. Given the nature of vehicles utilized in the Corporation's investment portfolios (i.e. pooled funds), it is not anticipated that collateralization guidelines shall apply to such funds. However, in the event it is deemed necessary that any of the Corporation's investment assets shall be collateralized, the Corporation shall ensure compliance.

## **Responsibilities of the Investment Management Consultant**

### Generally

The Investment Management Consultant may assist the Investment Committee in: establishing investment policy, objectives, and guidelines, including investment time horizon risk tolerance and total return objectives; selecting one or more investment managers; reviewing and evaluating such manager's performance over time; measuring and evaluating investment performance; and other tasks as deemed appropriate.

The Investment Management Consultant's role is to provide investment advice to the Investment Committee concerning the investment management of Corporation assets. Such advice will be consistent with the investment objectives, policies, guidelines and constraints as established in this statement. Specific responsibilities of the Investment Consultant include:

1. Assisting in the development and periodic review of investment policy, objectives, risk tolerance, and guidelines and making recommendations to the Committee.
2. Conducting investment manager searches where appropriate and making recommendations as required.
3. Monitoring the performance of the Investment Manager(s) and providing the Committee periodic reports so that it may determine the Corporation's progress toward its investment objectives and adherence to its investment program compliance.
4. Monitoring the total fees, commissions, and other charges paid in rendering investment services to the Corporation, at least annually.
5. Communicating matters of policy, manager research, and manager performance to the Committee and making recommendations where appropriate.
6. Reviewing Corporation investment history, historical capital markets performance and the contents of this investment policy statement with any newly appointed members of the Committee.
7. Providing "due diligence" on investment managers such as any qualitative change to investment management organizations: Examples include changes in portfolio management personnel, ownership structure, investment philosophy, etc.
8. Providing current Statement of Investment Policy and Guidelines to existing, replacement and additional Investment Managers when changes occur. This applies to any strategy with a separately-managed account (SMA) format and excludes commingled formats such as mutual funds.
9. Maintaining timely and appropriate communications with the Chief Financial Officer, Chief Investment Officer and Chairman of the Committee relative to matters of substance regarding:
  - A. Changes in investment forecast, investment strategies, or changes in portfolio structure;
  - B. Changes in ownership, organization, financial conditions, and key personnel within the investment management organization.

### Communication

The Committee encourages, and the Investment Management Consultant is responsible for, frequent and open communication with the Committee on all significant matters pertaining to the

investment of the Corporation's assets. These communications would generally be addressed to the Chief Investment Officer. In this manner, the Consultant will advise the Committee of any major changes in investment outlook, investment strategy, asset allocation, portfolio structure, market value of the investments, managers and other substantive matters affecting the assets under their advisement. The Consultant will advise the Committee promptly of any significant changes in the ownership, organization structure, financial condition, or senior personnel of their organization.

All documents, exhibits, and other written material, etc., which will be used during review meetings between the Committee and the Consultant, should be submitted to the Committee, at least one week in advance of these meetings. It is expected that these meetings will take place periodically at the Committee's direction.

The Committee recognizes that the Statement of Investment Policy and Guidelines requires periodic re-examination and perhaps revision if it is to continue to serve as a working document to encourage effective investment management. Whenever the Consultant believes that the Statement should be altered, it is the responsibility of the Consultant to initiate written communication with the Committee through the Chief Investment Officer.

#### **IV. ADMINISTRATION AND REPORTING**

##### **Policy Review**

This document shall be reviewed by the Investment Committee annually and the results of the review reported to the Board of Directors.

##### **Portfolio Rebalancing**

Since asset allocation is the most critical component of portfolio returns, it is desirable to rebalance when necessary to minimize deviations from policy allocations.

The Funds shall be rebalanced in the event any individual asset class allocation differs from its policy by more than 20% of the target weight, but with a minimum deviation threshold of 2% of the total portfolio value. For example, if the policy asset allocation for an asset class is 20% of the total portfolio, then the portfolio's actual asset allocation must be below 16% or above 24% before rebalancing is required (20% rule). If, however, the policy asset allocation for an asset class is 3% of the total portfolio, then the portfolio's actual allocation must be either below 1% or above 5% before rebalancing is required (2% rule). This approach is designed to keep the portfolios reasonably in line with their target policies while avoiding excessive rebalancing.

This rebalancing policy may be suspended or altered based on assessment of market, operational, or other relevant considerations subject to Investment Committee approval.

The Investment Management Consultant shall be responsible for making rebalancing recommendations to Management who, in turn, shall be responsible for providing the necessary instructions to the Custodian. Investment Committee approval is not required. From time-to-time, it may be deemed appropriate to forego portfolio rebalancing.

##### **Compliance with the Law**

All actions undertaken or contemplated by this document shall follow appropriate law and applicable state statutes.

##### **Annual Investment Reporting**

The Corporation shall submit an annual investment report to the Division of the Budget with copies to the Office of the State Comptroller, the Senate Finance Committee, and the Assembly Ways and Means Committee. Such report shall include:



1. Investment guidelines and any amendments to such guidelines since the last investment report;
2. An explanation of the investment guidelines and amendments;
3. The results of the annual independent audit;
4. The investment income record of the Corporation; and
5. A list of total fees, commissions or other charges paid to each investment banker, broker, agent, dealer and advisor rendering investment associated services to the Corporation since the last investment report.

### **Conflicts of Interest**

All persons responsible for investment decisions or who are involved in the management of the portfolios or who are consulting to, or providing any advice or service whatsoever to Corporation's Investment Funds shall disclose in writing at the beginning of any discussion or consideration by the Investment Committee, any relationships, material beneficial ownership, or other material interest(s) which the person has or may reasonably be expected to have, with respect to any investment issue under consideration. The Investment Committee may require such persons to remove themselves from the decision-making process.

### **Operating Procedures**

Investments should be made in accordance with the following Operating Procedures:

1. The investment selection process should utilize competitive quotations or negotiated prices, except in the purchase of government securities at their initial value.
2. Each disbursement of funds (and corresponding receipt and securities) or delivery of securities (and corresponding receipt of funds) should be based upon proper written authorization. If the authorization is initially given verbally, there should be written or telegraphic confirmation from the Investment Officer to the Custodian.
3. Payment of funds should only be made upon delivery of securities. Written confirmation of delivery should be obtained from the Custodian.
4. The process of initiating, reviewing and approving requests to buy and sell investments should be documented and retained for audit purpose. Dealer limits should be established and reviewed regularly.
5. Custodians must have prior authorization from ECMCC to deliver obligations and collateral. All transactions must be confirmed in writing to the authority. Delivery of obligations sold should only be made upon receipt of funds.
6. Custodial banks should be required to report whenever activity has occurred in ECMCC's custodial account.
7. There should be at least monthly verifications of both the principal amount and the market values of all investments and collateral. Appropriate listings should be obtained from the Custodian and compared against ECMCC's records.

A record of investments shall be maintained by the Investment officer. The records should identify the security, the fund for which held, the place where kept, date of disposition and amount realized and the market value and custodian of collateral.

### **Annual Independent Audits**

ECMCC shall require an annual independent audit of all investments. The annual investment audit:

1. shall determine whether: ECMCC complies with its own investment policies; investment assets are adequately safeguarded; adequate accounts and records are maintained which accurately reflect all transactions and report on the disposition of authority investment assets; and a system of adequate internal controls is maintained;
2. shall determine whether ECMCC complied with the applicable laws, regulations and State Comptroller's Investment Guidelines; and
3. should be designed to the extent practical to satisfy both the common interests of ECMCC and the public officials accountable to others.

A written audit report should be prepared presenting the results of the annual independent audit of all investments and should include:

1. a description of the scope and objectives of the audit;
2. a statement that the audit was made in accordance with generally accepted government auditing standards;
3. a description of any material weaknesses found in the internal controls;
4. a description of all non-compliance with the authority's own investment policies as well as applicable laws, regulations and the State Comptroller's Investment Guidelines;
5. a statement of positive assurance of compliance on the items tested and negative assurance on those items not tested; and
6. a statement on any other material deficiency or finding identified during the audit not covered in (5) above.

The audit report shall be filed within 90 days after the close of the authority's fiscal year with the Coordinator of Public Authority Programs, Office of the State Comptroller, A.E. Smith Office Building, Albany, New York, 12236.

## **V. INVESTMENT MANAGER SELECTION AND GUIDELINES**

### **Investment Manager Selection**

The selection of Investment Managers must be based on prudent due diligence procedures and, when applicable, the Corporation's procurement requirements. Each Investment Manager must be registered with the Securities and Exchange Commission under the Investment Advisors Act of 1940 as Registered Investment Advisors or documented as exempt by the same laws.

The Investment Management Consultant shall assist in establishing criteria and identifying suitable candidates, which shall be periodically presented for the Investment Committee's consideration. At a minimum, selection criteria will include historical risk and return, correlation to asset class and investment style, experience of investment professionals, depth of research capability, strength of investment process, diversification of portfolios, assets under management, and consideration of the investment manager as a going concern. Applying these criteria, the Investment Committee shall establish an approved list of Investment Managers on a periodic basis.

### **Investment Manager Contracts and Guidelines**

The Corporation intends to use the investment manager guidelines set forth in this document as a framework to help the Investment Managers achieve their investment objectives at a level of risk deemed acceptable. The policies and restrictions are designed to minimize interfering with Investment Managers' efforts to attain overall objectives and to minimize excluding them from appropriate investment objectives. This document allows the Investment Managers discretion over the diversification of assets for the purposes of increasing investment returns and/or reducing risk exposure. When appropriate, Investment Managers are given responsibility to shift the allocation of assets among industry sectors and individual securities to pursue opportunities presented by changes within the capital markets.

For mutual fund, commingled trust, partnership, or any other non-separately-managed account structure, it is recognized that such vehicles will invest according to the strategy outlined in their prospectus or any other relevant fund documentation. Thus, it is incumbent upon the Corporation, with assistance from the Investment Management Consultant, to ensure comfort with underlying investments in those vehicle types. For these types of pooled investment vehicles, it may not be practical to have a written contract between the Corporation and Investment Manager. Rather, it is expected that execution of subscription documents, limited partnership agreements, or any other relevant documentation will serve to secure the Corporation's financial interest in an Investment Manager's strategy. In addition, for purchase of mutual fund shares it is expected that the Trustee / Custodian will document the Corporation's financial interest in an Investment Manager's strategy while executing its duties.

For separately-managed account structures (SMAs), specific restrictions for an Investment Manager shall be identified in the Investment Management Agreement or other governing document for the account. In addition, the Investment Manager shall maintain procedures sufficient to secure the Corporation's financial interest in an investment, including, where applicable, appropriate collateral requirements. SMA Investment Managers shall also acknowledge receipt of this IPS in writing.

## **VI. INVESTMENT MANAGER PERFORMANCE MEASUREMENT**

The performance for each Investment Manager shall be reported and measured against commonly accepted performance benchmarks as shown in Appendix B. It is expected that Investment Managers with actively-managed strategies shall outperform their benchmarks on an absolute and/or risk-adjusted basis over meaningful time frames, preferably full market cycles. For functional purposes, full market cycles are defined as seven years or longer. In addition, it is preferred that such Investment Managers rank favorably within an applicable peer universe over meaningful time frames such as rolling 3- to 5-year periods. While not the sole determinant, if an active manager exhibits underperformance over a full market cycle, its inclusion in the portfolio(s) shall be revisited along with the merits of active management within the manager's asset class, in general.

As mentioned above, when considering removal of an Investment Manager, performance shall not be the sole determinant. Rather, it shall be based upon a more comprehensive review including an understanding of the reasons for underperformance, continued suitability within the portfolio, and whether or not better options exist.

## **VII. ALLOWABLE AND PROHIBITED INVESTMENTS**

For mutual fund, commingled trust, partnership, or any other non-separately-managed account structure, it is recognized that such vehicles will invest according to the strategy outlined in their prospectus or any other relevant fund documentation. Thus, it is incumbent upon the Investment Committee, with assistance from the Investment Management Consultant, to ensure comfort with underlying investments in those vehicle types.

For separately-managed account structures (SMAs), specific guidelines for investment managers are outlined below.

## **Allowable Investments**

### **A. Fixed Income and Cash Equivalents**

#### **1. Instruments and Credit Quality**

- a. Instruments issued and fully guaranteed by the U.S. Government or any of its agencies and instrumentalities.
- b. Instruments issued by domestic corporations, including corporate notes and floating rate notes, must be rated “Baa”/“BBB” or better at time of purchase by Moody's Investor Service or Standard and Poor's. Asset-backed securities and collateralized mortgage obligations must be rated “Aaa”/“AAA” by the rating agencies. If the domestic corporation has a senior debt rating of "Baa" or better, the issuer's commercial paper rating and/or CD rating must be one of “A1”, “P1”, or “F1”. If the issuer does not have a senior debt rating, the issuer's commercial paper rating and/or CD rating must be any two of “A1”, “P1”, “F1” or have a letter of credit drawn on the issuer, meeting the above guidelines.
- c. Obligations of domestic banks, including banker's acceptances, certificates of deposit, time deposits, notes, and other debt instruments.
- d. Instruments of countries or foreign corporations rated at least “Aa”/“AA” by appropriate rating organization. Instruments issued by the U.S. agency of a foreign corporation are also permitted, subject to the same quality constraints. Instruments referred to in this section cannot comprise more than 20% of the total combined portfolio, at market.
- e. The following types of Euro issues: banker's acceptances, time deposits, bonds, and floating rate notes of any issue rated “Aa”/“AA” or better by Standard and Poor's or Moody's.
- f. Yankee securities are subject to the quality constraints outlined in section “d” above.
- g. Securities resold under SEC Rule 144A subject to the quality constraints outlined in section “b” above.
- h. Repurchase Agreements are permitted with such government dealers who have and maintain a minimum equity value of \$50 million, as the investment manager shall, in its discretion, determine from time to time. Repurchase Agreements shall be subject to: 102% initial market value collateralization of the loaned amount, collateral market value is priced daily and always maintained above 100% of the loaned amount, and physical custody must be taken by the custodial bank in the form of direct obligations of the United States Government.
- i. This guideline is intended to give the investment manager sufficient latitude to periodically take advantage of bond-quality yield spreads. The average cost- weighted quality shall be no less than 3.0 based on the following scale:

U.S. Government and Agencies	5.0
Aaa Bonds	4.0
Aa Bonds	3.0
A Bonds	2.0
Baa Bonds	1.0

## 2. Maturity

### a. Cash Equivalent Manager

The weighted average maturity of the fund is at the discretion of the investment manager, however, no instrument may have a maturity greater than eighteen months. Issues with maturities greater than six months may not exceed 25% of the value of the portfolio:

- (1) Floating rate issues may have a longer maturity if the interest adjustment is based on an instrument with an effective maturity of less than six months.
- (2) A putable bond may be utilized if the put can be exercised within six months.
- (3) An asset-backed security, collateralized-mortgage obligation, or similar instrument, is permitted if the average life is projected to be less than six months. Issues of this type should be limited to an amount consistent with normal liquidity requirements, but should not exceed 25% of the value of the portfolio.

### b. Short-Term Fixed Income Manager

The portfolio's maximum duration should be less than 120% of the Merrill 1-3 Treasury Index, and no instrument with a maturity greater than 5 years is permissible, except that:

- (1) Floating rate issues may have a longer maturity if the interest adjustment is based on an instrument with a maturity of less than 5 years.
- (2) A putable bond may be utilized if the put can be exercised within 5 years.
- (3) An asset-backed security, collateralized-mortgage obligation, or similar instrument, is permitted if the average life is projected to be less than three years at the date of purchase and subsequently less than five years. Issues of this type should be limited to an amount consistent with normal liquidity requirements, but should not exceed 15% of the value of the portfolio.

### c. Long-Term Fixed-Income Manager

The portfolio's maximum duration should be less than 135% of the ML (7-10 yrs.) Gov't./Corp. Index.

## 3. Diversification

- a. The manager will maintain prudent diversification across instruments, market sectors, industries, and specific issuers.
- b. Except for issues guaranteed directly or indirectly by the U.S. Government, the combined holdings of securities from one issuer shall not constitute more than 5% of the fund. All letters of credit shall be part of the invested amount of the guarantor for purposes of the 5% rule.

## B. Equities

### 1. Instruments and Credit Quality

- a. The managers will be invested in high-quality common stocks. Convertible bonds, convertible preferred stocks, preferred stocks and non-voting stocks are permitted if

the risk/return characteristics are favorable versus the underlying common equity. American Depositary Receipts are permitted. Specific constraints include the avoidance of restricted issues, which have limited marketability, excluding SEC Rule 144A securities.

- b. There are no qualitative guidelines suggested with regard to domestic equity ratings, rankings, etc., except that prudent standards should be utilized by the investment managers. Convertible bonds will be considered as equity investments and must be rated "Baa"/"BBB" or better by both Moody's and Standard & Poor's.

## 2. Diversification

The investment managers should diversify the equity portfolio in an attempt to minimize the impact of substantial loss in any specific industry or issue. Therefore, no more than the greater of 20% of the total portfolio or two times the appropriate equity market weighting may be invested in any one economic sector as defined by Standard & Poor's for domestic equities or as defined by MSCI for international equities, valued at market. In addition, no more than 5% of the total portfolio may be invested in any one company, valued at cost, and no more than 10% valued at market.

### **Prohibited Investments**

The following categories of securities are not considered appropriate:

- A. Interest only and principal only portions of collateralized mortgage obligations, or similar securities,
- B. Private placements,
- C. Margin trading,
- D. Options and futures, except for hedging purposes

## **APPENDIX A: FUND OBJECTIVES AND CONSTRAINTS**

### **NYS RETIREMENT RESERVE FUND**

#### **Fund Purpose**

The NYS Retirement Reserve Fund provides for short-term NYS pension obligations of the Corporation. This Fund is also sometimes referred to as “General Operating – ECMC” in Fund reporting.

#### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the funding of the NYS retirement system obligations when excess cash allows for short term investing;
- assure that safety of principal is paramount;
- consistently invest assets in a prudent, diversified, risk-averse manner;
- achieve the acceptable return possible within the specified risk parameters;
- adhere to the established guidelines.

#### **Time Horizon**

The assets are viewed as having a short-term time horizon.

#### **Liquidity Needs**

The Fund’s cash flow is generally positive but it needs to maintain a high degree of liquidity to meet annual obligations.

#### **Overall Risk Tolerance**

The Fund can assume a low risk profile.

#### **Asset Allocation**

Given the nature of the Funds’ objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.

## **CAPITAL RESERVE FUND**

### **Fund Purpose**

The Capital Reserve Fund provides for spending needs of the Corporation.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the capital spending needs of the Corporation in excess of operations;
- consistently invest assets in a prudent, high-quality, diversified, manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a short-term time horizon.

### **Liquidity Needs**

The Fund needs to maintain a high degree of liquidity to meet unexpected needs.

### **Overall Risk Tolerance**

The Fund can assume low risk profile.

### **Asset Allocation**

Given the nature of the Fund's objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.



## **RETIREE HEALTH RESERVE FUND**

### **Fund Purpose**

The Retiree Health Reserve Fund provides for intermediate- to long-term spending needs consistent with retiree health expenses.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the funding and payment of retiree health obligations;
- consistently invest assets in a prudent, high-quality, diversified, manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a long-term time horizon.

### **Liquidity Needs**

The Fund's cash flow is generally positive, but it needs to maintain a moderate degree of liquidity to meet unexpected needs.

### **Overall Risk Tolerance**

The Fund can assume a low-to-moderate risk profile.

### **Asset Allocation**

Historical performance results and future expectations suggest that common stocks will provide higher total investment returns than fixed-income securities over a long-term investment horizon. However, one can expect an increase in portfolio volatility as the stock percentage is increased, particularly over the short term.

It is believed that the most significant decision to affect the overall volatility of results is that which controls the split among various asset classes, particularly the equity versus fixed-income ratio. Consequently, the Committee has decided to control this ratio by setting up long-term asset allocation targets. The Committee's goal is to maximize returns over the long term and has, therefore, taken a conservative investment posture that includes equity holdings, but favors fixed-income holdings.

## **W/C PROFESSIONAL LIABILITY RESERVE FUND**

### **Fund Purpose**

The WC/Professional Liability Reserve Fund provides for intermediate- to long-term spending needs consistent with actuarial determined estimates of workers' compensation and medical malpractice claims.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the payment of workers' compensation and professional liability claims;
- consistently invest assets in a prudent, high-quality, diversified, manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a long-term time horizon.

### **Liquidity Needs**

The Fund's cash flow is generally positive, but it needs to maintain a moderate degree of liquidity to meet unexpected needs.

### **Overall Risk Tolerance**

The Fund can assume a low-to-moderate risk profile.

### **Asset Allocation**

Historical performance results and future expectations suggest that common stocks will provide higher total investment returns than fixed-income securities over a long-term investment horizon. However, one can expect an increase in portfolio volatility as the stock percentage is increased, particularly over the short term.

It is believed that the most significant decision to affect the overall volatility of results is that which controls the split among various asset classes, particularly the equity versus fixed-income ratio. Consequently, the Committee has decided to control this ratio by setting up long-term asset allocation targets. The Committee's goal is to maximize returns over the long term and has, therefore, taken a conservative investment posture that includes equity holdings, but favors fixed-income holdings.

## **GENERAL DEPOSITORY & GENERAL OPERATING RESERVE**

### **Fund Purpose**

The General Depository Reserve provides funding and a source of liquidity for operating expenses of the Corporation. The General Operating Reserve provides Delivery System Reform Incentive Payments (DSRIP) to other district members of the Millennium Collaborative Care Performance Provider System (PPS).

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide the necessary funds and liquidity for operating expenses of the Corporation;
- assure that safety of principal is paramount;
- consistently invest assets in a prudent, diversified, risk-averse manner;
- achieve the acceptable return possible within the specified risk parameters;
- transfer excess liquidity assets as determined by management to the General Operating Reserve Fund;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a short time horizon.

### **Liquidity Needs**

The assets are viewed as having high liquidity needs.

### **Overall Risk Tolerance**

The Fund will assume a very conservative risk profile.

### **Asset Allocation**

Given the nature of the Funds' objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.

## **DEBT SERVICE and DEBT SERVICE RESERVE FUNDS – 2004 SERIES and 2011 SERIES**

### **Fund Purpose**

The Debt Service Reserve Fund is used to satisfy necessary interest payments. The Debt Service Reserve Fund is held in contingency by the Trustee to offset principal and/or interest payments, if needed. Note, in 2017, Series 2011 was refunded and had a zero balance.

### **Investment Objectives**

The investment objectives of the Fund are to:

- provide for the funding for debt service coverage;
- consistently invest assets in a prudent, high-quality, diversified manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having a short-to-intermediate time horizon.

### **Liquidity Needs**

The assets are viewed as having moderate liquidity needs. The required funds must be available for disbursement on the May 1 and November 1 payment dates for the 2004 Series Funds; and on the First of Each Month for the 2011 Series Funds. Any shortfall would need to come from operations.

### **Overall Risk Tolerance**

The Fund can assume a low-to-moderate risk profile.

### **Asset Allocation**

Historical performance results and future expectations suggest that common stocks will provide higher total investment returns than fixed-income securities over a long-term investment horizon. However, one can expect an increase in portfolio volatility as the stock percentage is increased, particularly over the short term.

It is believed that the most significant decision to affect the overall volatility of results is that which controls the split among various asset classes, particularly the equity versus fixed-income ratio.

Consequently, the Committee has decided to control this ratio by setting up long-term asset allocation targets. The Committee's goal is to maximize returns over the long term and has, therefore, taken a low-to-moderate investment posture which holds a modicum of equity holdings.

## **GNMA BOND RESERVE FUND**

### **Fund Purpose**

The GNMA Bond Reserve Fund originally held bonds used for construction of the Gates Vascular Institute with earnings from the fund paid to the The Grider Initiative, Inc. on an annual basis. The bonds issued for construction of the Gates Vascular Institute have since been redeemed and remaining funds are considered unrestricted. The Fund currently serves as a pledged collateral account in relation to the Corporation's line of credit.

### **Investment Objectives**

The investment objectives of the Fund are to:

- consistently invest assets in a prudent, high-quality, diversified manner;
- achieve the optimal return possible within the specified risk parameters;
- adhere to the established guidelines.

### **Time Horizon**

The assets are viewed as having an intermediate-term time horizon.

### **Liquidity Needs**

The assets are viewed as having high liquidity needs.

### **Overall Risk Tolerance**

The Fund can assume a very conservative risk profile.

### **Asset Allocation**

Given the nature of the Fund's objectives, there can be no volatility of results. Consequently, the Committee has decided to control volatility by setting up long-term asset allocation targets. The Committee's goal is to minimize risk which favors cash equivalent investments.

## APPENDIX B: FUND ALLOCATIONS AND BENCHMARKS

	NYS Retirement Reserve (Gen Op-ECMC)	Capital Reserve	Retiree Health Reserve	WC / PL Reserve	General Operating DSRIP	GNMA Bond Reserve	Policy Benchmark
<b>Growth Assets</b>							
US Large Stocks			12%	12%			S&P 500
US Large Quality Stocks			5%	5%			Vanguard Spliced Dividend Growth Index, S&P 500
US Small / Mid Stocks			5%	5%			Vanguard Spliced Extended Market Index
<i>US Stocks</i>	0%	0%	22%	22%	0%	0%	
Intl Large Stocks			9%	9%			FTSE Developed All Cap ex-US
Emerging Market Stocks			4%	4%			Vanguard Spliced Emerging Markets Index
<i>International Stocks</i>	0%	0%	13%	13%	0%	0%	
<i>Total Public Stocks</i>	0%	0%	35%	35%	0%	0%	
<b>Total Growth Assets</b>	0%	0%	35%	35%	0%	0%	
<b>Risk Reduction Assets</b>							
Cash	100%	100%	5%	5%	100%	100%	90-Day T-Bills
US Short Duration Fixed Income			10%	10%			Bloomberg US Gov't/Credit: 1-5 Year
US Broad Fixed Income			45%	45%			Bloomberg US Aggregate; Bloomberg US MBS
US Inflation Protected Fixed			5%	5%			Bloomberg Barclays US TIPS
<b>Total Risk Reduction Assets</b>	100%	100%	65%	65%	100%	100%	
<b>Total</b>	100%	100%	100%	100%	100%	100%	

Note: Policy asset allocation was excluded for the General Depository Fund since it is a bank deposit account.

## APPENDIX C: DESIGNATED PARTIES AND PRIMARY CONTACTS

### **Erie County Medical Center Corporation**

Chief Financial Officer

Jonathan Swiatkowski – (716) 898-6291

Director of Finance and Authorized Investment Decision Maker

Vanessa S. Hinderliter – (716) 898-3730

### **Mercer (Investment Consultant)**

*Dan Holmes, Partner – (314) 446-5307*  
*Kyle Zotta, CFA, CAIA, Principal – (314) 982-5726*

**M&T Bank**

*Joshua P. Heim, VP Government Banking – (716) 848-7318*

**Wilmington Trust (Custodian)**

*Kevin J. McCarthy, Assistant Vice President, Relationship Manager II – (716) 842-5592*

**U.S. Bank National Association, Debt Service Accounts Trustee**

*Christopher Grell, Vice President – (212) 951-6990*

**M/WBE Quarterly Sub-Committee**  
**Meeting Minutes 08/20/24**  
**10:00-10:30am**

**Members Present:** Rev. Mark Blue, Andy Davis, Jonathan Swiatkowski, Donna Brown, Peter Cutler, Sarina Rohloff, Lindy Nesbitt, Nicholas Long  
**Excused:** Diane Artieri, J. Giglia, Christian Johnson

Topic	Discussion
Call to order	Rev. Blue called the meeting to order at 10:05am
Approval of Minutes February 20, 2024	Approval of the February 20, 2024, meeting minutes deferred until the November 19, 2024, meeting.
<b>New Business</b>	
MWBE Utilization	<p>MWBE Utilization by NYS Fiscal Year – April 2024 through June 2024 – MWBE Utilization at 49.66%</p> <p>Utilization by industry</p> <ul style="list-style-type: none"> <li>• Have seen a decrease in utilization through construction</li> <li>• Most utilization was coming from construction-based projects but has flipped into non-construction based. Construction does occur, however is a small portion of overall utilization.</li> <li>• Previously used an emergency authority granted with J&amp;J details and maintenance for in-houses cleaning services from a NYS certified WBE.</li> <li>• April 2024 – June 2024 MBE \$383K, WBE \$689K with a total utilization of \$1.07 million</li> <li>• Most utilization is with WBE</li> <li>• Expect to see an uptick in construction in the coming years</li> </ul> <p>Utilization by region – April 2024 – June 2024</p> <ul style="list-style-type: none"> <li>• Buffalo – 36.26%</li> <li>• WNY excluding Buffalo 31.75%</li> <li>• NYS excluding WNY – 31.96%</li> <li>• Outside of NYS – 0.03%</li> </ul>



Buffalo Purchasing Initiative	<p>Fifteen largest employers within WNY.</p> <ul style="list-style-type: none"> <li>ECMC, UB, Roswell, Buffalo State, Catholic Health, Kaleida Health, City of Buffalo, Wegmans, Tops (new), Rich Products, M&amp;T, Moog, Independent Health, Highmark, Key Bank, all within the eight counties of Western New York</li> </ul> <p>Continue to work with opportunities through departments. Goal was set at \$900,000 but have exceeded the goal. Currently at \$1.1million.</p> <p>Spend in East Buffalo</p> <ul style="list-style-type: none"> <li>Payments directly to MBE's in East Buffalo in 2024 is \$469,016</li> </ul>
ECMC's MWBE Program in the Community	<ul style="list-style-type: none"> <li>ECMC's 4<sup>th</sup> Annual Diversity Vendor Networking Fair – August 1<sup>st</sup> speakers were Jason Myles Clark, Hon. April N. M. Baskin, and Glenn Jackson.</li> <li>BNMC IC Success pitch contest on May 28<sup>th</sup></li> <li>Buffalo Niagara Partnership DEI Symposium on June 13<sup>th</sup></li> <li>NYS ESD Regional Expo in Syracuse on June 18<sup>th</sup></li> <li>Great Lakes Health Radio Show on August 3<sup>rd</sup></li> <li>NYS MWBE Forum in Albany, November 12<sup>th</sup>- 13<sup>th</sup></li> </ul>
Questions	
Adjourn	Rev. Blue adjourned the meeting at 10:30am: Next meeting is November 19, 2024, at 10:00am

**M/WBE Quarterly Sub-Committee**  
**Meeting Minutes 2/20/2024**  
**10:00-10:30am**

**Members Present:** Rev. Mark Blue, Christian Johnson, Andy Davis, Jonathan Swiatkowski, Diane Artieri, Donna Brown, Peter Cutler, Nicholas Long  
**Excused:** Ronald Chapin, J. Giglia, Lindy Nesbitt, Sarina Rohloff

Topic	Discussion
Call to order	Rev. Blue called the meeting to order at 10:05am
Approval of Minutes November 21, 2023	Moved by Christian Johnson and seconded by Rev. Blue to receive and file the MBE/WBE Committee minutes of November 21, 2023 Motion carried
<b>New Business</b>	
MWBE Utilization	<ul style="list-style-type: none"> <li>• April through December 2023 – MWBE Utilization at 47.05%</li> <li>• 2022-2023 was influenced heavily by a WBE discretionary purchase.</li> <li>• Utilization by industry <ul style="list-style-type: none"> <li>• Most utilization was coming from construction-based projects but has flipped into non-construction based. Construction that is occurring is very small.</li> <li>• MBE \$1.3 million, WBE \$1.4 million with a total of \$2.8 million.</li> <li>• Most utilization is with WBE but have seen some changes with MBE.</li> </ul> </li> <li>• Utilization by region <ul style="list-style-type: none"> <li>• Buffalo - \$680,000</li> <li>• WNY excluding Buffalo - \$1 million</li> <li>• NYS excluding WNY - \$1 million</li> <li>• Outside of NYS - \$58,000</li> </ul> </li> </ul>

Buffalo Purchasing Initiative	<ul style="list-style-type: none"><li>• Fourteen largest employers within WNY. There is one new additional company pending to join.</li><li>• Only payments are directly made to MBE's in WNY as prime vendors. The program will not include tier 2 spend or beyond.</li><li>• In 2022 ECMC achieved \$1.3 million in utilization.</li><li>• In 2023 year and at \$924,000 with a goal of \$850,000.</li><li>• Currently determining the 2024 goal.</li><li>• Continuously reviewing opportunities.</li></ul>
ECMC's MWBE Program in the Community	<ul style="list-style-type: none"><li>• Invited to be a judge at the <b><i>Innovation Community Success at BNMC Pitch Contest</i></b> in December 2023</li><li>• Tom Quatroche received the <b><i>Buffalo Business First IDEA award for Inclusion, Diversity and Equity</i></b> in February 2024</li><li>• ECMC will have a table at the <b><i>Small Business Association Matchmaker Event</i></b> in May 2024</li></ul>
Questions	
Adjourn	Rev. Blue adjourned the meeting at 10:20am: Next meeting is May 21, 2024, at 10:00am

**Action Items**

Who	What	When

BOARD OF DIRECTORS  
MINUTES OF THE POST-ACUTE QI MEETING  
THURSDAY, OCTOBER 31, 2024  
TERRACE VIEW

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COMMITTEE

MICHAEL SEAMAN

MEMBERS PRESENT:

COMMITTEE

MEMBERS EXCUSED:

PAM LEE

CHRIS O'BRIEN

TOM QUATROCHE

ANDY DAVIS

CASSANDRA WILLIAMS, MD

ALSO PRESENT:

RAMONA GANT

STEPHEN WOODRUFF

DEB BERNIER

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**I. CALL TO ORDER**

- M. Seaman called the Post-Acute QI Meeting to order.

**II. REVIEW OF LAST MEETING'S MINUTES**

- Minutes from last Post-Acute QI meeting were accepted.

**III. TERRACE VIEW CENSUS BY PAYOR/QUARTERLY AVERAGE CENSUS**

- Average census for Q3 2024 is 368; 1.77 (RN, LPN) hours per resident day – we are in a state of compliance.
- Primary payor remains Medicaid at 69%.

**IV. STAFFING / NURSING**

- RNs: 0 turnover, last quarter 3.7%.
- LPNs: 6.02%, last quarter 5.43%
- CNAs: 12.6% turnover, last quarter 12.02%.
- Employee Committee continues to engage employees with various special events throughout the year.
- Employee Resource Groups continue to help employees.

**V. CMS 5 STAR REPORT**

- 5 stars for staffing, 4 stars for quality measures, 3 stars for health inspection, 4 stars for overall quality.
  - The 1 star drop in quality measures is due to pressure ulcers and UTIs – working on strategies to correct this.

**VI. NYSDOH POCA MATERIALS SUBMITTED: 10/25/2024**

- Waiting on confirmation letter.

**VII. OIG CHRC AUDIT SUBMISSION DATE: 10/04/2024**

- Submitted by N. Mund.

**VIII.   OIG PBJ AUDIT SUBMISSION DATE: 10/22/2024**

- Quarterly submissions.

**IX.    ADJOURN**

- M. Seaman adjourned the Post-Acute QI Committee meeting.

# ERIE COUNTY MEDICAL CENTER CORPORATION

## BOARD OF DIRECTORS MINUTES OF THE QUALITY IMPROVEMENT/ PATIENT SAFETY COMMITTEE MEETING

TUESDAY, OCTOBER 8, 2024  
MICROSOFT TEAMS PLATFORM

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**BOARD MEMBERS PRESENT:** MICHAEL HOFFERT, BENJAMIN SWANEKAMP, REV KINZER POINTER, JOHN O'DONNELL

**PRESENTERS:** CHARLENE LUDLOW, RN, CIC, MICHAEL CUMMINGS, MD, AND YOUSEF SOOFI, MD

**ATTENDANCE:**

SERGIO ANILLO, MD  
WILLIAM BELLES, MD  
CHARLES CAVARETTA  
SAM CLOUD, MD  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
KEITH KRABILL, MD  
MARC LABELLE, RN  
PHYLLIS MURAWSKI, RN  
YARON PERRY, MD  
THOMAS QUATROCHE  
MEG RILEY, RN  
JOANNE WOLF, RN

**CALL TO ORDER**

Chair Michael Hoffert, called the meeting to order at 8:00 am.

**I. MINUTES**

The September 10, 2024, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

## **II. BEHAVIORAL HEALTH – MICHAEL CUMMINGS, MD**

Dr. Cummings presented on the Department of Behavioral Health. A department update included a recent re-certification review from OASAS with an anticipated 3-year operating certificate forthcoming. A volume review, staff training program and recognition for enhanced credentials along with public awards were also discussed.

A department update in CPEP reflected a new roll out for the triage process and a CPEP alternative treatment intervention program.

Department initiatives include working on CPEP investment grants and continued education. Prior year goals and accomplishments include Help Center diversion from CPEP along with increased restraint and seclusion Documentation. The Behavioral Health current year QIPS plan was discussed and reviewed as well.

## **III. PATHOLOGY – YOUSEF SOOFI, MD**

Dr. Soofi presented on the Pathology Department. A department review included an update on staffing. The department has lost two main doctors and continue to work on hiring additional staff.

Dr. Soofi reviewed annual pathology volumes from 2018 – 2024. Annual autopsy volumes were also discussed showing a decrease in these volumes. A full review of the ECMC biopsy report by month, intraoperative consultations and frozen section Dx to permanent Dx took place.

Ongoing projects and updates taking place in the department include an advanced barcoding and tracking system, morgue policy updates, a new dictation system, and a cytology electronic ordering system.

## **IV. NURSING DEPARTMENT – CHARLENE LUDLOW, RN, CIC**

Ms. Ludlow reported on the activities and goals in the Nursing Department. Ms. Ludlow reviewed nursing recruitment for 2024 along with the efforts and improvements underway.

A full review of nursing education restructure took place. Some highlights of 2024 include doubling new hire orientation classes, added two resource nurse positions for Med/Surg and Workplace Violence Prevention Training classes were some of the highlights.

Ms. Ludlow reviewed ED/Trauma quality improvement initiatives along with critical care quality improvement initiatives.

A review of Medical Surgical nursing quality initiatives took place and a nurse driven telemetry protocol for reducing length of stay, which started in Med-Surg, is now being used house wide. Nursing continues with the successful nurse/physician co-teaching practice taking place.

## **V. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC**

Charlene Ludlow presented the Regulatory Report.

OASAS surveyed back in September with zero findings. Office of Mental Health was here back in July, and they provided a verbal summation in August. We are still waiting to receive our written report to respond to.

On September 24, 2024, the Joint Commission was here to investigate a patient complaint in CPEP. This was a one-day survey. We received our final report and made improvements which will be audited for sustainment.

## **VI. ADJOURN**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on November 12, 2024.



Dear ECMC Board Members,

The overall YTD operational improvements the Board saw in our September data continued through October. General Surgeries and inpatients continued the positive trends of the past several months, exceeding both prior year operations and budget from October 2023 to October 2024. Thanks to the hard work and commitment of our caregivers, we are optimistic of continuing and maintaining these very positive operations factors as we get closer to the conclusion of the year.

The Board will recall that in September we learned that American Association of Critical-Care Nurses (AACN) had conferred a gold-level Beacon Award for Excellence on ECMC's Medical Intensive Care Unit-South (MICU-South). In October, the AACN conferred another gold-level Beacon Award for Excellence on ECMC's Medical Intensive Care Unit-North. This achievement, rare among their peers, made ECMC one of only two Level 1 Trauma Centers in the state with more than one Gold Beacon Award for Excellence units, one of seven hospitals in the state with more than one Gold Beacon unit, and one of two hospitals in WNY with more than one Gold Beacon unit (United Memorial Medical Center in Batavia is the other hospital). This is a tremendous accomplishment that is further evidence of ECMC's national best-in-class patient care that we have become known for throughout our community and beyond. The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes caregivers who successfully improve patient outcomes and align practices with AACN's Healthy Work Environment Standards.

We are pleased and gratified that Terrace View Long-Term Care Facility has again been recognized on Newsweek's Best Nursing Homes 2025 list. This prestigious award, which Terrace View has received in five consecutive years, is presented by Newsweek and Statista Inc., the world-leading statistics portal and industry ranking provider. Of the 600 skilled nursing facilities that operate in New York State, 69 received this recognition for 2025. This prestigious, national third-party assessment reinforces the high-quality care that distinguishes Terrace View and underscores the professionalism and commitment of our Terrace View caregivers. With very medically complex patients averaging 68 years of age, these caregivers routinely demonstrate their focus on quality, compassionate care for every resident. This recognition of Terrace View is yet another example of the ECMC Family's dedication and passion for those we serve.

And we were proud to recently celebrate the 10th Anniversary of the opening of our Center for Occupational & Environmental Medicine (COEM). The COEM was designed as a regional health facility for Western New York workforce members with work-related health needs and to prevent work-related illnesses and injuries through increased awareness and health education, early diagnosis and treatment. The COEM was created at ECMC in close collaboration with Western New York's labor unions to help workers exposed to occupational and environmental conditions and injuries in the workplace. Beginning in 2014 with just 15 patients, the COEM has grown tremendously, now having served over 36,000 patients over the past decade. This growth reflects our commitment to the health and wellness of our community and the benefit of having such a center available to workers from throughout our region.

We thank the ECMC Foundation for their continued support as we thank our employees with gifts and events through Thanksgiving and into the holiday season. Thank you also to the Board for your continued support of their efforts and our ECMC Family. On behalf of our Executive Leadership Team, I wish the Board a happy, safe and joyful holiday season with your families, loved ones and friends.

Best,

Tom

**Erie County Medical Center  
Board Report  
Chief Operating Officer  
December 3, 2024**

**Submitted by Andrew Davis**

**OPERATIONS**

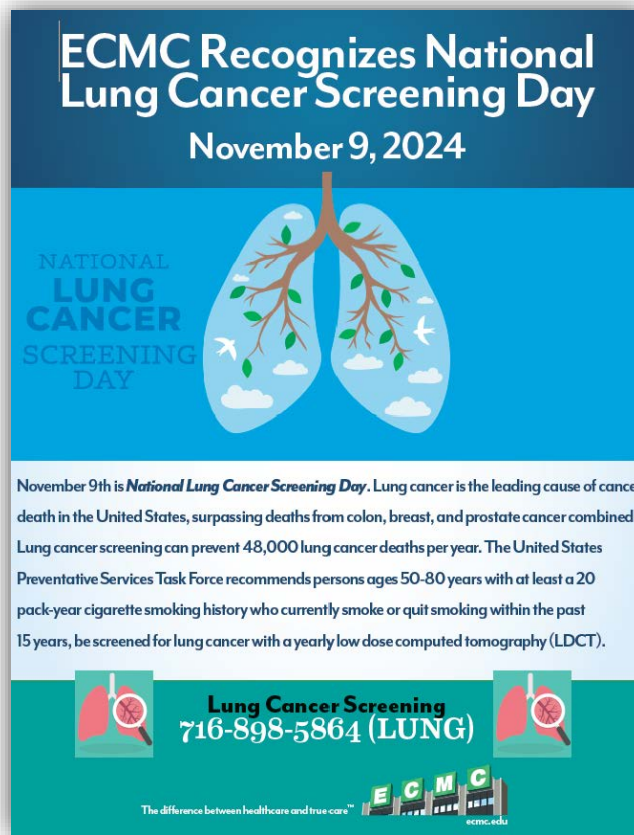
**AMBULATORY MEDICAL PRACTICES**

- Lung and bronchus cancer has the highest mortality rate of any cancer in Erie County (Erie County Community needs assessment 2022-2024). In 2024, the Commission on Cancer committee worked to improve screening of patients for lung cancer using low dose CT scans. The goal was to create a streamline call center to identify eligible patients and have 100 patients contact the call center with intent for lung cancer screening by the end of 2024. To achieve this goal, a multidisciplinary committee including primary care, population health, pulmonary, thoracic surgery and others developed, implemented, marketed and are sustaining the lung cancer screening program. The new lung cancer call center opened on May 13, 2024 with a brand-new phone number that was created to help guide patients to the call center 898-5864 (898-LUNG).

Top 5 Cancer Mortality Rates by Gender, Erie County, 2015 - 2019		
	Male	Female
1	Lung and bronchus	Lung and bronchus
2	Prostate	Breast
3	Colorectal	Colorectal
4	Pancreas	Pancreas
5	Leukemia	Ovary

*Top 5 cancer mortality rates by gender, Erie County, 2015 - 2019. NYS Cancer Registry.*

From 5/13/2024-10/21/2024, 213 patients have called into to the **Lung Cancer Screening Call Center**, which is 213% above our goal. Many of the patients received a low dose CT scan for the first time. We continue to market the program and recently celebrate National Lung Cancer Screening Day on November 9<sup>th</sup> 2024.



## COEM

- **The Center for Occupational & Environmental Medicine (COEM)** continues to work on initiatives and concerns related to occupational injury, illness, and disease throughout WNY, with a focus on prevention.
- This year marks a milestone for COEM, serving the WNY area for 10 years. To honor the hard work and dedication of the team, leadership, community partners, and advisory board members, ECMC will be hosting a celebration honoring COEM on November 21, 2024.

## Employee Health & Safety

- **World Mental Health Day Awareness:** Celebrated “World Mental Health Day” on October 10<sup>th</sup>, Employee Health and Safety has collaborated across multiple departments—including Employee Health, COEM, DEI, Help Center, and HR—to promote mental health resources and support. Aiming to raise awareness about available services such as the Help Center and the Employee Health Resource Social Worker. This initiative emphasizes the organization’s commitment to fostering a supportive culture that prioritizes mental health and well-being.

## **CENTER OF CANCER CARE RESEARCH**

October 2024

### ***Monthly Oncology Research Report – Dr. Jennifer Frustino***

#### **Highlights:**

- Meira GTx, “A Randomized, Double-Blinded, Placebo-Controlled Study to Determine the Efficacy and Safety of AAV2-hAQP1 Gene Therapy in Participants with Radiation-Induced Late Xerostomia” coordinator call where we were asked to speak on behalf of our enrollment process as we are one of the highest recruiters worldwide.
- NIH R21 an “Investigator Initiated Study for HPV and HIV Co-Infection: Clinical, Socio-Behavioral and Microbiome Implications” started data analysis and purchased SPSS statistical software with the assistance of IT.
- First subject enrolled into Lipella clinical trial “A Multicenter, Dose-Ranging Trial Evaluating the Safety, Tolerability, and Efficacy of LP-10 in Subjects with Symptomatic Oral Lichen Planus.”



## **DIALYSIS**

- The new B. Braun Hemodialysis machines are expected early 2025 for deployment in the final pod.

## **ENVIRONMENTAL SERVICES**

- Continue to collaborate with our partners in bed coordination to improve overall throughput, identifying areas of opportunity and developing strategies to decrease bed turnaround time. *Overall discharge time for October was 69 minutes.* This is a ten minute improvement from prior year (2023).

## **FOOD & NUTRITION SERVICES**

- *Overnight Variety:* We are working to establish a more consistent overnight and weekend menu rotation for our customers.
- *Doctor's Lounge Enhancement:* We adjusted offerings in the Byte cooler in the Doctor's Lounge. This initiative provides fresh, in-house made food options for our physicians and staff. We are adding other items with a longer shelf life.
- Catering is continuing to consistently increase in volume.
- We continue to collaborate with the Diversity, Equity and Inclusion (DEI) team to cater events in the Café and Overflow Café.

## **LABORATORY SERVICES**

### **Equipment Upgrades/Replacements/Contracts:**

- Chemistry/IA Specimen Processing Technology upgrade: Department leadership recommendation is to pursue Abbott technology which will standardize with the KH system. Current Roche agreement terminates in June 2025. Equipment acquisition plan is a reagent acquisition proposal. Procurement, IT and facility review is pending senior leadership approval.

- ECMC/ KH Joint VAT Initiative: Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded on May 31, 2024. ECMC will upgrade two coagulation devices. The eight-year lease proposal has an estimated seven-year savings opportunity of \$185K over the term of the contract. Status is in final contract stage.
- OR Skull Cap Banking: Working with OR team for the development of necessary procedures/process for the expansion of tissue processing, banking, and storage of skull caps for reimplantation.
- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material. Target to go-live date is early December.
- PhCO2 mini gas panel: Implementation of modified gas panel to support whole blood collection when a full VGB panel is not clinically required. This will negate need for second syringe blood draw for VGB testing.
- Glucose Tolerance Testing (GTT): Efforts are ongoing to reinstate the availability of GTT testing. Three panels develop 1-hour GT push fasting and non-fasting and the traditional 3-hour GTT test.

## **OUTPATIENT BEHAVIORAL HEALTH**

### **Program Updates/Initiatives**

- **Help Center Adolescent Service Expansion**
  - Continued planning surrounding service delivery for the Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYSOMH in order to provide a three-stage expansion to serve adolescent mental health needs within the community.
- **ECMC On Track**
  - NYS On Track completed a fidelity assessment with ECMC On Track. The final report will be provided in the future, but NYS On Track advised of positive impressions about the work of the ECMC On Track team and the evidence of dedication and commitment to the On Track model to serve our community. Initial feedback to the ECMC On Track team was that it was a pleasure to be able to evaluate the work, records, and policies. They also expressed appreciation for the multidisciplinary approach, focus on flexibility, and person-centered care.
  - Realized the completion of maximum stage 1 expansion targeted for 2024, increasing the overall census by 15 clients to 55 within the program and has Capital Request finalized and submitted for continued coordination and planning for participant expansion with programming site change from the 462 Grider to 1285 Main Street.
- **Intensive Outpatient Program (IOP)**
  - Assessment for expansion of IOP Census within traditional business hours following increased waitlist and next intake date availability currently is December 2024.
  - Implementation of Help Center informational card to patient folders at intake in order to increase awareness about ECMC program.
- **Partial Hospitalization Program (PHP)**
  - Creation of PDSA surrounding implementation of Family Session events with all patients who participate in PHP with official start date of 12/2/2024.

- Implementation of Help Center informational card to patient folders at intake in order to increase awareness about ECMC program.
- **1285 Main Street 2<sup>nd</sup> Floor SUTS**
  - Received 10/9/2024 - 3 Year Term Operating Certificate #270610771 for time period July 1, 2024 through June 30, 2027

Results:

- Case Records: 3.73                      Renewal Term – 3 years
- Service Management: 4.00              Renewal Term – 3 years
- Facility: 4.00                              Renewal Term – 3 years

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></b>		
<b><u>Compliance Scores</u></b>	<b><u>Compliance Ratings</u></b>	<b><u>Term of Renewed Operating Certificate</u></b>
–	Quality Services Review	9 months
–	Red Flag Deficiency(ies)	6 months
0 - 1.75	Noncompliance	6 months
1.76 - 2.50	Minimal Compliance	1 year
2.51 - 3.25	Partial Compliance	2 years
3.26 - 4.00	Substantial Compliance	3 years

- **Northern Erie Clinical Services SUTS**
  - Received 11/7/2024 - 3 Year Term Operating Certificate #270810770 for time period: September 1, 2024 through August 31, 2027.

Results:

- Case Records: 4.00                      Renewal Term – 3 years
- Service Management: 4.00              Renewal Term – 3 years
- Facility: 4:00                              Renewal Term – 3 years

<b><u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u></b>		
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**PLANT OPERATIONS / CAPITAL PROJECTS**

Plant Operations/Facility project updates include the following:

***Mammography Suite – In Progress (In-House Crew / Contractor)***

- **Work completed:** Continue design through 100% while awaiting CON approval. Design review.
- **Work anticipated:** CON approval and bid project.

***Campus Grounds – In Progress (In-House Crew)***

- Winter preparations are underway. Eighty (80) tons of rock salt are on hand with 600 tons on contract. Twenty (20) pallets of ice melter were ordered and delivered.
- Trucks, plows and salters are being prepped for the season.

***Dental Clinic – 1<sup>st</sup> Floor – Pending***

- Work anticipated: Revisit project scope to re-bid alongside Mammography Suite project.

## **REHABILITATION SERVICES**

### **Acute Care Therapy**

- In October, staff rotations were initiated from acute to and from MRU to cross train in these areas to allow for more flexibility with cross coverage and to improve the throughput of patients.
- Preoperative total hip and knee joint replacement classes: Attendance has increased in the preoperative total joint replacement classes due to the increase in referrals to the classes from Dr. Mutty and we are anticipating that they will continue to increase as we have been educating the providers who work with him on the importance of the class.

### **General Rehabilitation Therapy**

- Rehab leadership is working with a group created by Dr. Kandel, neurologist, which included Kaleida, CHS and Buffalo State University, as well as other stakeholders on a novel intensive post-stroke program.

### **Medical Rehabilitation Unit (MRU)**

- A project has been identified for an application to the Christopher Reeves Foundation seeking a grant for a small loan closet with application submitted on 10/6/24 with the assistance of ECMC's grant writer, Kate Mendola.

### **PEDS**

- PEDS Rehab is utilizing NYS Bureau of Early Intervention's new electronic system EI-HUB.

## **SURGICAL SERVICES**

### **Robotic Volume - October 2024**

Bariatrics	13
Head, Neck, Plastic & Reconstructive Surgery	3
Orthopedics	53
Cardiovascular/Thoracic	4
Urology	4

- Surgical volume was above budget in October (80 cases).
- Increased daily volume with the expansion of OR hours past 3:00pm Monday-Friday.
- ION robotic cases continue to grow. Robotic addition to the DaVinci system for thoracic service, to increase early lung cancer detection, improving patient outcomes.
- Karl Storz video equipment trial ongoing to replace obsolete video equipment for Cysto and operating rooms with 4K technology.
- VIZ-AI: Radiology software to improve imaging. This is the same system as Kaleida and GLMI. IT is verifying Meditech connectivity.
- Radiology Fuji-PACS is expected to go-live on December 10, 2024. The project is a shared platform to view radiology images between ECMC, Kaleida and GLMI.
- Mammography/Pain Management expansion project. New CON resubmitted with final location. Met with Dr. Alam to be the lead provider of the project.



## **TERRACE VIEW**

### **Operations**

- **Recognition:** Terrace View was recognized on Newsweek's Best Nursing Home 2025 list for the fifth consecutive year! A celebration is scheduled on November 20, 2024 at Terrace View.
- **Census:** The average daily census for October was 369.
- **OIG Audit:** The facility received notification of an OIG audit being conducted of the New York Department of Health's (State Agency's) procedures for ensuring nursing homes comply with Federal requirements for conducting background investigation. As part of the audit, the OIG will conduct a review of employee records, including licensed and non-licensed personnel in the facility. Additionally, the OIG will be reviewing documentation to ensure the facility's compliance with Federal requirements related to criminal history background checks of nursing home caregivers. The corporation requested an extension given the volume of information requested, which was granted. The requested materials were submitted by Stephen Woodruff on October 22, 2024.
- **Pharmacy Services RFP:** The award selection is being evaluated.

## **PATIENT EXPERIENCE**

### **Press Ganey Scores**

We continue to perform at a high level within our organization as it relates to Patient Experience. Our patient experience scores are listed below:

<b>Patient Experience</b>	<b>YTD (Oct 1st - Oct. 31st 2024) N=46 (est.)</b>	<b>YTD (Oct 1st, 2023- Oct 31st, 2023) N= 117 (final)</b>	<b>NYS 2024 Benchmark</b>
HCAHPS - Nurses	76 (est.)	79	75
HCAHPS – Doctors	77 (est.)	74	76
Discharge Info	92 (est.)	91	84
Overall #	67(est.)	68	62

## **AMBULATORY MEDICAL PRACTICES**



**Internal Medicine Clinic:** Jen Smith, RN and Ruby Pawar, RN created the “I Got the Flu Shot” stickers to be placed on the billing sheets to improve communication and documentation accuracy for coding the vaccine.



Cardiology Center: Corinne Alston, LPN; Jen Wheeler, RN; and Nycole Thompson, LPN created the “**If You Need to Know**” folder, which is provided to the caregivers of the cardiology patients. The folder includes resources to assist them with the care of their loved ones.

### **FOOD & NUTRITION SERVICES**

#### **Press Ganey – Patient Satisfaction Top Box Scores (Goal – 50%)**

The report includes Press Ganey patient satisfaction scores for Q1, Q2 and Q3 2024 for comparison purposes.

	<b>1/1/24-3/31/24</b>		<b>4/1/24-7/1/24</b>		<b>7/1/24-9/30/24</b>		<b>10/1-10/31/24</b>	
	<b>Survey size</b>	<b>Mean score</b>	<b>Survey size</b>	<b>Mean Score</b>	<b>Survey size</b>	<b>Mean Score</b>	<b>Survey size</b>	<b>Mean Score</b>
<b>Courtesy</b>	n=282	54.26 %	n=291	52.92 %, down 1.34%	n=266	50.00 %, down 5.52%	n=50	56%
<b>Temperature</b>	n=281	22.06 %	n=291	21.31 %, down .75%	n=270	19.63 %, down 7.88%	n=50	22%
<b>Quality</b>	n=279	20.43 %	n=287	18.82 %, down 1.61%	n=271	18.09 %, down 3.89%	n=50	12.24 %

*\*\* Please note we have not received all surveys for October.*

#### **Patient Service Initiatives**

- Increased supervisor rounds with designated priority areas (ED, CPEP, Med-Surg, Obs).
- Enhanced galley area communication tool using QR code to request floor stock.
- Hiring an additional Patient Services Manager to help with weekend accountability and coverage.

#### **Quality Improvement Initiatives**

- The Food and Nutrition Services (FNS) department is committed to continuous improvement in service quality. In October, we focused on enhancing patient and customer care through staff development and innovative program implementation.
- Patient Advocacy and Nursing Relations: Our Food and Nutrition Patient Advocate, Kathryn Lynk, has focused her efforts on rounding with nursing staff and patients. Kathryn is an

integral part of our team. She fosters collaboration with the nursing team and identifies opportunities to improve the patient dining experience. Kathryn has hosted engagement events with nursing and has taken a lead role in Food and Nutrition employee engagement events. She works closely with the General Manager to address and investigate staff and patient case calls. Kathryn discusses all case calls with the Food and Nutrition team during our daily Food and Nutrition manager huddle.

- Staff Development: A restructuring of Human Resources is underway. Our new HR Manager, Robin Martinelli, started on October 28. Robin is working closely with the GM to provide a better and more consistent HR experience for all of our employees.

### **LABORATORY SERVICES**

The following initiatives are underway or completed for improvement of testing turnaround time and patient experience.

- HbA1c POCT: Capital request submitted for expansion of the Siemens UniPoc middleware for electronic transfer of HbA1c orders and results to mitigate the redundant manual transcription process of results into Altera and Meditech. Contract is under legal review.
- MTP Process: Review of current Massive Transfusion Protocol for introduction of Whole Blood MTP packs. Trial of Whole Blood MTP packs for trauma service targeted for 11/5/24 implementation.
- Thromboplasty Technology Review: In collaboration with the Trauma, ICU, and OR team evaluation of point-of-care Thromboplasty testing to improve management of trauma and critical patients for clotting capability. Procurement process to be initiated.

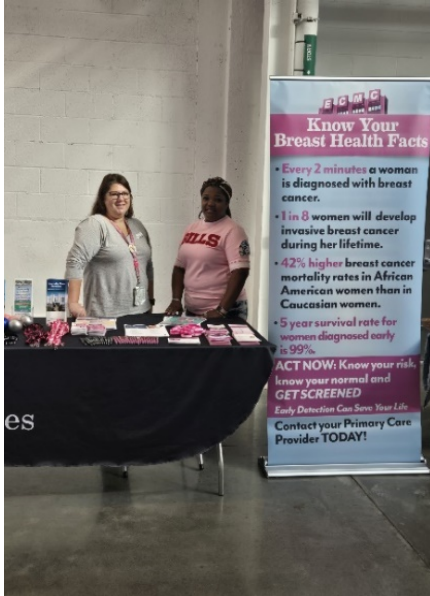
### **TRANSPLANT**

- Several lobby days were conducted at US Renal to increase transplantation awareness and continue to grow partnerships with community dialysis centers.

## PEOPLE

### AMBULATORY MEDICAL PRACTICES

#### Community Engagement



- The Ambulatory Services Department staff continue to participate in community events, sharing pertinent healthcare information and education about various chronic illnesses with the community. This is also an opportunity to provide linkage to one of the primary or specialty care centers.
- The nursing staff attended the 6<sup>th</sup> Annual Sadie Strong Health and Wellness Expo on October 5, 2024.
- Population Health participated in 12 community outreach events in September 2024, engaging with approximately 1,750 individuals. The events placed a strong emphasis on cancer screening education, particularly breast cancer, in honor of Breast Cancer Awareness Month, mental health resources, and preventive care. Additionally, linkages to dental care, smoking cessation support, and resources for women's health and chronic disease management, particularly hypertension and diabetes, were provided to ensure a comprehensive approach to community health.



- ECMC's Cardio Cruisers Team, represented by Lucia Gioeli, Amanda Farrell, Thameena Hunter, Vanessa McDonough, and Amy Perno, participated in the American Heart Association's Cycle Nation event on October 27, 2024. The team raised \$875 to support the AHA's research, prevention, and advocacy efforts!

#### Initiatives

- The Ambulatory Department staff are encouraged to participate in the department's Shared Governance Committee. This will enable them to bring forth any initiatives they would like to have implemented in their respective areas. This process promotes staff engagement, staff empowerment, and team building.

### System Health and Safety

- On October 18th, we successfully held our Safety Fair, revitalizing our safety initiatives and promoting a culture of safety within the organization. The event brought together employees from various departments to engage in discussions and activities focused on enhancing workplace safety and well-being. The fair raised awareness of safety protocols and best practices, equipping staff with the knowledge to maintain a safe work environment. Employees engaged with safety resources, participated in hands-on demonstrations, and learned about the latest safety equipment relevant to their roles, fostering collaboration and knowledge sharing. The Safety Fair was a resounding success, with high participation and positive feedback indicating that staff found the event informative and engaging. Moving forward, we will continue to prioritize safety in our daily operations and develop a digital version of the fair on UKG Pro for those who could not attend.
- In the Emergency Department we are collaborating with AMR ambulance to ensure that bariatric patients are placed on an air-assisted transfer device prior to arriving. This will ensure a safe transfer from the AMR stretcher to the ED bed. Training on this device with ED staff is underway.
- Loretta Miller, Safe Patient Handling Coordinator, was a speaker at the Safe Patient Handling and Mobility Summit in Utica, NY, on October 29-30. Her presentation was entitled, "Integrating Trauma-Informed Care into SPHM." She had the opportunity to provide this lecture to two different groups of people within the summit with very good feedback. It was evident through polling that 96% of those in attendance had never had any formal training in this topic.

### **BIOMEDICAL SERVICES**

- Tom Monnier, Director of Biomedical Services, returned to the department in October.

### **FOOD & NUTRITION SERVICES**

#### Staffing/Recruitment:

- Robin Martinelli was hired as HR Manager. Robin comes to us with extensive experience in Human Resources.
- We are excited for Anthony Ciotuszynski, our new Associate General Manager, to start on November 11.
- We are currently interviewing for a Patient Services Manager and Sous Chef.
- Overall hourly staffing levels have improved. We are currently focusing on sourcing strong Hospitality Associates, Floor Stock and dish room personnel.

#### Career Development:

- Clinical Ladder: Three (3) dieticians completed the Clinical Ladder program embracing growth opportunities in leadership, education, and quality. We congratulate them for their hard work and dedication. Their diligence and passion for their profession has not only benefited their personal development, but also positively impacting the patients, clients and community that the Metz team serves. They will receive their certificates on November 22.
  - Dietician/Nutritionist Achievement: Brook Pettis and Valerie Wolfe completed level 1.

- Senior Dietician/Nutritionist Achievement: Becca Demske completed level 2.

## **OUTPATIENT BEHAVIORAL HEALTH**

### **Staff Updates**

- **On Track Program:** participation in the American Academy of Child and Adolescent Psychiatry Conference in Seattle, Washington (10/14-10/19/2024).
  - Philip Thomas, ECMC Social Worker and Dr. Zhanna Elberg, Medical Director, presented *"Clinical Perspectives: Navigating the Path to Success: A Guide to School Support and the Transition to College for Adolescents and Transition-Age Youth with Early Psychosis"*.
- **Outpatient Therapy:** Chelsie Kuzdzai, who served as a supervisor for ECMC Behavioral Health Help Center and Intensive Outpatient Program (IOP) since 2022, was promoted to Assistant Program Director of Behavioral Health (Outpatient). In her new role, Chelsie will continue to support the Help Center and IOP, while providing leadership within all ECMC Outpatient Behavioral Health areas to champion program development, assist in quality assurance and quality improvement efforts and target cross-program collaboration.

### **Community Outreach Events**

- **Help Center**
  - 10/2/24: Help Center supervisor attended community meeting with NYS Police captains and sergeants surrounding effective utilization of the Help Center.
  - 10/23/24: Collaboration with Crisis Services for local law enforcement who attended behavioral health training which included focused education on how to utilize the Help Center, a tour of 462 Outpatient Behavioral Health Center, and information about mental health programming at ECMC.
  - In-service event provided to Endeavor related to all ECMC Outpatient programs.
- **1285 Main Street – 1<sup>st</sup> Floor Outpatient Behavioral Health**
  - 10/23/24: Peaceprints of WNY event

## **REHABILITATION SERVICES**

### **Outpatient Therapy**

- Rehabilitation services celebrated Physical Therapy month in October with a PT group picture, social media recognition and lunches to celebrate the contributions of the therapists.
- Three OP therapy representatives participated in the Global Collaborative Congress on Osteointegration. This continues the development an ECMC bone anchored limb salvage program to ensure best patient outcomes.
- OP senior OT attended the at OSSUR academy in Dublin, Ohio on I-digits Quantum and I-digits Access. This also supports bone anchored trans humeral osseointegration in the future and our current socket upper extremity prosthetic user.

### **MRU**

- Acquired Brain Injury in-service provided to staff from UB Professor in keeping with CARF required annual education requirements.

### **SURGICAL SERVICES**

- Additional positions approved to expand Main OR hours past 3:00pm to clear increased add-on volume.
- Trialing a new runner position in the Main OR to assist with room turnovers, supplies, etc.

### **TERRACE VIEW**

- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, and CNAs. The facility goal for 2024 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.

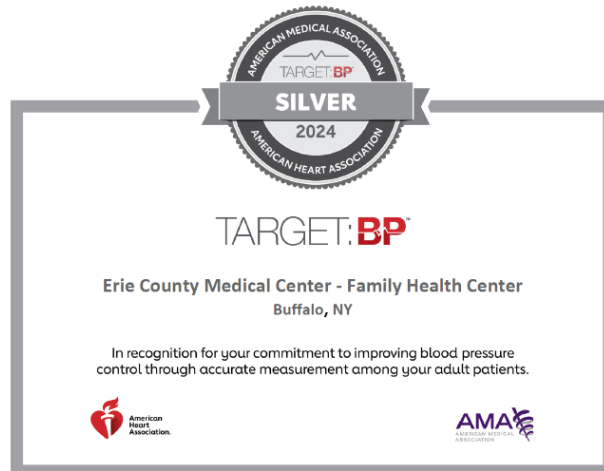
### **TRANSPLANT**

- Dr. Hoylan Fernandez accepted the position of Transplant surgeon, expected to start in November 2024.
- Continue to utilize intermittent Locum Tenens Transplant Nephrology coverage. Dr. Hassan Fattah accepted a position and is expected to start in January 2025.

## **QUALITY**

### **AMBULATORY MEDICAL PRACTICES**

- ECMC's Family Health Center and Internal Medicine Center were awarded Silver Status in the AHA/AMA Target: BP Program, recognizing their commitment to improving blood pressure control. Target: BP is a national initiative from the AHA and AMA that supports healthcare organizations in meeting or exceeding national blood pressure control targets and encourages best practices in hypertension management.



## DIALYSIS

- There are no surveys, however we are due for a full NYSDOH onsite survey in 2024 that is expected anytime now.
- The team is looking at contributing factors influencing the star ratings to identified opportunities for improvement.

Dialysis facility

## Erie County Medical Center

Quality rating:



Patient survey rating:



## LABORATORY SERVICES

The Laboratory Medicine department continues to focus on 2024 QIPS Plan Initiatives. The 2024 Quality Improvement and Patient Safety (QIPS) Plan has the following areas of focus.



- Reduce errors with Pathology Specimen submission from 42 events in 2023 to <30 events in 2024. Errors will be classified as specimen handling or clinical information. *Data tracking continues. Education session was held with OR teams to review Pathology ordering and specimen handling. Classification of events included labeling, no formalin, leaking, and transport issues. Data will be evaluated for intervention planning.*
- Reduce registration errors on outpatient laboratory orders which cause a delay in provider review from 10% in 2023 to 5% in 2024. *Data tracking continues monthly. Laboratory education has reduced the monthly occurrence of errors originating in the Laboratory. An ambulatory workgroup has been engaged to review workflows and to identify opportunities for error mitigation.*

\* Additional departmental metrics and focused audits continue in accordance with the master Quality plan.

Regulatory: There are no formal regulatory visits anticipated for the remainder of 2024 and all corrective action plans for the AABB, NYS, and Joint Commission survey have been completed and tracked ongoing for continued compliance.

### **REHABILITATION SERVICES**

- MRU
  - Efficiency Goal / QIPs Goal for MRU = Improve timeliness of top referral source admissions from time of referral by therapy to < 8.8 days. Exceeding goal = 4.8 YTD, 3.3 MTD.

### **SURGICAL SERVICES**

- Mock JC survey went well, identified some areas of improvement, specifically expired surgical trays. Sweep was made of all departments and expired products were removed. Develop new processes and reporting from SPM to help track and identify expiring products in advance. Minimize trays by contacting vendors to follow policies.
- Presented Surgical Services report at the Board QI Committee meeting on November 12.

### **SSI – Class 1 Combined**

<b>Class I Surgical Procedures</b>	<b>Q1 2024</b>	<b>Q2 2024</b>	<b>Q3 2024</b>	<b>2024 TOTAL</b>	<b>2023 TOTAL</b>
<b>September 2024</b>					
<b>Infections</b>	5	20	1	26	47
<b>Procedures</b>	2204	2229	1528	5961	8949
<b>Rate</b>	<b>0.23%</b>	<b>0.90%</b>	<b>0.07%</b>	<b>0.44%</b>	<b>0.53%</b>

### **TERRACE VIEW**

- Monitoring and managing NYS reportables.
- CMS issued QSO-24-08-NH on subject: Enhanced Barrier Precautions (EBP) in Nursing Homes. Guidance is issued to all State survey agencies that all long-term care facilities EBP will align with nationally accepted standards established by the CDC. The new guidance is being incorporated into F880 Infection Prevention and Control.

Facility policy, procedure, and competency staff training has been initiated throughout the facility.

- The NYSDOH completed their recertification survey for life safety code and standard health inspections on August 26, 2024 with plan of correction (POC) due on September 2, 2024. The POC was accepted by NYSDOH, and the facility will be in compliance with the POC on October 24, 2024 with the exception of one life safety POC. The facility has requested a time-limited waiver to complete the installation of the exterior light fixtures required by the Life Safety code POC with the completion date of March 31, 2025.
- CMS Quality: The facility achieved an overall Quality score of 3:5 stars.
  - Staffing: 5:5 stars
  - Quality: 3:5 stars
  - Survey: 2:5 stars

### **TRANSPLANT**

- MPSC response was submitted on September 16, 2024. MPSC committee will meet in November to review submission.
- Our SRTR release, due in January, is hopeful to remove the flagging but is dependent on any graft failures or deaths in the next few months.

## **FINANCIAL**

### **AMBULATORY MEDICAL PRACTICES**

- In October 2024, the Ambulatory Department saw 15,508 patients, while being budgeted for 14,437 visits (+7.4% budget). Departments that exceeded budget include: ECMC Family Medicine, Internal Medicine, COEM, You Center for Wellness, Cardiothoracic, Head and Neck, Gastroenterology, Neurology, Pulmonology, OMFS, Oral Oncology, Hertel Dental, and Bariatrics. Additionally, there were 148 visits for Covid testing and/or Covid vaccinations, brought the budget to 8% over budget.

### **COEM**

- COEM was notified by NYSDOH's Occupational Health Network that we were awarded an additional \$457,000 for the 2024-2025 budget year. This brings the total annual funding for 2024-2025 to over \$1,200,000! This is direct result of the team's exceptional work supporting and treating the employees of the WNY community.

### **DIALYSIS**

Budget and Variance:

- Outpatient (in-center treatments): 2024 Budget **20,587**; Variance **(-435)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **1,674** treatments, Variance **(-399)**
- Total: **-834** treatments for the year

Census Volume:

- Outpatient (in-center treatments): October = **1,955** treatments, YTD 2024 total = **18,893**

- Home Program: (Home Peritoneal & Home Hemodialysis): October = **156** treatments, 2024 totals = **1,275**

Dialysis			2023			2024													
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	Budget	Variance	
4555	AKI	Hemodialysis - AKI	129	-	-	19	32	69	56	55	45	45	31	18	15	385	-	-	
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	0	0	0	0	0	0	0	0	0	0	-	-	
	DIALTRAN	Hemodialysis - Transient	466	-	-	19	20	31	117	134	95	143	100	104	111	874	-	-	
	HD	Hemodialysis - Chronic	23,020	-	-	1,791	1,778	1,902	1,900	1,969	1,846	1,964	1,964	1,824	1,955	18,893	-	-	
	4555 Totals		23,615	24,539	-924 🟡	1,829	1,830	2,002	2,073	2,158	1,986	2,152	2,095	1,946	2,081	20,152	20,587	-435 🟡	
5660	HOMEHD	Hemodialysis - Home	20	-	-	0	0	0	0	0	0	0	0	0	0	0	-	-	
	PD	Hemodialysis - Peritoneal	1,474	-	-	68	85	98	94	151	142	151	154	176	156	1,275	-	-	
	5660 Totals		1,494	2,713	-1,219 🔴	68	85	98	94	151	142	151	154	176	156	1,275	1,674	-399 🔴	
Totals			25,109	27,252	-2,143 🔴	1,897	1,915	2,100	2,167	2,309	2,128	2,303	2,249	2,122	2,237	21,427	22,261	-834 🟡	

## **FOOD & NUTRITIONAL SERVICES**

### **Retail Sales (after 20% discount)**

October 2024 Actual     \$156,182  
October 2024 Budget     \$149,071  
Variance above target    \$ (7,111) = 105%

## **LABORATORY SERVICES**

- The department budget volumes for October YTD were positive 3.8% to budget target and increased 5.3% in comparison to FY23. The October YTD operating expense has a negative variance of 4.1% to budget target and a negative variance of 8.1% to FY23. The personnel expense has a positive variance of 6.2% to budget target and a negative variance of 7.6% to FY23 actual. Non-personnel expenses for October YTD demonstrated a negative variance of 4.9% to budget target and a negative variance of 4.9% to FY23. The negative non-personnel variance is impacted by the overall positive 3.8% to budget volume YTD. The department will continue to monitor expense in alignment with overall volume.

## **RADIOLOGY**

- The Radiology department is up 14.7% YTD over budget, 196,028 exams performed.
- CT is 12,076 exams over budget.

## **REHABILITATION SERVICES**

- Acute Therapy**
  - PT productivity overall was 4,027 against a budget of 3,271 units, for a positive variance of 19%.
  - OT productivity overall was 2,992 against a budget of 2,488 units, for a positive variance of 17%.
- MRU**
  - October 2024: 18 admissions and 20 discharges with 312 patient days and a LOS of 15.6 days, ADC 10.1 days.
- PEDS**
  - PEDS Rehab increased service units in the month of October compared to September 2024 with an increase in related service visits by 205, CPSE Special Education visits by 237 units and Early Intervention visits by 43 units.

## SUPPORTIVE CARE & PALLIATIVE MEDICINE

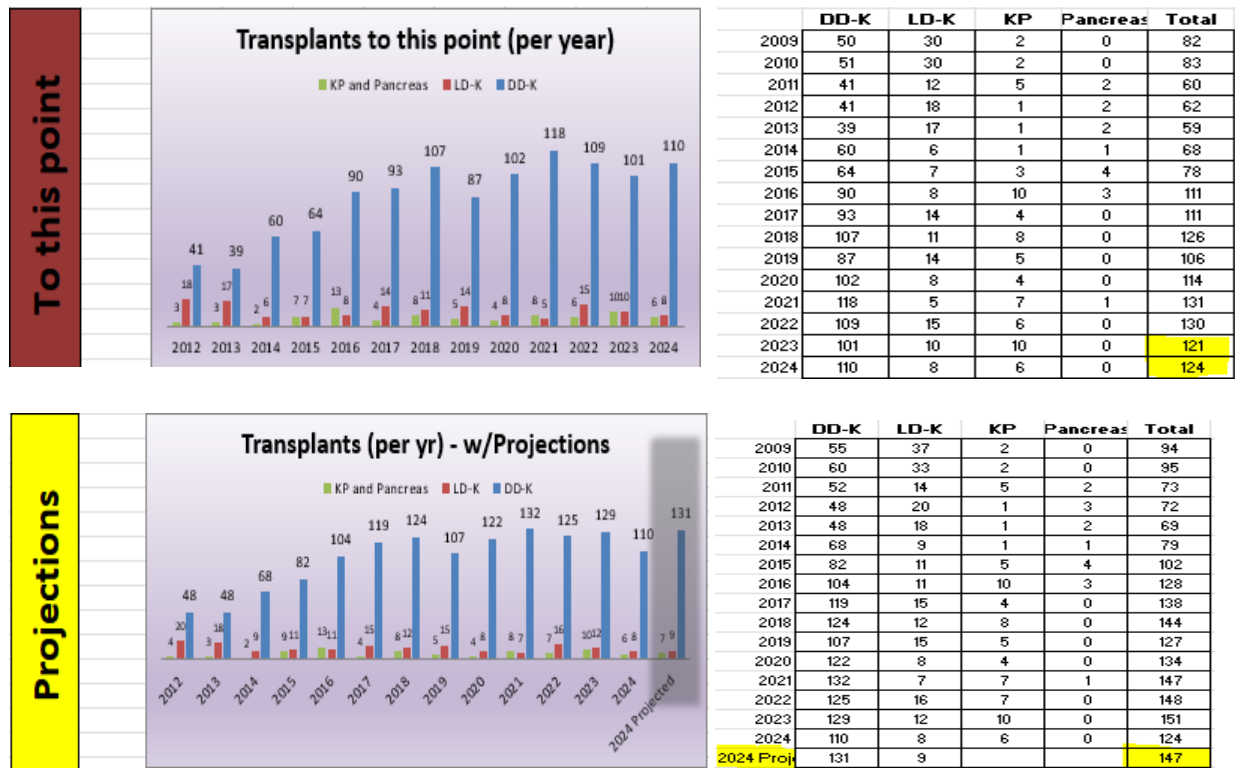
- Total Inpatient Consults for October: 117
- Transitions of Care: 14
- Discharge with Home Hospice: 2
- Terrace View: 8

## SURGICAL SERVICES

- Finalized the 2025 budget with \$1M in savings.

## TRANSPLANT

- As of November 7, 2024, we have performed (124) transplants, which is (+3) transplants than this time last year (2023). Based on current volume, we have projected finishing the year with (147) transplants.
- Pre-Transplant Clinic is below budget by (-350). We are still limited with our shortage of providers.
- Post-Transplant has exceeded the 2024 budget YTD by (198) visits. We are (-152) for total clinic variance to budget.



Transplant / Vascular			2023			2024												
			YTD	Budget	Variance	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	661	-	-	38	49	40	50	52	53	42	56	55	58	493	-	-
	TRANPREPRC	Transplant Clinic	2	-	-	0	0	0	0	0	0	0	1	1	0	2	-	-
	6430 Totals		663	563	100 <span>⬆️</span>	38	49	40	50	52	53	42	57	56	58	495	845	-350 <span>⬇️</span>
6431	TRANPOSPRC	Transplant Clinic	0	-	-	0	0	0	0	0	0	0	0	0	0	0	-	-
	TRANPOST	Transplant Clinic	4,252	-	-	362	350	315	322	340	336	413	421	350	379	3,588	-	-
	6431 Totals		4,252	4,411	-159 <span>⬇️</span>	362	350	315	322	340	336	413	421	350	379	3,588	3,390	198 <span>⬆️</span>
Totals			4,915	4,974	-59 <span>⬇️</span>	400	399	355	372	392	389	455	478	406	437	4,083	4,235	-152 <span>⬇️</span>

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**Internal Financial Reports**  
**For the month ended October 31, 2024**

# Erie County Medical Center Corporation

Financial Dashboard  
October 31, 2024

## Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 58,265	\$ 557,774	\$ 538,257
Other	17,272	157,659	144,308
Total revenue	75,537	715,433	682,565
Salary & benefits	38,698	376,159	370,710
Physician fees	9,648	96,782	96,524
Purchased services	6,457	63,660	60,758
Supplies & other	17,272	152,278	134,334
Depreciation and amortization	3,871	39,226	38,712
Interest	999	10,002	8,789
Total expenses	76,945	738,107	709,827
Operating Income/(Loss) Before Other Items	(1,408)	(22,674)	(27,262)
Grant revenue	-	16,005	-
Income/(Loss) from Operations With Other Items	(1,408)	(6,669)	(27,262)
Other Non-operating gain/(loss)	(1,358)	7,256	1,004
Change in net assets	\$ (2,766)	\$ 587	\$ (26,258)
Operating margin	-1.9%	-0.9%	-4.0%

## Balance Sheet:

### Assets:

Cash & short-term investments	\$ 85,816
Patient receivables	108,482
Assets whose use is limited	182,255
Other assets	481,221
	<u>\$ 857,774</u>

### Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 323,944
Estimate self-insurance reserves	60,083
Other liabilities	496,350
Long-term debt, including current portion	198,955
Lease liability, including current portion	21,533
Subscription liability, including current portion	22,480
Line of credit	10,000
Net assets	(275,571)
	<u>\$ 857,774</u>

## Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ 1,342	\$ 89,135
- Investing activities	(3,614)	(68,340)
- Financing activities	(161)	(10,757)
Increase/(decrease) in cash and cash equivalents	(2,433)	10,038
Cash and cash equivalents - beginning	32,242	19,771
Cash and cash equivalents - ending	<u>\$ 29,809</u>	<u>\$ 29,809</u>

## Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,102	10,889	10,456
- Exempt units	457	4,306	4,619
Observation Cases:	293	2,883	2,498
Patient days:			
- Acute	8,621	86,209	77,757
- Exempt units	4,758	47,959	48,782
Average length of stay, acute	7.8	7.9	7.4
Case mix index Blended	2.06	1.96	1.80
Average daily census: Medical Center	432	440	415
Terrace View LTC	368	369	379
Emergency room visits, including admissions	5,386	53,576	54,313
Outpatient Visits	27,946	251,826	260,032
Days in patient receivables		59.3	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended October 31, 2024

(Amounts in Thousands)

#### October 2024 Operating Performance

Challenges in overall volume seen during August and September extended into October. During the month, ECMCC's volume met the budgeted inpatient cases but outpatient visits fell below the plan. Inpatient shortfalls were seen specifically within the chemical dependency service areas, while acute, behavioral health and medical rehabilitation services were above budget. Total surgeries were above the plan during the month which also resulted in higher revenue than expected. The increased case severity in medical and surgical cases this month led to an overall increase in acute case mix which offset any unfavorable volume variances. The revenue variances derived from these trends during October were accompanied by additional expenses to accommodate the in-house volume primarily within salaries, purchased services and supplies, which drove an operating loss for the month of (\$1,408), before grant funding. This operating loss, before grant funding, is favorable when compared to the month's budgeted loss of (\$1,419) and remains a significant improvement from the loss before grant funding during October of 2023 of (\$5,480). Additionally, the operating loss before grant funding for the ten-months ended October 31, 2024, of (\$22,674) also represents a significant improvement from the loss before grant funding of (\$69,226) for the same period during 2023.

Inpatient discharges during the month of 1,559 were level with planned discharges. Within the total, acute discharges of 1,102 surpassed the budget by 1.5%, driven by an inpatient surgery favorable variance of 50 surgeries. This surplus was offset by a shortfall in chemical dependency cases. This discharge volume was driven in part by an acute average length of stay of 7.8 days during October. While this represents an improvement from prior months, throughput budget variances continue to be driven by the challenges in discharging more difficult to place longer stay patients due to staffing and admission challenges across the community within post-acute care facilities. This continues to result in additional delays in our emergency department, thus culminating in a significant number of patients who left without being seen ultimately leading to fewer emergency visits. Total outpatient volume remained slightly below budget for the month by 45 visits, a 0.2% shortfall. This was driven primarily by a shortfall in clinic and emergency department visit volume during the month. During the month of October, ECMCC experienced a favorable variance in outpatient surgeries of 50 cases as compared to the budget of 665 cases (or 7.5%).

Additionally, for the year through October 2024, ECMCC's Terrace View skilled nursing facility remains at nearly 95% occupancy due to recruitment efforts to address the staffing challenges experienced at that facility over the last several years as well as the use of temporary agency personnel to fill any staffing gaps. This occupancy is higher than 2023 levels at 93.7%. Additional efforts are underway to continue to recruit and use temporary staff in order to staff the remaining beds available to assist in improving the length of stay within the hospital.

ECMCC continues to see growth within the specialty pharmacy service line which provides a convenient onsite option for ECMCC clinic patients to have their specialty drug prescriptions filled. This growth is reflected within the other operating revenue and corresponding additional supply costs.

Total FTEs during October were higher than budgeted targets for the month. With the average length of stay higher than plan and ongoing volume fluctuations, additional FTEs continue to be necessary in order to meet the New York State minimum staffing standards. In an effort to continue to meet those standards, the use of incentives to fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

ECMCC has also experienced an increase in expenses for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel



# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended October 31, 2024

(Amounts in Thousands)

throughout the remainder of the year and into 2025 to continue to meet the New York State minimum standards given the volume increases.

Total benefit costs for the month were less than the operating plan as a result of favorable claim activity within health insurance claims for employees. The year-to-date unfavorable variance is the result of additional retirement benefit reserves recorded each month as a result of updated actuarial estimates of the benefit liability related to the retiree health program. This variance will be reconciled once the final actuarial reports for both the pension and retiree health programs are completed.

Supply costs exceeded the operating plan during the month by \$3,397. The additional cost during the month was related primarily to an annual increase in organ acquisition costs as set by the Center for Medicare and Medicaid Services, operating room supplies and pharmaceutical costs related to both specialty pharmacy and procedure volume.

#### **Balance Sheet**

ECMCC saw an increase in cash from December 2023 resulting in 40 days operating cash as compared to 16 days operating cash at the end of 2023. Cash levels have increased from these levels at the end of October because of the receipt of certain expected disproportionate share (DSH/IGT) payments, the accumulation of unrestricted investment income, along with the retrospective reimbursement settlement related to the 340b drug pricing program, and most recently the receipt of FEMA grant payments. Partially offsetting those receipts, on January 31<sup>st</sup>, management paid the New York State Pension Plan contribution timely as required, ongoing operating vendor payments and first quarter cash flow reductions due to operating losses. It is important to note as well that there remains a delay in receipt of the Nursing Home Upper Payment Limit (UPL) payment for both 2023 and for 2024, with the 2023 payments expected before December 31, 2024 and the 2024 payments due by the end of 2025.

Patient receivables increased approximately \$6.1 million from December 31, 2023. The increase in accounts receivable has been due to increased volume and revenue over and above the operating plan coupled with the delays in billing and collections related to one significant payer coupled with internal staffing challenges. These delays are primarily related to the Change Healthcare cyber-attack which occurred on February 21<sup>st</sup>, 2024. Significant efforts are underway to reduce accounts receivable and increase cash collections related to these and other delays.

The decrease in prepaid expenses, inventories and other receivables from December 31, 2023 is related to receipt of the DSH/IGT payments for prior periods during January and June, partially offset by the additional receivable recorded related to the 2024 DSH/IGT.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received in January and June of 2024 for the current year initial and prior year reconciliation payments for DSH/IGT. This revenue then is recognized ratably over the course of the year in the income statement.

The change in other liabilities is the result of the net activity related to the payment of the annual contribution required by the NYS pension plan.

#### **Vendor Related Cyber Incident**

On February 21, 2024, Change Healthcare, a third-party service provider to ECMCC and several of its vendors, became aware of a cybersecurity incident (the "Incident") causing a disruption across the health care industry.

# Erie County Medical Center Corporation

## Management Discussion and Analysis

For the month ended October 31, 2024

(Amounts in Thousands)

ECMCC uses Change Healthcare for various revenue cycle related services including professional billing, claims processing, and eligibility authorizations. As a result of the Incident, as of September 10, 2024, ECMCC is not aware of any company data including personally identifiable information (PII) and/or protected health information (PHI), that has been compromised because of the incident. As ECMCC continues to monitor the overall response by Change to the incident related to PII or PHI, the US Department of Health and Human Services issued a notification that Change Healthcare (Optum) will be responsible for any and all breach notifications which may need to be made in the future. Additionally, ECMCC is in constant contact with Change Healthcare, the various vendors and payers impacted and has implemented cash management strategies in order to ensure that any unfavorable cash flow impacts have been reduced as much as possible. ECMCC has begun an implementation process to convert all professional billing records from February 21<sup>st</sup> forward onto a different billing platform, which is expected to be complete by early January 2025.

# Erie County Medical Center Corporation

## Balance Sheet October 31, 2024 and December 31, 2023

(Dollars in Thousands)

	October 31, 2024	December 31, 2023	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 29,809	\$ 19,771	\$ 10,038
Investments	56,007	10,646	45,361
Patient receivables, net	108,482	102,389	6,093
Prepaid expenses, inventories and other receivables	31,137	62,528	(31,391)
<b>Total Current Assets</b>	<b>225,435</b>	<b>195,334</b>	<b>30,101</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	59,450	57,904	1,546
Restricted under third party agreements	117,445	107,627	9,818
Designated for long-term investments	5,360	5,091	269
<b>Total Assets Whose Use is Limited</b>	<b>182,255</b>	<b>170,622</b>	<b>11,633</b>
Property and equipment, net	281,956	307,343	(25,387)
Other assets	168,128	168,809	(681)
<b>Total Assets</b>	<b>\$ 857,774</b>	<b>\$ 842,108</b>	<b>\$ 15,666</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 13,059	\$ 12,869	\$ 190
Current portion of lease liability	6,432	6,944	(512)
Current portion of subscription liability	8,403	8,724	(321)
Line of credit	10,000	10,000	-
Accounts payable	53,663	59,922	(6,259)
Accrued salaries and benefits	71,537	73,734	(2,197)
Other accrued expenses	193,290	125,936	67,354
Estimated third party payer settlements	5,454	4,486	968
<b>Total Current Liabilities</b>	<b>361,838</b>	<b>302,615</b>	<b>59,223</b>
Long-term debt	185,896	188,940	(3,044)
Long-term lease liability	15,101	20,521	(5,420)
Long-term subscription liability	14,077	15,727	(1,650)
Estimated self-insurance reserves	60,083	59,340	743
Other liabilities	496,350	531,132	(34,782)
<b>Total Liabilities</b>	<b>1,133,345</b>	<b>1,118,275</b>	<b>15,070</b>
<b>Total Net Position</b>	<b>(275,571)</b>	<b>(276,167)</b>	<b>596</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 857,774</b>	<b>\$ 842,108</b>	<b>\$ 15,666</b>

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# Erie County Medical Center Corporation

## Statement of Operations

For the month ended October 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	59,017	57,396	1,621	51,563
Less: Provision for uncollectable accounts	(752)	(1,083)	331	(541)
Adjusted Net Patient Revenue	58,265	56,313	1,952	51,022
Disproportionate share / IGT revenue	10,273	10,273	-	12,071
Other revenue	6,999	4,158	2,841	4,638
<b>Total Operating Revenue</b>	<b>75,537</b>	<b>70,744</b>	<b>4,793</b>	<b>67,731</b>
<b>Operating Expenses:</b>				
Salaries & wages	30,809	29,767	(1,042)	29,683
Employee benefits	7,889	8,117	228	9,345
Physician fees	9,648	9,652	4	9,043
Purchased services	6,457	6,151	(306)	7,300
Supplies	14,614	11,217	(3,397)	10,914
Other expenses	2,152	1,966	(186)	2,011
Utilities	506	543	37	492
Depreciation & amortization	3,871	3,871	-	3,430
Interest	999	879	(120)	993
<b>Total Operating Expenses</b>	<b>76,945</b>	<b>72,163</b>	<b>(4,782)</b>	<b>73,211</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(1,408)</b>	<b>(1,419)</b>	<b>11</b>	<b>(5,480)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	-	-	-	5,522
<b>Income/(Loss) from Operations</b>	<b>(1,408)</b>	<b>(1,419)</b>	<b>11</b>	<b>42</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	581	180	401	347
Unrealized gain/(loss) on investments	(1,939)	(80)	(1,859)	(1,489)
Non-operating Gain/(Loss)	(1,358)	100	(1,458)	(1,142)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ (2,766)</b>	<b>\$ (1,319)</b>	<b>\$ (1,447)</b>	<b>\$ (1,100)</b>

# Erie County Medical Center Corporation

## Statement of Operations

For the ten months ended October 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	569,871	548,820	21,051	504,427
Less: Provision for uncollectable accounts	(12,097)	(10,563)	(1,534)	(7,712)
Adjusted Net Patient Revenue	557,774	538,257	19,517	496,715
Disproportionate share / IGT revenue	102,754	102,733	21	98,210
Other revenue	54,905	41,575	13,330	38,028
<b>Total Operating Revenue</b>	<b>715,433</b>	<b>682,565</b>	<b>32,868</b>	<b>632,953</b>
<b>Operating Expenses:</b>				
Salaries & wages	296,254	290,875	(5,379)	279,378
Employee benefits	79,905	79,835	(70)	85,990
Physician fees	96,782	96,524	(258)	91,497
Purchased services	63,660	60,758	(2,902)	67,656
Supplies	126,580	109,087	(17,493)	108,120
Other expenses	20,667	19,654	(1,013)	21,584
Utilities	5,031	5,593	562	4,971
Depreciation & amortization	39,226	38,712	(514)	33,646
Interest	10,002	8,789	(1,213)	9,337
<b>Total Operating Expenses</b>	<b>738,107</b>	<b>709,827</b>	<b>(28,280)</b>	<b>702,179</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(22,674)</b>	<b>(27,262)</b>	<b>4,588</b>	<b>(69,226)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	16,005	-	16,005	43,518
<b>Income/(Loss) from Operations</b>	<b>(6,669)</b>	<b>(27,262)</b>	<b>20,593</b>	<b>(25,708)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	5,444	1,800	3,644	3,289
Unrealized gain/(loss) on investments	1,812	(796)	2,608	(4,951)
Non-operating Gain/(Loss)	7,256	1,004	6,252	(1,662)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 587</b>	<b>\$ (26,258)</b>	<b>\$ 26,845</b>	<b>\$ (27,370)</b>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and ten months ended October 31, 2024**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ (2,766)	\$ 587
Other transfers, net	-	
Contributions for capital acquisitions	-	9
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>(2,766)</u>	<u>596</u>
Change in Unrestricted Net Assets	<u>(2,766)</u>	<u>596</u>
<b>Temporarily Restricted Net Assets:</b>		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<u>-</u>	<u>-</u>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>(2,766)</u>	<u>596</u>
Net Position, beginning of period	<u>(272,805)</u>	<u>(276,167)</u>
<b>Net Position, end of period</b>	<u><b>\$ (275,571)</b></u>	<u><b>\$ (275,571)</b></u>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and ten months ended October 31, 2024

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ (2,766)	\$ 596
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,871	39,226
Provision for bad debt expense	752	12,097
Net change in unrealized (gain)/loss on Investments	1,939	(1,812)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	615	(18,190)
Prepaid expenses, inventories and other receivables	2,026	31,391
Accounts payable	(822)	(6,259)
Accrued salaries and benefits	4,257	(2,197)
Estimated third party payer settlements	723	968
Other accrued expenses	(8,354)	67,354
Self Insurance reserves	(323)	743
Other liabilities	(576)	(34,782)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<u>1,342</u>	<u>89,135</u>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(2,255)	(13,839)
Decrease/(increase) in assets whose use is limited	(1,012)	(11,633)
Sale/(Purchase) of investments, net	(601)	(43,549)
Change in other assets	254	681
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<u>(3,614)</u>	<u>(68,340)</u>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(717)	(2,854)
Principal payments on / additions to long-term lease liability, net	(517)	(5,932)
Principal payments on / additions to long-term subscription, net	1,073	(1,971)
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<u>(2,433)</u>	<u>10,038</u>
Cash and Cash Equivalents, beginning of period	<u>32,242</u>	<u>19,771</u>
Cash and Cash Equivalents, end of period	<u><u>\$ 29,809</u></u>	<u><u>\$ 29,809</u></u>

# Erie County Medical Center Corporation

## Statistical and Ratio Summary

	October 31, 2024	December 31, 2023	ECMCC 3 Year Avg. 2021 - 2023
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.6	0.7	0.8
Days in Operating Cash & Investments	40	16	29.5
Days in Patient Receivables	59.3	63.2	55.5
Days Expenses in Accounts Payable	49.1	53.6	61.2
Days Expenses in Current Liabilities	155.0	129.2	144.5
Cash to Debt	73.0%	43.0%	52.8%
Working Capital Deficit	\$ (136,403)	\$ (89,919)	\$ (72,929)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	65.9%	67.7%	68.4%
Assets Financed by Liabilities	132.1%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	3.6	2.3	1.6
Capital Expense	3.2%	3.0%	3.0%
Average Age of Plant	7.9	7.6	9.4
Debt Service as % of NPSR	3.8%	4.2%	4.0%
Capital as a % of Depreciation	35.3%	13.1%	34.3%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-3.2%	-13.2%	-14.1%
Net Profit Margin	0.1%	-1.0%	-3.5%
Return on Total Assets	0.1%	-0.8%	-2.1%
Return on Equity	-0.3%	2.3%	7.9%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	1.0	0.9	0.8
Total Operating Revenue per FTE	\$ 257,078	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	51.7%	57.5%	57.0%

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended October 31, 2024**

Current Period				Year to Date			
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year
<b>Discharges:</b>							
1,102	1,086	1.5%	1,104	10,889	10,456	4.1%	10,501
257	236	9.0%	216	2,342	2,328	0.6%	2,172
180	218	-17.6%	199	1,775	2,125	-16.5%	1,944
20	19	3.4%	18	189	166	14.1%	168
1,559	1,559	0.0%	1,537	15,195	15,074	0.8%	14,785
<b>Patient Days:</b>							
8,621	7,591	13.6%	8,603	86,209	77,757	10.9%	85,207
3,755	3,902	-3.8%	3,778	37,748	36,912	2.3%	39,421
691	885	-21.9%	830	6,661	8,290	-19.7%	7,632
312	447	-30.2%	370	3,550	3,580	-0.8%	3,767
13,379	12,825	4.3%	13,581	134,168	126,539	6.0%	136,027
<b>Average Daily Census (ADC):</b>							
278	245	13.6%	278	283	255	10.9%	280
121	126	-3.8%	122	124	121	2.3%	130
22	29	-21.9%	27	22	27	-19.7%	25
10	14	-30.2%	12	12	12	-0.8%	12
432	414	4.3%	438	440	415	6.0%	447
<b>Average Length of Stay:</b>							
7.8	7.0	11.9%	7.8	7.9	7.4	6.5%	8.1
14.6	16.5	-11.7%	17.5	16.1	15.9	1.6%	18.1
3.8	4.1	-5.3%	4.2	3.8	3.9	-3.8%	3.9
15.6	23.1	-32.5%	20.6	18.8	21.6	-13.1%	22.4
8.6	8.2	4.3%	8.8	8.8	8.4	5.2%	9.2
<b>Occupancy:</b>							
81.3%	80.5%	1.0%	82.5%	81.3%	80.5%	1.0%	82.5%
<b>Case Mix Index:</b>							
2.06	1.84	11.7%	1.83	1.96	1.80	9.0%	1.78
293	268	9.3%	257	2,883	2,498	15.4%	2,402
484	434	11.5%	428	4,472	4,166	7.3%	4,146
715	665	7.5%	682	6,329	6,245	1.3%	6,310
17	52	-67.3%	28	275	503	-45.3%	385
42	35	20.0%	31	331	305	8.5%	263
27,946	27,991	-0.2%	26,155	251,826	260,032	-3.2%	250,748
5,386	5,520	-2.4%	5,572	53,576	54,313	-1.4%	53,345
60.3	44.2	36.4%	73.7	60.3	44.2	36.4%	73.7
1.2%	1.9%	-37.6%	0.3%	2.2%	1.9%	14.5%	1.7%
3,306	3,187	3.7%	3,282	3,283	3,192	2.8%	3,240
4.29	4.40	-2.4%	4.12	4.22	4.40	-4.0%	4.19
\$ 19,643	\$ 19,066	3.0%	\$ 16,932	\$ 19,230	\$ 18,855	2.0%	\$ 17,869
\$ 25,627	\$ 24,271	5.6%	\$ 23,812	\$ 25,360	\$ 24,729	2.6%	\$ 25,221
<b>Terrace View Long Term Care:</b>							
11,415	11,716	-2.6%	11,431	112,492	115,476	-2.6%	111,037
368	378	-2.6%	369	369	379	-2.6%	365
94.4%	96.9%	-2.6%	94.5%	94.6%	97.1%	-2.6%	93.7%
463	502	-7.7%	449	460	504	-8.7%	427
6.5	6.9	-5.3%	6.3	7.2	7.7	-6.3%	6.8

**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**November 2024**

**University at Buffalo Update**

- Search continues for Chair of Psychiatry, GI and Nephrology.

**Current Hospital Operations**

	<b><u>2024</u></b>	<b><u>2023</u></b>
• Admissions YTD:	11,294	(10,859)
• ED visits YTD:	47,138	(47,019)
• CPEP visits:	8,548	( 8,231)
• Observation:	2,999	( 2,486)
• Inpatient Surgeries:	4,634	( 4,320)
• Outpatient Surgeries:	6,614	( 6,480)
• ALC days YTD:	9,201	( 8,511)

The average length of stay MTD 7.8 ( 8.9 ) CMI MTD 2.0892 ( 1.9871)

**CMO Update**

- Joint Commission planning continues. Focus will be on procedural areas and the Medical Dental Staff Office.
- We are starting to see improvements with the Baxter fluid shortage and Radionuclide issue.
- Nothing new to report on the resident union labor action.

**ERIE COUNTY MEDICAL CENTER CORPORATION**  
**Charlene Ludlow MHA, RN, CIC**  
**Sr. Vice President of Nursing**

*Department of Nursing Report November 2024*

The Month of November started out with a celebration of National Medical/ Surgical Nurses Week. Thank you, recognition celebrations, for our Nurses were held during the week.

Additionally, recognitions of our Nursing staff included:

Katie Pistorio RN 8z1 - Recognized as the November 2024 Nurse Hero - Her coworkers identified her as caring and always going above and beyond for patients, families and her coworkers on 8z1.

Daisy Award 3rd Quarter recognized Jean Kellner RN, Infusion Clinic

TULIP award 3rd Quarter - Victoria Hutchins - ACC CPEP

Tulip AWARD 4th Quarter - Breon Myree - Med Surg Tech 12 zone 2

MICU North and South both received the Gold Beacon Award. Buffalo Spree contained a picture of several members of the MICU North and South staff as they celebrated their award for recognition of excellence in critical care delivery.

The growth and development of our Nursing team has continued to be outstanding. ECMC has supported over 30 Nurses that have achieved Advanced certifications this year. This is important as we promote retention and provide opportunities to our staff for professional development through various positions and leadership development.

Our Nurses continue to provide an outstanding environment for Nursing student clinical experiences. Our Intern program continues to grow and many of the students are choosing to work at ECMC when they graduate. Our Nursing Education Department has successfully updated our orientation program under the leadership of Matthew Bailen RN and Sarah Maggio RN. The addition of programs that provide our staff with tools for success have been greatly appreciated by our staff to enhance care to every patient.





**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Vice President of Communications and External Affairs**  
**December 3, 2024**

**Marketing**

- Continued advertising marketing support of Orthopedic and Behavioral Health services, and nursing recruitment, as well as highlighting various accreditations and clinical accomplishments through placement of TV, radio, and print advertisements. Also maintained ECMC's long secured billboard just east of Grider Street on the outbound side of NYS Route 33 with graphics highlighting ECMC's nationally ranked Orthopedic services.

**Media Report**

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.
- Supported the announcement by Congressman Tim Kennedy on October 31<sup>st</sup> of \$525,550 in federal funding for the Buffalo Rising Against Violence at ECMC (BRAVE) Trauma Recovery Center. This funding will expand comprehensive services and accessibility to support the needs of human trafficking survivors and increase community capacity to screen, identify, and appropriately refer survivors for services. This funding was made possible through the Office for Victims of Crimes, within the U.S. Department of Justice. Media coverage included: The Buffalo News, Spectrum News, WGRZ-TV, WIVB-TV, WKBW-TV and WBEN radio.
- Sr. VP of Nursing Charlene Ludlow featured on 11/25/24 WIVB-TV segment by reporter Jeff Preval regarding about staying healthy, what hospitalizations look like in terms of flu/COVID and what hospitals are doing in handling the current IV shortage.
- ECMC's Medical Minute partnership with WGRZ-TV included the featured following topics in October and November: Opioid Overdose Awareness (Dr. Martinez & Michelle Marshall), Rotator Cuff Disorders (Dr. Duquin), Fracture Care (Dr. Mutty), Breast Reconstruction (Dr. Frey), Hip & Knee Arthritis (Dr. Mutty), and Fall Prevention (Theresa Liffiton & Julie Buono, Physical Therapists).

**Community and Government Relations**

- Supported the NYS Occupational Health Clinic Network's (OHCN), which includes ECMC's Center for Occupational and Environmental Medicine (COEM), request for an increase of the network-wide funding from \$14.56 million to \$20 million in the FY25-2026 state budget. The OHCN is a unique, publicly funded, public health collective of nine occupational medicine centers and satellite facilities across the state - providing expert diagnostic, treatment and preventive services for work-related illness and injury. The OHCN was originally formed at the behest of the NYS Legislature and labor community in the late 1980s, after a study commissioned by the Legislature confirmed the extent of work-related illness and injury across the state had grown rampant, and at a huge cost to the state annually. The Centers work closely with labor, business, community and government entities to provide tens of thousands of clinical and preventive occupational medicine services each year. An increase in support from NYS can help the Network increase communities' resilience to emerging infectious disease, disasters, climate change, and other events affecting worker health. This includes the ability to hire and train more OHCN staff to respond to the ever-growing needs of the workforce. Additionally, an increase in support from NYS means an expansion of prevention activities. In addition to ECMC's COEM, the OHCN includes: Finger Lakes Occupational Health Services and University of Rochester, Occupational Health Clinical Center at Upstate Medical, Occupational and Environmental Health Center of Eastern New York at EmblemHealth, Mid-Hudson Valley Mount Sinai Selikoff Center for Occupational Health, New York Center for Agricultural Medicine and Health at Bassett Health Network, NYC Mount Sinai Selikoff Center for Occupational Health, Bellevue/NYU Occupational & Environmental Medicine Clinic, and, Occupational and Environmental Medicine of Long Island at Northwell Health.

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