



ECMCC Board of Director's Meeting

April 23, 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
APRIL 23, 2024

- I. CALL TO ORDER: EUGENIO RUSSI, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON APRIL 23, 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) **Buildings and Grounds** (by Ronald Bennett)
 - D) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION
MARCH 28, 2024 MINUTES OF THE
BOARD OF DIRECTORS MEETING
HYBRID MEETING HELD

Present: Ronald Bennett (virtual), Reverend Mark Blue, Ronald A Chapin (virtual), Jonathan Dandes, Sharon Hanson, Michael Hoffert (virtual), Christian Johnson (virtual), Christopher O'Brien (virtual), Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Philip Stegeman, Benjamin Swanekamp

Excused: Darby Fishkin, James Lawicki (virtual), Jennifer Persico

Also

Present: Donna Brown (virtual), Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Susan Gonzalez (virtual), Donna Jones, Pamela Lee, Charlene Ludlow, Jennifer Pugh, MD, Jonathan Swiatkowski

I. Call to Order

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

II. Minutes

Upon a motion made by Reverend Kinzer Pointer and seconded by Reverend Mark Blue, the minutes of the February 27, 2024 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing the Report of the Annual Audit Performed by RSM US LLP

Moved by Reverend Pointer and seconded by Jonathan Dandes

Motion approved unanimously

Resolution Approving the Corporation's Annual Report

Moved by Reverend Kinzer Pointer and seconded by Michael Seamanr

Motion approved unanimously

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for February

Moved by Jonathan Dandes and seconded by Reverend Kinzer Pointer

Motion approved unanimously

VI. Reports from the Corporation's Leadership Team

Chief Executive Officer and President

Dr. Thomas Quatroche reported that the Patient Safety Indicators continue to reflect positive work by the employees. Charlene Ludlow stated that the 185 days has passed without a CAUTI in the hospital. February Human Experience scores remain strong. Dr. Quatroche announced the March's awards winners and described several events celebrating departmental groups within the hospital. A summary of ECMC Foundation upcoming events was presented. One hundred and sixty-four (164) new employees have begun working at ECMC since the beginning of the year. ECMC has added 40 RNs and 9 LPNs since January 1st. A 12-week operating room light project was completed without interruption of schedules. Dr. Quatroche congratulated Sharon Hanson on her appointment as Chair to the Healthcare Trustees of New York State Board and Reverend Knzer Pointer, PhD who just qualified for his doctorate.

Chief Financial Officer

Jonathan Swiatkowski reviewed the February 2024 Key Statistics. Volume is very high and the hospital is extremely busy. Discharges, ER visits and surgeries were higher than last year. Length-of-stay (both Acute Average and Total Average) was at budget and lower than last year. A summary of the preliminary financial results through January 31, 2024 was reviewed and the full set of these materials are received and filed. Mr. Swiatkowski reported that days operating cash on hand is currently 38 days, 10 less days than January. Additionally, Mr. Swiatkowski gave an update on payers and presented a look at future financial events. The hospital yielded an overall loss for the month of \$2.8M.

V. Standing Committees

- a. **Executive Committee:** Mr. Russi had no additional information to report from the Executive Committee.
- b. **Finance Committee:** Mr. Seaman stated that the committee continues to work towards improving the financial future of the hospital.
- c. **Buildings and Grounds Committee:** Ronald Bennett gave an update on all ongoing projects and reported on the completion of surgical lighting in the operating rooms and the update of exam rooms.
- d. **Human Resources:** Mr. Seaman stated that the HR Committee continues to concentrate on the strong hiring numbers for the hospital.
- e. **Quality Improvement and Patient Safety Committee:** Michael Hoffert updated the group on the March meeting. Presentations were given on the QAPI Plan and Infection Control.

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 Jonathan Dandes to enter into Executive Session at 5:05 p.m. to consider matters made confidential by law, including legal strategic matters.

Motion approved unanimously

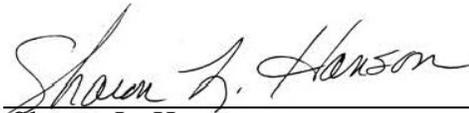
VII. Reconvene in Open Session

Moved by Jonathan Dandes and seconded by Sharon Hanson to reconvene in Open Session at 5:14 p.m. No action was taken by the Board of Directors in Executive Session

Motion approved unanimously

VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:15 p.m.



Sharon L. Hanson
Corporation Secretary

**Resolution Receiving and Filing the
Report of Annual Audit Performed by RSM US LLP**

Approved March 26, 2024

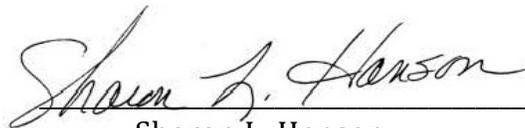
WHEREAS, under section 3642 of the Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is obligated to have an annual audit performed by an independent certified public accountant; and

WHEREAS, the Corporation has engaged RSM US LLP to perform an annual audit of the Corporation's books, records, and accounts, among other things, for the period ending December 31, 2023; and

WHEREAS, the audit report has been reviewed by the Audit Committee of the Corporation's Board of Directors and said committee has recommended that the Corporation's annual audit report be received and filed.

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

1. The 2023 Annual Audit performed by RSM US LLP is hereby received and filed and the Corporation's management is directed to distribute the report in accordance with law.
2. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

Resolution Approving the Corporation's Annual Report

Approved March 26, 2024

WHEREAS, Erie County Medical Center Corporation (the "Corporation") is a public benefit corporation obligated under sections 2800 and 3642 of New York Public Authorities Law to prepare, approve and distribute an Annual Report of its operations; and

WHEREAS, the Corporation has prepared a draft of the 2023 Annual Report and distributed this draft to members of the Corporation's Board of Directors for consideration before the meeting called to consider approval;

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

1. The 2023 Annual Report prepared by the Corporation is approved in substantially the form and content as presented to the Board of Directors.
2. The Corporation is directed to file and distribute the 2023 Annual Report in the manner prescribed by New York Public Authorities Law.
3. This resolution shall take effect immediately.



Sharon L. Hanson
Corporation Secretary

Present: Dr. Yogesh Bakhai, Dr. Victor Vacanti, Dr. Ashvin Tadakamalla, Dr. Samuel Cloud, Dr. Thamer Qaqish and Chris Resetarits, CRNA
 Excused: Dr. Mandip Panesar and Dr. Richard Hall

Agenda Item	Discussion/Recommendation	Action	Follow-up
I. CALL TO ORDER	Dr. Bakhai called the meeting to order at 3:05 pm		
II. ADMINISTRATIVE			
A. Minutes	Minutes from the February 2024 meeting were reviewed and approved	Motion made, all in favor, to approve as written.	Via these minutes, the actions of the Credentials Committee are submitted to the Medical Executive Committee for review and action.
B. Deceased	None	None	None
C. Applications Withdrawn/Processing Cessation	None	None	None
D. Automatic Conclusion (Initial Appointment)	None	None	None
E. Name Changes (1)	<u>Emergency Medicine</u> <ul style="list-style-type: none"> Emily Rotolo changed her name to Emily MacFarlane, ANP 	None	Informational purposes only
F. Leave of Absence (6)	<u>Anesthesiology</u> <ul style="list-style-type: none"> Nicole Bonito, CRNA- maternity; RTW 06/29/24 <u>Emergency Medicine</u> <ul style="list-style-type: none"> Jennifer McCaul, PA-C- maternity; RTW 05/01/24 <u>Family Medicine</u> <ul style="list-style-type: none"> Jamie Interlichia, PA-C- maternity; RTW 05/03/24 Robert Reed, MD- military; RTW 07/12/24 <u>Internal Medicine</u>	None	Informational purposes only

Highlight: Initiate FPPE

		<ul style="list-style-type: none"> Sandeep Kumar, MD- paternity; RTW 05/30/24 <p>Neurology</p> <ul style="list-style-type: none"> Pooja Sofat, MD- maternity; RTW 05/01/24 			
G. Resignations (13)		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
Haylie Birt, PA-C	Emergency Medicine	<ul style="list-style-type: none"> UEMS Moved to PA Confirmed in email 	N/A	03/31/24	03/22/22
Jennifer Arnold, PA-C	Internal Medicine	<ul style="list-style-type: none"> GPPC Left practice plan Confirmed in email 	N/A	02/15/24	02/23/21
Abhijana Karunakaran, MBBS	Internal Medicine	<ul style="list-style-type: none"> UBMD No longer needed at ECMC Confirmed in email 	N/A	02/21/24	07/31/18
Adaora Otubelu, FNP	Internal Medicine	<ul style="list-style-type: none"> Apogee No longer working at ECMC Confirmed in email 	N/A	02/11/24	01/26/21
Heather Pisano, FNP	Internal Medicine	<ul style="list-style-type: none"> Apogee Leaving practice plan Confirmed in email 	N/A	01/18/24	12/15/15
Robert Psonak, MD	Internal Medicine	<ul style="list-style-type: none"> GPPC Was only per diem Confirmed in email 	N/A	02/24/24	01/29/19
Shalin Shah, MD	Internal Medicine	<ul style="list-style-type: none"> Apogee Leaving practice plan Confirmed in email 	N/A	02/21/24	05/25/21
Shelby Hall, PA-C	Neurosurgery	<ul style="list-style-type: none"> UBNS 	N/A	03/01/24	09/29/20

Highlight: Initiate FPPE

		<ul style="list-style-type: none"> No longer working at ECMC Confirmed in email 			
Jennifer Trillizio-Smith, PA-C	Orthopaedic Surgery	<ul style="list-style-type: none"> GPPC Taking another job Confirmed in email 	N/A	03/05/24	01/25/22
Josephine Finazzo, DO	Radiology	<ul style="list-style-type: none"> GLMI No longer reading for ECMC Confirmed in email 	N/A	02/19/24	02/22/22
Faraz Khan, MD	Radiology	<ul style="list-style-type: none"> Vrad Will not read for ECMC Confirmed in email 	N/A	02/07/24	11/29/22
David Spierer, MD	Radiology	<ul style="list-style-type: none"> Vrad Will not read for ECMC Confirmed in email 	N/A	01/29/24	11/27/18
Jorge Ortiz, MD	Surgery	<ul style="list-style-type: none"> UBMD No longer with UBMD Confirmed per practice plan 	N/A	02/23/24	01/24/23
III. CHANGE IN STAFF CATEGORY (2)					
A. James Czynny, MD		<u>Rehabilitation Medicine</u> <ul style="list-style-type: none"> Changing from CRF to Active Covering Physician: Dr. Ziske 	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. Megan Ziske, MD		<u>Rehabilitation Medicine</u> <ul style="list-style-type: none"> Changing from CRF to Active Covering Physician: Dr. Czynny 	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
IV. CHANGE/ADD DEPARTMENT					

Highlight: Initiate FPPE

	None		
V. CHANGE/ADDITION Collaborating/Supervising			
	None		
VI. PRIVILEGE ADDITION/ REVISION (2)			
A. Lucinda Kilbury, PA-C	Family Medicine <ul style="list-style-type: none"> • Basic Substance Intoxication • Basic Substance Withdrawal • Basic Individual and Group Treatment Modalities • Supervising Physician: Kimberly Wilkins. MD 	The Committee voted, all in favor, to approve the privilege addition as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
B. Syuzanna Leigh, PA-C	Family Medicine <ul style="list-style-type: none"> • Basic Substance Intoxication • Basic Substance Withdrawal • Basic Individual and Group Treatment Modalities • Supervising Physician: Kimberly Wilkins. MD 	The Committee voted, all in favor, to approve the privilege addition as requested.	Recommendation to the Medical Executive Committee for approval. Notification via these minutes to Revenue Management and Decision Support.
VII. PRIVILEGE WITHDRAWAL			
	None		
VIII. UNACCREDITED FELLOWSHIPS			
	Nothing to report	None	Informational purposes only
IX. INITIAL APPOINTMENTS (10)			
Sara Remillard, CRNA Anesthesiology	<ul style="list-style-type: none"> • Albany Medical College Master of Science Nurse Anesthesiology November 2010 • Time gap – sat for certification exam and started working full time at Bassett Medical Center November 2010 to January 2011 • Staff Nurse Anesthetist – Bassett Medical Center, Cooperstown, NY, January 2011 to present 	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"> • Joining Anesthesiology as ECMC employee April 2024 • NBCRNA certified 		
Natasha Petersen, PA-C Emergency Medicine	<ul style="list-style-type: none"> • D'Youville University Bachelor and Master of Science Physician Assistant December 2022 • Time gap – waiting for NYS license and hospital credentialing December 2022 to March 2023 • Physician Assistant – UEMS Buffalo General Medical Center March 2023 to present • Supervising Physician – Dr. Michael O'Brien (3) • NCCPA certified 	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.
Chelsea Ballard, NP Family Medicine	<ul style="list-style-type: none"> • Daemen University Master of Science ANP January 2023 • Registered Nurse – Erie County Medical Center July 2018 to April 2021 and Visiting Nurse Association January 2022 to April 2023 • Nurse Practitioner – Family Choice of NY April 2023 to present • Collaborating Physician – Dr. Kenneth Garbarino (4) • AANP certified 	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.
Rachna Bharti, MD Family Medicine	<ul style="list-style-type: none"> • Lady Hardinge Medical College MD December 2003 • Lady Hardinge Medical College Junior Resident Microbiology Department January 2004 to June 2004 and ENT Department July 2004 to September 2004 • ECFMG certified February 2005 	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"> • Time gap – moved from India to US for Residency October 2004 to July 2005 • East Tennessee State University Family Medicine Residency July 2005 to June 2008 • Hospitalist Physician – Ballad Health, Richlands, VA July 2008 to May 2009, Inpatient Consultant of Texas, Houston, TX February 2012 to January 2013, Midland Inpatient Medical Associates, Midland, TX, December 2016 to October 2018, and Envision Health Care, Pasadena, TX November 2018 to February 2020 (FT)/March 2020 to September 2020 (PT) • Family Physician – Southwest Virginia Community Health Systems, Bristol, VA May 2009 to September 2011, Coastal Health and Wellness, Texas City, TX January 2013 to October 2013, Legacy Community Health Systems, Houston, TX January 2014 to November 2015, Spring Branch Community Health Systems, Houston, TX, January 2016 to November 2016, and Avenue Medical Centre, Brantford, Ontario, April 2021 to present • Time gaps – Traveled to India for US Visa stamping and visiting family October 2011 to January 2012 and December 2015 to January 2016, Interviewing for 		
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Highlight: Initiate FPPE

	<p>jobs November 2013 to December 2013</p> <ul style="list-style-type: none"> • Joining Apogee Physicians April 2024 • American Board of Family Medicine certified 		
Andrea Matteliano, PA-C Family Medicine	<ul style="list-style-type: none"> • D'Youville College Bachelor and Master of Science Physician Assistant December 2013 • Time gap – studied for boards and applied for job December 2013 to March 2014 • Physician Assistant – Gates Vascular Institute Emergency Department March 2014 to December 2014, MASH Urgent Care March 2014 to November 2018, DENT Neurological Institute December 2018 to present • Joining ECMC Family Health Center as ECMC employee PA-C • Supervising Physician – Dr. Sushama Thandla (1) • NCCPA certified 	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.
Jeffrey Teibel, DPM Orthopaedic Surgery	<ul style="list-style-type: none"> • Dr. William M. Scholl College of Podiatric Medicine DPM May 1990 • Time gap – between medical school and residency May 1990 to December 1990 • Veterans Administration Medical Center at Palo Alto, CA Podiatric Medicine and Surgery Residency January 1991 to December 1991 • Time gap – Podiatrist with Dr, Jay Prozansky, San Jose California January 1992 to November 1992 	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service.</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Podiatrist at assisted living facilities – Park Ridge Living Center November 1992 to present, Highlands at Brighton June 1994 to present, Unity Living Center July 2007 to present, Hurlbut Nursing Home November 2008 to present, Woodside Manor June 2010 to present, highlands Living Center April 2011 to present, Aaron Manor September 2013 to present, Livingston County Center August 2019 to present, Edna Tina Wilson Living Center August 2020 to present • Private Practice – The Foot Doctor, Spencerport, NY June 1992 to present • Contracted with TerraceView for podiatric services • No board status – January MEC granted exception for services at TerraceView only 		
Joseph Merkel, MD Psychiatry	<ul style="list-style-type: none"> • University of Queensland School of Medicine MD March 2019 • ECFMG certificate March 2019 • Time gap – Traveling nurse June 2014 to May 2019 • Jacobs School of Medicine and Biomedical Sciences General Psychiatry Residency June 2019 to June 2022 and Child and Adolescent Psychiatry Fellowship July 2022 to present • Joining UPP as attending in CPEP April 2024 	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"> American Board of Psychiatry and Neurology certified 		
John Connolly, MD Radiology	<ul style="list-style-type: none"> The Medical College of Wisconsin MD May 1992 Georgetown University Medical Center Transitional Residency June 1992 to June 1993 Rush Presbyterian – St. Luke’s Medical Center Diagnostic Radiology and Nuclear Medicine Residency July 1993 to June 1997 Duke University Medical Center Thoracic Imaging Fellowship July 1997 to June 1998 Radiologist – Rush Presbyterian St. Luke’s Medical Center June 1998 to July 2001, Saint Mary of Nazareth Medical Center July 2001 to June 2015, Midwest Imaging Professionals July 2015 to July 2022. Teleradiologist – Added Value Radiology, July 2022 to present Joining GLMI to assist with day reads American Board of Diagnostic Radiology certified 	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.
Hari Gopal, MD Radiology	<ul style="list-style-type: none"> State University of New York at Buffalo MD June 1998 United Health Services Hospital Wilson Memorial Regional Medical Center preliminary Medicine June 1998 to June 1999 SUNY Upstate Medical University Diagnostic Radiology Residency July 1999 to June 2003 and 	The Committee voted, all in favor, to approve the appointment with privileges granted as requested. Flags were reviewed and application was endorsed by the Chief of Service.	Recommendation, via these minutes, to the Medical Executive Committee for approval.

Highlight: Initiate FPPE

	<p>Neuroradiology Fellowship July 2003 to June 2004</p> <ul style="list-style-type: none"> • The Tulane University of Louisiana Musculoskeletal Imaging Fellowship June 2004 to June 2005 • University of Maryland Medical Center Vascular and Interventional Radiology – Independent Residency July 2020 to June 2022 • Radiologist – Borg and Ide Imaging Partners P.C. July 2005 to October 2008, The Imaging Institute November 2008 to January 2009, Buffalo MRI May 2009 to June 2020, Buffalo Medical Group November 2014 to August 2019, Invision Health October 2019 to June 2020, Buffalo VA Medical Center August 2022 to present, Windsong Radiology April 2023 to November 2023 • Time gap – January 2009 to May 2009 moved from Rhode Island to Buffalo, NY and June 2022 to August 2022 waiting for credentialing for job at WNY VA • Joining Great Lakes Medical Imaging April 2024 • American Board of Diagnostic Radiology and Neuroradiology certified 		
Carly Gerretsen, NP Rehabilitation Medicine	<ul style="list-style-type: none"> • State University of New York at Stony Brook Master of Science Family Nurse Practitioner December 2006 and Doctor of 	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

	<p>Nursing Adult Primary Care Nurse Practitioner May 2018</p> <ul style="list-style-type: none"> Registered/Nurse Practitioner – Roswell Park Comprehensive Cancer Center June 1999 to June 2011 Nurse Practitioner – Erie County Medical Center June 2011 to February 2018 Director of Operations Outpatient Oncology – Erie County Medical Center February 2018 to November 2021 Director of Nursing – Ambulatory – Roswell Park Comprehensive Cancer Center December 2021 to November 2023 Time Gap – unemployed, job seeking due to layoffs at Roswell November 2023 to February 2024 Nurse Practitioner – Erie County Medical Center employee for Rehabilitation Medicine March 2024 Collaborating Physician – Dr. Mary Welch (2) AANP certified 	<p>Flags were reviewed and application was endorsed by the Chief of Service.</p> <p>Concerns regarding clinical gap were addressed. Additional monitoring was suggested:</p> <ul style="list-style-type: none"> FPPE completed every 3 months for first 12 months. Stagger on-call. Discussed with Chief of Service who approved. 	
X. TEMPORARY PRIVILEGES	<ul style="list-style-type: none"> No temporary privileges issued 		
XI. REAPPOINTMENTS (35)	See reappointment summary (Attachment B)	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

NAME	DEPARTMENT	CATEGORY	PRIVILEGES
Reed, Karen MD PhD	Anesthesia	Active	
Borton, Jason MD	Emergency Medicine	Active	
Klosterman, Kevin PA-C Collaborating MD: J. Pugh	Emergency Medicine	AHP	
Binis, Karen ANP Collaborating MD: S. Evans	Family Medicine	AHP	
Szetela, Deborah PA-C Collaborating MD: M. Zions	Family Medicine	AHP	
Ahmed, Ashfaq MD	Internal Medicine	Active	
Alex, Manju MD	Internal Medicine	Active	
Hannon, Courtney PA-C Collaborating MD: B. Carrier	Internal Medicine	AHP	
Iyer, Vijay MD	Internal Medicine	Active	
Khan, Mehvish MD	Internal Medicine	Active	<ul style="list-style-type: none"> • Withdrawing 1 Privilege: Level II Procedural Privileges - Thyroid Fine Needle Biopsy • Adding New Privilege: Ambulatory Care Privileges
Sabatino, Joshua ANP Collaborating MD: J. Claus	Internal Medicine	AHP	
Shalung, Tenzin MD	Internal Medicine	Active	
Shehata, Mark, MD	Internal Medicine	Active	
Pollina, John MD	Neurosurgery	Active	
Rassman, Jeffrey PA-C Collaborating MD: L. Suddaby	Neurosurgery	AHP	
Markiewicz, Michael DDS MD	Oral & Maxillofacial Surgery	Active	
Cole, Ross MD	Orthopaedic Surgery	Active	
Gatta, Erin PA-C Collaborating MD: M. Binkley	Orthopaedic Surgery	AHP	<ul style="list-style-type: none"> • Adding New Privilege: Level II Privileges - Surgical First Assist with bone graft harvesting
McGrath, Timothy MD	Orthopaedic Surgery	Active	
Rassman, Jeffrey PA-C Collaborating MD: M. Binkley	Orthopaedic Surgery	AHP	
Stutz, Dominic PA-C Collaborating MD: K. Boyle	Orthopaedic Surgery	Active	<ul style="list-style-type: none"> • Adding (3) New Privileges: * Level II Ortho Surgery Privileges: Emergency

Highlight: Initiate FPPE

			Department evaluation, pre/post-operative management of orthopaedic cases * Level II Ortho Surgery Privileges: Aspiration/injection of joints, tendons/trigger points, bursas & cysts *Level II Surgical First Assist with bone graft harvesting
Zybczynski, Gregory PA-C Collaborating MD: W. Wind	Orthopaedic Surgery	Active	
Markiewicz, Michael DDS MD	Otolaryngology	Active	<ul style="list-style-type: none"> • Adding (2) New Privileges: *Inspire Sleep Apnea Innovation (Dr. Belles to proctor his cases) *Moderate Sedation
Muscarello, Joseph DO	Otolaryngology	Active	
Lindfield, Vivian MD	Plastic & Reconstructive Surgery	Active	
Muscarella, Joseph DO	Plastic & Reconstructive Surgery	Active	
Canzoneri, Joan PMHNP	Psy & Behavioral Medicine	AHP	
DiGiacomo, Michael MD	Psy & Behavioral Medicine	Active	
Elberg, Zhanna MD	Psy & Behavioral Medicine	Active	
Nagra, Jaskiran PMHNP	Psy & Behavioral Medicine	AHP	
Awward, Reem MD	Radiology	Active	<ul style="list-style-type: none"> • Adding (1) New Privilege: Neuroradiology
Cooney, Michael MD	Radiology	Active	
Brewer, Jeffrey MD	Surgery	Active	
Sanders, Christina DO	Surgery	Active	
Demmy, Todd MD	Thoracic/Cardiovascular Surgery	CRF	
Gambino, Robert PA-C Collaborating MD: M. Ashraf	Thoracic/Cardiovascular Surgery	AHP	
Gilbert, Richard MD	Urology	Active	

XII. AUTOMATIC CONCLUSION	Reappointment Expiration		
1st Notice	None	For informational purposes.	None necessary.

Highlight: Initiate FPPE

2nd Notice	None	For informational purposes.	None necessary.																										
3rd Notice	<p><u>Internal Medicine</u></p> <ul style="list-style-type: none"> • Kristina Christopher, FNP Per Apogee not seeking reappt. Priv. conclude 4-30-2024 • Melissa Robb, FNP Per Apogee not seeking reappt. Priv. conclude 4-30-2024 <p><u>Orthopaedic Surgery</u></p> <ul style="list-style-type: none"> • Elizabeth Hanretty, PA-C confirmed she wishes to let her privileges conclude 3/31/24 	For informational purposes.	None necessary.																										
XIII. PROFESSIONAL PRACTICE EVALUATIONS	<p>FPPE</p> <table border="1" data-bbox="569 557 1152 1000"> <thead> <tr> <th>Departments</th> <th># completed</th> </tr> </thead> <tbody> <tr> <td>Internal Med</td> <td>4</td> </tr> <tr> <td>Family Med</td> <td>3</td> </tr> <tr> <td>Behavioral Health</td> <td>2</td> </tr> <tr> <td>Radiology</td> <td>1</td> </tr> <tr> <td>Anesthesia</td> <td>1</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Total # Left Open</td> <td>0</td> </tr> <tr> <td>Total # Closed</td> <td>11</td> </tr> </tbody> </table> <p>OPPE</p> <table border="1" data-bbox="569 1081 1262 1404"> <thead> <tr> <th>Department</th> <th>Total number of Providers</th> <th># of Providers who met all measures</th> <th># of Providers who did not meet one or more measures</th> </tr> </thead> <tbody> <tr> <td>Family Med/CD</td> <td>68</td> <td>68</td> <td></td> </tr> </tbody> </table>	Departments	# completed	Internal Med	4	Family Med	3	Behavioral Health	2	Radiology	1	Anesthesia	1			Total # Left Open	0	Total # Closed	11	Department	Total number of Providers	# of Providers who met all measures	# of Providers who did not meet one or more measures	Family Med/CD	68	68		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.
Departments	# completed																												
Internal Med	4																												
Family Med	3																												
Behavioral Health	2																												
Radiology	1																												
Anesthesia	1																												
Total # Left Open	0																												
Total # Closed	11																												
Department	Total number of Providers	# of Providers who met all measures	# of Providers who did not meet one or more measures																										
Family Med/CD	68	68																											

Highlight: Initiate FPPE

	Radiology	66	66			
XIV. OLD BUSINESS						
A. Expirables	Expirables will be reviewed and discussed with the Credentials Committee.			For informational purposes. Practice Plans and Chiefs of Service have all been notified multiple times.	None necessary.	
B. DEA, License, Boards	<u>March</u> DEA- 8 License- 26 Boards- 0 <u>April</u> DEA- 11 License- 31 Boards- all of Internal Medicine			For informational purposes.	None necessary.	
C. Annual Dues Update	As of 02/29/24, there are 547 unpaid dues			For informational purposes.	None necessary.	
D. MD Staff updates	Cheryl to update the Committee <ul style="list-style-type: none"> Anticipating a signed contract in the next couple weeks Internal meetings are being held regularly to discuss and plan for “data dumping” clean up. Goal is to have a presentation that the Med staff can view in the next few months 			For informational purposes.	None necessary.	
XIIV. NEW BUSINESS						
A. Robotic- Total Shoulder	<u>Orthopaedic Surgery</u> <ul style="list-style-type: none"> Dr. Duquin is interested in adding Total Shoulder Robotic privileges. Rosa Robotics by Zimmer Biomet will supply the equipment (see document granting FDA clinical) Informational for this meeting. 			For informational purposes. Dr. Duquin is invited to come speak to the Committee	Committee will be updated as criteria is developed.	
B. Pain Management Additions	<u>Pain Management</u> <ul style="list-style-type: none"> Minimally Invasive Posterior SIJ Fusion 			For informational purposes.	Committee will be updated when	

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> • Minimally Invasive Posterior Arthrodesis Lumbar (Minuteman Procedure) • Criteria will include: <ul style="list-style-type: none"> ○ training course completed in a procedure room. ○ proctoring of first 2 cases- the training company will send/recommend someone to come to ECMC. Temporary privileges will need to be granted for dates of proctoring. ○ Neurosurgery will cover issues/complications. 	Cheryl Carpenter to follow up with Neurosurgery and verify covering.	privilege form is developed
XIIIV. ADJOURNMENT	The meeting was adjourned at 3:48pm		

Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

ERIE COUNTY MEDICAL CENTER CORPORATION
MARCH 19, 2024 MEETING MINUTES
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
VIRTUAL MEETING

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

ALSO

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

ABSENT: JONATHAN DANDES

I. Call to Order

The meeting was called to order at 4:00 p.m. by Committee 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 February 20, 2024.

III. Hospital Update

General Overview

Dr. Thomas Quatroche congratulated Sharon Hanson for her appointment as Chair of the Healthcare Trustees of New York State and thanked her for her lobbying efforts in Albany. Terrace View had one of its highest census in recent years. The OR light replacement was completed without significant reduction in volume of surgeries. Dr. Quatroche reviewed several FEMA grants that have been awarded to ECMC for COVID relief. Dr. Quatroche reported on his visit with the Director of Medicaid in Washington, DC, to discuss some of the initiatives underway and some of ECMC's current challenges.

Finances/Audit Report

Jonathan Swiatkowski reported positive results for February. Inpatient volume was up 8.3% from budget along with outpatient surgeries, which was up 4.9%. Surgeries have increased in the departments of Neurology, Urology and Orthopedics. LOS matched the budget and was over 13% lower than last year. Mr. Swiatkowski reported a stabilization of FTEs. Days cash-on-hand decreased from January. Year-to-date financials reveal that the hospital's performance is better than budget.

The Audit Committee met with RSM auditors on March 14, 2024, the result being "Unmodified Clean" opinion on the hospital financial statements. There were no audit adjustments, no management letter recommendations, control deficiencies, significant deficiencies or material weaknesses in internal control. Mr. Swiatkowski also gave a brief update on the New York State budget.

IV. State Advocacy and Grants

Dr. Quatroche, Sharon Hanson and Peter Cutler attended Advocacy Day in Albany with HANYS. ECMC continues working with UB and Kaleida to request a EMR Grant for a system wide upgrade.

V. Strategic Planning

Dr. Quatroche reported on the Executive Team's Strategic Retreat in March.

VI. Governance

Committee members discussed governance.

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, MARCH 19, 2024 – 8:30 AM

BOARD MEMBERS PRESENT OR
ATTENDING BY VIDEO
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN
RONALD CHAPIN *
DARBY FISHKIN *

* ATTENDING BY VIDEO
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

BENJAMIN SWANEKAMP

ALSO PRESENT:

THOMAS QUATROCHE
JONATHAN SWIATKOWSKI
ANDREW DAVIS
VANESSA HINDERLITER

I. CALL TO ORDER

The meeting was called to order at 8:30 AM by Chair Michael Seaman.

II. REVIEW AND APPROVAL OF MINUTES

Motion was made by Darby Fishkin, seconded by Ronald Chapin and unanimously passed to approve the minutes of the Finance Committee meeting of January 16, 2024.

III. FEBRUARY 2024 OPERATING PERFORMANCE

Mr. Swiatkowski reviewed key statistics for the month of February and reported that ECMC saw strong operating volume and revenue during the month. Operating results point to a continuation of the growth and recovery the hospital began to see last year. Mr. Swiatkowski noted that additional case volume was budgeted for the month of February and reported that operating results exceeded those goals.

Inpatient discharges exceeded the operating plan by 8.9% for the month and were 11.6% above the prior year. The organization saw a significant favorable variance in total surgeries due to growth in several key areas. Acute case mix index was 1.76 for the month, slightly lower than budget due to fewer high severity cases.

Acute average length of stay was 7.9 days for the month of February, slightly lower than the prior month. The total number of outpatient visits was less than budgeted in the operating plan for the month and is behind plan for the year-to-date. Mr. Swiatkowski

noted that anticipated growth in certain clinical areas has been temporarily delayed but is expected to be achieved throughout the remainder of the calendar year.

Mr. Swiatkowski reviewed the finance dashboard, reporting that although an operating loss was incurred for the month, it was less than projected in the operating plan and significantly better than the loss incurred during the prior year. The total number of FTE's fell below budget as fewer employees took leave time. Mr. Swiatkowski presented updates relating to cash flow.

Mr. Swiatkowski reviewed February financial performance, reporting that revenue was greater than budget due to strong volume. Operating expenses were greater than budget and include volume related supply costs. Grant revenue recognized relates to the receipt of funding from FEMA from the first of several applications for COVID testing costs for employees. Non-operating investment income was favorable due to strong investment market returns during the month.

Mr. Swiatkowski briefly reviewed length of stay trends noting a marked improvement over prior years, as well as a reduction from January 2024.

Operating revenue for the month of February reflects higher inpatient and surgical volume. Although outpatient clinic visits were less than budgeted, outpatient surgical volume was greater than budget. Other revenue includes a positive variance related to growth in the specialty pharmacy program.

Employee salary expense met budget goals while employee benefit expense was greater than budget for the month. Mr. Swiatkowski further discussed employee benefit expense, accruals for retiree health (Other Post Employment Benefits) and supply costs incurred during the month.

A brief review of year-to-date financial performance was presented by Mr. Swiatkowski.

IV. OTHER UPDATES

Mr. Swiatkowski led discussion regarding cash flow and provided information to the Committee regarding a recent external matter and actions taken by ECMCC related to the matter.

Mr. Swiatkowski presented several updates relating to DSH/IGT payments and current payer negotiations. Mr. Swiatkowski advised the Committee of recent grant awards and commended Ms. Kate Mendola, ECMCC's grant writer, for her efforts in identifying and helping to secure many grants for the organization.

Mr. Swiatkowski and Dr. Quatroche led a discussion relating to the New York State budget which is due to be completed in early April.

Mr. Swiatkowski reported that RSM, the Corporation's external audit firm, presented the draft audited financial statements and external audit report for the year ended December 31, 2023 to ECMCC's Audit Committee on March 14, 2024. RSM will issue an unmodified "clean" opinion with respect to the Corporation's 2023 financial statements. No audit adjustments were made and no control deficiencies, significant deficiencies or material weaknesses were identified during the audit. The required single audit of federal awards received by ECMCC during 2023 was also completed by RSM.

Mr. Swiatkowski thanked Vanessa Hinderliter, Eric Reeners and the Finance team on behalf of leadership for always being well prepared for the audit and for their assistance during the audit.

ECMCC's Audit Committee accepted the audit report, as presented, and recommended that the Board of Directors receive and file the 2023 audited financial statements and external audit report at their meeting of March 26, 2024.

Ms. Fishkin, ECMCC's Audit Committee Chair, noted that Mr. Matthew Garvey, RSM's lead audit partner commended Mr. Swiatkowski and his team for their leadership throughout the audit.

A brief discussion was held after a question was raised by Ms. Fishkin regarding physician recruitment in key areas. Mr. Davis provided information to the satisfaction of the Committee. Ms. Fishkin also offered general comments regarding the organization's strategic initiatives. Dr. Quatroche provided additional information regarding ongoing initiatives and areas of focus.

V. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:15 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS MINUTES OF THE BUILDINGS & GROUNDS COMMITTEE MEETING FEBRUARY 27, 2024 – 3:00PM VIA MICROSOFT TEAMS

BOARD MEMBERS PRESENT:	RONALD BENNETT	MICHAEL HOFFERT REVEREND MARK BLUE
EXCUSED:	JAMES LAWICKI	KEITH AMBROSE
ALSO PRESENT:	PAMELA LEE	ANDREW DAVIS

I. CALL TO ORDER

Chair, Ronald Bennett called the meeting to order at 3:01 p.m.

II. APPROVAL OF BUILDINGS AND GROUNDS MEETING MINUTES

Moved by Michael Hoffert and seconded by Reverend Mark Blue to approve and file the minutes of the Buildings and Grounds Committee of January 23, 2024 as presented.

III. UPDATE – IN PROGRESS INITIATIVES/PROJECTS

Pam Lee provided an overview of the projects currently in progress.

- The Bariatric office expansion at 30 North Union Rd. is near completion and is fully operational.
- The Operating Suite surgical light and equipment replacements in the main hospital are proceeding well and the anticipated completion is ahead of schedule. The OR maintenance work is being completed by the in-house team.
- The Data Center electrical project is in the final stage.
- The in-house crew projects included: operating suite/corridor improvements and hot water recirculation line replacements throughout the main hospital. In addition, the grounds crew maintained roadways, walkways and parking areas during the winter weather to provide a safe environment.

IV. UPDATE – PENDING INITIATIVES/PROJECTS

Pam Lee provided an overview of the pending projects which included the following:

- Mammography Suite – the in-house crew is in progress with pre-work prior to the development of the space.
- Fire damper redesign
- Service elevator upgrade
- 1st floor Dental Clinic upgrades
- MEP (Mechanical, Electrical and Plumbing) – review of generator replacement
- Removal of inground fuel oil tanks

ERIE COUNTY MEDICAL CENTER CORPORATION

V. ADJOURNMENT

Moved by Reverend Mark Blue and seconded by Michael Hoffert to adjourn the Buildings and Grounds Committee meeting at 3:13 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS
MINUTES OF THE CONTRACTS COMMITTEE MEETING
WEDNESDAY, JANUARY 17, 2024
VIA MICROSOFT TEAMS

VOTING COMMITTEE
MEMBERS PRESENT

CHRISTOPHER O'BRIEN, ESQ., CHAIR
RONALD BENNETT, ESQ.

EXCUSED:

JENNIFER PERSICO, ESQ.
ANTHONY J. COLUCCI, III, ESQ.

ALSO PRESENT:

JOSEPH T. GIGLIA, II, ESQ.
LORI HOFFMAN
LINDY NESBITT, ESQ.
NADINE MUND

I. CALL TO ORDER

Chair Christopher O'Brien called the Contracts Committee meeting to order at 9:06 a.m.

II. MINUTES – OCTOBER 24, 2023

Minutes from the October 24, 2023, meeting were distributed as part of the meeting materials for review and approval.

Motion made by Ronald Bennett, to approve the October 24, 2023, minutes as presented, seconded by Christopher O'Brien. Motion approved unanimously.

III. CONTRACT(S) REVIEW AND APPROVAL

A list of unredacted contracts for the periods of October 1, 2023 – December 31, 2023, that require board-level review and approval were distributed to committee members before this meeting.

There was a question/answer discussion about specific matters for the contracts from this period.

ERIE COUNTY MEDICAL CENTER CORPORATION

Motion made by Ronald Bennett to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of October 1, 2023 – December 31, 2023, seconded by Christopher O’Brien. Motion approved unanimously.

IV. Next Meeting – April 17, 2024 @ 9:00 a.m.

V. ADJOURN

No further business to discuss.

Motion made by Christopher O’Brien, to adjourn, seconded by Ronald Bennett, Motion approved unanimously.

Meeting adjourned at a.m. 9:14 a.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, MARCH 12, 2024

MICROSOFT TEAMS PLATFORM

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

PRESENTERS: JUDY DOBSON, RN, DONNA JONES, RN, CHARLENE LUDLOW, RN, JOHN CRANE, MD

ATTENDANCE:

SERGIO ANILLO, MD
WILLIAM BELLES, MD
DONNA BROWN
CHARLES CAVARETTA
SAM CLOUD, DO
JOHN CUMBO
ANDY DAVIS
CASSIE DAVIS
BECKY DELPRINCE, RN
JUDY DOBSON, NP
KIZZIE HUNLEY, RN
DONNA JONES, RN, FACHE
JUSTINE KAURICH
KEITH KRABILL, MD
MARC LABELLE, RN
PAM LEE
CHARLENE LUDLOW, RN, CIC
PHYLLIS MURAWSKI, RN
PATRICK ORLOFF
YARON PERRY, MD
JENNIFER PUGH, MD
SIVA YEDLAPATI, MD

CALL TO ORDER

Chair Michael Hoffert, called the meeting to order at 8:01 am.

I. MINUTES

The February 13, 2024, meeting minutes were distributed along with the Quality Leadership Council meeting minutes from February 15, 2024, for review. A motion was made and seconded to approve both sets of minutes. They will be forwarded to the Board of Directors for filing.

II. SUMMARY REPORT OF THE QUALITY LEADERSHIP COUNCIL

Donna Jones presented on the Quality Leadership Council meeting that was held February 15, 2024.

New business consisted of discussing organizational culture, along with viewing a video by Simon Sinke, an author and speaker. His video was on the impact on organizations while trying to implement change. A workshop entitled 'Our Culture' will be taking place on March 13, 2024. Report outs were shared from the Radiology Department, Terrace View, and the Ambulatory Department. They shared annual goals and plans on how they will be achieving these specific goals. Ms. Jones said they spoke on the importance of benchmarking comparing our data to state and national benchmarks. Lastly, a Q & A session ensued.

III. NDNQI INPATIENT FALLS COMMITTEE – JUDY DOBSON, RN

Judy Dobson, Vice President of Medical Surgical Nursing Services presented. The agenda included an update on the department with volume updates and outcomes along with QAPI projects and department goals.

Ms. Dobson shared goals from 2023 which included improvements in the number of hospital wide falls and reduction in the number of falls with moderate or greater injury from 14 in 2022 to 10 at the end of December 2023.

Ms. Dobson shared graphs on the year over year improvements in the number of hospital wide falls, NDNQI falls with moderate or greater injury, and PSI-8 fall with hip fracture reduction.

Some interventions from the committee included updated the Risk Connect fall documentation and reviews, updated fall huddle sheet to capture all necessary information, falls pop up for educational opportunity, and creation of fall dashboards that were area specific.

2024 Quality Improvement goals include a reduction rate of hospital wide falls, reduction in the number of falls with moderate or greater injury and maintain PSI-8 falls with fracture at one case by December 31, 2024.

IV. 2024 ANNUAL QAPI PLAN - DONNA JONES, RN

Ms. Jones presented on the Annual QAPI plan for 2024. The agenda included a review of the year 2023 along with 2024 goals and initiatives.

Ms. Jones reviewed five 2023 quality aims along with quality measures across different programs. A discussion of clinical priority focus took place along with the topics of last year's safety fair and culture of safety survey. The safety fair from April 2023 consisted of an eight-member task force with sixty-two front line champions. The 2023 culture of safety survey took place in May of 2023 reflecting an increase in responses from the staff compared to our last survey.

A review of health care disparities for hospital patients was discussed along with a review of 2023 insurance quality of care concerns. PSC case reviews from 2023 and New York State department of health reportable events from 2023 took place as well.

Goals and initiatives for 2024 include a strategy for CMS national quality along with organizational priorities which included enhancing the tiered daily huddle process, continue to support efforts around data management and intentional focus on organizational culture and patient safety.

V. INFECTION CONTROL – DR. JOHN CRANE AND CHARLENE LUDLOW, RN

Dr. Crance and Charlene Ludlow presented on the Infection Control Department. The agenda included updates on the department, outcomes data and department goals. Dr. Crane is the hospital Epidemiologist with four fulltime staff members. Previous year goals and accomplishments included CAUTI, CLABSI, CDIFF, MRSA and SSI (colon, fusion, hip, and knee). These numbers were reviewed in detail. Ms. Ludlow discussed the current year quality improvement goals and the CMS benchmarks that are in place for 2024.

VI. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC

Charlene Ludlow shared her regulatory report. Follow up from the November 2023 Department of Health survey was discussed. Plan of corrections will be completed next week and the second follow up will take place at the end of the month.

As part of our Joint Commission readiness, a mock survey is being planned for fall of 2024. The Joint Commission will be here for the Chemical Dependency Department and the hospital will have their full Joint Commission survey both in 2025.

VII. ADJOURN

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on April 9, 2024.

Dear ECMC Board Members,

ECMC's consistent growth in operations continued through March, as reflected in Emergency Department visits (6.5% growth in March 2024 versus March 2023) and our general surgeries increased overall by 5.6% in March 2024 versus March 2023, also exceeding budget by 3.7% with Inpatient Surgeries increasing in that timeframe by 15.4% and exceeding budget by 9.0%. Also, another significant measure of success was the 12.6% decline in Acute Average Length of Stay from March 2023, dropping from 9 days in March 2023 to 7.9 days in March 2024. These are all very positive indicators for ECMC, which is reflection of the dedication and hard work of our caregivers at every stage of our patients' experience.

The Board will recall that in late 2020 ECMC's Nursing received the Pathway to Excellence® designation from the American Nurses Credentialing Center (ANCC). As a result, ECMC was one of only 182 Pathway to Excellence®-designated organizations world-wide, one of five such designated organizations in New York State and the only Pathway to Excellence®-designated organization in Western New York. For reference, there are 6,146 hospitals in the U.S. That was a significant achievement, driven entirely by ECMC's nurses participating in the ANCC's required Pathway to Excellence survey and affirming their support of all aspects of nursing services throughout our institution. Nursing leadership is again coordinating the Pathway to Excellence survey among our nurses, which was highlighted April 17th in a special reaccreditation kick-off event designed to inform ECMC nurses of this opportunity.

Throughout the year, ECMC celebrates many national healthcare observances that shine a light on a wide variety of our service lines and specialties. As the Board knows well, April is Donate Life Month and on April 19th members of our Regional Center of Excellence for Transplantation & Kidney Care join forces with our partners at ConnectLife to stress the importance of, and need for, organ, eye, tissue, and blood donations. ECMC and ConnectLife continue to collaborate and concentrate on increasing the community's knowledge and understanding about the need for donation and transplantation. New York State currently has the third highest need for organ donors in the country and the third lowest percentage of registered donors nationwide. There are currently over 100,000 people waiting in the U.S., and 10% of these people are from New York. Out of the approximately 9,500 New Yorkers on the waiting list, over 1,700 have been waiting for life saving and improving transplants for more than 5 years. To commemorate this important observance, organ donors and recipients, along with their families and loved ones, gathered at ECMC on Friday, April 19th for our annual Donate Life Month flag raising ceremony and special event in Smith Auditorium.

In March, ECMC was awarded \$8,279,008 through New York State's Vital Access Provider Program (VAP). The VAP program was implemented to fund operational costs for turnaround initiatives to help financially distressed New York State healthcare entities seeking to: Improve facility financial viability; meet community service needs; improve the quality of care; and increase health equity for populations at risk. With this funding, ECMC will expand our Comprehensive Transition of Care program to further understand the needs of underserved patients at the highest risk of readmission, avoidable admission, and extended length of stay. By deploying interdisciplinary clinical care across the continuum, improved access to primary care, and community support ECMC will be equipped to better address SDOH and reduce readmissions, avoidable admissions, and length of hospital stays. The funding spans over a period of three years.

I am pleased to report to the Board that Terrace View was notified on April 12th by the NYS Department of Health, following an abbreviated survey, that “All Federal and State program requirements were in substantial compliance” for our Long Term Care Facility.

As we continue our path of positive growth and operations, recovering from the damaging effects of the pandemic, we are very thankful for the Board’s unwavering support and guidance as we strengthen our ability to provide lifesaving care to the residents of our region. Thank you.

Best,

Tom

**Erie County Medical Center
Board Report
Chief Operating Officer
April 23, 2024**

Submitted by Andrew Davis

OPERATIONS

Ambulatory Medical Practices

- In March 2024, The ECMC Gastroenterology Team, spearheaded by Dr Erin Ly, began to see patients specifically to treat patients with irritable bowel syndrome (IBS). Irritable bowel syndrome (IBS) is a common disorder that affects the digestive system. There is no one-size-fits-all treatment for irritable bowel syndrome (IBS), but there are several approaches that can help manage and alleviate the symptom. The service will be provided at both the ECMC Grider Street campus and ECMC’s Northtown campus located at 30 N Union Road in Williamsville.

Biomedical Services

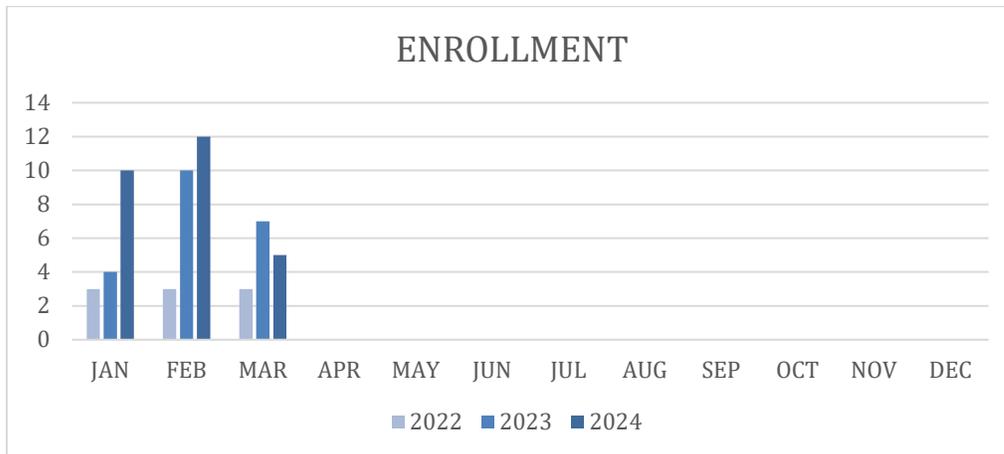
Department Initiatives/Projects/Updates:

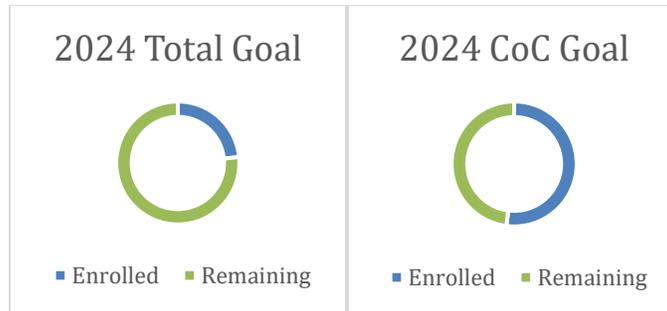
- In April, the Biomedical Engineering department will be working with Phillips and ECMC HIS to implement Philips’ Focal Point equipment monitoring tool. This is a web-based system to track patient monitoring health and to provide software updates (OS patches) more easily and centrally. This system is an entitlement under our service agreement and does not have an additional cost associated to start up or use.

Center of Cancer Care Research

March 2024

Monthly Oncology Research Report – Dr. Jennifer Frustino





Study Participation:

- The total open CoC accrual for 2024 is (17) participants.
- Potential new for 2024 is (6) participants.

Sponsor Updates:

- Merck689 Primary Investigator call
- GBT131 and GBT133 close out visits

Sponsored Trials:

- **MERCK trails B10: (MERCK) B10 Pembro MK-3475 plus carboplatin and paclitaxel as first-line treatment of recurrent/metastatic Head & Neck squamous cell carcinoma (KNB10): STUdT00005605).**
- **Merck KEYNOTE-689: Adjuvant and neoadjuvant pembrolizumab combined with standard of care (SOC) in patients with resectable, locally advanced head and neck squamous cell carcinoma. STUDY00004782**
- **Chemo Mouthpiece Clinical Trial STUDY00004783**
- **MeiraGTx AQUAX2 Gene therapy for Radiation:** Induced Xerostomia study. First subject enrolled. Salivary gland gene therapy for patients with dry mouth 3 years after radiation therapy for head and neck cancer.
- **BMS – Celgene Phase 3 Relapsed or Refractory Multiple Myeloma trial**
- **GBT (Global Blood Therapeutics) STUDY00005955: A randomized, double-blind, placebo-controlled, multicenter study to assess the safety and efficacy of Inclacumab in participants with sickle cell disease experiencing vaso occlusive crises.**
- **MuREVA Photobiomodulation for Oral Mucositis Study000040140**

Environmental Services

- Several floor care maintenance projects completed throughout the facility. Main projects included:
 - Strip and wax 1st floor lab hallways, Blood Bank, and offices
 - Strip and wax floors in all soil hold rooms throughout tower.
 - Shampoo all carpeting in Terrace View neighborhoods.
 - Scrub and wax floors in pods A, B, C and Dialysis.
- Completed training and development for (5) in-house floor team members. Total in-house floor care team is (9).
- Continue to work 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 March was 75 minutes.*

Food & Nutrition Services Initiatives & Projects

- Introduction of new initiatives during the daily huddles in March.
 - Encompassing education on supplements and diets
 - Highlighting the allergen of the week
 - Discussing the diet of the week
 - Emphasizing the importance of PPD education
- New Safety Committee launched April 1, 2024.

Retail Café Enhancements

- Mashgin self-check-out system continues to be successful. Average of 40% gross sales run through Mashgin.
- Our retail menu has undergone a revamp and now boasts a diverse range of offerings.

Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Vendor discussion for replacement of Chemistry front-end automation, chemistry platform upgrade, and long-term consumable pricing. This initiative requires review of long-term space planning to evaluate the feasibility of future extended automation tracks. Final instrumentation space plans are under review.
- Blood Product Supplier: Extension of the American Red Cross agreement for 2024-2025 is complete.
- ECMC/ KH Joint VAT Initiative: Vendor evaluation of RFP issued for coagulation technology across the network is under review. Timeline for vendor selection is Q2 2024.

Outpatient Behavioral Health Services

Program Updates/Initiatives

- **On Track**
 - Ongoing planning of 2 stage expansion of the ECMC On Track, as well as a move of the program from 462 Grider to 1285 Downtown Clinic with anticipated target for the fall of 2024.

Plant Operations/Capital Projects

Plant Operations/Facility project updates include the following:

Main Hospital – OR Equipment Surgical Lighting Replacements – Complete

- **Completed** – surgical light replacements for all operating suites, video integration work, wall-mounted computers, room minor patching/painting, and minor floor repairs in OR 3. Final punchlist items include: paint touchup in OR 5 and 6, floor patch repair in OR 6.
- **To be completed** – project closeout

Main Hospital - OR Suites Updates for Surgical Light Replacements – Complete (In-House Crew)

- Painted operating suites, replaced general room lighting with flat panel LED fixtures, and general repairs.

Main Hospital HW Recirculation Line Replacement – In Progress (In-House Crew)

- This is an ongoing project within the Main Hospital to replace original, thin leaking DHW (domestic hot water) recirculation copper piping with in-kind copper and pipe insulation. Replace original deteriorated cast iron sewer line.

Main Hospital 1st Floor Radiology Equipment Replacement for Rooms 35 & 37 – In Progress (In-House Crew)

- The Plant Ops in-house team is in progress with room preparations and repairs, flooring abatement and replacement, relocation of light fixtures and HVAC ceiling vents.

Mammography Suite Creation – Pending (In-House Crew)

- Renovations and configuration of former ED Radiology, Pain Management and registration areas. Remove wall and door in registration area, replace ceilings, add flat panel LED light fixtures, abate floors and paint/patch Pain Management rooms. Pending room access and final plans by Capital division.

Radiology

- Replacement Carestream portable imaging units have been delivered for Radiology Rooms 35 and 37. Both rooms are expected to be complete by early July 2024.

Surgical Services

Robotic Volume - March 2024

Bariatrics	10
Head, Neck, Plastic & Reconstructive Surgery	3
Orthopedics	15
Thoracic	4
Urology	2

Terrace View

Operations

- The average daily census for February/March was 371.
- Podiatry Services: Dr. Yau provided podiatry services for Terrace View during the month of March, enduring the residents’ podiatry needs are met in a state of compliance.

COVID/Infection Control

- In February, NYSDOH notified Terrace View the facility will receive \$28,970 worth of PPE infection prevention supplies. In addition to the initial shipment, NYSDOH notified Terrace View the facility will receive an additional \$28,666 of PPE supplies.

I.T./Hospital Information Services

Cybersecurity

- **CISO Steven Calicutt hired in Q3 2024 to lead program.** ECMCC thanks Anthony Bando for his role as interim lead for Cybersecurity and congratulates him on his promotion to Healthcare Information Security Manager.
- **Initial evaluation period** – Steven is completing his initial evaluation of the program and will provide a report to ELT in the coming weeks.
- **Change Healthcare Cybersecurity Incident** – ECMC continues to evaluate the ransomware event at Change Healthcare. ECMC currently has a pre-incident response team in place, if needed pending determination of breach.
- **Artificial Intelligence (AI) and implications for cybersecurity** – under evaluation. Reviewing policy creation, impact to business, etc.
- **Windows 10 upgrade** – only 337 windows 7 computers remaining; will be replaced by EOY 2024
- **DLP evaluation** – as work environment continues to evolve, ECMCC reviewing DLP strategy, including technologies and process to allow for a more flexible work environment

Radiology/Cardiology

- Powerscribe Upgrade upgrade to version 8 COMPLETE Q3 2023
- Fuji PACS contract COMPLETE Q1 2024
 - Begin implementation planning targeting early 2025 go-live
-

Human Resources

- **HRIS Upgrade** – New HRIS UKG Pro went live on 4/1/24

Revenue Cycle

- **JPMorgan** – new statement vendor in process, expected go-live in Q2 2024
- **Charge Capture** – cardiology clinic pilot clinic went live Q1 2024, continuing clinic roll-out into 2025. Will result in elimination of paper super bill, significant operational efficiencies

Digital Health

- **Twistle** – continue to expand the Twistle patient reminder and pathways system.
 - Began outreach for no-show appointments Q2 2024, will evaluate data for effect on no-show rates

GLH

- **Hypercare** – Cortext secure texting replacement go live scheduled for 5/8/24
- **MDStaff** – Intellicred replacement currently in contracting at KH
- **TCO** – evaluation of future EHR strategy. **COMPLETE** Q4 2023
- **Disaster Recovery** – system implementation complete. Currently performing testing
- **Fuji PACS** – contract COMPLETE; expecting implementation in 2024 for early 2025 go-live
- **Commonwell participation** -
 - **Ambulatory/Altera** - pending purchase of dbMotion from Altera
 - **Meditech** – ON-HOLD pending vendor changes.

PATIENT EXPERIENCE

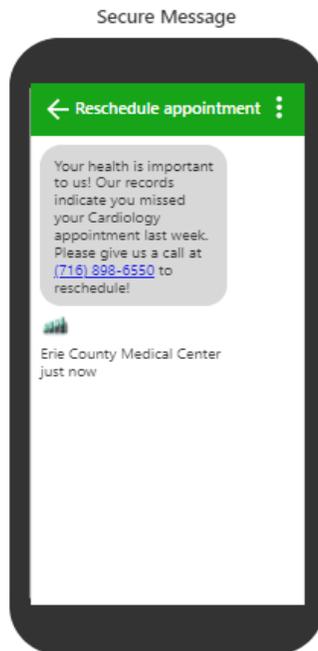
Press Ganey Scores

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

Patient Experience	YTD (Jan 1 st , 2024- March 31, 2024 N= 76(est.))	NYS Jan 1 st , 2023- March 31, 2023 N= 105(final)	2024 Benchmark (2024 Benchmarks have not released)
HCAHPS - Nurses	77(est)	76	76
HCAHPS – Doctors	78(est)	77	77
Discharge	87(est)	92	85
Overall #	66(est)	67	66

Ambulatory Medical Practices

- Beginning April 1st, 2024, Ambulatory launched a proactive no-show initiative via our patient engagement platform, Twistle. Patients who missed their scheduled appointments in the preceding week will now receive personalized SMS text messages.



These messages convey our commitment to their health by gently reminding them of their missed appointment and inviting them to reschedule by reaching out to us. Tailored to each individual medical practice, this initiative is designed to significantly reduce our no-show rate and boost appointment volumes for the year 2024.

Dialysis

- Eclipse preparations in place for planning staff levels and patient transportation.

- Dialysis Lobby Day was scheduled in conjunction with Transplant to celebrate National Kidney Day on March 14. The event provided education of different dialysis and transplant modalities for patients.

Food & Nutrition Services

Press Ganey – Patient Satisfaction Mean Scores (Goal – 50%)

	2/1-4/3/24	
	Survey size	Mean score
Courtesy	n=167	55%
Temperature	n=165	22%
Quality	n=299	21%

Patient Service Initiatives

- The Assistant General Manager (AGM) has been coordinating tastings at nursing stations for introductions and service recoveries.
- The launch of the new patient menu was successful.
- Rachel Lorek, (AGM) has taken ownership of Patient Services. New workflows have been rolled out for all positions to ensure top patient care.
- AGM developed a new onboarding program implemented to further develop our team.

Laboratory Services

The following initiatives are underway or completed for improvement of testing turn-around 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.
- MTP Process: Review of current Massive Transfusion Protocol for possible introduction of Whole Blood MTP packs.
- Thromboplasty Technology Review: In collaboration with the Trauma, ICU, and OR teams’ evaluation of point-of-care TEG Thromboplasty testing to improve management of trauma and critical patients for clotting capability.
- Community HCV Screening: Working with Immunodeficiency team to implement community screening for HCV in high-risk populations.
- NYS/COEM Biomonitoring Study: The Laboratory is partnering with COEM to manage specimen processing and shipment of participant samples enrolled in the NYS Environmental Biomonitoring Study.

Patient Transport

- Patient Transport Coordinator meeting monthly with five (5) patients to discuss patient transporter service quality – redesigned for 2024 QIPS.
- Transport Task Committee is continuing to be utilized and change when different goals and needs are developed for patient transport.

Surgical Services

- Looking to replace obsolete PeriOptimum system with new bed tracking system in 2024. Tele-procedure team in development phase, weekly updates.
- Review visitation policy for surgical patients remains the same, but encourage staff to allow visitors to see patients pre-op.

Transplant

- National Kidney Day was celebrated in conjunction with Dialysis on March 14.
- Preparations underway with Connect Life for an in-person Donate Life event on April 19.

IT

- Operational Support

PEOPLE

Ambulatory Medical Practices

Professional Development

- A research poster will be presented on ***Optimizing Diabetes Management in Primary Care*** at Western New York Professional Nursing Association 2024 Annual Research & Scholarly Activities Day and UB Research Day.

Vanessa McDonough, Erica Tompkins and Jesse Jerzewski completed ECMC's Management Enhancement 6-Week Program on 4/2/2024.



CENTER OF CANCER CARE RESEARCH

Team Member Updates:



ECMCC Leadership Academy: Manager Enhancement Program completed by Clinical Research Facilitator, Devin George.



CTSI GCP Micro-Credentialing Badge earned by Clinical Research Coordinator, Meghan Sheahan.

Dental/Oral Oncology & Maxillofacial Prosthetics

- **Buffalo Business First Excellence in Healthcare Award** – Dr. Elizabeth Kapral will receive this award on June 13, 2024 for her work in special needs dentistry. This program honors extraordinary professionals in the medical and healthcare fields.

Food & Nutrition Services

Staffing/Recruitment:

- Successful onboarding has been achieved at ECMC, welcoming >30 new hires in the FNS department.
- Continue to expand our retail and catering offerings. New Retail Director started in mid-March to work in tandem with our Catering Manager and Retail Sous Chef. As a team, they continue to innovate our operation, educate our team and expand our services.

Outpatient Behavioral Health Services

- Outpatient Behavioral Health coordinated with Business First of Buffalo for the upcoming Mental Health special section. The piece will cover the outpatient mental health services of 462 Grider Street and 1285 Main Street. It included interviews with BH staff, Tina Anzalone and Janelle Manspeaker, to educate the community of the recently completed EMDR training and modality being offered for trauma at both sites, as well as ECMC's efforts to provide treatment opportunity for Perinatal/Post Partum mental health treatment.

Supportive Care & Palliative Medicine

- 03/11 – New employee orientation, Sandra Lauer presented on ACP/HCP
- 03/12 – Virtually attended the Innovation Update presented by NYSOFA – NY Caregiver Portal powered by Trualta
- 03/14 – Virtual meeting with CAPC's Education Program team to present our caregivers support project - TCARE
- 03/15 – Team attended the Ethics Committee to discuss End-of-Life-Care: Medicaid Aid in Dying (MAID). Sandra is co-chair of the committee.
- 03/19 – Presented to ECMC's Geriatrics fellows on the caregivers' support project – TCARE
- 03/21 – Presented to Case Management the CAPC "Center to Advance Palliative Care" site and encouraged staff to sign up to earn CME's

QUALITY

Environmental Services

- HCAHPS (cleanliness of the hospital environment) discharge date
March 2024 Top box score: 64%, n=94

Food & Nutrition Services (Touchworks Rounding Tool)

Audit Period	Test Tray Audits	Hospitality Audits	Patient Rounding Audits
	GOAL = 90%	GOAL = 90%	GOAL = 90%
3/1 - 4/3/24	(n=72) 92%	(n=13) 98%	(n=219) 75%

- Our commitment to excellence motivates us to strive for a 90% target across all aspects of our operations. The improvements made in hospitality and Test Tray audits have not only boosted the communication skills of our catering team but also equipped them to address patient inquiries and concerns efficiently. Looking ahead, our unwavering priority to promptly address new admissions through thorough patient rounds highlights our strong dedication to delivering exceptional Patient Services.

Regulatory Preparedness

- Regular retail audits conducted daily to uphold food safety standards and maintain quality.
- Persistent emphasis on education and monitoring hair restraint practices.
- Sustained attention towards regulatory compliance readiness.

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. **Q1 event 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. **Q1 data will be evaluated for intervention planning. An ambulatory workgroup has been engaged to review workflows and to identify opportunities for error mitigation.**
- Reduce the % Immediate Spin Crossmatch from 95% of total crossmatch testing to 50% in 2024. **The Electronic Crossmatch went live on 1/23/24. The immediate spin crossmatch rate has been reduced from 95% to 47% in Q1. The use of the electronic crossmatch and reduction of immediate spin will be monitored through the remainder of the year.**

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

Patient Transport

Goals

- Transport Average Response Time = <15 minutes
- Transport Time = 5 minutes
- Total Transport Time = 20 minutes

March metrics

- Transport Average Response Time = 21.43 minutes
- Average Transport Time = 5.30 minutes
- Total Transport Time = 29.69 minutes

Surgical Services

- Developing new policies for skull flap preservation is ongoing.
- RCA audits completed, 100% compliance.
- Solution documentation in GraftTracker audits is ongoing.
- 2024 QIPS plan completed and submitted.
- Specimen audits reviewed at QAPI meeting; no patterns found.
- Hand hygiene and PPE audits are ongoing.
- Surgical Site Infections (SSI) reviewed monthly at Surgical Committee.

SSI – Class 1 Combined

Class I Surgical Procedures	1Q 2023	2Q 2023	3Q 2023	4Q 2023	2023 TOTAL	1Q 2024
Mar-24						
Infections	14	10	13	10	47	0
Procedures	2221	2171	2282	2275	8949	1600
Rate	0.63%	0.46%	0.57%	0.44%	0.53%	0.00%

Three (3) new SSIs, every case is reviewed for trends

Terrace View

- Monitoring and managing NYS reportables.
- The NYSDOH completed five (5) abbreviated surveys during the month of March for open investigations during 2019-2024, no negative findings.
- The Infection Control survey was submitted on March 30, 2024. The drupal-based survey was completed by Ayanna Grantham, ADON and Nicole Lavarnay, RN, Infection Control nurse.

Transplant

- UNOS/MPSC will continue to monitor our program. We will submit an updated questionnaire by April 22.

FINANCIAL

Ambulatory Medical Practices

- In the March 2024, the Ambulatory department saw 12,958 patients, while being budgeted for 13,023 visits (-0.5% budget). Departments that exceeded budget include: ECMC Family Health COEM, You Center for Wellness, Cardiothoracic, Urology, OMFS, Hertel Dental, Oral Oncology, and Wound Care. Additionally, there were 34 visits for Covid testing and/or Covid vaccinations.

Dental/Oral Oncology & Maxillofacial Prosthetics

Patient Visits – March 2024

- Dental/Oral Oncology & Maxillofacial Prosthetics
 - 625 visits in 2024, new patient visits increased 16% from 2023
- Dental Clinic – Suite 150
 - 861 visits in 2024, a decrease of 24%
- Dental Clinic at 800 Hertel Avenue
 - 403 visits in March 2024, increased 47% from March 2023 (the clinic opened March 2023)

Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2024 Budget 5,961, Variance (-303)
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget 485 treatments, Variance (-235)

Census Volume:

- Outpatient (in-center treatments): March = 2,000 treatments, TYD 2024 total = 5,659
- Home Program: (Home Peritoneal & Home Hemodialysis): March = 97 treatments, 2024 totals = 250

Dialysis			2023			2024					
			YTD	Budget	Variance	Jan	Feb	Mar	YTD	Budget	Variance
4555	AKI	Hemodialysis - AKI	129	-	-	19	32	69	120	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	-	-	0	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	466	-	-	19	20	29	68	-	-
	HD	Hemodialysis - Chronic	23,020	-	-	1,791	1,778	1,902	5,471	-	-
	4555 Totals		23,615	24,539	-924 🟡	1,829	1,830	2,000	5,659	5,961	-302 ↓
5660	HOMEHD	Hemodialysis - Home	20	-	-	0	0	0	0	-	-
	PD	Hemodialysis - Peritoneal	1,474	-	-	68	85	97	250	-	-
	5660 Totals		1,494	2,713	-1,219 ↓	68	85	97	250	485	-235 ↓
Totals			25,109	27,252	-2,143 ↓	1,897	1,915	2,097	5,909	6,446	-537 ↓

Food & Nutritional Services

Retail Sales

March 2024 Actual	\$202,654	February 2024 Actual	\$137,757
March 2024 Budget	\$186,338	February 2024 Budget	\$149,070
Variance	+\$ 16,338 = 109%	Variance	+\$ 8,926 = 106%

Laboratory Services

- The department budget volumes for March YTD were positive 4.9% to budget target and increased 6.9% in comparison to FY23. The March YTD operating expense has a negative variance of 5.8% to budget target and a negative variance of 10.9% to FY23. The personnel expense has a positive variance of 3.3% to budget target and a negative variance of 5.8% to FY23 actual. Non-personnel expenses for March YTD demonstrated a negative variance of 11.4% to budget target and a negative variance of 15.3% to FY23. The negative non-personnel variance was impacted by some delayed 2023 expense postings and positive variance to budget volumes. The department will continue to monitor expense in alignment with overall volume.

Radiology

- The Radiology department is up 5.8% YTD over budget.

Supportive Care & Palliative Medicine

- Total Inpatient Consults for March: 98
- Transitions of Care: 11 (home services)
- Terrace View: 8

Surgical Services

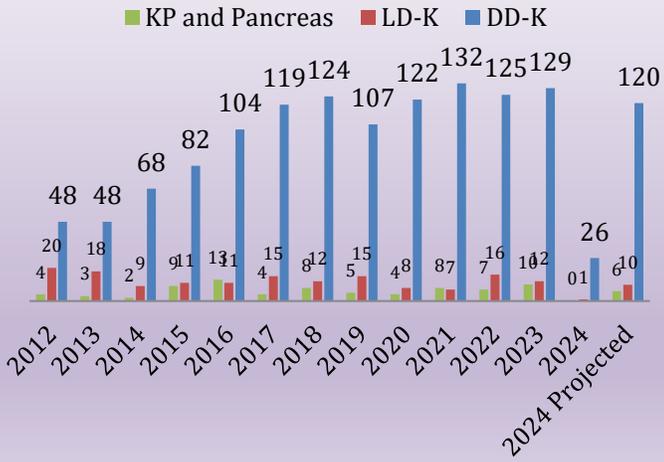
- 2024 surgical volume exceeded budget.
- OR Surgical Light Replacment started 12/21/23 and completed 3/15/24.

Transplant

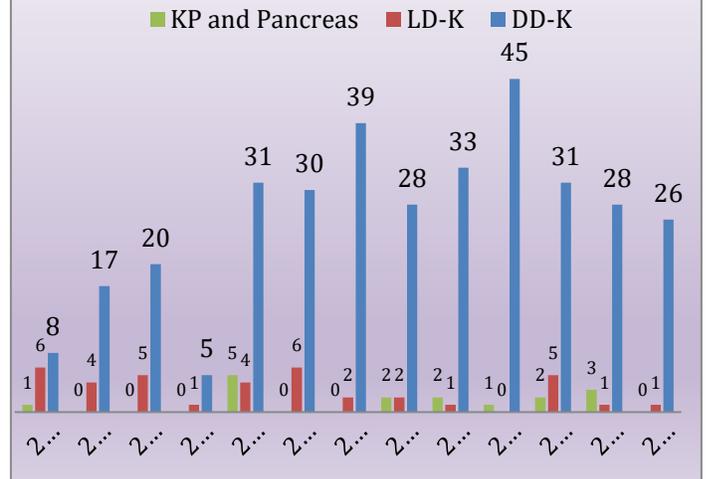
- 2024 started out slow in Transplant. With one (1) Living Donor and zero (0) KP's, we are five (5) less than this time last year.
- Living Donor transplant was performed on March 11.
- Pre-Transplant Clinic is below budget by -117 we did increase budget significantly in 2024 based on our 2023 volume.
- Post-Transplant has exceeded the 2024 budget YTD by 56.

Transplant / Vascular			2023			2024					
			YTD	Budget	Variance	Jan	Feb	Mar	YTD	Budget	Variance
6430	TRANPRE	Transplant Clinic	661	-	-	38	49	41	128	-	-
	TRANPREPRC	Transplant Clinic	2	-	-	0	0	0	0	-	-
	6430 Totals		663	563	100	38	49	41	128	245	-117
6431	TRANPOST	Transplant Clinic	1	-	-	0	0	0	0	-	-
	TRANPOST	Transplant Clinic	4,259	-	-	368	352	318	1,038	-	-
	6431 Totals		4,260	4,411	-151	368	352	318	1,038	982	56
Totals			4,923	4,974	-51	406	401	359	1,166	1,227	-61

Transplants w/Projections (per yr)



Transplants to this point (per year)



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Internal Financial Reports
For the month ended March 31, 2024

Erie County Medical Center Corporation

Financial Dashboard
March 31, 2024

Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 58,806	\$ 166,358	\$ 158,746
Other	15,050	44,607	43,293
Total revenue	<u>73,856</u>	<u>210,965</u>	<u>202,039</u>
Salary & benefits	37,970	113,776	110,804
Physician fees	9,566	29,258	28,957
Purchased services	6,148	19,057	18,170
Supplies & other	14,215	41,537	40,180
Depreciation and amortization	3,871	12,128	11,613
Interest	986	2,958	2,637
Total expenses	<u>72,756</u>	<u>218,714</u>	<u>212,361</u>
Operating Income/(Loss) Before Other Items	1,100	(7,749)	(10,322)
Grant revenue	-	609	-
Income/(Loss) from Operations With Other Items	<u>1,100</u>	<u>(7,140)</u>	<u>(10,322)</u>
Other Non-operating gain/(loss)	1,034	2,109	301
Change in net assets	<u>\$ 2,134</u>	<u>\$ (5,031)</u>	<u>\$ (10,021)</u>
Operating margin	<u>1.5%</u>	<u>-3.4%</u>	<u>-5.1%</u>

Balance Sheet:

Assets:

Cash & short-term investments	\$ 71,259
Patient receivables	112,122
Assets whose use is limited	173,422
Other assets	496,048
	<u>\$ 852,851</u>

Liabilities & Net Assets:

Accounts payable & accrued expenses	\$ 322,076
Estimate self-insurance reserves	55,546
Other liabilities	499,474
Long-term debt, including current portion	199,899
Lease liability, including current portion	24,634
Subscription liability, including current portion	22,420
Line of credit	10,000
Net assets	(281,198)
	<u>\$ 852,851</u>

Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (7,715)	\$ 50,482
- Investing activities	(762)	(4,598)
- Financing activities	<u>(3,703)</u>	<u>(6,772)</u>
Increase/(decrease) in cash and cash equivalents	(12,180)	39,112
Cash and cash equivalents - beginning	<u>71,063</u>	<u>19,771</u>
Cash and cash equivalents - ending	<u>\$ 58,883</u>	<u>\$ 58,883</u>

Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,147	3,252	2,924
- Exempt units	420	1,225	1,383
Observation Cases:	276	842	680
Patient days:			
- Acute	8,518	25,559	22,837
- Exempt units	4,963	14,515	15,293
Average length of stay, acute	7.4	7.9	7.8
Case mix index	Blended 1.98	1.87	1.84
Average daily census:			
Medical Center	435	440	419
Terrace View LTC	376	371	376
Emergency room visits, including admissions	5,611	15,732	16,204
Outpatient Visits	25,326	71,796	76,159
Days in patient receivables		61.3	

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Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended March 31, 2024

(Amounts in Thousands)

March 2024 Operating Performance

During March 2024, ECMCC experienced strong operating volume and revenue overall, representing positive trends continuing from 2023 and through the first quarter. ECMCC outperformed budget in inpatient cases during the month, especially within the acute medical and surgical service areas. These volume variances as well as increased severity led to an increase in overall case mix for the month. ECMCC fell behind plan in total outpatient surgeries during the month primarily driven by fewer scheduled cases than anticipated leading up to the Easter holiday. The additional revenue derived from these trends during March were partially offset by additional expenses primarily within benefits and supplies, which drove an operating income for the month of \$1,100. This operating gain, without any grant funding was favorable to the month's budgeted loss of (\$2,023) and better than the operating loss including grant funding during March 2023 of (\$826).

Inpatient discharges for the month exceeded the budgeted cases of 1,525 by 42 cases (or 2.8%), driven by favorable variances in acute services offset by unfavorable variances in behavioral health, medical rehab and chemical dependency services. Acute discharges of 1,147 exceeded the budget by 11.2%, bolstered by inpatient surgery variance of 41 surgeries. During March, given lower overall COVID cases in the community, management was able to continue to reduce the acute length of stay. ECMCC managed to an acute average length of stay of 7.4 days in March as compared to an expected length of stay of 7.3 days, which also represents a reduction from February 2024's acute average length of stay of 7.9 days and January 2024 of 8.3. Net patient service revenue was favorably impacted during the month with an acute case mix index of 1.98 as compared to a budgeted case mix of 1.86. The severity per case, especially in orthopedic surgery cases increased during the month given the increase in trauma cases seen, thus driving up overall case mix.

Additionally, during March, ECMCC's Terrace View skilled nursing facility has returned to over 95% occupancy due to significant and successful recruitment efforts to address the staffing challenges experienced at that facility over the last several years.

While an improvement over the volume in February, outpatient volume remained below budget for the month by 750 visits, a 2.9% shortfall. This was driven primarily by lower clinic visit volume during the month. During the month ECMCC experienced an unfavorable variance in outpatient surgeries of 49 cases as compared to the budget of 698 cases, or 7.0%, driven by lower scheduled surgeries during the week leading up to the Easter holiday at the end of the month. As it relates to the clinics, certain clinic growth has been delayed slightly due to the timing of construction and staffing challenges but are temporary in nature and are expected to be achieved throughout the rest of the year.

Total FTEs during March were slightly higher than budgeted targets for the month. The variance during the month was evenly split between FTEs needed to accommodate volume and employee FTEs out on leave for COVID. Management does continue to experience costs related to premium time including overtime, shift differential, and additional worked time bonus rates per hour. These costs are necessary to ensure staff availability during a period of significant staffing challenges as well as to meet minimum staffing standards imposed by New York State both for the Hospital and Terrace View. However, Management continues to work to supplant premium hours with regular hours worked wherever possible through recruitment efforts and oversight of bonus time usage.

Expenses were also seen during the month in temporary nursing staff in both the hospital and Terrace View to meet minimum standards. Management has planned for a certain number of agency staff to remain throughout the year and given volume levels coupled with staffing shortages on certain shifts, ECMCC has not yet reached the budgeted levels.

Erie County Medical Center Corporation

Management Discussion and Analysis

For the month ended March 31, 2024

(Amounts in Thousands)

Total benefit costs for the month and the first quarter exceed the operating plan. The variance for the quarter 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 continue through the remainder of the year and will be reconciled at year end once the 2024 actuarial report is completed.

Balance Sheet

ECMCC saw a significant increase in cash from December 2023 resulting in 34 days operating cash as compared to 16 days operating cash at the end of 2023. Cash levels have increased at the end of the first quarter as a result of the receipt of the 2023 initial disproportionate share (DSH/IGT) payment, along with the retrospective reimbursement settlement related to the 340b drug pricing program. Partially offsetting those receipts, 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. Lastly, the ongoing efforts to accelerate and increase collections as a result of ongoing cash management efforts as well as the billing and collection project implemented in September 2023 have favorably impacted the overall cash balance. It is important to note as well that there remains a delay in receipt of the Nursing Home Upper Payment Limit (UPL) payment for 2023, which is not expected until June of 2024.

Patient receivables increased over \$9 million from December 31, 2023, all of which occurred during the month of March. Despite having improved collections through February, accounts receivable has increased primarily due to the delays in billing and collections related to one significant payer, which will be resolved in the coming weeks. Although advances have been received by that payer against the delayed cash collections, additional receivables are held up. These delays are primarily related to the Change Healthcare cyber attack which occurred on February 21st, 2024.

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 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 received in January of 2024 resulting from the receipt of the current year initial payment for DSH/IGT.

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. 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 April 12, 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. ECMCC continues to monitor the overall response by Change to the incident but cannot predict at this point whether it will have a significant adverse impact on the organization or whether PII or PHI will be identified in the future as being compromised. 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.

Erie County Medical Center Corporation

Balance Sheet

March 31, 2024 and December 31, 2023

(Dollars in Thousands)

	March 31, 2024	December 31, 2023	Change from December 31st
Assets			
Current Assets:			
Cash and cash equivalents	\$ 58,883	\$ 19,771	\$ 39,112
Investments	12,376	10,646	1,730
Patient receivables, net	112,122	102,389	9,733
Prepaid expenses, inventories and other receivables	31,217	62,528	(31,311)
Total Current Assets	214,598	195,334	19,264
Assets Whose Use is Limited:			
Designated under self-Insurance programs	57,904	57,904	-
Restricted under third party agreements	110,361	107,627	2,734
Designated for long-term investments	5,157	5,091	66
Total Assets Whose Use is Limited	173,422	170,622	2,800
Property and equipment, net	297,126	307,343	(10,217)
Other assets	167,705	168,809	(1,104)
Total Assets	\$ 852,851	\$ 842,108	\$ 10,743
Liabilities & Net Position			
Current Liabilities:			
Current portion of long-term debt	\$ 12,774	\$ 12,869	\$ (95)
Current portion of lease liability	5,421	6,944	(1,523)
Current portion of subscription liability	8,282	8,724	(442)
Line of credit	10,000	10,000	-
Accounts payable	58,949	59,922	(973)
Accrued salaries and benefits	69,669	73,734	(4,065)
Other accrued expenses	188,517	125,936	62,581
Estimated third party payer settlements	4,941	4,486	455
Total Current Liabilities	358,553	302,615	55,938
Long-term debt	187,125	188,940	(1,815)
Long-term lease liability	19,213	20,521	(1,308)
Long-term subscription liability	14,138	15,727	(1,589)
Estimated self-insurance reserves	55,546	59,340	(3,794)
Other liabilities	499,474	531,132	(31,658)
Total Liabilities	1,134,049	1,118,275	15,774
Total Net Position	(281,198)	(276,167)	(5,031)
Total Liabilities and Net Position	\$ 852,851	\$ 842,108	\$ 10,743

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Erie County Medical Center Corporation

Statement of Operations

For the month ended March 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	59,991	56,128	3,863	52,631
Less: Provision for uncollectable accounts	(1,185)	(1,067)	(118)	(808)
Adjusted Net Patient Revenue	58,806	55,061	3,745	51,823
Disproportionate share / IGT revenue	10,273	10,273	-	9,571
Other revenue	4,777	4,158	619	3,618
Total Operating Revenue	73,856	69,492	4,364	65,012
Operating Expenses:				
Salaries & wages	29,226	29,159	(67)	27,424
Employee benefits	8,744	8,106	(638)	8,364
Physician fees	9,566	9,652	86	9,083
Purchased services	6,148	6,130	(18)	5,762
Supplies	11,713	11,167	(546)	10,979
Other expenses	2,028	1,964	(64)	1,808
Utilities	474	587	113	384
Depreciation & amortization	3,871	3,871	-	3,353
Interest	986	879	(107)	931
Total Operating Expenses	72,756	71,515	(1,241)	68,088
Operating Income/(Loss) Before Other Items	1,100	(2,023)	3,123	(3,076)
Other Gains/(Losses)				
Grant revenue	-	-	-	2,250
Income/(Loss) from Operations	1,100	(2,023)	3,123	(826)
Other Non-operating Gain/(Loss):				
Interest and dividends	577	180	397	275
Unrealized gain/(loss) on investments	457	(80)	537	502
Non-operating Gain/(Loss)	1,034	100	934	777
Excess of Revenue/(Deficiency) Over Expenses	\$ 2,134	\$ (1,923)	\$ 4,057	\$ (49)

Erie County Medical Center Corporation

Statement of Operations

For the three months ended March 31, 2024

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
Operating Revenue:				
Net patient revenue	169,433	161,892	7,541	146,811
Less: Provision for uncollectable accounts	(3,075)	(3,146)	71	(3,148)
Adjusted Net Patient Revenue	<u>166,358</u>	<u>158,746</u>	<u>7,612</u>	<u>143,663</u>
Disproportionate share / IGT revenue	30,820	30,820	-	28,713
Other revenue	<u>13,787</u>	<u>12,473</u>	<u>1,314</u>	<u>8,688</u>
Total Operating Revenue	<u>210,965</u>	<u>202,039</u>	<u>8,926</u>	<u>181,064</u>
Operating Expenses:				
Salaries & wages	87,640	86,851	(789)	81,636
Employee benefits	26,136	23,953	(2,183)	25,082
Physician fees	29,258	28,957	(301)	27,533
Purchased services	19,057	18,170	(887)	18,575
Supplies	34,193	32,506	(1,687)	28,939
Other expenses	5,870	5,897	27	5,574
Utilities	1,474	1,777	303	1,698
Depreciation & amortization	12,128	11,613	(515)	10,058
Interest	<u>2,958</u>	<u>2,637</u>	<u>(321)</u>	<u>2,805</u>
Total Operating Expenses	<u>218,714</u>	<u>212,361</u>	<u>(6,353)</u>	<u>201,900</u>
Operating Income/(Loss) Before Other Items	(7,749)	(10,322)	2,573	(20,836)
Other Gains/(Losses)				
Grant revenue	<u>609</u>	<u>-</u>	<u>609</u>	<u>8,728</u>
Income/(Loss) from Operations	(7,140)	(10,322)	3,182	(12,108)
Other Non-operating Gain/(Loss):				
Interest and dividends	1,370	540	830	622
Unrealized gain/(loss) on investments	<u>739</u>	<u>(239)</u>	<u>978</u>	<u>1,107</u>
Non-operating Gain/(Loss)	<u>2,109</u>	<u>301</u>	<u>1,808</u>	<u>1,729</u>
Excess of Revenue/(Deficiency) Over Expenses	<u>\$ (5,031)</u>	<u>\$ (10,021)</u>	<u>\$ 4,990</u>	<u>\$ (10,379)</u>

Erie County Medical Center Corporation

Statement of Changes in Net Position

For the month and three months ended March 31, 2024

(Dollars in Thousands)

	<u>Month</u>	<u>Year-to-Date</u>
Unrestricted Net Assets:		
Excess/(Deficiency) of revenue over expenses	\$ 2,134	\$ (5,031)
Other transfers, net	-	
Contributions for capital acquisitions	-	-
Change in accounting principle	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Unrestricted Net Assets	<u>2,134</u>	<u>(5,031)</u>
Temporarily Restricted Net Assets:		
Contributions, bequests, and grants	-	-
Other transfers, net	-	-
Net assets released from restrictions for operations	-	-
Net assets released from restrictions for capital acquisition	-	-
	<hr/>	<hr/>
Change in Temporarily Restricted Net Assets	<u>-</u>	<u>-</u>
Change in Net Position	<u>2,134</u>	<u>(5,031)</u>
Net Position, beginning of period	<u>(283,332)</u>	<u>(276,167)</u>
Net Position, end of period	<u>\$ (281,198)</u>	<u>\$ (281,198)</u>

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Erie County Medical Center Corporation

Statement of Cash Flows

For the month and three months ended March 31, 2024

(Dollars in Thousands)

	Month	Year-to-Date
Cash Flows from Operating Activities:		
Change in net assets	\$ 2,134	\$ (5,031)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,871	12,128
Provision for bad debt expense	1,185	3,075
Net change in unrealized (gain)/loss on Investments	(457)	(739)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	(14,004)	(12,808)
Prepaid expenses, inventories and other receivables	4,791	31,311
Accounts payable	1,219	(973)
Accrued salaries and benefits	(9,663)	(4,065)
Estimated third party payer settlements	104	455
Other accrued expenses	5,525	62,581
Self Insurance reserves	(3,263)	(3,794)
Other liabilities	843	(31,658)
Net Cash Provided by/(Used in) Operating Activities	(7,715)	50,482
Cash Flows from Investing Activities:		
Additions to Property and Equipment, net	(543)	(1,911)
Decrease/(increase) in assets whose use is limited	(464)	(2,800)
Sale/(Purchase) of investments, net	(73)	(991)
Investment in component units	-	-
Change in other assets	318	1,104
Net Cash Provided by/(Used in) Investing Activities	(762)	(4,598)
Cash Flows from Financing Activities:		
Principal payments on / proceeds from long-term debt, net	(639)	(1,910)
Principal payments on / additions to long-term lease liability, net	(1,998)	(2,831)
Principal payments on / additions to long-term subscription, net	(1,066)	(2,031)
Proceeds from line of credit	-	-
Increase/(Decrease) in Cash and Cash Equivalents	(12,180)	39,112
Cash and Cash Equivalents, beginning of period	71,063	19,771
Cash and Cash Equivalents, end of period	\$ 58,883	\$ 58,883

Erie County Medical Center Corporation

Statistical and Ratio Summary

	March 31, 2024	December 31, 2023	ECMCC 3 Year Avg. 2020 - 2022
<u>Liquidity Ratios:</u>			
Current Ratio	0.6	0.7	0.8
Days in Operating Cash & Investments	34	16	29.5
Days in Patient Receivables	61.3	63.2	55.5
Days Expenses in Accounts Payable	59.5	53.6	61.2
Days Expenses in Current Liabilities	148.7	129.2	144.5
Cash to Debt	64.6%	43.0%	52.8%
Working Capital Deficit	\$ (143,955)	\$ (89,919)	\$ (72,929)
<u>Capital Ratios:</u>			
Long-Term Debt to Fixed Assets	63.0%	67.7%	68.4%
Assets Financed by Liabilities	133.0%	133.6%	127.9%
Debt Service Coverage (Covenant > 1.1)	1.8	2.3	1.6
Capital Expense	7.1%	3.0%	3.0%
Average Age of Plant	7.0	7.6	9.4
Debt Service as % of NPSR	3.7%	4.2%	4.0%
Capital as a % of Depreciation	15.8%	13.1%	34.3%
<u>Profitability Ratios:</u>			
Operating Margin	-3.7%	-13.2%	-14.1%
Net Profit Margin	-3.0%	-1.0%	-3.5%
Return on Total Assets	-2.4%	-0.8%	-2.1%
Return on Equity	7.2%	2.3%	7.9%
<u>Productivity and Cost Ratios:</u>			
Total Asset Turnover	1.0	0.9	0.8
Total Operating Revenue per FTE	\$ 252,108	\$ 224,619	\$ 216,505
Personnel Costs as % of Total Revenue	53.2%	57.5%	57.0%

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Erie County Medical Center Corporation

Key Statistics
Period Ended March 31, 2024

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
Discharges:				Discharges:				
1,147	1,031	11.2%	1,037	Med/Surg (M/S) - Acute	3,252	2,924	11.2%	2,937
218	246	-11.2%	225	Behavioral Health	658	709	-7.1%	661
190	228	-16.8%	210	Chemical Dependency (CD) - Detox	518	627	-17.4%	575
12	19	-38.3%	20	Medical Rehab	49	48	2.2%	48
1,567	1,525	2.78%	1,492	Total Discharges	4,477	4,307	3.9%	4,221
Patient Days:				Patient Days:				
8,518	7,576	12.4%	8,665	M/S - Acute	25,559	22,837	11.9%	26,422
3,847	3,790	1.5%	4,142	Behavioral Health	11,288	11,791	-4.3%	12,194
716	866	-17.3%	777	CD - Detox	2,020	2,518	-19.8%	2,300
400	427	-6.3%	360	Medical Rehab	1,207	984	22.7%	1,069
13,481	12,659	6.5%	13,944	Total Patient Days	40,074	38,130	5.1%	41,985
Average Daily Census (ADC):				Average Daily Census (ADC):				
275	244	12.4%	280	M/S - Acute	281	251	11.9%	294
124	122	1.5%	134	Behavioral Health	124	130	-4.3%	135
23	28	-17.3%	25	CD - Detox	22	28	-19.8%	26
13	14	-6.3%	12	Medical Rehab	13	11	22.7%	12
435	408	6.5%	450	Total ADC	440	419	5.1%	467
Average Length of Stay:				Average Length of Stay:				
7.4	7.3	1.1%	8.4	M/S - Acute	7.9	7.8	0.6%	9.0
17.6	15.4	14.3%	18.4	Behavioral Health	17.2	16.6	3.1%	18.4
3.8	3.8	-0.6%	3.7	CD - Detox	3.9	4.0	-2.9%	4.0
33.3	22.0	51.8%	18.0	Medical Rehab	24.6	20.5	20.1%	22.3
8.6	8.3	3.6%	9.3	Average Length of Stay	9.0	8.9	1.1%	9.9
Occupancy:				Occupancy:				
83.1%	79.4%	4.7%	86.0%	% of M/S Acute staffed beds	83.1%	79.4%	4.7%	86.0%
Case Mix Index:				Case Mix Index:				
1.98	1.86	6.6%	1.81	Blended (Acute)	1.87	1.84	1.7%	1.75
276	252	9.5%	241	Observation Status	842	680	23.8%	655
452	411	10.0%	386	Inpatient General Surgeries	1,271	1,166	9.0%	1,101
649	698	-7.0%	700	Outpatient General Surgeries	1,921	1,912	0.5%	1,923
21	49	-57.1%	43	Inpatient Ancillary Surgeries	67	141	-52.5%	160
28	36	-22.2%	31	Outpatient Ancillary Surgeries	99	92	7.6%	79
25,326	26,076	-2.9%	28,162	Outpatient Visits	71,796	76,159	-5.7%	75,135
5,611	5,521	1.6%	5,318	Emergency Visits Including Admits	15,732	16,204	-2.9%	14,773
61.3	44.2	38.7%	63.5	Days in A/R	61.3	44.2	38.7%	63.5
2.1%	1.9%	9.7%	1.9%	Bad Debt as a % of Net Revenue	1.8%	2.0%	-8.8%	2.6%
3,264	3,198	2.1%	3,236	FTE's	3,250	3,202	1.5%	3,222
4.27	4.47	-4.4%	4.10	FTE's per Adjusted Occupied Bed	4.20	4.39	-4.2%	4.10
\$ 19,709	\$ 19,110	3.1%	\$ 18,299	Net Revenue per Adjusted Discharge	\$ 19,614	\$ 19,583	0.2%	\$ 18,343
\$ 24,559	\$ 24,609	-0.2%	\$ 23,849	Cost per Adjusted Discharge	\$ 25,781	\$ 26,013	-0.9%	\$ 25,728
Terrace View Long Term Care:				Terrace View Long Term Care:				
11,653	11,697	-0.4%	11,264	Patient Days	33,766	34,226	-1.3%	32,777
376	377	-0.4%	363	Average Daily Census	371	376	-1.3%	364
96.4%	96.7%	-0.4%	93.2%	Occupancy - % of Staffed beds	95.1%	96.4%	-1.3%	93.4%
453	505	-10.4%	418	FTE's	460	508	-9.4%	412
6.2	6.9	-10.1%	5.9	Hours Paid per Patient Day	4.4	4.7	-8.2%	4.0

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

University at Buffalo Update

- Congratulations to our new Chair of Medicine, Dr. Leonard Egede.
- Psychiatry Chair search is underway as well as the Anesthesia Chair search.

Current hospital operations

- Admissions YTD: 3,535 (3,196)
- ED visits YTD: 14,709 (13,640)
- CPEP visits: 2,586 (2,611)
- Observation: 927 (742)
- Inpatient Surgeries: 1,372 (1,211)
- Outpatient Surgeries: 2,046 (2,047)
- ALC days YTD: 2,345 (3,614)

The average length of stay MTD 7.2 (10.2). CMI 1.8675 (1.7571)

CMO Update

- Thank you to Dr. Joseph Izzo and to Dr. Arthur Orlick for their years of service here at the Erie County Medical Center Corporation. We wish them both well.

- While we planned for the 2024 eclipse which took place on April 8, 2024, we did not see the increase in additional volume of traffic/people in the Buffalo area as predicted.

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

Department of Nursing Report April 2024

On April 4th the Nurse Executive team was notified that our standard compliance submission was accepted by the American Nurses Credentialing Center as the first step on our journey to reaccreditation for Pathways to Excellence designation. On April 17th we celebrated with our nursing staff and shared our “Pathways moments” from all nursing areas as we prepare for our next leg of the journey which is a validation survey that will be completed by our direct care nurses in May. This has re-energized our staff and provides a focus on our mission for high quality care delivered with compassion to every patient. The pathways designation was first awarded to our ECMC Nursing Department in 2020. The designation represents our focus on Quality, Safety, Leadership, shared decision making as well as professional development and staff well-being.

Celebrations were held related to our outstanding Nursing team this month which included: Nurse Hero of the Month was awarded to Rafiq Kaid RN, 6 North Night shift charge Nurse. Daisy Award for 1st Quarter was presented to Nisha Dixit RN. She works on 7z4 and was noted to be caring and an outstanding nurse in letters from patients. MICU Employee of the quarter award was presented to Meghan Conley RN - Charge Nurse MICU South.

The ECMC Nurse recognition committee celebrated Doctors Day 2024 by honoring 3 outstanding providers:

Dr Lakshpaul Chauhan - He embraces the culture of ECMC and works in a positive manner with the Nurses, patients and families.

Dr Remon Bebawee - Teaching Service provider on the 8th floor that promotes collaboration with the Nursing team.

Nitul Mathur, PA– Cardiology Clinic – outstanding communication with staff and patients.

ECMC recruitment and retention efforts have been very positive. Currently there are 65 RN’s at different phases of orientation. Numerous recruitment events have been held very successfully as we continue to work with the local universities as students near graduation.

Our Nursing team is very proud of their accomplishments for prevention of CAUTI’s for 185 days. The Nursing team continues to focus on the prevention of Health care acquired infections and the prevention of pressure injuries.

The 2023 Nursing annual report is currently available that identifies the collaboration and strength of our nursing team to focus on defining and implementation of best practices for patient care. It also includes recognition of staff retention and awards during 2023.

Communications and External Affairs Report
Submitted by Peter K. Cutler
Vice President of Communications and External Affairs
April 23, 2024

Marketing

- Continued advertising marketing support of Orthopedic services, Help Center and nursing recruitment 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.

Community and Government Relations

- On Monday, April 15th Governor Hochul announced that an agreement in principle had been reached on the overdue state budget between her administration and the State Legislature. At this writing, we are still awaiting details relevant to ECMC, but we have learned that increases to Medicaid reimbursement, advocated by both houses of the Legislature in their one-house budget bills, will be in the final budget. We don't yet know, however, what the percentage increase in Medicaid reimbursement will be (the Senate called for a 10% increase for hospitals and a 9.5% increase for nursing homes; the Assembly called for a 10.5% increase for hospitals nursing homes). The budget will supposedly include funding for distressed hospitals. We understand that this will be a restoration of the \$500 million reduction to the Vital Access Provider Assurance Program originally proposed by the Governor. And Governor Hochul on Monday noted that the state is still waiting for federal approval to advance a surcharge on managed care organizations, which would draw down significant federal funds to increase support for the state's Medicaid program for the next few years. These are vitally important budgetary issues that ECMC has advocated for throughout this year's state budget cycle and our ECMC lobbyists are on the ground in Albany, keeping us up-to-date on all aspects of this process.

MEDICAL EXECUTIVE COMMITTEE MEETING
MONDAY, FEBRUARY 26, 2024
MEETING HELD BY MICROSOFT TEAMS PLATFORM

Attendance (Voting Members):

Sergio Anillo, MD	Jeffrey Brewer, MD	Anthony DePlato, MD	Douglas Drumsta, MD
Richard Ferguson, MD	William Flynn, Jr., MD	Sandra Sieminski, MD	Richard Hall, MD, DDS, PhD
Joseph Izzo, JR., MD	Elizabeth Kapral, DDS	Keith Krabill, MD	Michael Manka, MD
Ellen Rich, MD	Parveen Minhas, ANP	Yaron Perry, MD	Jennifer Pugh, MD
Matthew Ruggieri, MD	Yousef Soofi, MD	Kimberly Wilkins, MD	
Mary Welch, MD	Cassandra Williams, MD	Siva Yedlapati	
Yogesh Bakhai, MD	William Belles, MD	Rebecca Buttaccio, PA	

Non-Voting Members and Guests:

Thomas Quatroche, PhD	Andy Davis, COO	Samuel Cloud, DO	Arthur Orlick, MD
William Flynn, MD	Mandip Panesar, MD	Charlene Ludlow, RN	Dean Allison Brashear
Cheryl Carpenter	Jon Swiatkowski	Donna Jones	Cassie Davis
Michael Ott, Pharm D	John Cumbo	Becky DelPrince	Peter Cutler
Charles Cavaretta	Ashley Halloran, Pharmacy	John Tomaszewski, MD	Melissa Gomez

I. CALL TO ORDER

A. Dr. Jennifer Pugh, President, called the meeting to order at 11:31 am.

B. PRESIDENT'S REPORT:

1. Doctor's Day Breakfast will be held on Wednesday, March 27, 2024 beginning at 7:30 am in the overflow café.
2. The next Wellness Welcome will take place on Thursday, April 18, 2024. We are currently working on our invite list of new Medical Dental Staff members so if you have anyone in your department that you would recommend attending, please let us know.
3. We are finalizing our plan for in-house leadership training to be held over 2 years in Buffalo. We are looking for those currently in leadership to nominate rising leaders within your department who would benefit from coursework in resolving conflict, communication, and healthcare strategy.
4. Dr. Pugh took a moment to recognize Residents Week and to thank the Residents for all they do.

II. ADMINISTRATIVE REPORTS

A. CEO/COO/CFO REPORT –Tom Quatroche, CEO, Andrew Davis, COO, Jon Swiatkowski, CFO

1. CEO – Dr. Tom Quatroche, PhD.
 - a. The hospital has recently received IGT operational funding.
 - b. Thank you to Jon Swiatkowski and his team who assisted with the process of retrieving FEMA funding.
 - c. We continue to work with state legislators reviewing the state budget.

- d. Operationally, Dr. Quatroche thanked all for their continued efforts as the hospital becomes busier.

2. COO REPORT – Andrew Davis

- a. Mr. Davis thanked the Synergy team as they reopened the bariatric center.
- b. The OR lighting project continues and should be completed by the end of March. Mr. Davis thanked all assisting with this project.

3. CFO REPORT – Jon Swiatkowski

- a. Mr. Swiatkowski began with a recap of January 2024 progress. There is a continuation of positive trends with the inpatient status and inpatient surgeries. The January snowstorm did have a slight impact on our overall numbers, as some clinics had to close due to the storm with travel restrictions in place.
- b. We continue to work with the state and the federal government for future reimbursement for the hospital.
- c. Mr. Swiatkowski and John Cumbo spoke on the recent Charge Healthcare cyber-attack. This was a widespread issue impacting thousands of providers.

III. CHIEF NURSING OFFICER REPORT – Charlene Ludlow, RN, CIC

- a. Reminder that Doctor's Day is March 27, 2024, with breakfast in the overflow café from 7:30 – 10:00 am.
- b. Recruitment continues in the nursing department working with several universities. We are currently experiencing the highest volume of students in-house.
- c. Bed huddles continue seven days a week. Working on earlier discharges (by noon each day) if possible. This will assist with throughput for the rest of the day.
- d. Congratulations to Karen Konikoff as she prepares for retirement. There will be a luncheon taking place Wednesday this week.

IV. UNIVERSITY REPORT – Dean Allison Brashear, MD, MBA

- a. Dr. Brashear spoke on the Learning Environment.
- b. The Student Graduation questionnaire went out on February 14, 2024 and is completed by the medical students. These students graduate on April 26th and the 4th year students are asked to fill out this questionnaire. A response rate of 80-90% is typically received.
- c. 'Beyond The Knife' program took place last week. This program was about the neighborhoods, their configurations, and the impact on the community.
- d. 'Changing the East Side of Buffalo' program will be taking place later today. We have over 400 people registered for this event.
- e. On March 15, 2024, at noon the Powerhouse will host 'The Match'. This event has every 4th year medical students open their envelope for their match.

V. CHIEF MEDICAL OFFICER REPORT – Samuel D. Cloud, DO

- a. Dr. Cloud took a moment to congratulate Michael Cummings, MD and Jillian Sauer, RN for achieving the distinguished Physician Honoree award and the distinguished Nursing Honoree award, respectively.
- b. Dr. Cloud shared an operation update which included ED volumes, CPEP volumes, admissions, observation, average length of stay, ALC days, along with inpatient and outpatient surgeries.

- c. An updated on the OR lightening project was shared. The project is on schedule and on budget.
- d. Dr. Cloud shared an update on the COVID trends in Western New York along with trends on Influenza.
- e. The University is reaching an end to the interview process for the Chair of Medicine with the Chair of Psychiatry and the Chair of Anesthesia search getting underway.

VI. ASSOCIATE MEDICAL DIRECTORS REPORT – Dr Arthur Orlick, Dr. Michael Cummings, Dr. Tadakamalla and Dr. William Flynn

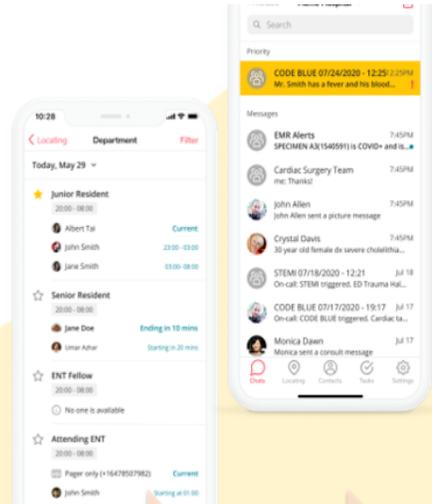
- a. Dr. Flynn stated that the Surgical Executive Committee is working on process performance indicators to improve efficiencies in the OR.
- b. The Trauma program is preparing for the March 2025 re-certification.

VII. CHIEF MEDICAL INFORMATION OFFICER REPORT – Mandip Panesar, MD

- a. Dr. Panesar spoke on the CDS Query Intervention process through Meditech. This is a revised process which should be more streamlined. We anticipate a GO LIVE date beginning early next week.
- b. Dr. Panesar and John Cumbo reviewed HYPERCARE. Cortext is being decommissioned at the end of July 2024. Onsite training for HYPERCARE begins March 18, 2024. Complete support for current Cortext will end July 30, 2024.



- Cortext is being decommissioned (End of Life July 2024)
- Improved reliability over Cortext
- Shared directory with Kaleida plus ability to combine group conversations
- OnCall Scheduling – Create, manage, and search schedules centrally
- Code Team Activations – Based on OnCall schedules
- Timeline:



VIII. CONSENT CALENDAR

MEETING MINUTES/MOTIONS

PAGE #

1.	MINUTES of the Previous MEC Meeting: January 22, 2024	7-11	Receive and File
2.	CREDENTIALS COMMITTEE: February 1, 2024	13-25	Receive and File
	Appointments		Review and Approve
	Reappointments		Review and Approve
	Resignations		Review and Approve
	Dual Reappointment Applications		Review and Approve
	New Business / Extractions		
	Appointment Approval		90-91
	Committee Assignments	93-96	Review and Approve
	Radiology Job Description	98-105	Review and Approve
	Dietary Manua	107	Review and Approve
	OPPE Metrics	109-126	Review and Approve
3.	HIM – Minutes of January, 2024	27-42	Receive and file
	Ambulatory Care Informed Consent of Treatment	28	Review and Approve
	Downtime Forms:		
	Blood Transfusion	29-30	Review and Approve
	Wound Pressure Injury Assessment	31-32	Review and Approve
	Neurovascular Checks	33	Review and Approve
	PRN Medication Admin Reassessment Record	34-35	Review and Approve
	Med Surg Line Assessment	36-37	Review and Approve
	Neuro Checks DT	38	Review and Approve
	Q4 hr RN Consents OBS Verification	39	Review and Approve
	Vascular Flap Graft Check	40	Review and Approve
	Wound Pressure Injury	41-42	Review and Approve
4.	University GME Committee – Minutes of January 2024	44-49	Receive and File
5.	P & T Committee – Minutes of February 6, 2024	51-78	Receive and File
	Addition to Formulary		
	Linacotide (Linzess) – restricted to prior therapy	56-60	Receive and File
	Letermovir (prevymis) – restricted to infectious diseases and/or Transplant	61-65	Receive and File
	Removal from formulary		
	Abacavir 300 mg tablet	53	Receive and File
	Trizivir (Abacavir, Lamivudine, Zidovudine)	53	Receive and File
	Combivir (Lamvudine, Zidovudine)	53	Receive and File
	Epzicom (Abacavir Sulfate, Lamivudine)	53	Receive and File
	Guideline Updates		
	Look Alike-Sound Alike List	68	Receive and File
	High Alert Medications	66-67	Receive and File
6.	Professional Dev. & Wellness Committee – Minutes of January 18, 2024	80	Receive and File
7.	Resource Management Committee – Minutes of January 10, 2024	82-84	Receive and File

MOTION to APPROVE all items in the CONSENT CALENDAR was made and seconded. Motion to approve all items in the Consent Calendar is carried.

UNANIMOUSLY APPROVED.

IX. APPROVALS – Jennifer Pugh, MD

- a. Dr. Pugh discussed the following items for review and approval:
1. Appointment Approval
 2. Committee Assignment, 2024
 3. Radiology Job Descriptions
 4. Dietary Manual
 5. OPPE Metrics

MOTION to APPROVE all items was made and seconded. Motion to approve all items is carried. **UNANIMOUSLY APPROVED.**

X. APPOINTMENT APPROVALS – Jennifer Pugh, MD

- a. Dr. Pugh presented the appointment of Siva Yedlapati, MD as the Associate Chief of Service (Hospitalist) Internal Medicine.

MOTION to APPROVE the appointment was made and seconded. Motion to approve is carried.

UNANIMOUSLY APPROVED

XI. EXECUTIVE SESSION

The Medical Executive meeting was adjourned at 12:39pm to Executive Session for the purpose of receiving and filing minutes from the January 2024 Chiefs of Service meetings and the January 2024 Board Patient Safety & Quality Assurance meetings along with discussing the Leadership Council Report, Quality Patient Safety report and the Regulatory report.

The following Executive Session agenda items were discussed and motion(s) were made:

- A. **MOTION:** Receive and file Board Quality PI meeting minutes from January 2024 and Chiefs of Service meeting minutes from January 2024.

**Motion, Seconded and
MOTION APPROVED**

XII. ADJOURNMENT

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, March 25, 2024, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:49 pm.

Respectfully submitted,

Mike Manka, MD

Michael Manka, MD
President-Elect

On behalf of James Lukan, MD, FACS
Secretary, ECMCC, Medical/Dental Staff

ERIE COUNTY
MEDICAL CENTER
CORPORATION

DISPOSAL OF PROPERTY
GUIDELINES

Revised
MARCH 28, 2017

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ERIE COUNTY MEDICAL CENTER CORPORATION

DISPOSAL OF PROPERTY GUIDELINES

I. STATEMENT OF PURPOSE

These Guidelines are adopted pursuant to the provisions Article 9, Title 5-A “Disposal of Property by Public Authorities” of the Public Authorities Law of the State of New York. These Guidelines set forth Erie County Medical Center Corporation’s [“ECMCC’s”] operative policy and instructions regarding the use, awarding, monitoring and reporting of contracts for the disposal of property, and the designation of a Contracting Officer (hereinafter defined) who shall be responsible for ECMCC’s compliance with, and enforcement of, the Guidelines.

These Guidelines shall be consistent with ECMCC’s procurement contract guidelines, Article 10-C of the Public Authorities Law of the State of New York [the “ECMCC Act”], Article 5-A of the General Municipal Law, New York Public Authorities Law Article 9, Title 5-A and other applicable law for the disposition of property.

II. DEFINITION OF TERMS

For purposes of these Guidelines, the following terms shall have the following meanings:

- a. “Contracting Officer” means the ECMCC employee as appointed by resolution of the ECMCC Board of Directors to be responsible for the disposition of property.
- b. “Dispose” or “disposal” means transfer of title or any other beneficial interest in personal or real property in accordance with these Guidelines.
- c. “ECMCC” shall mean Erie County Medical Center Corporation.
- d. “ECMCC Act” means Article 10-C of the New York Public Authorities Law.
- e. “Property” shall mean personal property in excess of five thousand dollars in value, real property, and any inchoate or other interest in such property, to the extent that such interest may be conveyed to another person for any purpose, excluding an interest securing a loan or other financial obligation of another party.

III. ANNUAL REVIEW, APPROVAL AND DISTRIBUTION

The Board of Directors shall annually review and approve these Guidelines, and any amendments thereto, by no later than March 31st each year. On or before March 31st each year, the Contracting Officer shall 1) file with the New York Office of the State Comptroller a copy of these Guidelines, as most recently approved by the Board of Directors, and 2) post on the ECMCC website a copy of these Guidelines, as most recently approved by the Board of Directors. A copy of the then-current Disposal of Property Guidelines shall be continuously maintained on the ECMCC website.

IV. CONTRACTING OFFICER'S RESPONSIBILITIES

Section 1. Administration. The ECMCC Contracting Officer shall be responsible for implementing these Guidelines and enforcing ECMCC's compliance therewith. In addition to the foregoing, the Contracting Officer shall be the person responsible for performing the following duties on behalf of ECMCC:

- a. maintain adequate inventory controls and accountability systems for all property under ECMCC's control;
- b. periodically inventory such property to determine which property shall be disposed of;
- c. produce a written report of such property in accordance with the requirements set forth below; and
- d. transfer or dispose of such property as promptly as possible in accordance with the procedures set forth below.

Section 2. Publication. In addition to his/her responsibilities under Article II above, the Contracting Officer shall publish, not less frequently than annually, a report listing all ECMCC property. Such report shall consist of a list and full description of all real and personal property disposed of during such period. The report shall contain the price received by ECMCC and the name of the purchaser for all such property sold by ECMCC during such period. The Contracting Officer shall deliver copies of such report to the State Comptroller, the Director of the Budget, the Commissioner of General Services, and the New York State Legislature.

Section 3. Reporting. The Contracting Officer shall report to the ECMCC Chief Financial Officer and shall provide such reports at such times and in such manner as may be requested by the Chief Financial Officer or the finance committee of the Board of Directors.

V. DISPOSAL OF PROPERTY

Section 1. Supervision and Direction. Except as otherwise provided herein, the Contracting Officer shall have supervision and direction over the disposition of ECMCC property.

Section 2. Custody and Control. The custody and control of the property of ECMCC, pending its disposition, and the disposal of such property, shall be performed by ECMCC or by the Commissioner of General Services when so authorized under New York Public Authorities Law Article 9, Title 5-A and these Guidelines.

Section 3. Method of Disposition. Except as otherwise provided herein, ECMCC may dispose of property for not less than the fair market value of such property by sale, exchange, or transfer, for cash, credit, or other property, with or without warranty, and upon such other terms and conditions as the Contracting Officer deems proper, and it may execute such documents for the transfer of title or other interest in property and take such other action as it deems necessary or proper to dispose of such property under the provisions of these Guidelines. Any property, including any interest therein, which because of its unique nature is not subject to fair market pricing, shall be disposed of only after an appraisal of the value of such property has been made by an independent appraiser and such appraisal is included in the record of the transaction. In engaging an appraiser, the Contracting Officer shall comply with ECMCC's procurement contract guidelines.

Section 4. Sales by the Commissioner of General Services. When it shall be deemed advantageous to the State of New York, ECMCC may enter into an agreement with the Commissioner of General Services where he/she may dispose of ECMCC property under terms and conditions agreed to by ECMCC and the Commissioner of General Services. In disposing of any such property, the Commissioner of General Services shall be bound by the terms of New York Public Authorities Law Article 9, Title 5-A and in such instances, references therein to the contracting officer shall be deemed to refer to such commissioner.

Section 5. Validity of Instruments. A deed, bill of sale, lease, or other instrument executed by or on behalf of ECMCC, purporting to transfer title or any other interest in property of ECMCC under these Guidelines shall be conclusive evidence of compliance with the provisions of New York Public Authorities Law Article 9, Title 5-A concerning title or other interest of any bona fide grantee or transferee.

Section 6. Bids for Disposal.

Except as provided in Section 7 below, all disposals, or contracts for disposal, of property shall be made after publicly advertising for bids as follows:

- a. the Contracting Officer shall advertise for bids prior to disposal or contract for disposal of property by publishing notice thereof in at least one newspaper of general circulation, and the Contracting Officer shall have the discretion to advertise for bids through such additional methods, and on such terms and conditions as shall permit full and free competition consistent with the value and nature of the property;
- b. all bids shall be publicly disclosed at the time and place stated in the advertisement; and

- c. the award shall be made with reasonable promptness by written notice from the Contracting Officer to the responsible bidder whose bid, conforming to the invitation for bids, will be most advantageous to the state and ECMCC, price and other factors considered; provided, that all bids may be rejected when it is in the public interest to do so.

Section 7. Disposal by Negotiation; Explanatory Statement.

a. Disposals and contracts for disposal of property may be negotiated or made by public auction without regard to Section 6 above, but subject to obtaining such competition as is feasible under the circumstances, if, in the opinion of the Contracting Officer:

- 1) the personal property involved is of a nature and quantity which, if disposed of under Section 6 above, would adversely affect the state or local market for such property, and the estimated fair market value of such property and other satisfactory terms of disposal can be obtained by negotiation;
- 2) the fair market value of the property does not exceed fifteen thousand dollars;
- 3) bid prices after advertising therefor are not reasonable, either as to all or some part of the property, or have not been independently arrived at in open competition;
- 4) the disposal will be to the state or any political subdivision, and the estimated fair market value of the property and other satisfactory terms of disposal are obtained by negotiation;
- 5) the disposal is for an amount less than the estimated fair market value of the property, the terms of such disposal are obtained by public auction or negotiation, the disposal of the property is intended to further the public health, safety or welfare or an economic development interest of the state or a political subdivision (to include but not limited to, the prevention or remediation of a substantial threat to public health or safety, the creation or retention of a substantial number of job opportunities, or the creation or retention of a substantial source of revenues, or where the ECMCC Act permits), the purpose and the terms of such disposal are documented in writing by the Contracting Officer and approved by resolution of the ECMCC Board of Directors; or
- 6) such action is otherwise authorized by applicable law.

b. The Contracting Officer shall prepare an explanatory statement describing the

circumstances of each disposal by negotiation of any of the following:

- 1) any personal property which has an estimated fair market value in excess of fifteen thousand dollars;
- 2) any real property that has an estimated fair market value in excess of one hundred thousand dollars, except that any real property disposed of by lease or exchange shall only be subject to paragraphs 3 and 4 of this subparagraph;
- 3) any real property disposed of by lease for a term of five years or less, if the estimated fair annual rent is in excess of one hundred thousand dollars for any of such years;
- 4) any real property disposed of by lease for a term of more than five years, if the total estimated rent over the term of the lease is in excess of one hundred thousand dollars; or
- 5) any real property or real and related personal property disposed of by exchange, regardless of value, or any property, any part of the consideration for which is real property.

Each such statement shall be transmitted to the State Comptroller, the Director of the Budget, the Commissioner of General Services, and the New York State Legislature not less than ninety days in advance of such disposal, and a copy thereof shall be preserved in the files of ECMCC.

Erie County Medical Center Corporation

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

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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 Prudence 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 puttable 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 puttable 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.

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.

Investment Objectives

The investment objectives of the Fund are to:

- provide for the unrestricted spending needs of the Corporation;
- 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 ~~short~~-time horizon.

Liquidity Needs

The assets are viewed as having high liquidity needs.

Overall Risk Tolerance

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

~~The Fund will assume a very conservative 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.

~~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)	Retiree Health Reserve	WC / PL Reserve	General Operating DSRIP	GNMA Bond Reserve	Policy Benchmark
Growth Assets						
US Large Stocks		11%	11%		11%	S&P 500
US Large Quality Stocks		4%	4%		4%	Vanguard Spliced Dividend Growth Index, S&P 500
US Small / Mid Stocks		4%	4%		4%	Vanguard Spliced Extended Market Index
US Small Value Stocks		2%	2%		2%	Vanguard Spliced Small Cap Value Index
<i>US Stocks</i>	0%	21%	21%	0%	21%	
Intl Large Stocks		9%	9%		9%	FTSE Developed All Cap ex-US
Emerging Market Stocks		5%	5%		5%	Vanguard Spliced Emerging Markets Index
<i>International Stocks</i>	0%	14%	14%	0%	14%	
<i>Total Public Stocks</i>	0%	35%	35%	0%	35%	
Total Growth Assets	0%	35%	35%	0%	35%	
Risk Reduction Assets						
Cash	100%	5%	5%	100%	5%	90-Day T-Bills
US Short Duration Fixed Income		20%	20%		20%	Bloomberg US Gov't/Credit: 1-5 Year
US Broad Fixed Income		35%	35%		35%	Bloomberg US Aggregate; Bloomberg US MBS
US Inflation Protected Fixed		5%	5%		5%	Bloomberg Barclays US TIPS
Total Risk Reduction Assets	100%	65%	65%	100%	65%	
Total	100%	100%	100%	100%	100%	

	NYS Retirement Reserve (Gen Op-ECMC)	Retiree Health Reserve	WC / PL Reserve	General Operating DSRIP	GNMA Bond Reserve	Policy Benchmark
Growth Assets						
US Large Stocks		11%	11%			S&P 500
US Large Quality Stocks		4%	4%			NASDAQ US Dividend Achievers Select, S&P 500
US Small / Mid Stocks		4%	4%			S&P Completion Index
US Small Value Stocks		2%	2%			CRSP US Small Cap Value
<i>US Stocks</i>	0%	21%	21%	0%	0%	
Intl Large Stocks		9%	9%			FTSE Developed All Cap ex-US
Emerging Market Stocks		5%	5%			FTSE Emerging Markets All Cap China A Inclusion
<i>International Stocks</i>	0%	14%	14%	0%	0%	
<i>Total Public Stocks</i>	0%	35%	35%	0%	0%	
Total Growth Assets	0%	35%	35%	0%	0%	
Risk Reduction Assets						
Cash	100%	5%	5%	100%	100%	90-Day T-Bills
US Short Duration Fixed Income		20%	20%			Bloomberg Barclays US 1-5 Year Gov't / Credit
US Broad Fixed Income		35%	35%			Bloomberg Barclays US Aggregate
US Inflation Protected Fixed		5%	5%			Bloomberg Barclays US TIPS
Total Risk Reduction Assets	100%	65%	65%	100%	100%	
Total	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)

~~Christopher Adkerson~~ CFA, CAIA ~~Dan Holmes~~, Partner – (314) ~~982-5717~~ 446-5307

Kyle Zotta, CFA, CAIA, Principal – (314) 982-5726

M&T Bank

~~Laurie G. Finn~~ Joshua P. Heim, Relationship Manager VP Government Banking – (716) 848-73148

Wilmington Trust (Custodian)

~~Rachel Schlee~~, Kevin J. McCarthy, Assistant Vice President, Client Service Relationship Manager II – (716) 842-~~5211~~ 5592

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

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



Mission

To provide every patient the highest quality of care delivered with compassion.

Vision

ECMC WILL BE A LEADER IN AND RECOGNIZED FOR:

- High quality family centered care resulting in exceptional patient experiences.
- Superior clinical outcomes.
- The hospital of choice for physicians, nurses, and staff.
- Strong collaboration with community partners to improve access to healthcare and the quality of life and vitality of the region.
- Academic affiliations that provide the best education for physicians, dentists, nurses, and other clinical staff.

The difference between
healthcare and true care™





Core Values

ACCESS

All patients get equal care regardless of their ability to pay or source of payment. We address the healthcare needs of each patient that we can appropriately serve, without bias or pre-judgment.

EXCELLENCE

Excellence is a standard that will never be lowered; there is an expectation of excellence in all areas.

DIVERSITY

We recognize the importance and value of diversity and the enrichment that diversity can bring to ECMCC.

FULFILLING POTENTIAL

We respect the value and potential of each individual as offering a significant contribution to the good of the whole organization. Personal growth and development is important for organizational success.

DIGNITY

Each individual, no matter his or her limitations, background or situation, has intrinsic dignity and unique capabilities.

PRIVACY

We honor each person's right to privacy and confidentiality.

FAIRNESS and INTEGRITY

Equity and fairness are guidelines for all decision-making. We demand personal and institutional integrity.

COMMUNITY

In accomplishing our mission we remain mindful of the public's trust and are always responsive to the immediate surrounding community and our natural environment. This commitment represents both our organization and us as individuals. A successful future for ECMCC depends on a vibrant community and a healthy environment.

COLLABORATION

Collaboration with other organizations is beneficial within the context of our mission and is fundamental to achieving our goals.

COMPASSION

All involved with ECMCC's service delivery demonstrate caring, compassion, and understanding for patients, employees, volunteers, and families.

STEWARDSHIP

We can only be successful in carrying out our mission through solid financial performance and by assuring that resources provided to us are used effectively, in the way they were intended, and for the benefit of our patients and community.

The difference between
healthcare and true care™



Erie County Medical Center Corporation

Procurement Guidelines

Effective March 1, 2022.

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I. STATEMENT OF PURPOSE AND SCOPE

A. Authority.

1. Public Authorities Law (“PAL”), Article 9, Title 4, New York Statutes, as amended.
2. Public Authorities Law, Article 10-C, New York Statutes, as amended (the “ECMCC Act”).
3. General Municipal Law (“GML”), Article 5-A, New York Statutes, as amended.
4. Public Health Law (“PHL”), Article 28, New York Statutes, as amended.
5. Executive Law (“EL”) Article 15A, New York Statutes, as amended.
6. State Finance Law (“SFL”), Article 9, New York Statutes, as amended.
7. Economic Development Law (“EDL”), Article 4-C, as amended.

B. Purpose.

The purpose of these Procurement Guidelines (“Guidelines”) is to set forth the procedures for purchasing supplies, equipment, materials, construction and services, including professional services, for Erie County Medical Center Corporation (“ECMCC”). These Guidelines are applicable to ECMCC and may be applied by ECMCC in other contexts, in its discretion.

C. Interpretation.

These Guidelines shall be construed and applied to promote compliance with all applicable laws. In the event of a conflict between these Guidelines and the requirements of any applicable law, the applicable law will prevail.

D. Application of These Guidelines.

1. Effective Date. These Guidelines are effective March 1, 2020.
2. Scope. These Guidelines shall apply to all contracts for construction and the purchase of all supplies, equipment, materials and services, including professional services, made by ECMCC irrespective of the source of funds, except as otherwise provided by law.
3. Severability. If any provision of these Guidelines or application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or application of these Guidelines which can be given effect without the invalid provision or application, and to this end the provisions of these Guidelines are declared to be severable.
4. Annual Review. These Guidelines, as adopted pursuant to Section 2879 of the Public Authorities Law and Section 104-b of the General Municipal

Law, shall be subject to annual review and may otherwise be changed without notice by the Board of Directors of ECMCC. The Guidelines are for the use of ECMCC and should not be relied upon as establishing any right by any person or entity other than ECMCC.

II. DEFINITION OF TERMS

The following terms shall, for purposes of these Guidelines, have the meanings set forth below unless the context clearly indicates a different meaning:

1. Best Value. The basis for awarding Contracts for services to a Contractor that optimizes quality, cost and efficiency, among responsive and responsible respondents. Such basis shall reflect, wherever possible, objective and quantifiable analysis. Such basis may also identify a quantitative factor for respondents that are Small Businesses or Minority- or Women-owned Business Enterprises (“M/WBE”) to be used in evaluation of Bids or Proposals for awarding of Contracts for services. In any case where a respondents’ gross price is reducible by an allowance for the value of used machinery, equipment, apparatus or tools to be traded in by a political subdivision, the gross price shall be reduced by the amount of such allowance, for the purpose of determining the Best Value. (SFL § 163(1)(j) and GML § 103).
2. Bid. An offer or proposal submitted in response to an Invitation for Bids.
3. Construction. The building, renovation, retrofitting, rehabilitation, restoration, painting, alteration or repair of any real property or improvements thereon, exclusive of the installation and assembly of any medical equipment, apparatus or device.
4. Contract. A written agreement, memorandum of understanding, letter agreement, letter of intent, or purchase order that formalizes the obligations of all parties involved.
5. Contractor. Any individual, business or other legal entity awarded a Contract to furnish goods or services to ECMCC.
6. Contract Value. The total value of a Contract, including all renewal options. If the value of the Contract is not known or cannot be determined at the time the Contract is awarded (i.e., a service Contract that states an hourly fee but does not state the total hours of service to be provided; a commodities Contract that states the price of the commodities but does not state the total volume of commodities to be purchased), the Contract Value shall be the total amount that ECMCC reasonably anticipates spending under the Contract during the term and any renewal options. With respect to joint Procurements, the amount to be expended by entities other than ECMCC shall be excluded from the Contract Value.
7. County. The County of Erie, New York.
8. Group Purchasing Organization (GPO). An entity that aggregates the purchasing volume of members, such as hospitals and health-care providers, to leverage discounts with manufacturers, distributors and other vendors intending to realize administrative savings and efficiencies.

9. Invitation for Bids (IFB). A formal competitive solicitation seeking sealed Bids for Construction work or specified goods or services, pursuant to which award is made to the responsive and responsible bidder(s) submitting the lowest price, provided that Contracts for goods and services (excluding Contracts for services necessary for the completion of a Construction project) may be awarded on the basis of Best Value to a responsive and responsible bidder. Generally, IFBs are used for the Procurement of Construction, equipment, materials and supplies.
10. Medical Building. The component of a Medical Project constituting appurtenant structures or facilities necessary to house or render the remaining components of the Medical Project operational. Medical Building does not include apparatus, equipment, devices, systems, supplies, or any combination thereof. (PAL § 3628(11)(g)(iii)).
11. Medical Project. Any substantial durable apparatus, equipment, device, or system, or any combination of the foregoing, including services necessary to install, erect, or assemble the foregoing, and any Medical Building, to be used for the purpose of care, treatment or diagnosis of disease or injury or the relief of pain and suffering of sick or injured persons. Medical Projects do not include ordinary supplies and equipment expended or used in the customary care and treatment of patients. (PAL § 3628(11)(g)(iv)).
12. Minority or Women-Owned Business Enterprise (“M/WBE”). A business certified under Article 15-A of the Executive Law that is independently owned, operated and authorized to do business in New York State; and is owned and controlled by at least 51% women or minority group members, respectively, who are citizens of the U.S. or permanent resident aliens. Such ownership must be real, substantial and continuing, and the minorities or women must have and exercise the authority to control independently the day-to-day business decisions of the enterprise.
13. New York State Business Enterprise. A business enterprise, including a sole proprietorship, partnership, limited liability company or business corporation, which offers for sale or lease or other form of exchange, goods which are sought by ECMCC and which are substantially manufactured, produced or assembled in New York State, or services which are sought by ECMCC and which are substantially performed within New York State. (PAL § 2879(5)(b)(ii)).
14. New York State Contract Reporter (“NYSCR”). A publication of procurement opportunities printed for the New York State Economic Development Bureau pursuant to the New York State Economic Development Law. (EDL §§ 141 - 143).
15. Personal Services. Any services performed for a fee, commission or other compensation by persons or organizations that are not providing such services as employees of ECMCC. Personal Services include, but are not limited to, professional services or any other services of a consulting, technical or professional nature.
16. Preferred Source. Contractors selected in accordance with ECMCC’s Preferred Source Policy and State Finance Law Section 162, offering specific commodities or services that meet the form, function and utility requirements of ECMCC.

17. Project Developer. Any individual or entity that has submitted a Proposal in response to a Request for Proposals for a Medical Project. (PAL § 3628(11)(g)(i)).
18. Procurement. The acquisition of goods and/or services.
19. Procurement Contract. Any written agreement to which ECMCC is a party for the acquisition of goods or services of any kind in the actual or estimated amount of five thousand dollars (\$5,000) or more. (EDL § 141).
20. Procurement Record. Documentation of the decisions made and the approach taken with respect to a Procurement.
21. Professional Services. Services involving the provision of advice, instruction or specialized work from an individual, firm or corporation specifically qualified or licensed to provide such services including, but not limited to, accounting, legal, health care, consulting and management services.
22. Proposal. An offer or response submitted in response to a Request for Proposals.
23. Recycled Product. A product that is manufactured from secondary materials as defined in the EDL § 261(1)(d).
24. Request for Proposal (“RFP”). A competitive solicitation seeking Proposals for a specified service or technology, pursuant to which an award is made to the responsive and responsible respondent offering the best value. Generally, RFPs are used for the Procurement of services, information technology systems, and consultants.
25. Responsible. The status afforded an individual or company based on factors such as: financial ability and organization capacity; legal authority to conduct business in New York state; integrity as it relates to business related conduct; and past performance.
26. Responsive. Meeting the minimum Specifications or Requirements as prescribed in a solicitation for goods or services.
27. Small Business. A business which is resident in New York State, independently owned and operated, not dominant in its field and employs one hundred or less persons. (SFL § 163(1)(e)).
28. Specifications (Requirements). Description of the physical or functional characteristics or the nature of a good, the work to be performed, the service or products to be provided, the necessary qualifications of the offeror, the capacity and capability of the offeror to successfully carry out the proposed Contract, the process for achieving specific results and/or anticipated outcomes, or any other requirement necessary to perform the work.

III. SOURCE SELECTION

A. Methods of Source Selection.

Unless otherwise authorized by law, all ECMCC Contracts will be awarded in accordance with one of the following Sections of these Guidelines.

B. Preferred Source.

Prior to engaging in any other method of source selection for the purchase of goods or services, ECMCC shall assess, in accordance with the ECMCC Preferred Source Policy and Section 162 of the State Finance Law, whether the desired goods or services are available from an offeror that has been afforded Preferred Source status. If a Preferred Source has goods or services available in the form, function and utility consistent with the needs of ECMCC, such goods or services shall be procured in accordance with the requirements of State Finance Law section 162 and ECMCC's Preferred Source Policy. If a good or service is not available in form, function and utility consistent with the needs of ECMCC from a Preferred Source, ECMCC may then exercise its authority to utilize any of the other applicable procurement methods set forth in these Guidelines.

C. Invitation for Bid.

1. Invitation for Bid. When the estimated amount of Procurement exceeds \$20,000 for supplies and services, or \$35,000 for public construction projects, and alternate means of procurement described herein are otherwise not available, ECMCC will issue an Invitation for Bid which shall include Specifications and the contractual terms and conditions applicable to the Procurement. (GML § 103(1)).
2. Public Notice. ECMCC must publish notice of the IFB in a daily newspaper, having general circulation in the County, at least five (5) days prior to the date set forth therein for the opening of Bids. Such notice shall state the time and place for opening of the Bids. Where applicable, ECMCC must also publish notice of the IFB in the Contract Reporter in accordance with Section IV.A. (GML § 103(2), PAL § 3628(10)(b)).
3. Bid Acceptance and Evaluation. Timely bids will be unconditionally accepted and evaluated for Responsiveness based on the requirements set forth in the IFB, which may include criteria to determine acceptability such as inspection, quality, workmanship, delivery and suitability for a particular purpose.
4. Correction or Withdrawal of Bids; Cancellation of Awards. ECMCC may permit, where appropriate, the withdrawal of inadvertently erroneous Bids before or after award, or cancellation of awards or Contracts based on such Bid mistakes. After Bid opening, no changes to Bid prices or other provisions of Bids prejudicial to the interest of ECMCC or fair competition shall be permitted.
5. Award. A Contract will be awarded after all necessary approvals have been obtained by written notice to the lowest Responsible and Responsive bidder (or bidders, in the case of multiple awards) whose Bid meets the Specifications set forth in the IFB.

6. Bid Retention. All Bids received, including all related documentation and communications received from bidders during the bidding process, will be maintained in a Procurement Record by ECMCC for at least twelve (12) months.

D. Request for Proposal.

1. Request for Proposals. A Contract may be solicited through an RFP rather than an IFB if the estimated amount of Procurement exceeds \$20,000 for supplies and services or \$35,000 for public construction projects and factors other than price are critical to the Procurement (such as specialized skills or equipment) and alternate means of procurement described herein are otherwise not available. For example, an RFP might be used for the Procurement of Personal Services or the Procurement of biotechnology, electronic, software and system applications. (GML § 103(1)). ECMCC will issue an RFP, which shall include a statement of work and/or Specifications, and the contractual terms and conditions applicable to the Procurement.
2. Public Notice. ECMCC shall, if applicable, publish notice of the RFP in the Contract Reporter in accordance with Section IV.A. ECMCC may also publish notice of the RFP in a newspaper or other publication for purposes of soliciting participation as determined by the Director of Purchasing.
3. Evaluation. Where the basis for award is the Best Value offer, the Procurement Record shall include a determination of the evaluation criteria in advance of the initial receipt of proposals, which whenever possible, shall be quantifiable, and shall describe the process to be used in the determination of Best Value and the manner in which the evaluation process and selection shall be conducted. The RFP shall set forth criteria stating the relative importance of each evaluation factor to the Procurement, including price, to be used by ECMCC during the evaluation period. Each Procurement based on Best Value shall be evaluated by a selection committee of no fewer than two (2) impartial employees or contractors of ECMCC with subject matter expertise. The Procurement Record shall include a full record of all evaluations performed by selection committee, including scorecards of the criteria.
4. Negotiations with Responsible Offeror and Revisions to Proposals. As provided in the RFP, ECMCC may conduct negotiations with Responsible offerors who timely submit Proposals determined to be reasonably qualified to be selected for award. The purpose of negotiations will be to seek the Best Value for ECMCC and to clarify for and advise offerors of the deficiencies in both the technical and price aspects of their Proposals so as to assure the full understanding of and conformance to the solicitation requirements. No offeror will be provided information about any other offeror's Proposal, and no offeror will be assisted in bringing its Proposal up to the level of any other Proposal. Offerors will not be directed to reduce their Proposal prices to a specified amount in order to be considered for award. A common deadline will be established for receipt of Proposal revisions and communicated to Responsible offerors.
5. Award. After evaluation of Proposal revisions, if any, award will be made to

the responsible offeror (or offerors, in the case of multiple awards) whose Proposal is determined to be the most advantageous to ECMCC, taking into consideration price and the evaluation factors set forth in the RFP.

6. Proposal Retention. All Proposals received, including all related documentation and communications received from offerors during the selection process, will be maintained by ECMCC for at least twelve (12) months.

E. Discretionary Procurements.

For purchases up to the discretionary Procurement thresholds set forth below, ECMCC shall not be required to conduct formal competitive bidding processes. With respect to any discretionary Procurement, ECMCC must (i) ensure that the goods, services or technology acquired meet ECMCC's form, function and utility needs; (ii) document and justify the selection of the vendor; (iii) document and justify the reasonableness of the price; and (iv) ensure that the vendor is a Responsible vendor. Reasonableness of price may be determined by obtaining three (3) alternate quotes or comparing the proposed price to prices paid for similar goods or services within the previous twelve (12) months.

1. Supplies and Services under \$20,000. Any Procurement of goods and services, including Professional Services, with a Contract Value that does not exceed \$20,000 including all renewal options may be made without a competitive bidding process; provided, however, that reasonable efforts shall be made to ensure that the price to be paid is reasonable. A Procurement shall not be artificially divided so as to constitute a discretionary Procurement under this Section. (GML § 103(1)).
2. Public Works under \$35,000. Any Construction project with a total Contract Value that does not exceed \$35,000 may be awarded without a competitive bidding process; provided, however, that reasonable efforts shall be made to ensure that the price paid is reasonable. A Construction project may not be divided into more than one project so as to constitute a discretionary Procurement under this Section. (GML § 103(1)).
3. M/WBE and SDVOB Goods and Services under \$500,000. Any Procurement Contract for goods or services with a Contract Value that does not exceed \$500,000 may be awarded to an M/WBE or Service-Disabled Veteran-Owned Business ("SDVOB") without a competitive bidding process, provided that the price for the goods or services is determined to be reasonable in accordance with these guidelines. The reasonably expected aggregate amount of all purchases of the same commodities or services from the same provider within the twelve-month period commencing on the date of the first purchase cannot exceed the \$500,000 limit. Therefore, even though the value of an individual Procurement Contract may be below the discretionary threshold, expected purchases during the following twelve (12) month period should be evaluated to determine whether the discretionary procurement exception is available. Where the Contract Value exceeds \$50,000, the Contract award, and if applicable, the mini-bid directed to M/WBE or SDVOB firms (as applicable), must be advertised in the New York State Contract Reporter in accordance

with Section IV.A. (PAL § 2879)

4. Small Business Goods and Services under \$500,000. Any Procurement Contract for goods or services with a Contract Value that does not exceed \$500,000, including all renewal options, may be awarded to a Small Business without competitive bidding process, provided that the price for the goods or services is determined to be reasonable. For purposes of determining reasonableness of price, the same process set forth relating to M/WBE discretionary awards shall apply to Small Business discretionary awards. The Procurement requirements shall not be artificially divided so as to constitute a discretionary Procurement under this Section III.G. Where the Contract Value exceeds \$50,000, the Contract award and, if applicable, the solicitation directed to Small Businesses, must be advertised in the New York State Contract Reporter in accordance with Section IV.A. (PAL § 2879).

F. Medical Projects.

1. Source Selection. ECMCC may award Contracts for Medical Projects to Project Developers on the basis of factors other than cost alone, including but not limited to, facility design, system reliability, efficiency, safety and compatibility with other elements of patient care. Notwithstanding any contrary provisions of law, a Contract for a Medical Project with a Project Developer may be awarded pursuant to the competitive bidding process outlined in Section III.C (Invitation for Bid) or pursuant to the Proposal evaluation process outlined in Section III.D (Request for Proposal). (PAL § 3628(10)).
2. Public Notice. When an RFP is issued for a Medical Project, ECMCC shall publish notice of such issuance in at least one (1) newspaper of general circulation in the County. Concurrent with the publication of such notice, a draft RFP shall be filed with the County Commissioner of Health. (PAL § 3628(10)(b)).
3. Board Resolution. If after issuance of an RFP for a Medical Project, a Contract is awarded to a Project Developer who is not the lowest bidder, ECMCC shall adopt a resolution containing particularized findings indicating that the requirements of ECMCC are met by the award and that such award is in the public's best interest. (PAL § 3628(10)(b)).
4. Project Cost over \$500,000. Where a Medical Project expected to cost more than \$500,000 involves the construction of a Medical Building, ECMCC's Contract with the Project Developer shall provide that the Medical Building shall be constructed through Contracts awarded through a competitive bidding process outlined in within Public Authorities Law Section 3628, and shall require separate and independent competitive bidding in each of the following subdivisions:
 - (a) plumbing and gas fitting;
 - (b) steam heating, hot water heating, ventilating and air conditioning apparatus; and

(c) electric wiring and standard illuminating fixtures.

(PAL §§ 3628(11)(b)(i)-(iii)).

5. Bid Security. Where a Medical Project expected to cost more than \$500,000 involves the construction of a Medical Building, the Project Developer or the Project Developer's construction subcontractors shall furnish bid security as provided in Section V.A(1). (PAL § 3628(11)).

G. Exemptions from Formal Competition.

The following types of Procurements are exempt from the competitive bidding process and may be awarded by ECMCC without issuance of a formal IFB, provided however that unless otherwise noted herein, exemption from competitive bidding shall not exempt the Procurement from applicable M/WBE participation requirements set forth herein or Contract Reporter publication requirements set forth in Section IV.A:

1. Professional Services. Where the issuance of an RFP is impractical due to the professional nature or scope of the services to be provided, such Professional Services may be procured through the solicitation of price quotations from no less than three (3) offerors. Such quotations must be obtained in writing. Award will be made to the offeror providing the Best Value to ECMCC based on an evaluation of the price and other specified factors. If factors other than price are utilized in the evaluation of the quotes, such factors shall be disclosed to all offerors at the time the price quotation is solicited. The names, addresses and/or telephone numbers of the offerors and persons contacted, along with the date and amount of each quotation shall be recorded and maintained in the Procurement Record. Any award of a Contract under this Section shall comply with ECMCC's M/WBE policies and procedures and the Contractor Reporter publication requirements set forth in Section IV.A.
2. Additional Items under Existing Contract. Where the need for additional items or services arises under an existing Contract awarded pursuant to an IFB or RFP, such Procurement may be made without issuing a new IFB or RFP, provided that the additional items or services were contemplated under the original IFB or RFP, are provided within eighteen (18) months of the original RFP or IFB and the quantity of additional items or services does not exceed thirty (30%) percent of the quantity of items or services procured under the original Contract. This requirement shall not extend to contract extensions for the same services or products awarded pursuant to a compliant IFB or RFP. All communications and documentation related to the Procurement of additional items or services will be maintained in the Procurement Record. For avoidance of doubt, this Section shall not apply to any discretionary Procurements to the extent that the additional items or services would cause the Contract Value to exceed the discretionary Procurement threshold. To the extent that the additional items or services impact the Contract Value, and the Contract is subject to M/WBE goals, ECMCC shall require the Contractor to submit an updated M/WBE Utilization Plan in accordance with these guidelines.
3. Standardization. For reasons of efficiency or economy, purchase Contracts for equipment, material, supplies or services may be standardized to a particular make, model or brand upon the approval by at least three-fifths of the members

of the Board of Directors of ECMCC. The resolution adopted by the Board shall specify the reasons that standardization is appropriate. A common reason for standardization is to ensure that equipment purchased is compatible with existing equipment or spare parts. For such purchases to be justified, the original equipment should be suitable for the required purpose, the price should be reasonable when compared to the overall cost, and the advantages of another make or source of equipment shall have been considered and rejected on grounds acceptable to ECMCC. After a resolution is adopted, ECMCC may specify the standardized make, model or brand in specification document, however all competitive processes set forth in these Guidelines must still be followed. (GML § 103(5)).

4. Sole and Single Sources. When ECMCC determines that there is only one source for required goods or services, and no other vendor offers functionally equivalent goods or services in the marketplace, a Procurement Contract for such goods or services may be awarded without competitive procedures, provided that a Sole Source Justification Form is completed by the Department initiating the Procurement and approved by the Director of Purchasing, Counsel, and ECMCC's CEO or CFO. Sole source Procurements with Contract Values exceeding \$50,000 shall be advertised in the Contract Reporter in accordance with Section IV.A. The definition of "Sole Source" under these Guidelines shall include those instances where goods or services are available from two or more vendors, but a particular vendor is preferable because of specific factors described in this section. Factors supporting an award in such a "single source" situation include: (i) legislation or appropriation mandates use of particular vendor; (ii) warranty voided if service or parts are provided by a different vendor; (iii) software license renewals, additions, or upgrades available from only one source, or (iv) other circumstances as may be identified in the Sole Source Justification Form, as may be amended. (1983 Op. St. Compt. No. 83-67; 1986 Op. St. Compt. No. 86-41; 1988 Op. St. Compt. No. 88-35; and related case law).
5. Emergency Procurement. Notwithstanding any other provision of these Guidelines, ECMCC may make or authorize others to make an emergency Procurement in the event of an accident or unforeseen occurrence or condition that affects its buildings or property, or the life, health, safety, or property of its staff or patients, or to prevent or minimize serious disruption of ECMCC services jeopardizing patient health, welfare or safety; subject to the following provisions:
 - (a) The emergency Procurement shall be limited to those supplies, services or construction items necessary to meet the immediate emergency;
 - (b) Emergency Procurements shall be made with such competition as is practicable under the circumstances;
 - (c) Approval of the CEO shall be obtained prior to the Procurement;
 - (d) For emergency Procurements that equal or exceed two hundred fifty thousand dollars (\$250,000), the Board of Directors must ratify the Emergency Procurement at the next Board meeting. (GML § 103(4)).

6. Joint Hospital Purchases. ECMCC may participate in a joint purchasing agreement for the Procurement of goods, supplies and services with one or more other municipal, state, federal or privately-owned hospital or other health related facility or medical school that receives public funding without competitive bidding. Such cooperative or joint purchasing may include, but is not limited to, multi-party contracts between public Procurement units and open-ended public Procurement unit contracts that are made available to other entities. Such joint purchases are exempt from traditional M/WBE goals but must comply with other applicable M/WBE policies ECMCC has in place governing joint purchases. (GML § 103(8); PHL § 2803-a).
7. Group Purchasing Organizations. ECMCC recognizes purchases made through Group Purchasing Organizations as a best practice in hospital purchasing nationwide with associated efficiencies, savings and speed. ECMCC may participate in one or more group purchasing organizations (GPO). Procurements made pursuant to a GPO arrangement shall not be subject to competitive bidding processes or traditional M/WBE goals. (PHL § 2803-a; 1989 Op. St. Compt. No. 89-2).
8. Surplus and Second-Hand. Surplus and second-hand supplies, equipment and materials purchased from the federal government, New York State, or any other political subdivision, district or public benefit corporation are not subject to the competitive bidding process. (GML § 103(6)).
9. Recycled Products. Recycled products may be purchased without regard to the competitive Bid process so long as they meet the specified requirements and are reasonably competitive. Reasonably competitive shall mean that the cost of the recycled product does not exceed a cost premium of ten (10%) percent above a comparable non- recycled product. (GML § 104-a).
10. Government Sources. ECMCC may purchase from the New York State Office of General Services when the purchase exceeds \$500, or it may make purchases from the federal government, without regard to the competitive Bid process or M/WBE goals. However, when ECMCC elects to use a federal source for the purchase of goods or services, no purchase may be made where a Bid for such good or service has been received, unless the purchase may be entered into upon the same terms, conditions, and Specifications and represent a cost savings to ECMCC. (SFL § 163(3)(iv); PAL § 3628(9)).
11. Board Waiver of Requirements for Competitive Selection of Contractors. The ECMCC Board may, by resolution, waive requirements for the competitive selection of contractors for a specific procurement that otherwise would be awarded on a competitive basis when such waiver is in the best interest of ECMCC. Accordingly, the Board of Directors may, upon careful deliberation and a vote of 2/3 of the Directors present at a meeting of the Board at which such Contract is presented, waive the selection of contractors on a competitive basis when doing so is in the best interest of ECMCC. (PAL § 2879(3)(b)(i)).
12. Professional Health Care Services. Contracts for professional health care services including but not limited to services performed by health care agencies or entities, physicians, dentists, physician's assistants, home health and personal care aides, occupational, speech, respiratory and physical

therapists, nurses, nurses' assistants, medical and laboratory technicians, diagnosticians, social workers, psychiatric workers, veterinarians, and persons who provide care, treatment, counseling, case management, rehabilitative or preventative services to the mentally ill, developmentally disabled and those suffering from the disease of alcoholism or substance abuse are exempt from competitive bidding. (Professional services exception found within case law and various NYS Comptroller opinions.)

13. Subsidiaries of the Corporation. ECMCC may own, in whole or in part, one or more subsidiary corporations formed to exercise and perform portions of its purposes, powers, duties, functions, or activities. Delegation of such activities to these corporations shall not be subject to competitive bidding processes or traditional M/WBE goals. (PAL § 3631(9)).
14. Lease Agreements. ECMCC may lease or purchase real property from private entities without engaging in an IFB or RFP process. (GML § 103 and related case law).

H. Pre-qualification/Request for Qualifications.

Prospective suppliers may be pre-qualified for particular types of supplies, services or construction. Such pre-qualification, however, is subject to subsequent review and does not necessarily constitute a finding of Responsibility for any particular contract award nor does it guarantee an amount to be awarded. Notice of the Request for Qualifications shall be published at least annually in a newspaper of general circulation, and shall be published in the New York State Contract Reporter, similar to an IFB/RFP. The pre-qualified vendor list generated by the Request for Qualifications shall not contain less than five (5) bidders and must remain open for additional qualified bidders. Prequalification of bidders does not constitute competitive bidding. An IFB or RFP must still be used to determine how a particular Procurement will be awarded. (GML § 103(15)(b)).

I. New York State Business Enterprises.

It is the goal of ECMCC to promote the participation of New York State Business Enterprises and New York State Residents in Procurement Contracts. (PAL §§ 2879(3)(n)-(p)).

IV. PROCEDURES and STANDARD PROVISIONS

- A. New York State Contract Reporter.** All Procurements (other than joint purchases and contracts for health care services) of goods, services or public works having a Contract Value of fifty thousand dollars (\$50,000) or more shall be published in the New York State Contract Reporter (except as provided below).
 1. Notice of Procurement. For all Procurement Contracts with a Contract value equal to or greater than \$50,000, ECMCC will, prior to issuing an IFB or RFP, submit the following information to the New York State Contract Reporter website: (a) ECMCC's name and address; (b) the IFB or RFP number; (c) a brief description of the goods and/or services sought, the location where goods are to be delivered and/or services provided and the contract term; (d) the address where bids or proposals are to be

submitted; (e) the due date for Bids or Proposals; (6) a description of any eligibility or qualification requirements or preferences; (7) a statement as to whether the contract requirements may be fulfilled by a subcontracting, joint venture or coproduction arrangement; (8) any other information deemed useful to potential contractors; (9) the name, address, and phone number of the person to be contacted for additional information and (10) a statement as to whether the goods and/or services sought have, in the immediately preceding three-year period, been supplied by a Foreign Business Enterprise (as defined in EDL § 141(2)). The notice of Procurement opportunity shall appear in the NYSCR at least fifteen (15) business days prior to the Bid or Proposal due date. (EDL § 142(2)(c)).

2. Notice of Contract Award. At the time a determination of intent to award a Procurement Contract is made, the following information shall be submitted for publication in NYSCR:

- (a) For Procurement Contracts obtained through IFB, the result of the Bid opening including the names of bidding firms and the amounts bid by each;
- (b) For Procurement Contracts obtained through RFP or quote solicitation, the names of vendors submitting Proposals or quotes and the vendor submitting the selected Best Value Proposal or quote.
- (c) For all other Procurement Contracts (including Procurement Contracts with a value of \$50,000 or more awarded on a sole source or single source basis, including such Contracts not exceeding \$200,000 awarded to Small Businesses or M/WBE firms, or for the purchase of goods and/or technology that are recycled or remanufactured, and certain other Procurement Contracts exempt from the general advertising requirement for procurement contract bidding opportunities), the name of the proposed awardee. (EDL §§ 143(2)-(3)).

3. Exemptions. This Section IV.A shall not apply (a) in the event of an Emergency Procurement, (b) if the Procurement is being resolicited within forty-five (45) business days after the date Bids or Proposals were originally due, or (c) to Procurement Contracts awarded to not-for-profit human services providers. (EDL § 144).

B. Cancellation of Invitation for Bid or Request for Proposal.

An IFB, RFP or other solicitation may be canceled, or any or all Bids or Proposals may be rejected in whole or in part as may be specified in the solicitation or otherwise, when it is in the best interest of ECMCC. The reasons for the cancellation or rejection shall be made part of the Procurement Record. (GML § 103(1)).

C. Responsibility of Bidders and Respondents.

1. Standards. Factors to be considered in determining whether the standard of “Responsibility” has been met include whether a prospective contractor has:
 - (a) Available the appropriate financial, material, equipment, facility and/or personnel resources and expertise, or the ability to obtain them, necessary to indicate its ability to meet all contractual requirements;
 - (b) A satisfactory record of performance with projects of a similar size and nature;
 - (c) A satisfactory record of integrity;
 - (d) Qualified legally to contract with ECMCC; and
 - (e) Promptly supplied all necessary information in connection with the inquiry concerning responsibility.
2. Written Determination of Non-Responsibility or Nonresponsiveness Required. If a bidder or offeror who otherwise would have been awarded a contract is found non-responsible or nonresponsive, ECMCC shall issue a written determination of non-responsibility or nonresponsiveness setting forth the basis of the finding.

D. Compliance with Procurement Lobbying Laws. In accordance with State Finance Law Section 139-j, potential Contractors are prohibited from contacting ECMCC in an effort to influence a decision on a pending Procurement during the “Restricted Period” set forth within such law. Further, in accordance with State Finance Law Section 139-k, bidders and offerors are required to disclose findings of non-responsibility made within the previous four years by any governmental entity where such prior finding of non-responsibility was due to: (a) a violation of Section 139-j, or (b) the intentional provision of false or incomplete information to a governmental entity. ECMCC shall investigate any report of violation of these laws. Failure to comply with these laws may result in the disqualification of a Contractor from future Procurement opportunities.

E. Contractor Preparation of Technology Specifications. If a Contractor prepares and furnishes specifications for a technology Procurement proposal, to be used in a competitive Procurement, such Contractor shall not be permitted to bid or propose on such Procurement, either as a prime contractor or as a subcontractor. Contracts for evaluation of offers for products or services shall not be awarded to a Contractor that would then evaluate its own offers for products or services. Such restrictions shall not apply where:

1. The Contractor is the sole source or single source of the product or service;
2. More than one Contractor has been involved in preparing the specifications for a Procurement proposal; or
3. A Contractor has furnished at ECMCC’s request specifications or information regarding a product or service they provide, but such Contractor has not been directly requested to write specifications for such product or service or an ECMCC technology procurement proposal.

F. Contract Provisions.

1. All Contracts for Personal Services shall detail the scope of services to be

performed and the time frame for performance, the monitoring or reviewing of that performance by ECMCC personnel and, where appropriate, any permitted use of supplies, facilities or personnel. Such contracts also shall state the compensation for the services, the timing of payment, the preconditions for receiving payment from ECMCC, procedures for termination of the contract and any other provisions counsel deems necessary or appropriate for each particular contract. If the performance of any contract permits or requires the use of subcontractors, the Contract shall require the Contractor to act affirmatively to secure such participation by M/WBEs and to report the nature and extent of such efforts to ECMCC in accordance with predetermined ECMCC participation goals.

2. All Contracts awarded through one of the competitive Bid processes also must include the following non-collusive bidding certification language:

(a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

G. Contract Review and Approval.

1. General Counsel. All contracts and amendments to contracts must be reviewed and approved by ECMCC's General Counsel, with the exception of renewals or extensions to existing contracts upon the same terms and conditions previously reviewed and approved by the General Counsel. General Counsel may designate an attorney member of the Office of General Counsel to perform review in any particular instance.
2. Board Approval of Non-Budgeted Contracts. Any Contract with a Contract Value in excess of \$500,000 that does not appear in the budget must be

approved by the Board of Directors.

3. Board Approval and Annual Review of Certain Contracts for Services. Any Procurement Contract for services with an actual or anticipated term of more than one (1) year must be approved by and annually reviewed by the Board of Directors. (PAL § 2879).
4. Signing Authority. The CEO, CFO and President are the only persons authorized to sign Contracts on behalf of ECMCC.

H. ECMCC Reserved Rights. The following statement of reserved rights may be incorporated in all RFPs and IFBs.

ECMCC reserves the right to:

1. Reject any and all proposals submitted in response to this Request for Proposals or Invitation for Bids;
2. Disqualify any respondent whose conduct or proposal fails to conform to the requirements of this RFP/IFB;
3. Withdraw this RFP/IFB at any time at its sole discretion;
4. Prior to submission of proposals to amend the RFP/IFB specifications to correct errors or oversights, or to supply additional information as it becomes available;
5. Change any of the scheduled dates;
6. Waive any requirements that are not material;
7. Waive any non-conformity with the requirements of this RFP/IFB;
8. Terminate this RFP/IFB process at any time;
9. Seek clarification from a respondent at any time throughout the RFP/IFB process for the purpose of resolving ambiguities or questioning information presented in proposals;
10. Award the contract in whole or in part and/or apportion the award among one or more respondents;
11. Negotiate final terms with the successful respondent(s);
12. Conduct contract negotiations with the next responsible bidder, should ECMCC be unsuccessful in negotiating with the selected bidder; and
13. Prepare a list of finalists based on initial proposal evaluations and request that finalists present in-person or telecommunicated presentations to ECMCC.

V. BOND REQUIREMENT

A. Bid Security.

1. Requirement for Bid Security on Construction Contracts. Bid security shall be required for Contracts involving the construction of a Medical Building when the cost is estimated to exceed \$500,000. Bid security shall be in the form of a bond from the Project Developer or the Project Developer's construction subcontractor guaranteeing prompt payment when due to all persons furnishing labor and materials. Such bond shall be provided by a surety company authorized to do business in New York, or the equivalent in cash or otherwise supplied in a form satisfactory to ECMCC. Nothing herein prevents the requirement of such bonds on other construction Contracts or Contracts valued under \$500,000 when the circumstances warrant. (PAL § 3628(11))
2. Bid Security on Supply or Services Contracts. Bid security may be required for supply or service contracts, as ECMCC deems necessary to protect ECMCC's interests. Any security requirements shall be set forth in the solicitation. Bid security shall be a bond provided by a surety company authorized to do business in New York or the equivalent in cash or otherwise supplied in a form satisfactory to ECMCC. Bid security shall not be used as a substitute for a determination of a bidder or offeror's responsibility.
3. Rejection of Solicitations for Noncompliance with Bid Security Requirements. When the solicitation requires security, noncompliance requires that the Bid or Proposal be rejected unless otherwise waived by ECMCC pursuant to these Guidelines. (PAL § 3628(11)).

B. Other Forms of Security on Construction Contracts.

ECMCC may require other forms of security to assure timely, faithful and uninterrupted performance, including, but not limited to, operations period surety bonds, letters of credit, and appropriate written guarantees from the Contractor.

VI. ETHICS

A. Definitions.

1. Direct and Indirect Participation. Involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or Procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity.
2. Employee. Any individual drawing a salary from ECMCC or any non-compensated individual performing services for ECMCC.
3. Relative. An individual residing in the same household as the ECMCC employee and any individual who is a direct descendent of the employee's grandparents or the spouse of such descendent.

B. Conflict of Interest.

1. Conflict of Interest. It shall be a breach of ethical standards for any employee to participate directly or indirectly in a Procurement when the employee knows that:
 - (a) The employee or a relative of the employee has a financial interest pertaining to the Procurement;
 - (b) A business or organization in which the employee or relative is involved has a financial interest pertaining to the Procurement;
 - (c) Any other person, business, or organization with whom the employee or relative is negotiating or has an arrangement concerning prospective employment is involved in the Procurement.

C. Kickbacks.

It shall be a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor, higher tier subcontractor or any person associated therewith, or a relative of such contractors or subcontractors, as an inducement for the award of a subcontract or order.

VII. MINORITY AND WOMEN BUSINESS ENTERPRISE (“M/WBE”) REQUIREMENTS.

- A. Scope.** All Procurement Contracts entered into by ECMCC exceeding \$25,000 for labor, services, supplies, equipment, or materials or exceeding \$100,000 for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements, must comply with the M/WBE requirements set forth in New York State Executive Law Article 15-A, as well as 5 NYCRR Parts 142-144 (“M/WBE Regulations”) (“State Contracts”). With respect to procurement of services and commodities, ECMCC shall consider the reasonably expected aggregate amount of all purchases of the same commodities or services to be made within a twelve (12) month period commencing on the date of purchase when determining whether these requirements apply. Aggregate purchases of the same commodities or services within a twelve (12) month period are deemed a single transaction.

B. M/WBE Goal Plan.

1. Annually, ECMCC shall submit to the director of the NYS Department of Economic Development, Division of Minority and Women’s Business Development (the “Division”), an M/WBE Goal Plan setting forth the percentage of ECMCC expenditures targeted for the participation of M/WBEs in the following State Contract categories:
 - Construction;
 - Commodities;
 - Construction related professional services; and
 - Non-construction related professional and non-professional services.

2. Establishment of Goals. ECMCC shall review all State Contracts and establish overall goals for each contract as well as goals for specific MBE and WBE participation, as required by 5 NYCRR 142.2. Generally, ECMCC is committed to achieving an overall M/WBE utilization percentage of thirty percent (30%) of ECMCC's agency budget, which percentage goal may be amended from time to time as set forth in the M/WBE Goal Plan (the "M/WBE Goal"). This goal is generally subdivided into twenty percent (20%) MBE and ten percent (10%) WBE participation, but may be reduced or increased on an individual basis at ECMCC's discretion.
3. Exempt and Excluded Expenditures. The M/WBE Goal Plan includes a list of "Exempt" and "Excluded" expenditures, which expenditures are not included in ECMCC's agency budget. Such exemptions and exclusions shall include those otherwise described within these Guidelines, but may also include other areas that ECMCC determines insufficient M/WBE utilization is available.
4. State Contract Goals. Each IFB, RFP, and proposed contract that is expected to result in a State Contract (other than an exempt or excluded State Contract) shall set forth the M/WBE Goal for the State Contract. Individual goals may be set for each State Contract, taking into consideration the factors set forth in 5 NYCRR 141.2(e). Each IFB and RFP shall include detailed instructions on M/WBE compliance and requirements to be met in responding the IFB or RFP.

C. ECMCC's Good Faith Efforts. For all procurements anticipated to result in a State Contract (other than an exempt or excluded State Contract), ECMCC shall employ good faith efforts to achieve M/WBE participation in accordance with 5 NYCRR 141.6, including, but not limited to, the following notice of solicitation strategies:

1. NYS Contract Reporter. With respect to all procurements expected to result in a State Contract exceeding \$50,000, such procurements shall be advertised in the New York State Contract Reporter.
2. Direct Solicitation of M/WBEs. Notice of the solicitation (by email or letter) shall be sent by ECMCC's Department of Purchasing directly to certified M/WBEs that have been identified by ECMCC as M/WBE vendors qualified to provide the service or commodity.
3. Other Media. Advertisements for RFPs, IFBs and other solicitations anticipated to result in a State Contract will also be placed in minority and women-focused media as appropriate.

D. Documentation of Good Faith Efforts. ECMCC shall document its Good Faith Efforts by including in the procurement record: (1) documentation showing M/WBE vendors, organizations and associations that were solicited and/or copies of advertisements placed in general circulation media, trade association, publications and/or minority-focused media, and (2) all bids, quotes, proposals or other responses received from M/WBE vendors.

E. Contractor's Good Faith Efforts. When an opportunity for subcontracting or indirect expenditure with an M/WBE firm exists on a State Contract, ECMCC shall ensure that prime vendors employ a good faith effort to utilize M/WBE subcontractors as required under 5 NYCRR 142.8. In determining whether a Contractor has made good faith efforts to utilize M/WBE subcontractors, ECMCC shall consider, at a minimum, whether the Contractor has undertaken the following efforts:

1. Solicit certified M/WBEs and provide copies of solicitations and responses thereto upon ECMCC's request;
2. Advertise for participation of M/WBEs in appropriate general circulation, trade and minority- or women-oriented publications, and provide copies of the listing(s) and date(s) of the publication to ECMCC upon request; and
3. Undertake steps to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified M/WBEs.

F. Joint Ventures and Teaming Agreements.

Where a State Contract does not afford opportunities for subcontracting or subconsulting, potential contractors shall be encouraged to enter into joint ventures and teaming agreements with M/WBEs.

1. Joint Venture. A contractual agreement joining together two or more business enterprises, one of which is a certified M/WBE, for the purpose of performing on a State Contract. The M/WBE must provide a percentage of value added services representing an equitable interest in the joint venture. All parties to the joint venture must agree to share in the profits and losses of the business endeavor according to their percentage of equitable interest.
2. Teaming Agreement. A utilization plan arrangement between two or more business enterprises, one of which is a certified M/WBE, to perform on a specific State Contract if awarded to the team. The team itself may be a joint venture, or one of the team members may be designated to act as the prime contractor, and the other member(s) designated to act as subcontractors.
3. Information Required. In the event that a contractor responding to a solicitation is a joint venture, teaming agreement, or other similar arrangement that includes a certified M/WBE, such a contractor must submit the M/WBEs identifying information, including federal identification number and copy of certification, as well as a copy of the joint venture or teaming agreement.

G. M/WBE Utilization.

1. M/WBE Utilization Plan. With respect to procurements that are anticipated to result in the execution of a State Contract, ECMCC shall include a blank M/WBE Utilization Plan with any IFB, RFP, or proposed contract (where the contract is exempt from competition requirements set forth in GML § 103).

2. Review of Utilization Plan. ECMCC shall review and approve all M/WBE documentation (Utilization Plan, Staffing Plan, etc.), or otherwise notify the potential contractor of disapproval or deficiency of the documentation within twenty (20) business days of submission, as required by 5 NYCRR §142.4. If the Utilization Plan is not approved, the M/WBE Program Coordinator will provide the contractor with a written notice of deficiency of the Utilization Plan within twenty (20) business days of its receipt, as required under 5 NYCRR Part 142.6(c). The potential contractor must respond to the notice of deficiency by submitting to the M/WBE Compliance Coordinator a written remedy within the period of time set forth in the bid or RFP documents, as permitted by 5 NYCRR Part 142.6(e). If the written remedy submitted is found to be inadequate, the M/WBE Compliance Coordinator will notify the contractor and may request the contractor to submit a request for a waiver. If a contractor is deemed non-responsive or non-responsible by ECMCC in accordance with Section any request for waiver shall be deemed to be moot (5 NYCRR Part 142.7(a) (1) (b)).

3. Determination of Non-Responsiveness. ECMCC may disqualify a potential contractor as non-responsive (5 NYCRR §142.6(f)) to the requirements of NYS Executive Law Article 15-A upon the occurrence of any of the following:
 - (i) Contractor fails to submit a M/WBE Utilization Plan in accordance with the requirements of this Policy or apply for a waiver;
 - (ii) Contractor fails to submit a written remedy in response to a notice of Utilization Plan deficiency in accordance with this Policy;
 - (iii) Contractor fails to submit a request for waiver upon request by ECMCC;
 - (iv) Denial of a request for waiver by the M/WBE Compliance Coordinator or the Division; or
 - (v) M/WBE Compliance Coordinator determines that the contractor has failed to perform good faith efforts.

H. Self-Performance. Contractors that are NYS certified M/WBEs and will self-perform all or a portion of a State Contract may count the value of the self-performed work as either MBE or WBE involvement up to the dollar value of such involvement. Contractor must also engage participation from another MBE or WBE firm of the opposite designation in order to meet the requirements of ECMCC's M/WBE Program. Example: On a contract for supplies with a 30% M/WBE goal (15% MBE and 15% WBE), ABC Company is a WBE and intends to self-perform 20% of the contract work. Company ABC may count 20% of the contract value as WBE utilization performed by Company ABC. Company ABC must still engage at least one NYS certified MBE as a subcontractor or supplier to perform at least 15% of the contract work in order to meet the M/WBE requirements of the contract.

I. Commercially Useful Function. In accordance with 5 NYCRR 140.1(f), only sums paid to M/WBEs for the performance of a commercially useful function may be applied towards the achievement of the applicable M/WBE participation goal. An M/WBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by

actually performing, managing, and supervising the work involved. An M/WBE does not perform a commercially useful function if its role adds no substantive value and is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of participation.

- J. Contractor Reporting.** The State Contract shall require contractor to submit monthly M/WBE utilization reports throughout the term of the Contract.
- K. Non-Compliance.** Contractors who fail to comply with the utilization percentages set forth in their approved Utilization Plan shall be subject disqualification, liquidated damages, termination of the State Contract, or other enforcement as set forth in the Contract.
- L. Waivers.** If a contractor or potential contractor, after engaging in good faith efforts as described within the M/WBE Regulations, is unable to achieve the M/WBE goals applicable to the RFP, IFB, or State Contract, ECMCC may permit the contractor to request a total or partial waiver of the M/WBE goals by submitting a request for waiver accompanied by documentation of good faith efforts. Within seven (7) business days of submission, ECMCC will determine in its discretion whether the request should be approved, denied, or whether additional action should be taken by the contractor to reach the applicable goal. Contractors are responsible for preparation of all Requests for Waiver and supporting documentation, and waiver requests that do not contain sufficient documentation of Good Faith Efforts should not be approved.
- M. M/WBE Discretionary Purchases.** Consistent with New York Public Authorities Law Section 2879, where goods or services are available from certified M/WBEs, procurements may be made by ECMCC in amounts not exceeding \$200,000 without competitive bidding, in accordance with the March 31, 2015 resolution of the ECMCC Board of Directors (each a “Discretionary M/WBE Procurement”). ECMCC must document in the procurement record support for both the reasonableness of the price and the selection of the M/WBE vendor. Any contracts entered into as Discretionary M/WBE Procurements must include language providing for the termination of the agreement should the M/WBE lose its state certification.
 - 1. Solicitation of discretionary quotes. When making a Discretionary Procurement, ECMCC may solicit quotes from multiple M/WBE vendors (“M/WBE Mini-Bid”). Generally, the Discretionary M/WBE Procurement should be awarded to the responsible M/WBE vendor submitting the lowest price.
 - 2. Advertisement of Discretionary M/WBE Procurements.

Advertising requirements under NYS Economic Development Law still apply to Discretionary M/WBE Procurements. The language that should be used for advertisement of a Discretionary M/WBE Procurement is as follows for M/WBE Mini-Bids (as described below):

“ECMCC intends to procure [insert project description, i.e. 1,000 widgets] pursuant to its discretionary purchasing authority under New York Public Authorities Law section 2879. This procurement opportunity is limited to

New York State businesses certified pursuant to Article 15-A of the New York State Executive Law.”

If this is not intended as an M/WBE Mini-Bid, the following language shall be used:

“ECMCC intends to procure [insert project description, e.g. 1,000 widgets] as a discretionary spend pursuant to its purchasing authority under New York Public Authorities Law section 2879. ECMCC will procure these services or goods from a New York State businesses certified pursuant to Article 15-A of the New York State Executive Law. This is not a bid opportunity. Please do not contact ECMCC requesting bid information.”

3. Negotiation of Procurement Price. When an M/WBE submits a quote for a commodity or service in a Discretionary M/WBE Procurement (not exceeding \$200,000) and the quote is deemed high, ECMCC should engage in direct negotiation with the M/WBE vendor in an attempt to reach reasonableness of price. This step is not permitted for a competitive procurement.
4. Reasonableness of Price. ECMCC must document in the procurement record the “reasonableness of price” for any Discretionary M/WBE Procurement. Generally, reasonableness of price can be determined by: (1) Comparing the quoted price with the price for the same or similar services purchased within the last six months; (2) Comparing the price with other quoted prices; (3) Comparing the quoted price with prices in various procurement publications; (4) Reviewing the type of work that was previously accepted by ECMCC at a similar price; or (5) Comparing the price of the product or service with the current market value of the same product or service.
5. Justification for the Selection of M/WBE Vendor. ECMCC must document justification for the selection of the M/WBE vendor in the procurement record. Selection may be supported by: (1) demonstrating reasonableness of cost; (2) showing enhanced or best value provided by the vendor; (3) (if applicable) noting the vendor is a NYS small business; and (4) identifying the vendor as an M/WBE (this cannot be the sole justification).

N. Consideration of Diversity Practices.

1. Generally. ECMCC may consider potential contractors’ “Diversity Practices” in awarding contracts in excess of \$250,000 that are not subject to formal competitive bidding, and are awarded on the basis of best value. With respect to such contracts awarded through the RFP process and anticipated to be in excess of \$250,000, prior to issuing the RFP, ECMCC shall determine whether it is practical, feasible and appropriate to include Diversity Practices in the evaluation. If ECMCC makes a determination that the evaluation of Diversity Practices is not practicable, feasible, or appropriate for service contracts, such determination shall be supported in writing in the procurement record.
2. Diversity Practices. A contractor's “diversity practices” are its past, present, and prospective practices and policies with respect to: (a) utilizing certified

M/WBEs in contracts awarded by New York State agencies, other public entities or private sector companies, as subcontractors and suppliers; and (b) entering into partnerships, joint ventures or other similar arrangements with certified M/WBEs as defined in this part or other applicable federal, state, or local statutes or regulations, or certified by the certifying entities recognized by the Division governing an entity's utilization of minority or women-owned business enterprises, and (c) any other information requested by that demonstrates the contractor's commitment to a policy of diversity practices related to M/WBEs.

3. Determination of Practicality or Feasibility. A determination by ECMCC as to whether it is practical, feasible and appropriate to assess the diversity practices of all prime contractors making such submissions shall include consideration of the: (1) nature of the labor, services, supplies, equipment and materials being procured; (2) method of procurement undertaken to make the award; (3) certified M/WBE utilization plans required by ECMCC; and (4) availability of certified M/WBEs in the region in which the contract is to be performed.
4. Diversity Practice Submissions. Where ECMCC determines with respect to a particular contract that Diversity Practices will be considered in awarding the Contract, ECMCC shall require all potential contractors to complete and submit a Diversity Questionnaire and shall consider the potential contractors' Diversity Practices as a factor in making a determination regarding contract award.