



# ECMCC Board of Director's Meeting

February 25, 2025

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  
FEBRUARY 25, 2025

- 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 FEBRUARY 25, 2025.
- 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) **MWBE Committee** (by Reverend Mark Blue)
  - D) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
JANUARY 28, 2025 MINUTES OF THE  
BOARD OF DIRECTORS MEETING  
HYBRID MEETING HELD

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Present: Reverend Mark Blue\*, Jonathan Dandes, Darby Fishkin, Sharon Hanson\*, Michael Hoffert\*, Christopher O'Brien, Hon. John O'Donnell, Reverend Kinzer Pointer, Thomas J. Quatroche, Eugenio Russi\*, Michael Seaman, Philip Stegemann, Benjamin Swanekamp

Excused: Ronald Bennett, Christian Johnson, James Lawicki, Jennifer Persico

Also

Present: Donna Brown\*, Samuel Cloud, MD, Peter Cutler, Andrew Davis, Cassandra Davis, Joseph Giglia, Pamela Lee\*, Charlene Ludlow, Michael Manka, MD, Phyllis Murawski, Stacy Roeder, Jonathan Swiatkowski

\*virtual

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**I. Call to Order**

The meeting was called to order at 4:50 pm by former Chair, Jonathan Dandes.

**II. Minutes**

Upon a motion made by Reverend Kinzer Pointer and seconded by Michael Seaman, the minutes of the December 3, 2024 regular meeting of the Board of Directors were unanimously approved.

**III. Action Items**

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

Moved by Christopher O'Brien and seconded by Reverend Pointer Kinzer

**Motion approved unanimously**

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes for December and January

Moved by Reverend Kinzer Pointer and seconded by Darby Fishkin

**Motion approved unanimously**

Mr. Dandes asked for a motion to approve the 2025 Board meeting dates as presented in the board packet. Moved by Reverend Kinzer Pointer and seconded by Michael Seaman.

**Motion approved unanimously.**

**VI. Reports from the Corporation's Leadership Team**

**Chief Executive Officer and President**

Dr. Thomas Quatroche, having given the yearly hospital review at the Annual meeting, had no further information to report.

## **Chief Financial Officer**

Jonathan Swiatkowski reviewed the December 2024 Key Statistics. December was a challenging month for several reasons: two holidays were celebrated mid-week, throughput and length of stay were greater than budget. Discharges, surgeries and outpatient visits were down from last year. Mr. Swiatkowski reported an operating loss of \$4.5M. Mr. Swiatkowski reviewed the impact that volume and other key statistics had from 2019 to 2024. A summary of the preliminary financial results through December 31, 2024 was reviewed and the full set of these materials are received and filed.

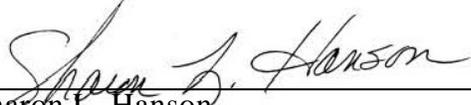
## **V. Standing Committees**

- a. **Executive Committee:** Mr. Dandes had nothing to report from the Executive Committee.
- b. **Finance Committee:** Mr. Seaman had nothing to report from the Finance Committee.
- c. **Buildings and Grounds:** Ronald Bennett gave an update on ongoing projects and reported on the efforts during the latest snow storm by the department.
- d. **Quality Improvement and Patient Safety Committee:** Michael Hoffert updated the group on the December and January committee meetings.

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

## **VI. Adjournment**

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:25 p.m.

  
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Sharon L. Hanson  
Corporation Secretary

ERIE COUNTY MEDICAL CENTER CORPORATION  
JANUARY 21, 2025 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
ZOOM MEETING

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

ABSENT: JONATHAN DANDES

ALSO

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

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I. Call to Order

The meeting was called to order at 4:01 p.m. by Board Chair Eugenio Russi.

II. Minutes

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

III. Hospital Update

General Overview

Dr. Thomas Quatroche reported on meeting with legislative members in Albany to discuss the New York State budget, hospital operations and the negative effects of the potential loss of financial assistance. Dr. Quatroche further reviewed LOI numbers and discussed how the hospital is doing operationally in January. He also announced the new Executive Director of the Foundation.

Finances Report

Jonathan Swiatkowski presented key statistics and performance drivers for December. Discharges were slightly less than budget and the previous year by 3.0% and 1.2% respectively. Total average length of stay remains higher than budget for the month but came in below the 2023 total for the year. The CMI was 1.97, 10.1% higher than budget. FTEs were higher this month and there was again more overtime in December. December reflected a net loss of \$6.2M; 2024 showed a net loss of \$4.7M. Mr. Swiatkowski highlighted the revenue in 2025 from Specialty Pharmacy. Discussion followed.

IV. Medicaid Funding Update

Dr. Quatroche reported ECMC having a proposal with the State for Safety Net funding and VAPAP. Additionally, the hospital is working with the State to look

at ways to get more Medicaid funding. Dr. Quatroche and Mr. Swiatkowski will continue their efforts.

V. Epic Financing

Mr. Swiatkowski spoke about the cost for the Epic program and how the amount would result in an adjustment to the budget.

VI. Other

Mr. Chairman informed the group that Darby Fishkin would be Chairing the Annual meeting on Tuesday, January 28, 2025.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:53 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

**BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING**

TUESDAY, JANUARY 21, 2025 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN \*  
REV. MARK BLUE \*  
DARBY FISHKIN \*  
BENJAMIN SWANEKAMP \*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

PHILIP STEGEMANN, MD

ALSO PRESENT:

THOMAS QUATROCHE  
JONATHAN SWIATKOWSKI  
ANDREW DAVIS  
VANESSA HINDERLITER

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**I. CALL TO ORDER**

The meeting was called to order at 8:00 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Darby Fishkin, seconded by Reverend Mark Blue and unanimously passed to approve the minutes of the Finance Committee meeting of December 17, 2024.

**III. DECEMBER 2024 OPERATING PERFORMANCE**

Mr. Swiatkowski extended his sincere thanks to Vanessa Hinderliter, Eric Reeners and the finance team for their efforts to finalize the preliminary 2024 year-end financial reports in preparation for today’s meeting as well as complete the application and required financial reporting for the NYS VAPAP Program which were due on the same date.

Mr. Swiatkowski reviewed key statistics for the month of December. Ongoing discharge challenges resulted in a higher length of stay and drove some revenue variances. Acute average length of stay was 8.2 days, up from 7.9 days in the prior month. Discharges and inpatient surgeries were 3% and 7.6% lower than budget, respectively. Outpatient visits and emergency room visits were also lower than projected in the operating plan. Acute case mix index exceeded budget at 1.97 for the month. Mr. Swiatkowski noted that acute case mix index statistics are budgeted slightly higher in the 2025 operating plan with processes in place related to documentation and coding improvement efforts.

Mr. Swiatkowski reviewed the finance dashboard, noting that an operating loss was incurred for the month which was slightly higher than projected in the operating plan. Additional revenue related to high case severity and case mix index was unfavorably offset by discharge and volume variances, as well as operating expenses which exceeded budget.

Mr. Swiatkowski reviewed December financial performance and advised the Committee that reporting for only the month of December as reported is draft and does not include year-end adjustments for actuarial and other reserve estimates. The year-end adjustments are included in the preliminary year-to-date statements and will be finalized prior to issuance of the 2024 annual audited financial reports. December operating revenue was greater than budget and is primarily related to specialty pharmacy volume. Mr. Swiatkowski reviewed operating expenses for the month of December and also advised that grant revenue reflects one payment received from FEMA. Non-operating income related to investment market performance was unfavorable for the month but is favorable for the year-to-date.

Mr. Swiatkowski reviewed operating revenue and expenses for the month. Salary expense exceeded budget due to additional FTE's and premium salary costs. Supply expense was greater than projected in the operating plan with the majority of the variance being related to pharmaceutical costs for specialty pharmacy and oncology services. Mr. Swiatkowski also reviewed temporary agency costs for the month of December.

#### **IV. PRELIMINARY DRAFT 2024 OPERATING PERFORMANCE**

Mr. Swiatkowski reviewed 2024 trends related to volume in key areas, including discharges, emergency department visits, surgeries and outpatient visits and reported favorable volume in these areas compared to 2022 and 2023 results. Favorable trends also continued in 2024 in acute average length of stay and Terrace View census. Mr. Swiatkowski noted the significant increase in case mix index for 2024 due to increasing case severity and documentation improvements.

FTE trends illustrate the Corporation's successful recruiting efforts since early 2024 to meet increased patient volume and required NYS minimum staffing standards. A summary of temporary agency costs and premium salary costs was reviewed for calendar years 2022, 2023 and 2024.

Mr. Swiatkowski led a detailed review of preliminary operating results for the calendar year ended December 31, 2024. Mr. Swiatkowski noted that the information presented is unaudited, includes estimates for year-end adjustments and is subject to change.

Mr. Swiatkowski reviewed estimated year-end adjustments for actuarially determined liabilities relating to employee pension and other post-employment retiree health benefit expense, as well as final audit adjustments related to prior year DSH payments. Mr. Swiatkowski noted that actuarial adjustments for 2024 will include some large positive

adjustments and some large negative adjustments, the net of which is preliminarily estimated at \$1.8M.

Mr. Swiatkowski discussed preliminary operating results for calendar year 2024 and advised that although an operating loss was incurred, the loss is significantly lower than 2023 results and lower than projected in the 2024 budget. Mr. Swiatkowski attributed the significant improvement in operating results to increased revenue from higher case severity, overall increased volume, and growth in the ECMCC specialty pharmacy.

After recognition of grant revenue from receipt of FEMA payments and favorable non-operating income from investment market performance, the overall operating loss is significantly lower than projected in the 2024 operating plan. Mr. Swiatkowski further reviewed key operational budget variances for ECMCC and Terrace View for calendar year 2024 and provided a high-level summary of the expenses incurred within each category.

Mr. Swiatkowski reviewed 2024 operating revenue and expenses. Net patient service revenue, DSH/IGT revenue and other revenue all exceeded the operating plan for the year. Overall salary and supply expense variances exceeded budget projections as previously discussed at today's meeting.

Mr. Swiatkowski invited questions from the Committee. In response to questions raised by Ms. Fishkin and Chair Seaman related to patient volume increases during the calendar year and future growth, Mr. Swiatkowski and Mr. Davis discussed management of length of stay and growth in certain surgical and outpatient practices.

Mr. Swiatkowski reviewed operating margin trends for calendar years 2019 through 2024 noting continuing improvements and advised that the information presented includes all grant funding including FEMA and the NYS VAPAP program but excludes non-operating investment income or losses.

## **V. OTHER UPDATES**

Mr. Swiatkowski reviewed cash flow and provided updates to the Committee regarding the pending IGT payment. Mr. Swanekamp provided additional information regarding the forthcoming IGT payment.

Mr. Swiatkowski provided updates regarding the upcoming NYS pension payment due in early 2025 and also reported that clinic professional billing systems have been restored and are now live after the third-party external cyber event in early 2024. Mr. Swiatkowski also advised that external audit is set to begin at the end of January.

In closing, Chair Seaman offered brief comments regarding the marked operational improvements which have been accomplished by the Corporation. A brief discussion followed.

**VI. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:06 AM by Chair Michael Seaman.

**M/WBE Quarterly Sub-Committee**  
**Meeting Minutes 11/19/24**  
**10:00-10:30am**

**Members Present:** Rev. Mark Blue, Donna Brown, Andy Davis, Nicholas Long, Sarina Rohloff, Jonathan Swiatkowski, Lindy Nesbitt, Peter Cutler, Joe Giglia, Christian Johnson, Kinzer Pointer

**Excused:** Diane Artieri

| Topic  | Discussion  |
|--|---|
| Call to order  | Rev. Blue called the meeting to order at 10:05am  |
| Approval of Minutes February 20, 2024, and August 20, 2024 | Approval of the February 20, 2024, and August 20, 2024, meeting minutes<br>1 <sup>st</sup> Motion – Kinzer Pointer<br>2 <sup>nd</sup> Motion – Christian Johnson<br>All in favor  |
| New Business   |   |
| MWBE Utilization   | <p>MWBE Utilization by NYS Fiscal Year – MWBE Utilization YTD at 53.77%</p> <p>Utilization by industry</p> <ul style="list-style-type: none"> <li>• MBE Utilization \$1.12M, WBE Utilization \$1.28M with a total utilization of \$2.40M (April 2024-September 2024)</li> <li>• July thru September, 429 certified companies added by NYS Empire State Development. Half will do business within Western New York</li> <li>• Non-Construction based Utilization \$2.37M</li> <li>• Construction based Utilization \$27K.</li> </ul> <p>Utilization by region – April 2024 – September 2024</p> <ul style="list-style-type: none"> <li>• Buffalo – 44.88%</li> <li>• WNY excluding Buffalo 24.95%</li> <li>• NYS excluding WNY – 29.94%</li> <li>• Outside of NYS – 0.23%</li> </ul> |

|   |   |
|---|---|
| <p>Buffalo Purchasing Initiative</p>        | <p>Fifteen largest employers within WNY.</p> <ul style="list-style-type: none"> <li>• ECMC, UB, Roswell, Buffalo State, Catholic Health, Kaleida Health, City of Buffalo, Wegmans, Tops (new), Rich Products, M&amp;T, Moog, Independent Health, Highmark, Key Bank, all within the eight counties of Western New York</li> </ul> <p>Continue to work with opportunities through departments. Goal was set at \$900,000 but have exceeded the goal. Currently at \$1.282 million.</p> <p>Spend in East Buffalo - Payments directly to MBEs in East Buffalo is \$489,297 (zip codes: 14206, 14208, 14209, 14211, 14212, 14215)</p> <p>Payments Directly to MBEs in WNY = \$1,293,057</p> |
| <p>ECMC's MWBE Program in the Community</p> | <ul style="list-style-type: none"> <li>• NYS MWBE Forum in Albany, November 12</li> </ul>   |
| <p>Questions</p>                            |   |
| <p>Adjourn</p>                              | <p>Rev. Blue adjourned the meeting at 10:30am: Next meeting is February 18, 2025, at 10:00am</p>  |

# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, NOVEMBER 12, 2024

MICROSOFT TEAMS PLATFORM

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

**PRESENTERS:** MARC LABELLE, RN, BSN AND MEG REILLY, MSN, RN, CEN, CCRN-K ON BEHALF OF BROOKE ECK, RT

### **ATTENDANCE:**

SERGIO ANILLO, MD  
WILLIAM BELLES, MD  
SERGIO ANILLO, MD  
CHARLES CAVARETTA  
JOHN CUMBO  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
JUSTINE KAURICH  
KEITH KRABILL, MD  
CHARLENE LUDLOW, RN, CIC  
YARON PERRY, MD  
TOM QUATROCHE, CEO  
JOANNE WOLF, RN

### **CALL TO ORDER**

Chair Michael Hoffert, called the meeting to order at 8:02 am.

### **I. MINUTES**

The October 8, 2024, meeting minutes were distributed for review. A motion was made and seconded to approve the minutes. They will be forwarded to the Board of Directors for filing.

### **II. SURGERY – MARC LABELLE, RN**

Marc Labelle shared a presentation on Surgical Services. His agenda consisted of an update on the department, volumes, QAPI projects and 2025 department goals.

The department update included a review of new technology, the change in surgery block time, a surgical executive committee review and capital improvements within the department. A review of department volumes was shared as well. Marc shared an updated on the new robotic surgeries that are being performed with orthopedics performing over 300.

Some new physicians within the department include Dr. Aquino, Dr. Barlog, Dr. Chazen, Dr. Craig and Dr. Kosinski.

A review of QAPI projects took place. Marc reviewed the 2025 department projects that continue within the department.

### **III. RESPIRATORY SERVICES – BROOKE ECK, RT**

Meg Reily, MSN, RN and Vice President of Critical Care and Emergency Services presented on behalf of Brooke Eck, RT for Respiratory Services. The agenda consisted of a department update, department goals and QAPI projects.

A department update took place with a review of 2024 to present full time positions along with certification goals for each employee within the department.

Meg reviewed the current year quality improvement goals which included extubations and ventilators. Median length of stay on a ventilator in TICU and the implementation of COPD education to reduce readmissions was also discussed.

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

Charlene Ludlow shared the Regulatory Report. We recently had a mock JC survey that took place last week and Charlene reported that it was a successful one. Areas of improvement were identified as well as best practices being recognized.

A safety fair was held back in October where staff members showed their best practices. It was very successful safety fair.

We are still waiting for the final summery report from an OMH survey which took place at the end of summer.

We expect 2025 will be the year of surveys. We anticipate approximately 10 surveys at a minimum.

### **V. ADJOURN**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on December 10, 2024.

# ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, JANUARY 14, 2025

MICROSOFT TEAMS PLATFORM

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**BOARD MEMBERS PRESENT:** MICHAEL HOFFERT, REV KINZER POINTER, JOHN O'DONNELL, CHRISTIAN JOHNSON

**PRESENTERS:** LIISE KAYLER, MD, STEPHEN WOODRUFF, OTL, LNHA, PHYLLIS MURAWSKI, RN, DONNA BROWN (WITH KIZZY HUNLEY AND MICHELLE SEAY)

### **ATTENDANCE:**

CHARLES CAVARETTA  
SAM CLOUD, DO  
JOHN CUMBO  
PETER CUTLER  
ANDY DAVIS  
CASSIE DAVIS  
BECKY DELPRINCE, RN  
JUSTINE KAURICH  
KEITH KRABILL, MD  
PAM LEE, RN  
CHARLENE LUDLOW, RN, CIC  
TOM QUATROCHE, CEO  
SIVA YEDLAPATI, MD  
JOANNE WOLF, RN

### **CALL TO ORDER**

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

### **I. MINUTES**

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

## **II. TRANSPLANTATION AND KIDNEY CARE – LIISE KAYLER, MD**

Dr. Kayler along with Jessica Mondoux shared an update on Transplant Department outcomes, QAPI projects and a review of department goals.

A review of department volumes took place showing both kidney and pancreas transplants vs just kidney. Transplant outcomes were discussed comparing program volumes and time frames.

A review of surveys within the department were discussed. CMS, UNOS and SRTR were some of the surveys the department has encountered.

Goals and accomplishments were reviewed reflecting a collaboration with DaVita and community nephrologists, CMS sponsored program that give financial incentives for meeting specific goals, and alliance for paired kidney donation program (kidney exchange program for helping donor recipients find a match).

QIPS for 2025 include equity and engagement, outcomes and alignment for living donation, and outcomes and alignments related to evaluation completion.

## **III. LONG TERM CARE – STEPHEN WOODRUFF, OTL, LNHA**

Stephen Woodruff shared an update on Terrace View/ Long Term Care. He began with facility accomplishments which included 2025 Newsweek Beset Nursing Homes, Staffing Measure: 5-star, Overall quality 3-star facility: CMS Nursing Home compare, NYSDOH annual re-certification as well as continuing to be the provider of choice within our community. Stephen reviewed the New York State minimum staffing requirements which Terrace View Long Term Care follows. Stephen also reviewed the 2024 average yearly census for Terrace View which has been increasing over the past two-three years.

2025 QAPI action items were discussed which included continuance of skin care hero teams, pressure ulcer topics, and reduce percentage of long stay residents whose need for help with daily activities has increased. Priorities for the new year include stabilization of staffing, census increase, improve CMS Quality Measures Star Rating, and increase enterprise-wide efficiencies and throughput

## **IV. JOINT COMMISSION UPDATE/NATIONAL PATIENT SAFETY GOALS – PHYLLIS MURAWSKI, RN**

Phyllis Murawski shared an update on the Joint Commission and National Patient Safety Goals. Phyllis reviewed the 2025 goals which included identifying patients correctly, improve staff communication, use medication safely, use alarms safely, prevent infection, identify patient safety risks, improve health care equity, and universal protocol/ prevent mistakes in surgery.

Phyllis spoke about the October 2024 MSL Mock survey which took place that reflected environmental concerns, along with assessment and reassessment

after medication administration. There will be a hospital wide Joint Commission Survey taking place after May 2025.

Additional department surveys that will be taking place during 2025 are: Hemodialysis 3-year CMS survey, Trauma American College of Surgeons, Blood Bank, Laboratory, Bariatric, and Cancer Care.

**V. PATIENT EXPERIENCE - DONNA BROWN**

Donna Brown along with Michelle Seay and Kizzie Hunley presented on the Patient Experience. A review of what patient/person centered care took place.

Donna reviewed the inpatient domain scores from 2022 through 2024 along with the outpatient ambulatory services.

Department goals include New CMS HCAHPS patient surveys, monthly education and training along with AIDET training (acknowledge, introduce, duration, explain, and thank you).

**VII. REGULATORY REPORT – PHYLLIS MURAWSKI, RN, MS**

Phyllis Murawski, our new Chief Quality Officer gave the regulatory report. There were minor findings in a recent ED/CPEP survey. A recent survey from the NYSDOH included some complaints which were reviewed with zero deficiencies found. Radiology just had a diagnostic imaging survey. While we do not have the results yet, the exit interview went very well.

**VIII. ADJOURN**

There being no further business, the motion was made and seconded to adjourn the meeting. The next meeting will be held on February 11, 2025.

Dear ECMC Board Members,

The overall YTD budgetary improvements through the end of 2024 continued in January 2025. Trends in statistics continue to be positive and our bottom-line is significantly better than last year, but we continue to see reimbursement not keeping up with expenses. Thanks to the hard work and commitment of our caregivers, we are optimistic of continuing and maintaining these positive operations factors as we move forward in the new year.

The ECMC team continues to work with HANYS regarding the State budget. While the Governor's budget was supportive of healthcare, we need to restore funding 2024 levels. Most importantly, the Vital Access Provider Assurance program, which maintained critical ECMC services in 2023 and 2024. We are also working with Americas Essential Hospitals Association to monitor potential Federal cuts to Medicaid.

Governor Hochul also recently announced \$20.7 million to support SNUG Street Outreach programs, including \$2.8M for ECMC's SNUG program, that work to reduce gun violence and save lives in 14 communities across New York State. These grants to community-based organizations and hospitals fund outreach workers, hospital responders, social workers and case managers who are credible messengers and work with individuals at risk of gun violence, connecting them with support and services to change behavior and increase opportunities.

As the Board knows well, ECMC's unique and diverse culture is central to our year-round celebration of special events and commemorations that support every member of our ECMC Family. In February, we annually celebrate Black History Month and scheduled a broad range of events and activities highlighting the significant contributions Black citizens have made throughout American history. From illuminating ECMC's iconic tower lights in Pan African colors for the entire month to excellent musical entertainment and health and well-being sessions, this year's Black History Month again has been a tremendous success.

The Board will recall that this past July marked the second year of ECMC's Healthcare Explorers program, which is an immersive Summer Healthcare Internship for high school students from throughout our region that provides them with hands-on learning opportunities, while exploring multiple healthcare specialties & disciplines. As a testament to the success of this unique program, a proposal outlining the program – ECMC's Healthcare Explorers Erie County Medical Center's Healthcare Explorers Program: High School Internship Opens Doors to Diverse Careers in Healthcare – was submitted for consideration as a presentation and was accepted for America's Essential Hospitals' annual meeting (VITAL2025) in Atlanta in June.

With ECMC's highly anticipated annual Springfest gala scheduled for May 10th, we held the Foundation's Annual Gift Gathering Luncheon on February 5th, attracting over 300 attendees and hosted by WGRZ-TV anchor/reporter, Claudine Ewing. As an opportunity to preview Springfest, including announcing this year's honorees - Dr. Jennifer Pugh, Thameena Hunter and Susan Gonzalez – the event also provides an opportunity to highlight ECMC's dedicated caregivers and reinforce the kind, compassionate lifesaving care they provide to the residents of

Western New York. And, as we do every year at this event, we featured a patient to share their experience at ECMC. Elliott Shirback, who lost his arm as a result of a crash on an ATV, was accompanied by his parents as he recounted the care he received at ECMC from the Emergency Department to TICU, the MRU and continuing today in Outpatient rehab.

As we move forward in 2025, continuing to build on the successes achieved last year, we are deeply appreciative of the Board's unwavering support and continued faith in the ECMC Family.

Best,

Tom

**Erie County Medical Center  
Board Report  
President & Chief Operating Officer  
February 25, 2025**

**Submitted by Andrew Davis**

## **OPERATIONS**

### **Ambulatory Medical Practices**

#### **Center of Cancer Care Research**

January 2025

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

##### **Research Updates:**

- The first subject completed all study activities for our Lipella sponsored trial: A Multicenter, Dose-Ranging Trial Evaluating the Safety, Tolerability, and Efficacy of LP-10 in Subjects with Symptomatic Oral Lichen Planus. The fifth subject started treatment with the oral rinse. Site Visit with the Lipella CRA was completed 1/14/25 with no significant findings.
- A compassionate use application was filed with the FDA and the IRB to continue the Lipella rinse on a subject who had excellent results.
- Submitted a feasibility survey to collaborate with the Department of Psychiatry on a study for adjustment disorder in those with cancer, ALS, MS, PD and IPF.
- ECMC Researchers Group met on 1/2/25 and the Monthly Oncology Multidisciplinary Research Meeting was held on 1/14/25.
- Five (5) new participant enrollments on studies and (14) study visits completed in the month of January.
- New sponsored trials that had start-up meetings:
  - Meira GTx 202 Gene Therapy-Long Term
  - MT Group-Biorepository
  - Merck MK2140-011 Diffuse Large B-Cell Lymphoma (DLBCL)
  - Syneos Health Study for smokeless tobacco
- The Research Team is participating in the Epic transition on the Research Advisory Council and two different workgroups and attended the Epic kick-off.

#### **Outpatient Behavioral Health**

##### **Program Updates/Initiatives**

- **Help Center Adolescent Service Expansion**
  - Continued efforts related to the Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS) grant issued by NYSOMH. Currently targeting to fill psychiatric coverage and implement a three-stage expansion of services for adolescent mental health needs within the community.
- **Intensive Outpatient Program (IOP)**
  - IOP Expansion Plan services was initiated in January 2025.

## Rehabilitation Services

- ECMC hosted representatives from Kaleida, GVI, Catholic Health and other community stakeholders to discussed creation of a community-wide intensive outpatient stroke program across WNY.
- ECMC Rehabilitation continues to participate in cancer care meetings including a GLIN subgroup with Kaleida Health and preparing for accreditation survey.
- Epic kick-off is underway with Marie Johnson as the lead for Rehab.

## Acute Care Therapy

- Trends noted for the Acute hospital for therapy in January:  
Inpatient referrals overall for PT/OT are increased as compared to Jan 2024 as noted below.
  - ASC and ED referrals increased for PT/OT as compared to Jan 2024
  - Top three areas of the hospital with highest volume for PT are: 6N, ED and 7-2.
  - Top three areas of the hospital with the highest volume for OT are: 6N, 7-2 and 7-1

## MRU

- For 2025, CARF goals have been established for the Medical Rehabilitation Unit (MRU) pertaining to the required domains of Business Function and Service Delivery. The Service Delivery domain is further divided into effectiveness, efficiency, service access, patient satisfaction, and stakeholder satisfaction. **New goals for 2025:**
  - **Business Function:** Increase revenue capture of cases identified in triple check meeting with an increase from 20 to 25 charts to  $\geq 75\%$ .
  - **Service Access:** Average Daily Census goal  $\geq 11.5$  days, based on 2024 avg = 11.5 days.
  - **Effectiveness Outcomes:** *Self-Care* – Improve bathing score by 5% from 2024 baseline of 4.0. *Mobility* – Improve car transfer scores by 7% from 2024 baseline of 3.7.
  - **Efficiency Goal:** Improved via efficiency as evidenced by decreased onset days to MRU admission from baseline of 2024 of 16.3 days, as identified in UDSMR Comprehensive Report to  $\leq 16.3$  days.
  - **Patient Satisfaction:** Upon 90 day follow up phone call  $\geq 90\%$  of patients surveyed will report they will recommend ECMC's MRU.

## Biomedical Services

### Department Initiatives/Projects/Updates:

- The 800 Baxter Novum IQ pumps (ECMC) list of SN numbers and CE tag numbers were sent to Baxter.
- Worked with Baxter and IT to have the 800 pumps configured to set up on the network for pump registration was scheduled on February 4<sup>th</sup>. Installation occurred with no major issues.
- The focus department for January was the first-floor clinics and observation unit.
- The focus departments for February are the 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> floors. The Unit Managers were notified.

## Dialysis

- The new B. Braun Hemodialysis machines are expected in early 2025 for deployment in the final pod.
- Thirty (30) new dialysis chairs were ordered, also expected in early 2025.

## Laboratory Services

Equipment Upgrades/Replacements/Contracts:

- Chemistry/IA Specimen Processing Technology upgrade: Department leadership recommendation is to pursue Abbott technology which will standardize with the KH system. Current Roche agreement terminates in June 2025. Equipment acquisition plan is a reagent acquisition proposal. Contract under legal review and facility assessment is ongoing.
- ECMC/ KH Joint VAT Initiative: Vendor evaluation of RFP for coagulation technology across the network is under review. Vendor selection awarded to Werfen. ECMC will upgrade two coagulation devices. The eight-year lease proposal has an estimated seven-year savings opportunity of \$185K over the term of the contract. Contract process is complete, and technology installation is planned for February 2025.
- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material. System went live on January 7, 2025.
- EPIC Project: Laboratory leadership engaged in advisory and workgroup capacity. Efforts initiated on providing legacy DCW elements for EPIC build.

## Plant Operations /Capital Projects

Plant Operations/Facility project updates include the following:

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

- **Work completed**: Award to lowest-responsible bidders. Construction Manager contract approval in progress. Pre-Construction coordination started /on-going.
- **Work anticipated**: Executive contract; contractors to mobilize in March.

### ***Dental Clinic – 1<sup>st</sup> Floor – In Progress***

- **Work completed**: Refer to Mammography Suite project above. This is an alternate bid to the project which will progress concurrently.

### ***General Construction – Maintenance Projects with DMyles, Inc. – In Progress (Contractor)***

- **Work completed**: Loading Dock project
- **Work in progress**: Obtained several quotes for various projects/tasks identified, all varying status.
- **Pending projects**:
  - Grounds Garage Floor Repairs/Trench Train Replacement
  - Trash Compactor Concrete Pad
  - Main Hospital – 4<sup>th</sup> and 5<sup>th</sup> Floors Behavioral Health Ceiling Access Panels
  - 1<sup>st</sup> Floor Internal Medicine Millwork

### ***Medical Gas Equipment Replacement – Complete (Contractor)***

- **Work completed**: Final completion and project closeout.

**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.

**Joint Commission**

- The team is working on Joint Commission mock survey correction items and preparations/repairs.

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

- Winter operations mode. (60) tons of rock salt are on hand with (600) tons on contract. (17) pallets (49 bags/pallet)of ice melter delivered. Ordered 20 tons of sand to have on hand in the event of salt shortage.
- Trucks, plows and salters are operational.

**Surgical Services**

**Robotic Volume – January 2025**

|  |    |
|--|----|
| Bariatrics                                   | 12 |
| Cardiovascular/Thoracic                      | 8  |
| Head, Neck, Plastic & Reconstructive Surgery | 1  |
| Orthopedics                                  | 39 |
| Transplant                                   | 0  |
| Urology                                      | 5  |

- Surgical volume was above budget in 2024 (400 cases).
- Increased daily volume with the expansion of OR hours past 3:00pm Monday-Friday.
- ION robotic cases continue to grow.
- Epic implementation meetings and data collection in progress.
- Mammography/Pain Management Expansion project: Weekly meetings to review construction progress.
- VIZ-AI: Radiology software to improve imaging. This is the same system as Kaleida and GLMI. Go-live Q1 2025.
- Radiology Fuji-PACS is expected to go-live February 18, 2025. The project is a shared platform to view radiology images between ECMC, Kaleida and GLMI.
- Globus Navigation/Robotics: Meeting with vendor to discuss pricing options.

**Terrace View**

**Operations**

- **Census:** The average monthly census for 2024 was 368.
- **OIG Audit:** The facility received notification of an OIG audit being conducted of the New York Department of Health’s (State Agency’s) procedures for ensuring nursing homes comply with Federal requirements for conducting background investigation. As part of the audit, the OIG will conduct a review of employee records, including licensed and non-licensed personnel in the facility. Additionally, the OIG will be reviewing documentation to ensure the facility’s compliance with Federal requirements related to criminal history background checks of nursing home caregivers. The corporation requested an extension given the volume of information

requested, which was granted. The requested materials were submitted by Stephen Woodruff on October 22, 2024, awaiting audit results.

- Pharmacy Services RFP: The award selection is being evaluated. The current contract is extended to June 30, 2025.

COVID/Infection Control

- Continue to follow all new NYSDOH and CDC guidelines.

**PATIENT EXPERIENCE**

**January 2025**

| <b>Patient Experience</b> | <b>YTD Jan. 1<sup>st</sup>, 2025-<br/>Jan. 31<sup>st</sup>, 2025<br/>N=50 (est.)</b> | <b>YTD Jan. 1<sup>st</sup>, 2024-<br/>Jan. 31<sup>st</sup>, 2024<br/>N=108 (final)</b> | <b>NYS 2025<br/>Benchmark</b> |
|---------------------------|--|--|-------------------------------|
| HCAHPS - Nurses           | 76 (est)   | 74   | 76                            |
| HCAHPS – Doctors          | 70 (est)   | 76   | 76                            |
| Discharge Info            | 86 (est)   | 86   | 84                            |
| Overall Rate              | 65 (est)   | 60   | 65                            |

**Ambulatory Medical Practices**

Population Health

- January was Cervical Cancer Awareness Month, dedicated to raising awareness about cervical cancer prevention, early detection, and treatment. In recognition of this, Population Health conducted an outreach campaign for patients who were due for their cervical pap smear, encouraging preventive care and timely screenings.
- Our campaign focused on education about:
  - **Regular Screening** – Pap smears and HPV testing help detect abnormal cells early, preventing cervical cancer.
  - **HPV Vaccination** – The HPV vaccine protects against the most common cancer-causing strains of the virus.

| <b>Outreach Initiative</b>                    | <b>Outcome</b> |
|---|----------------|
| Primary Care Pap Smear Appointments Scheduled | 33             |
| Referrals to OB/GYN per Patient Preference    | 15             |
| Previously Missing Results Located            | 4              |

De'Shantel Grey assembled informational packets located in



the Family Health Center, Center for Occupational Environmental Medicine, Hepatology, and Internal Medicine Center.

- These packets are helpful information on PrEP, sexually transmitted infections (STI) walk-in appointments, and other services offered at the YOU center. The goal is to prevent STIs and promote appropriate follow up.

### **Medical Oncology**

### *Pathway Moment*



The oncology nurses developed a handoff process to enhance communication between the medical oncology and oncology infusion clinics, this improving patient safety. Great job team!!

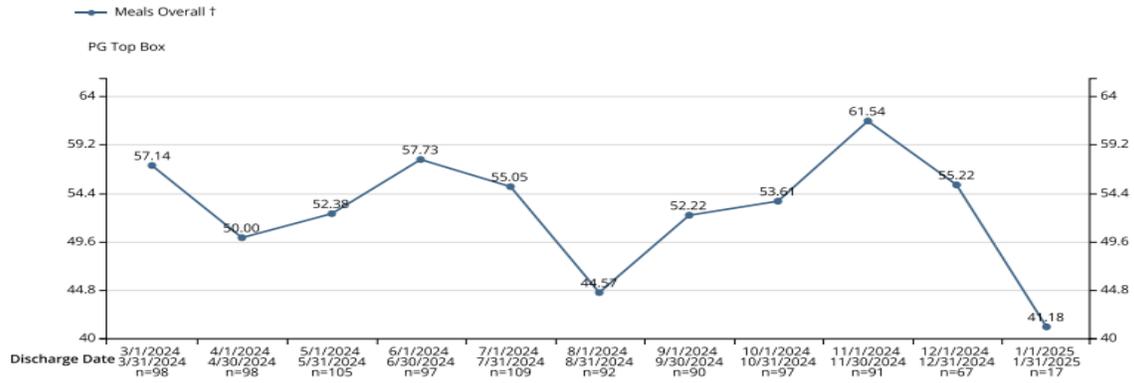
### **Food & Nutrition Services**

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

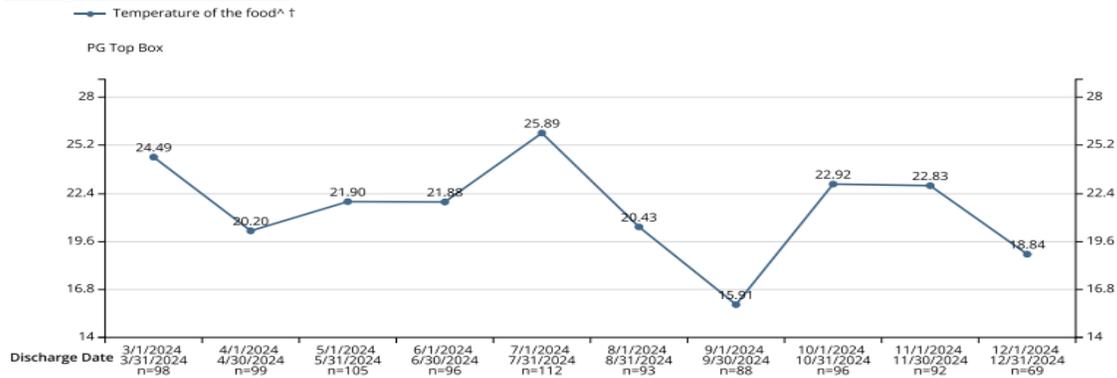
- The graphs include Press Ganey patient satisfaction scores for the past 12 months. Initiatives are showing improvement since August 2024, although we are experiencing a dip in December and January. The “n” for January is still low for the month, as we have not received all surveys at the time of the report.
- We feel the temperature and quality issues are related to our speed of tray delivery and not our trayline equipment. We have been conducting time studies and found that we have training opportunities with our Hospitality Associates. They need continual attention and coaching to retrieve tray carts and delivery in a timely manner. Timely delivery of late trays is also being stressed. We rolled out the use of the Vocera system back in December. We are holding the Supervisors and Hospitality Associates accountable to communicating through this system.

We added an additional Patient Services Manager to our team to help with weekend accountability and coverage.

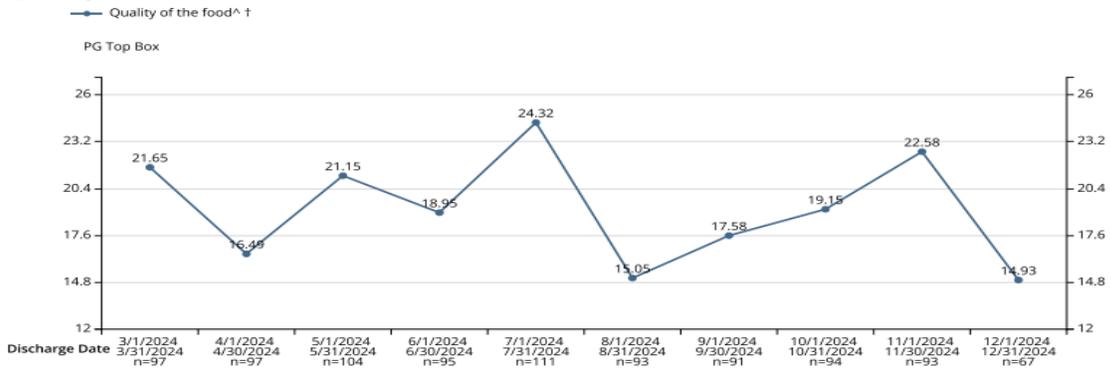
## Meals Overall



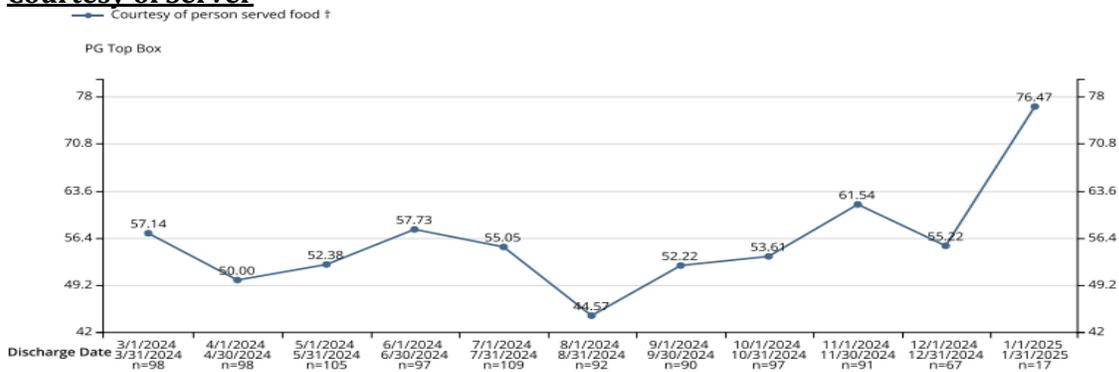
## Temperature of Food



## Quality of Food



## Courtesy of Server



## Rehabilitation Services

### Acute Care Therapy

- PT/OT Ortho Committee finalized the updated Total Knee Replacement booklet. All joint replacement booklets are being updated to ensure current education materials for the benefits of our patients.
- PT/OT is participating in 6<sup>th</sup> floor rounding to assist in efficiencies with discharge planning for patients.
- The PT Wound Care team is evaluating the effectiveness of increasing ultrasound debridement frequency beyond the established 3x/week protocol to assess its impact on healing rates, as research on optimal frequency for all grades of wounds is limited.

### MRU

- Patient Satisfaction  
The goal for patient satisfaction was to improve the overall Top Box Score from Press Ganey surveys to above 80%. Upon a 90-day follow up call, 90% of patients surveyed reported they would recommend ECMC's MRU.
- Stakeholder Satisfaction  
The goal for stakeholder satisfaction was to achieve over 75% satisfaction from the Care Management team, specifically in terms of their willingness to refer patients to the MRU. The Medicine H team survey indicated > or = 75% satisfaction indicating they would make a referral to the MRU.

### Surgical Services

- Implementation of new patient tracking system in the Ambulatory Surgical Center (ASC) is going well.
- Continue to monitor inpatient surgeries.
- Review visitation policy for surgical patients remains the same, but encourage staff to allow visitors to see patients pre-op.

### Transplant

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

## PEOPLE

### Ambulatory Medical Practices

#### Center of Occupational Environmental Medicine (COEM)

- In January 2025, the Center for Occupational and Environmental Medicine (COEM) participated in two impactful community events, furthering its outreach efforts. Nellie presented on cannabis and Carrie shared valuable information about services and distributed brochures and cards at the Jamestown Rotary Club. This engaging workshop resulted in continued support, expressing their intent to keep COEM as a trusted resource for future presentations. A week later, Carrie attended the Wellness Fair at Kenmore West High School, where she provided ECMC resources and made meaningful connections, including establishing contact with the HR department of Cascades, opening the door for future collaboration.
- The COEM team is pleased to announce that they have completed the Centers for Occupational and Environmental Medicine needs assessment, which is designed to accommodate the needs of all five counties. This assessment will help us better understand the unique challenges and requirements of each county, ensuring that our programs and services are tailored to effectively address local needs and promote the health and well-being of workers across the region.
- Employee Health Workplace Violence (WPV) Needs Assessment results show staff have expressed interest in learning more about trauma and its impact on people. Based on this feedback, our teams will focus on addressing these needs to ensure that our non-clinical staff, receive the tailored VITALS curriculum needed to support a safe work environment for everyone.
- Critical incident stress management (CISM) It is a support system to help individuals cope with trauma. It includes early intervention, debriefing, and follow-up to reduce stress and prevent long-term issues. Having CISM in place ensures that employees feel supported, reduces burnout, and fosters a culture of resilience. Back in December employees from diff depts received CISM training. Following our employee training, we've taken next steps to establish a peer network to ensure that all staff members know how to respond effectively to workplace violence events.

**Workers' compensation performance review:** The graph below represents the number of reported workers compensation cases per quarter:



The 2024 workers' compensation data from ECMC and Terrace View reflects a significant decline in incidents, with all quarters reporting below the expected average. This remarkable achievement highlights the success of the ongoing efforts to prioritize employee health and safety. It's a testament to the hard work and dedication of the employee health and safety team in fostering a safer work environment. This positive trend not only helps protect staff well-being but also contributes to reducing costs and boosting overall morale within the organization. Excellent job to everyone involved!

**Medical Oncology/Hematology**

**STRONG (Specialized Training Oncology Nursing Growth) Program**

- In January 2025, the nursing staff in medical oncology began a program known as STRONG (Specialized Training Oncology Nursing Growth). The goal of the program is to add enhanced nursing education classes to staff members who would like to know more about specific topics in oncology. In January 2025, the team had their first class. The January class focused on central venous access device (mediport, PICC line) training to the Oncology nursing staff. The goal is to ensure they are fully equipped to safely access patient ports in accordance with established hospital policies. The Oncology team will continue to have monthly classes on a variety of different topics as part

**Nursing Initiative**

- The nursing staff at the Internal Medicine Clinic and Family Health Clinic have undergone training on the use of a new blood pressure monitor that captures three consecutive readings to calculate an average. This approach provides a more accurate assessment of a patient's typical blood pressure, enhancing the precision of hypertension management.

## **Biomedical Services**

### **Training**

- There are six (6) technicians scheduled to attend Philips training in Cleveland and one (1) technician attending B. Braun dialysis machine training in Pennsylvania. There is no cost for training as it is included in the agreements.

## **Food & Nutrition Services**

### **Staffing/Recruitment:**

- We welcomed several new staff members to our department during January.
- We conducted an off-site job fair during January at the Delevan/Grider Community Center. Members of the management team interviewed approximately 50 candidates. The event was a success! We will continue this effort on a regular basis.
- We are currently focusing on sourcing strong Hospitality Associates, Floor Stock and dish room personnel.

### **Staff Development:**

- Our HR Manager, Robin Martinelli, has worked with the GM to provide a better and more consistent HR experience for all of our employees. Robin has improved the organization in our office and has set up systems that are helping us to better track our vacancies. Robin has organized all the employee files and ensured that everything is up to date and on record, coinciding with NY State law. She has also worked with our AGM on all the new policies we have put in place and those we have revised/reissued and set up a monthly HR calendar to help cover training and events we plan on hosting. Robin's efforts have already helped us to hold our employees more accountable. She also worked in January with the rest of management team to increase our employee engagement activities.

### **Employee Engagement:**

- We have a Committee organizing Employee Engagements, Nurse Rounds, and special events we plan on hosting. This committee is meeting on a regular basis to review what is needed for the next month to ensure that we have everything needed and the vital time needed to leave an impression. In January, we celebrated bagel day and chocolate cake day in the kitchen. We also celebrated New Years Day and MLK day with special treats.

## **Outpatient Behavioral Health**

### **Staff Updates**

- **Staff Promotion:**
  - 1285 Main Street (DTC): Tajindar Singh Bajwa "Jimmy", has been promoted to a new role as Supervising Substance Use Counselor.
- **Achievements:**
  - Mary Chima, MD – Addiction Medicine Subspecialty certification
  - Heather Kostek, MS, RN – Psychiatric Mental Health Nurse Practitioner
  - Naomi Frisch – Psychiatric Case Manager HC/IOP – successfully completed her licensure as a LMSW

### **Community Outreach Events**

- **Outpatient Behavioral Health**
  - Presented for the Crisis Services Police Mental Health Coordination meeting on February 13, 2025 to discuss the Help Center as well as ECMC Outpatient Behavioral Health and SUTS programs.

### **Rehabilitation Services**

Rehab Employee of the Year: presented to Robert Schwarztrauber, PT in January. The following employees were nominated as well, Dawn Bluhm, Erika Julyan and Ben Shaw.

### **Surgical Services**

- Hired new AVP of Surgical Services, David Brown, start date February 24, 2025.
- Hired new Surgical Services Data Reviewer, Naseera Edwards in February 2025. She will report directly to Phyllis Murawski, Chief Quality Officer.
- Additional positions approved to expand Main OR hours past 3:00pm, employees hired and in orientation.

### **Terrace View**

- Marcell Gardy-Batson, ADON continues to serve as the Acting Director of Nursing in the absence of Ramona Gant, DON. Ramona Gant, DON and Ayanna Grantham, ADON are on leave.
- Nursing agencies continue to be utilized to provide temporary supplemental staffing on the evening shift and minimally on the night shift for RNs, LPNs, and CNAs. The facility goal for 2024 is to increase the average census while continuing to improve staffing and limiting nursing supplemental agency use to the evening shift.

### **Transplant**

- Dr. Hassan Fattah, Transplant Nephrologist, started January 2025. We hope to limit intermittent Locum coverage for Transplant Nephrology after he is onboarded.

## **QUALITY**

### **Biomedical**

#### January 2024

- High-Risk Scheduled Maintenance completed: 92%
- Service Repair Calls: 488 / 92.21%

### **Environmental Services**

- HCAHPS (cleanliness of the hospital environment) discharge date  
*January 2025 Top box score: 62%, N=106*
- ATP Testing for January 2025 at 88%, will continue to huddle with staff on priority touch points.

### **Laboratory Services**

The Laboratory Medicine department continues to focus on 2025 QIPS Plan Initiatives.

The 2024 Quality Improvement and Patient Safety (QIPS) Plan had the following areas of focus.

- Reduce errors with Pathology Specimen submission. On-going reinforcement education continues with the OR and clinic teams.
- Reduce registration errors on outpatient laboratory orders which cause a delay in provider review. Proactive registration review and correction procedures were implemented when the primary registrar is absent to correct location errors to prevent misrouting of electronic results.

- Reduce the % Immediate Spin Crossmatch.

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

The 2025 QIPS initiatives are the following:

- Outcomes and Alignment: Evaluate the effectiveness of the implementation of the Whole Blood MTP pathway for improved timeliness of release of product compared to Component MTP, with targeted reduction in release time of 2 minutes when compared to Component MTP. Evaluate the stability of the Whole Blood inventory with the ability to maintain WB inventory monitored monthly greater than 5 units 95% of the time.
- Safety and Resiliency: Improve the Glucometer cleaning documentation rate across all POCT locations to  $\geq 90\%$  monthly.

Regulatory: 2025 regulatory visits are expected from AABB, NYSDOH, and Joint Commission.

### **Surgical Services**

- Radiology DCIOE survey completed in January with no citations or findings. Congratulations to Cheryl Austin and the entire team!
- Working with Trauma Program preparing for upcoming ACR survey in March.
- Hired new Surgical Services Data Reviewer, Naseera Edwards in February 2025. She will report directly to Phyllis Murawski, Chief Quality Officer.
- Collaboration between PAT and Quality to create standardized protocols for elective spine surgeries and decrease SSIs. Reviewing protocols with Ortho Spine team.

### **Terrace View**

Monitoring and managing NYS reportables.

- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety.
- Nursing Administration: ADON's continue to monitor the neighborhoods that they maintain administrative responsibility for, to ensure units are in a state of regulatory compliance.
- OIG Audit/CMS Payroll Based Journaling: The facility will submit the PBJ data for the reporting period of October-December 2024 no later than February 14, 2025.
- NYSDOH Abbreviated Surveys: The facility received the results of 32 abbreviated surveys conducted in 2024 with no negative findings.
- Life Safety POC: The facility requested a time-limited waiver, secondary to procurement and to contract with a third party to complete the installation of the exterior light fixtures required by the Life Safety Code Plan of Correction, with a completion date of March 31, 2025. On October 24, 2025, the facility received the approval for the time-limited waiver, which will expire on March 31, 2025.
  - The facility has submitted the architectural plans for the installation of the aforementioned exterior lights and anticipates completion of this project by early February 2025. The facility continues to communicate with the Buffalo Region NYSDOH Field Office regarding same.

### **Transplant**

- MPSC continues to monitor our outcomes; our next submission is due April 14, 2025.

## FINANCIAL

### Ambulatory Medical Practices

- In January 2025, the Ambulatory Department saw 13,242 patients, while being budgeted for 13,531 visits (-2.1% budget). Departments that exceeded budget include: Bariatrics, Cardiology, COEM, ECMC Family Medicine, Internal Medicine, ENT, Gastroenterology, Infusion Center, Neurology, Pulmonology, OMFS, Oral Oncology, and Orthopedics. Additionally, there were 70 visits for Covid testing and/or Covid vaccinations, brought the budget to -1.6% under budget.

### Dialysis

Budget and Variance:

- Outpatient (in-center treatments): 2025 Budget **1,986**, Variance **(-6)**
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget **123** treatments, favorable to the budget, Variance **(33)**
- Total: **39** treatments for the year

Census Volume:

- Outpatient (in-center treatments): January = **1,872** treatments, YTD 2025 total = **1,872**
- Home Program: (Home Peritoneal & Home Hemodialysis): January = **156** treatments, 2025 total = **156**, favorable to budget.

| Dialysis |             |                           | 2024   |        |          | 2025  |       |        |          |
|----------|-------------|---------------------------|--------|--------|----------|-------|-------|--------|----------|
|          |             |                           | YTD    | Budget | Variance | Jan   | YTD   | Budget | Variance |
| 4555     | AKI         | Hemodialysis - AKI        | 413    | -      | -        | 14    | 14    | -      | -        |
|          | DIALNON     | Hemodialysis - Non-ESRD   | 0      | -      | -        | 0     | 0     | -      | -        |
|          | DIALTRAN    | Hemodialysis - Transient  | 1,085  | -      | -        | 106   | 106   | -      | -        |
|          | HD          | Hemodialysis - Chronic    | 22,745 | -      | -        | 1,872 | 1,872 | -      | -        |
|          | 4555 Totals |                           | 24,243 | 24,293 | -50      | 1,992 | 1,992 | 1,986  | 6        |
| 5660     | HOMEHD      | Hemodialysis - Home       | 0      | -      | -        | 0     | 0     | -      | -        |
|          | PD          | Hemodialysis - Peritoneal | 1,574  | -      | -        | 156   | 156   | -      | -        |
|          | 5660 Totals |                           | 1,574  | 1,976  | -402     | 156   | 156   | 123    | 33       |
| Totals   |             |                           | 25,817 | 26,269 | -452     | 2,148 | 2,148 | 2,109  | 39       |

### Environmental Services

- Overall expenses for 2024 in line with budget (.3% slightly over).
- Overall supply budget over 15% with labor 10% under budget for 2024. Additional supplies were required for the floor care team for overage in the supply budget.

### Food & Nutrition Services

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

|   |           |  |           |
|---|-----------|--|-----------|
| December 2024 Actual                            | \$181,626 | January 2025 Actual                    | \$170,593 |
| December 2024 Budget                            | \$186,338 | January 2025 Budget                    | \$181,566 |
| Variance below target (\$4,712) = 97% to target |           | Variance below target (\$10,973) = 94% |           |

**Pricing increase in February 2025 will potentially lift sales to meet budget.**

### Laboratory Services

- The department budget volumes for January YTD were positive 2.0% to budget target and increased 2.0% in comparison to FY24. The department volumes closed 2024

2.4% above budget target and 2.9% above FY23. The 2024 operating expense closed with a negative variance of 5% to budget target and a negative variance of 8.2% to FY23. The personnel expense had a positive variance of 5.7% to budget target and a negative variance of 4.5% to FY23 actual. The negative non-personnel expense is impacted by the overall positive 2.4% to budget volume YTD. The Chemistry and Hematology cost centers had procedure volumes positive to budget target by 11.3% and 14.0% respectively, which attributed to the negative non-personnel expense to budget target for FY24. Expenses are in alignment with laboratory volumes and utilization.

### **Radiology**

- The Radiology department is up 11.1% YTD over budget for 2025.
- 2023: 195,394 exams performed
- 2024: 207,058 exams performed

### **Rehabilitation Services**

- MRU
  - 19 admissions and 26 discharges with 369 patient days and a LOS of 14.2 days, **ADC = 11.9 days.**
- PEDS
  - Increased SEIT visits by 193 and related service visits by 429. Early intervention program increased by 37 visits in January.
- Outpatient Rehab
  - Occupational Therapy, Physical Therapy, Speech Therapy and Rehab Psychology all exceeded 2024 volume by 50% each discipline and Speech Therapy was up 67%.

### **Supportive Care & Palliative Medicine**

- Total Inpatient Consults for January: 137
- Transitions of Care: 18
- Discharge with Home Hospice: 5
- Terrace View: 14

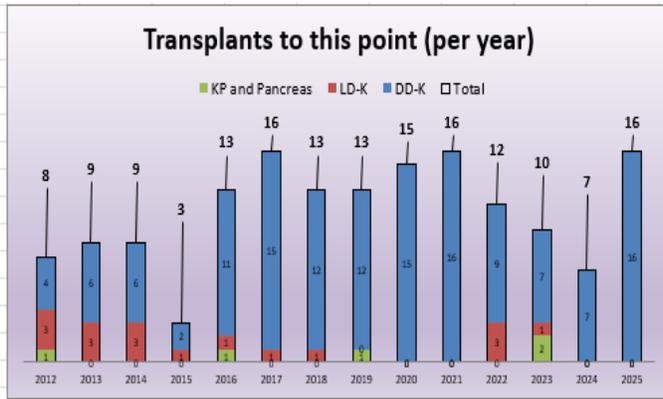
### **Surgical Services**

- Unexpected need for a new microscope, ongoing discussions with vendors and surgeons.
- 2024 capital requests completed for the year, focus on prioritizing 2025 equipment.
- Discuss capital needs with new ENT provider for skull base and sinus procedures.
- Exploring opportunities to combine VAC and IR department cost codes.
- Monthly meetings reviewing high implant costs and reimbursement.

### **Transplant**

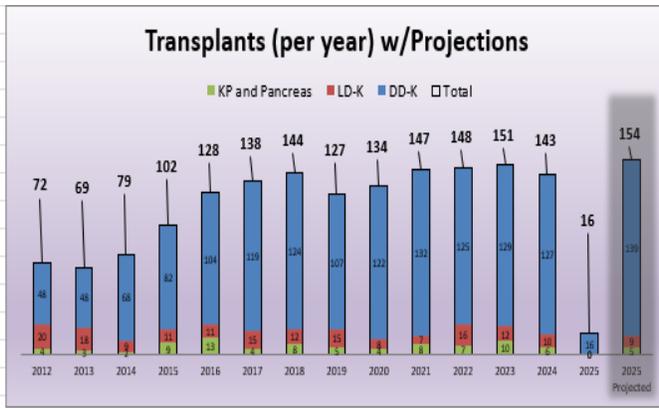
- As of February 3, 2025, we have performed (16) transplants, which is (+9) transplants than this time last year (2024). Based on current volume, we have projected (154) transplants for 2025.
- Pre-Transplant Clinic is below budget by (-17). We are still limited with our shortage of providers; however, a new nephrologist started in January.
- Post-Transplant is below budget by (-37) visits.
- Total clinic variance is below budget (-54).

**To this point**



|      | DD-K | LD-K | KP | Pancreas | Total |
|------|------|------|----|----------|-------|
| 2009 | 5    | 1    | 0  | 0        | 6     |
| 2010 | 4    | 5    | 0  | 0        | 9     |
| 2011 | 8    | 2    | 0  | 0        | 10    |
| 2012 | 4    | 3    | 0  | 1        | 8     |
| 2013 | 6    | 3    | 0  | 0        | 9     |
| 2014 | 6    | 3    | 0  | 0        | 9     |
| 2015 | 2    | 1    | 0  | 0        | 3     |
| 2016 | 11   | 1    | 0  | 1        | 13    |
| 2017 | 15   | 1    | 0  | 0        | 16    |
| 2018 | 12   | 1    | 0  | 0        | 13    |
| 2019 | 12   | 0    | 1  | 0        | 13    |
| 2020 | 15   | 0    | 0  | 0        | 15    |
| 2021 | 16   | 0    | 0  | 0        | 16    |
| 2022 | 9    | 3    | 0  | 0        | 12    |
| 2023 | 7    | 1    | 2  | 0        | 10    |
| 2024 | 7    | 0    | 0  | 0        | 7     |
| 2025 | 16   | 0    | 0  | 0        | 16    |

**Projections**



|            | DD-K | LD-K | KP | Pancreas | Total |
|------------|------|------|----|----------|-------|
| 2009       | 55   | 37   | 2  | 0        | 94    |
| 2010       | 60   | 33   | 2  | 0        | 95    |
| 2011       | 52   | 14   | 5  | 2        | 73    |
| 2012       | 48   | 20   | 1  | 3        | 72    |
| 2013       | 48   | 18   | 1  | 2        | 69    |
| 2014       | 68   | 9    | 1  | 1        | 79    |
| 2015       | 82   | 11   | 5  | 4        | 102   |
| 2016       | 104  | 11   | 10 | 3        | 128   |
| 2017       | 119  | 15   | 4  | 0        | 138   |
| 2018       | 124  | 12   | 8  | 0        | 144   |
| 2019       | 107  | 15   | 5  | 0        | 127   |
| 2020       | 122  | 8    | 4  | 0        | 134   |
| 2021       | 132  | 7    | 7  | 1        | 147   |
| 2022       | 125  | 16   | 7  | 0        | 148   |
| 2023       | 129  | 12   | 10 | 0        | 151   |
| 2024       | 127  | 10   | 6  | 0        | 143   |
| 2025       | 16   | 0    | 0  | 0        | 16    |
| 2025 Proje | 139  | 9    |    |          | 154   |

| Transplant / Vascular |             |                   | 2024         |              |               | 2025       |            |            |              |
|-----------------------|-------------|-------------------|--------------|--------------|---------------|------------|------------|------------|--------------|
|                       |             |                   | YTD          | Budget       | Variance      | Jan        | YTD        | Budget     | Variance     |
| 6430                  | TRANPRE     | Transplant Clinic | 569          | -            | -             | 36         | 36         | -          | -            |
|                       | TRANPREPRC  | Transplant Clinic | 3            | -            | -             | 0          | 0          | -          | -            |
|                       | 6430 Totals |                   | 572          | 997          | -425 ↓        | 36         | 36         | 53         | -17 ↓        |
| 6431                  | TRANPOST    | Transplant Clinic | 0            | -            | -             | 0          | 0          | -          | -            |
|                       | TRANPOST    | Transplant Clinic | 4,165        | -            | -             | 322        | 322        | -          | -            |
|                       | 6431 Totals |                   | 4,165        | 4,000        | 165 ↑         | 322        | 322        | 359        | -37 ↓        |
| <b>Totals</b>         |             |                   | <b>4,737</b> | <b>4,997</b> | <b>-260 ↓</b> | <b>358</b> | <b>358</b> | <b>412</b> | <b>-54 ↓</b> |

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**Internal Financial Reports**  
For the month ended January 31, 2025

## Erie County Medical Center Corporation

### Financial Dashboard January 31, 2025

#### Statement of Operations:

|  | Month             | Year-to-Date (YTD) | YTD Budget        |
|--|-------------------|--------------------|-------------------|
| Net patient revenue                            | \$ 60,395         | \$ 60,395          | \$ 58,788         |
| Other  | 18,229            | 18,229             | 17,701            |
| Total revenue                                  | <u>78,624</u>     | <u>78,624</u>      | <u>76,489</u>     |
| Salary & benefits                              | 43,369            | 43,369             | 42,263            |
| Physician fees                                 | 10,690            | 10,690             | 10,249            |
| Purchased services                             | 7,146             | 7,146              | 6,917             |
| Supplies & other                               | 17,097            | 17,097             | 16,120            |
| Depreciation and amortization                  | 3,851             | 3,851              | 3,850             |
| Interest                                       | 945               | 945                | 970               |
| Total expenses                                 | <u>83,098</u>     | <u>83,098</u>      | <u>80,369</u>     |
| Operating Income/(Loss) Before Other Items     | (4,474)           | (4,474)            | (3,880)           |
| Grant revenue                                  | -                 | -                  | -                 |
| Income/(Loss) from Operations With Other Items | <u>(4,474)</u>    | <u>(4,474)</u>     | <u>(3,880)</u>    |
| Other Non-operating gain/(loss)                | 1,491             | 1,491              | 311               |
| Change in net assets                           | <u>\$ (2,983)</u> | <u>\$ (2,983)</u>  | <u>\$ (3,569)</u> |
| Operating margin                               | <u>-5.7%</u>      | <u>-5.7%</u>       | <u>-5.1%</u>      |

#### Balance Sheet:

##### Assets:

|                               |                   |
|-------------------------------|-------------------|
| Cash & short-term investments | \$ 54,817         |
| Patient receivables           | 96,415            |
| Assets whose use is limited   | 192,970           |
| Other assets                  | 477,522           |
|                               | <u>\$ 821,724</u> |

##### Liabilities & Net Assets:

|   |                   |
|---|-------------------|
| Accounts payable & accrued expenses               | \$ 286,771        |
| Estimate self-insurance reserves                  | 50,986            |
| Other liabilities                                 | 525,109           |
| Long-term debt, including current portion         | 191,463           |
| Lease liability, including current portion        | 21,033            |
| Subscription liability, including current portion | 20,498            |
| Line of credit                                    | 10,000            |
| Net assets  | (284,136)         |
|   | <u>\$ 821,724</u> |

#### Cash Flow Summary:

|  | Month            | YTD              |
|--|------------------|------------------|
| Net cash provided by (used in):                  |                  |                  |
| - Operating activities                           | \$ (18,433)      | \$ (18,433)      |
| - Investing activities                           | (2,649)          | (2,649)          |
| - Financing activities                           | <u>(2,086)</u>   | <u>(2,086)</u>   |
| Increase/(decrease) in cash and cash equivalents | (23,168)         | (23,168)         |
| Cash and cash equivalents - beginning            | <u>33,516</u>    | <u>33,516</u>    |
| Cash and cash equivalents - ending               | <u>\$ 10,348</u> | <u>\$ 10,348</u> |

#### Key Statistics:

|   | Month  | YTD    | YTD Budget |
|---|--------|--------|------------|
| Discharges:                                 |        |        |            |
| - Acute                                     | 1,114  | 1,114  | 1,074      |
| - Exempt units                              | 419    | 419    | 425        |
| Observation Cases:                          | 330    | 330    | 192        |
| Patient days:                               |        |        |            |
| - Acute                                     | 8,834  | 8,834  | 8,170      |
| - Exempt units                              | 4,606  | 4,606  | 4,825      |
| Average length of stay, acute               | 7.9    | 7.9    | 7.6        |
| Case mix index Blended                      | 2.00   | 2.00   | 1.91       |
| Average daily census: Medical Center        | 434    | 434    | 419        |
| Terrace View LTC                            | 369    | 369    | 32         |
| Emergency room visits, including admissions | 5,439  | 5,439  | 5,048      |
| Outpatient Visits                           | 24,700 | 24,700 | 25,618     |
| Days in patient receivables                 |        | 49.5   |            |

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended January 31, 2025

(Amounts in Thousands)

#### January 2025 Operating Performance

During January 2025, ECMCC was faced with some continued operational challenges during the month leading to operating performance which fell slightly below the operating target for the month. ECMCC outperformed the budget in inpatient cases during the month, however, the total inpatient surgeries were down from plan. The increased case severity in medical and surgical cases this month above plan led to an overall increase in acute case mix index helping to offset the shortfall in inpatient surgeries and outpatient visits. The revenue variances derived from these trends during January were in line with budget but were accompanied by additional expenses to accommodate the in-house volume reflected within the higher acute average length of stay, increased staffing related costs, temporary agency costs and an increase in resident salaries. The overall result drove an operating loss for the month of (\$4,474). This operating loss is unfavorable due to the above drivers when compared to the month's budgeted loss of (\$3,880) and an improvement when compared to the (\$5,428) loss in January 2024.

Inpatient discharges during the month of 1,533 were slightly greater than the planned discharges of 1,500 (or 2.2%). Within the total, acute discharges of 1,114 exceeded the budget, while offset by behavioral health of approximately 2.0% and chemical dependency fell below plan by 5.2%. Although it remains over budget, this increase in discharges drove a decline in the acute average length of stay to 7.9 days during January, a decrease from 8.2 days during December. This movement has continued into February with significant efforts taking hold related to throughput initiatives.

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

Total FTEs during January were higher than budgeted targets for the month although they are at a lower level than the overall 3,806 FTE budget for the full 2025 year. With the average length of stay higher than plan and ongoing volume fluctuations, additional FTEs in addition to plan continue to be necessary in order to meet the New York State minimum staffing standards. To continue to meet those standards, the use of incentives is utilized fill vacancies and off-shifts, such as the authorization of overtime, shift differential, and additional bonus rates per hour.

ECMCC continues to incur costs for temporary nursing staff in both the hospital and Terrace View to assist in meeting minimum standards during the month and to accommodate some staff vacancies during specific shifts. Management expects to have the need for a certain number of temporary agency clinical personnel into 2025 to continue to meet the New York State minimum standards given the volume increases. The majority of these FTEs are working with the Terrace View skilled nursing facility.

Total benefit costs for the month fell below the operating plan as a result of favorable health insurance claim costs. Given the change in our employee healthcare insurance provider as of January 1<sup>st</sup>, management is monitoring the costs and activity closely.

Physician fees have exceeded target for the month and will likely continue to throughout the remainder of 2025. This is the result of the successful negotiation of a contract with the SUNY Resident physicians which was finalized late in 2024. While an increase was planned for within the budget, the final increase bringing the residents to market exceeded the operating plan.

Supply costs exceeded the operating plan during the month by \$589. The additional cost during the month was related primarily to pharmaceutical costs related to specialty pharmacy.

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended January 31, 2025**  
**(Amounts in Thousands)**

**Balance Sheet**

ECMCC saw a decrease in cash from December 2024 resulting in 21 days operating cash as compared to 33 days operating cash at the end of 2024. Cash levels have decreased from these levels given January was a three-pay date month for payroll, lower receipts are typical during January after a higher cash month in December, and ongoing vendor payments. Management also expects to receive the next DSH/IGT payment during the month of February and anticipates paying the annual NYS Retirement System (Pension) payment.

Patient receivables increased approximately \$2.7 million from December 31, 2024. The increase in accounts receivable has been due to decreased collection rate during the month of January. This is an expected increase given the fluctuation of receipts around the calendar year end. Management is continuing to monitor this especially given the recent billings of all of the backlogged professional billing from 2024 delayed due to the Change Healthcare cyber-attack.

The change in other accrued expenses reflects the recognition of the deferred revenue related to the amounts received previously for DSH/IGT. This revenue then is recognized ratably over the course of the year in the income statement. A significant portion of these payments resulted in an amount which are expected to be recouped by March 31<sup>st</sup> by New York State and CMS.

## Erie County Medical Center Corporation

### Balance Sheet January 31, 2025 and December 31, 2024

(Dollars in Thousands)

|   | January 31, 2025  | December 31, 2024 | Change from<br>December 31st |
|---|-------------------|-------------------|------------------------------|
| <b>Assets</b>                                       |                   |                   |                              |
| Current Assets:                                     |                   |                   |                              |
| Cash and cash equivalents                           | \$ 10,348         | \$ 33,516         | \$ (23,168)                  |
| Investments   | 44,469            | 42,826            | 1,643                        |
| Patient receivables, net                            | 96,415            | 93,708            | 2,707                        |
| Prepaid expenses, inventories and other receivables | 42,263            | 38,753            | 3,510                        |
| <b>Total Current Assets</b>                         | <b>193,495</b>    | <b>208,803</b>    | <b>(15,308)</b>              |
| Assets Whose Use is Limited:                        |                   |                   |                              |
| Designated under self-Insurance programs            | 53,666            | 53,666            | -                            |
| Restricted under third party agreements             | 79,374            | 78,004            | 1,370                        |
| Designated for long-term investments                | 59,930            | 59,930            | -                            |
| <b>Total Assets Whose Use is Limited</b>            | <b>192,970</b>    | <b>191,600</b>    | <b>1,370</b>                 |
| Property and equipment, net                         | 273,798           | 277,043           | (3,245)                      |
| Other assets  | 161,461           | 161,656           | (195)                        |
| <b>Total Assets</b>                                 | <b>\$ 821,724</b> | <b>\$ 839,102</b> | <b>\$ (17,378)</b>           |
| <b>Liabilities &amp; Net Position</b>               |                   |                   |                              |
| Current Liabilities:                                |                   |                   |                              |
| Current portion of long-term debt                   | \$ 12,755         | \$ 13,520         | \$ (765)                     |
| Current portion of lease liability                  | 7,341             | 6,264             | 1,077                        |
| Current portion of subscription liability           | 8,187             | 8,118             | 69                           |
| Line of credit                                      | 10,000            | 10,000            | -                            |
| Accounts payable                                    | 66,008            | 64,553            | 1,455                        |
| Accrued salaries and benefits                       | 79,182            | 85,393            | (6,211)                      |
| Other accrued expenses                              | 135,938           | 146,172           | (10,234)                     |
| Estimated third party payer settlements             | 5,643             | 5,643             | 0                            |
| <b>Total Current Liabilities</b>                    | <b>325,054</b>    | <b>339,663</b>    | <b>(14,609)</b>              |
| Long-term debt                                      | 178,708           | 179,574           | (866)                        |
| Long-term lease liability                           | 13,692            | 14,394            | (702)                        |
| Long-term subscription liability                    | 12,311            | 13,210            | (899)                        |
| Estimated self-insurance reserves                   | 50,986            | 50,424            | 562                          |
| Other liabilities                                   | 525,109           | 522,990           | 2,119                        |
| <b>Total Liabilities</b>                            | <b>1,105,860</b>  | <b>1,120,255</b>  | <b>(14,395)</b>              |
| <b>Total Net Position</b>                           | <b>(284,136)</b>  | <b>(281,153)</b>  | <b>(2,983)</b>               |
| <b>Total Liabilities and Net Position</b>           | <b>\$ 821,724</b> | <b>\$ 839,102</b> | <b>\$ (17,378)</b>           |

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended January 31, 2025

(Dollars in Thousands)

|   | Actual            | Budget            | Favorable/<br>(Unfavorable) | Prior Year        |
|---|-------------------|-------------------|-----------------------------|-------------------|
| <b>Operating Revenue:</b>                           |                   |                   |                             |                   |
| Net patient revenue                                 | 62,162            | 60,035            | 2,127                       | 55,755            |
| Less: Provision for uncollectable accounts          | (1,767)           | (1,247)           | (520)                       | (1,040)           |
| Adjusted Net Patient Revenue                        | <u>60,395</u>     | <u>58,788</u>     | 1,607                       | 54,715            |
| Disproportionate share / IGT revenue                | 11,018            | 11,018            | -                           | 10,273            |
| Other revenue                                       | 7,211             | 6,683             | 528                         | 4,576             |
| <b>Total Operating Revenue</b>                      | <u>78,624</u>     | <u>76,489</u>     | 2,135                       | 69,564            |
| <b>Operating Expenses:</b>                          |                   |                   |                             |                   |
| Salaries & wages                                    | 32,534            | 31,210            | (1,324)                     | 30,741            |
| Employee benefits                                   | 10,835            | 11,053            | 218                         | 8,663             |
| Physician fees                                      | 10,690            | 10,249            | (441)                       | 9,885             |
| Purchased services                                  | 7,146             | 6,917             | (229)                       | 6,852             |
| Supplies  | 14,119            | 13,530            | (589)                       | 11,402            |
| Other expenses                                      | 2,367             | 2,134             | (233)                       | 1,961             |
| Utilities   | 611               | 456               | (155)                       | 369               |
| Depreciation & amortization                         | 3,851             | 3,850             | (1)                         | 4,124             |
| Interest  | 945               | 970               | 25                          | 995               |
| <b>Total Operating Expenses</b>                     | <u>83,098</u>     | <u>80,369</u>     | (2,729)                     | 74,992            |
| <b>Income/(Loss) from Operations</b>                | <b>(4,474)</b>    | <b>(3,880)</b>    | <b>(594)</b>                | <b>(5,428)</b>    |
| <b>Other Non-operating Gain/(Loss):</b>             |                   |                   |                             |                   |
| Interest and dividends                              | 716               | 292               | 424                         | 308               |
| Unrealized gain/(loss) on investments               | 775               | 19                | 756                         | (506)             |
| Non-operating Gain/(Loss)                           | <u>1,491</u>      | <u>311</u>        | 1,180                       | (198)             |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <u>\$ (2,983)</u> | <u>\$ (3,569)</u> | \$ 586                      | <u>\$ (5,626)</u> |

## Erie County Medical Center Corporation

### Statement of Operations

For the one month ended January 31, 2025

(Dollars in Thousands)

|   | Actual            | Budget            | Favorable/<br>(Unfavorable) | Prior Year        |
|---|-------------------|-------------------|-----------------------------|-------------------|
| <b>Operating Revenue:</b>                           |                   |                   |                             |                   |
| Net patient revenue                                 | 62,162            | 60,035            | 2,127                       | 55,755            |
| Less: Provision for uncollectable accounts          | (1,767)           | (1,247)           | (520)                       | (1,040)           |
| Adjusted Net Patient Revenue                        | 60,395            | 58,788            | 1,607                       | 54,715            |
| Disproportionate share / IGT revenue                | 11,018            | 11,018            | -                           | 10,273            |
| Other revenue                                       | 7,211             | 6,683             | 528                         | 4,576             |
| <b>Total Operating Revenue</b>                      | 78,624            | 76,489            | 2,135                       | 69,564            |
| <b>Operating Expenses:</b>                          |                   |                   |                             |                   |
| Salaries & wages                                    | 32,534            | 31,210            | (1,324)                     | 30,741            |
| Employee benefits                                   | 10,835            | 11,053            | 218                         | 8,663             |
| Physician fees                                      | 10,690            | 10,249            | (441)                       | 9,885             |
| Purchased services                                  | 7,146             | 6,917             | (229)                       | 6,852             |
| Supplies  | 14,119            | 13,530            | (589)                       | 11,402            |
| Other expenses                                      | 2,367             | 2,134             | (233)                       | 1,961             |
| Utilities   | 611               | 456               | (155)                       | 369               |
| Depreciation & amortization                         | 3,851             | 3,850             | (1)                         | 4,124             |
| Interest  | 945               | 970               | 25                          | 995               |
| <b>Total Operating Expenses</b>                     | 83,098            | 80,369            | (2,729)                     | 74,992            |
| <b>Income/(Loss) from Operations</b>                | <b>(4,474)</b>    | <b>(3,880)</b>    | <b>(594)</b>                | <b>(5,428)</b>    |
| <b>Other Non-operating Gain/(Loss):</b>             |                   |                   |                             |                   |
| Interest and dividends                              | 716               | 292               | 424                         | 308               |
| Unrealized gain/(loss) on investments               | 775               | 19                | 756                         | (506)             |
| Non-operating Gain/(Loss)                           | 1,491             | 311               | 1,180                       | (198)             |
| <b>Excess of Revenue/(Deficiency) Over Expenses</b> | <b>\$ (2,983)</b> | <b>\$ (3,569)</b> | <b>\$ 586</b>               | <b>\$ (5,626)</b> |

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and one months ended January 31, 2025**

*(Dollars in Thousands)*

|   | <u>Month</u>                      | <u>Year-to-Date</u>               |
|---|-----------------------------------|-----------------------------------|
| <b>Unrestricted Net Assets:</b>                               |                                   |                                   |
| Excess/(Deficiency) of revenue over expenses                  | \$ (2,983)                        | \$ (2,983)                        |
| 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>(2,983)</u>                    | <u>(2,983)</u>                    |
| <b>Temporarily Restricted Net Assets:</b>                     |                                   |                                   |
| Contributions, bequests, and grants                           | -                                 | -                                 |
| Other transfers, net  | -                                 | -                                 |
| Net assets released from restrictions for operations          | -                                 | -                                 |
| Net assets released from restrictions for capital acquisition | -                                 | -                                 |
|   | <hr/>                             | <hr/>                             |
| Change in Temporarily Restricted Net Assets                   | <u>-</u>                          | <u>-</u>                          |
| Change in Net Position  | <u>(2,983)</u>                    | <u>(2,983)</u>                    |
| Net Position, beginning of period                             | <u>(281,153)</u>                  | <u>(281,153)</u>                  |
| <b>Net Position, end of period</b>                            | <b><u><u>\$ (284,136)</u></u></b> | <b><u><u>\$ (284,136)</u></u></b> |

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and one months ended January 31, 2025

*(Dollars in Thousands)*

|   | Month           | Year-to-Date    |
|---|-----------------|-----------------|
| <b>Cash Flows from Operating Activities:</b>  |                 |                 |
| Change in net assets  | \$ (2,983)      | \$ (2,983)      |
| Adjustments to Reconcile Changes in Net Assets to Net Cash<br>Provided by/(Used in) Operating Activities: |                 |                 |
| Depreciation and amortization   | 3,851           | 3,851           |
| Provision for bad debt expense  | 1,767           | 1,767           |
| Net change in unrealized (gain)/loss on Investments   | (775)           | (775)           |
| <u>Changes in Operating Assets and Liabilities:</u>   |                 |                 |
| Patient receivables   | (4,474)         | (4,474)         |
| Prepaid expenses, inventories and other receivables   | (3,510)         | (3,510)         |
| Accounts payable  | 1,455           | 1,455           |
| Accrued salaries and benefits   | (6,211)         | (6,211)         |
| Estimated third party payer settlements   | -               | -               |
| Other accrued expenses  | (10,234)        | (10,234)        |
| Self Insurance reserves   | 562             | 562             |
| Other liabilities   | 2,119           | 2,119           |
| <b>Net Cash Provided by/(Used in) Operating Activities</b>  | <b>(18,433)</b> | <b>(18,433)</b> |
| <b>Cash Flows from Investing Activities:</b>  |                 |                 |
| Additions to Property and Equipment, net  | (606)           | (606)           |
| Decrease/(increase) in assets whose use is limited  | (1,370)         | (1,370)         |
| Sale/(Purchase) of investments, net   | (868)           | (868)           |
| Change in other assets  | 195             | 195             |
| <b>Net Cash Provided by/(Used in) Investing Activities</b>  | <b>(2,649)</b>  | <b>(2,649)</b>  |
| <b>Cash Flows from Financing Activities:</b>  |                 |                 |
| Principal payments on / proceeds from long-term debt, net   | (1,631)         | (1,631)         |
| Principal payments on / additions to long-term lease liability, net                                       | 375             | 375             |
| Principal payments on / additions to long-term subscription, net  | (830)           | (830)           |
| <b>Increase/(Decrease) in Cash and Cash Equivalents</b>   | <b>(23,168)</b> | <b>(23,168)</b> |
| Cash and Cash Equivalents, beginning of period  | 33,516          | 33,516          |
| Cash and Cash Equivalents, end of period  | \$ 10,348       | \$ 10,348       |



## Erie County Medical Center Corporation

### Statistical and Ratio Summary

|   | January 31, 2025 | December 31, 2024 | ECMCC<br>3 Year Avg.<br>2022 - 2024 |
|---|------------------|-------------------|-------------------------------------|
| <b><u>Liquidity Ratios:</u></b>             |                  |                   |                                     |
| Current Ratio                               | 0.6              | 0.6               | 0.7                                 |
| Days in Operating Cash & Investments        | 21               | 33                | 24.7                                |
| Days in Patient Receivables                 | 49.5             | 52.3              | 56.4                                |
| Days Expenses in Accounts Payable           | 56.8             | 53.7              | 59.1                                |
| Days Expenses in Current Liabilities        | 109.5            | 145.7             | 140.5                               |
| Cash to Debt                                | 56.7%            | 67.3%             | 53.1%                               |
| Working Capital Deficit                     | \$ (131,559)     | \$ (130,860)      | \$ (105,982)                        |
| <b><u>Capital Ratios:</u></b>               |                  |                   |                                     |
| Long-Term Debt to Fixed Assets              | 65.3%            | 64.8%             | 67.3%                               |
| Assets Financed by Liabilities              | 134.6%           | 133.5%            | 131.7%                              |
| Debt Service Coverage (Covenant > 1.1)      | 1.8              | 1.7               | 1.8                                 |
| Capital Expense                             | 14.6%            | 3.0%              | 2.9%                                |
| Average Age of Plant                        | 7.4              | 8.0               | 8.6                                 |
| Debt Service as % of NPSR                   | 3.4%             | 3.9%              | 4.0%                                |
| Capital as a % of Depreciation              | 15.7%            | 35.5%             | 21.9%                               |
| <b><u>Profitability Ratios:</u></b>         |                  |                   |                                     |
| Operating Margin                            | -5.7%            | 0.7%              | -11.5%                              |
| Net Profit Margin                           | -4.8%            | -0.7%             | -2.5%                               |
| Return on Total Assets                      | -4.4%            | -0.6%             | -1.6%                               |
| Return on Equity                            | 12.6%            | 1.8%              | 5.4%                                |
| <b><u>Productivity and Cost Ratios:</u></b> |                  |                   |                                     |
| Total Asset Turnover                        | 1.2              | 1.1               | 0.9                                 |
| Total Operating Revenue per FTE             | \$ 284,067       | \$ 266,577        | \$ 230,021                          |
| Personnel Costs as % of Total Revenue       | 53.9%            | 50.0%             | 56.0%                               |

The difference between  
healthcare and true care™



**Erie County Medical Center Corporation**

|                                      |  |  |  |
|--------------------------------------|--|--|--|
| <b>Key Statistics</b>                |  |  |  |
| <b>Period Ended January 31, 2025</b> |  |  |  |

| Current Period                      |               |             |               | Year to Date                        |               |             |               |
|-------------------------------------|---------------|-------------|---------------|-------------------------------------|---------------|-------------|---------------|
| Actual                              | Budget        | % to Budget | Prior Year    | Actual                              | Budget        | % to Budget | Prior Year    |
| <b>Discharges:</b>                  |               |             |               | <b>Discharges:</b>                  |               |             |               |
| 1,114                               | 1,074         | 3.7%        | 1,066         | 1,114                               | 1,074         | 3.7%        | 1,066         |
| 228                                 | 233           | -2.0%       | 212           | 228                                 | 233           | -2.0%       | 212           |
| 165                                 | 174           | -5.2%       | 175           | 165                                 | 174           | -5.2%       | 175           |
| 26                                  | 19            | 39.9%       | 19            | 26                                  | 19            | 39.9%       | 19            |
| <b>1,533</b>                        | <b>1,500</b>  | <b>2.2%</b> | <b>1,472</b>  | <b>1,533</b>                        | <b>1,500</b>  | <b>2.2%</b> | <b>1,472</b>  |
| <b>Patient Days:</b>                |               |             |               | <b>Patient Days:</b>                |               |             |               |
| 8,834                               | 8,170         | 8.1%        | 8,828         | 8,834                               | 8,170         | 8.1%        | 8,828         |
| 3,579                               | 3,793         | -5.6%       | 3,748         | 3,579                               | 3,793         | -5.6%       | 3,748         |
| 658                                 | 655           | 0.5%        | 691           | 658                                 | 655           | 0.5%        | 691           |
| 369                                 | 377           | -2.1%       | 396           | 369                                 | 377           | -2.1%       | 396           |
| <b>13,440</b>                       | <b>12,995</b> | <b>3.4%</b> | <b>13,663</b> | <b>13,440</b>                       | <b>12,995</b> | <b>3.4%</b> | <b>13,663</b> |
| <b>Average Daily Census (ADC):</b>  |               |             |               | <b>Average Daily Census (ADC):</b>  |               |             |               |
| 285                                 | 264           | 8.1%        | 285           | 285                                 | 264           | 8.1%        | 285           |
| 115                                 | 122           | -5.6%       | 121           | 115                                 | 122           | -5.6%       | 121           |
| 21                                  | 21            | 0.5%        | 22            | 21                                  | 21            | 0.5%        | 22            |
| 12                                  | 12            | -2.1%       | 13            | 12                                  | 12            | -2.1%       | 13            |
| <b>434</b>                          | <b>419</b>    | <b>3.4%</b> | <b>441</b>    | <b>434</b>                          | <b>419</b>    | <b>3.4%</b> | <b>441</b>    |
| <b>Average Length of Stay:</b>      |               |             |               | <b>Average Length of Stay:</b>      |               |             |               |
| 7.9                                 | 7.6           | 4.3%        | 8.3           | 7.9                                 | 7.6           | 4.3%        | 8.3           |
| 15.7                                | 16.3          | -3.7%       | 17.7          | 15.7                                | 16.3          | -3.7%       | 17.7          |
| 4.0                                 | 3.8           | 5.9%        | 3.9           | 4.0                                 | 3.8           | 5.9%        | 3.9           |
| 14.2                                | 20.3          | -30.0%      | 20.8          | 14.2                                | 20.3          | -30.0%      | 20.8          |
| <b>8.8</b>                          | <b>8.7</b>    | <b>1.2%</b> | <b>9.3</b>    | <b>8.8</b>                          | <b>8.7</b>    | <b>1.2%</b> | <b>9.3</b>    |
| <b>Occupancy:</b>                   |               |             |               | <b>Occupancy:</b>                   |               |             |               |
| 81.6%                               | 81.6%         | 0.1%        | 83.0%         | 81.6%                               | 81.6%         | 0.1%        | 83.0%         |
| <b>Case Mix Index:</b>              |               |             |               | <b>Case Mix Index:</b>              |               |             |               |
| 2.00                                | 1.91          | 4.5%        | 1.87          | 2.00                                | 1.91          | 4.5%        | 1.87          |
| 330                                 | 192           | 71.9%       | 304           | 330                                 | 192           | 71.9%       | 304           |
| 405                                 | 472           | -14.1%      | 420           | 405                                 | 472           | -14.1%      | 420           |
| 721                                 | 668           | 7.9%        | 656           | 721                                 | 668           | 7.9%        | 656           |
| 20                                  | 21            | -4.8%       | 20            | 20                                  | 21            | -4.8%       | 20            |
| 36                                  | 38            | -5.3%       | 42            | 36                                  | 38            | -5.3%       | 42            |
| 24,700                              | 25,618        | -3.6%       | 23,316        | 24,700                              | 25,618        | -3.6%       | 23,316        |
| 5,439                               | 5,048         | 7.7%        | 5,082         | 5,439                               | 5,048         | 7.7%        | 5,082         |
| 49.5                                | 44.2          | 12.0%       | 54.6          | 49.5                                | 44.2          | 12.0%       | 54.6          |
| 2.7%                                | 2.1%          | 30.6%       | 1.8%          | 2.7%                                | 2.1%          | 30.6%       | 1.8%          |
| 3,341                               | 3,259         | 2.5%        | 3,254         | 3,341                               | 3,259         | 2.5%        | 3,254         |
| 4.24                                | 4.37          | -3.0%       | 4.07          | 4.24                                | 4.37          | -3.0%       | 4.07          |
| \$ 20,115                           | \$ 20,371     | -1.3%       | \$ 19,116     | \$ 20,115                           | \$ 20,371     | -1.3%       | \$ 19,116     |
| \$ 27,447                           | \$ 27,595     | -0.5%       | \$ 25,912     | \$ 27,447                           | \$ 27,595     | -0.5%       | \$ 25,912     |
| <b>Terrace View Long Term Care:</b> |               |             |               | <b>Terrace View Long Term Care:</b> |               |             |               |
| 11,438                              | 11,687        | -2.1%       | 11,333        | 11,438                              | 11,687        | -2.1%       | 11,333        |
| 369                                 | 377           | -2.1%       | 366           | 369                                 | 377           | -2.1%       | 366           |
| 94.6%                               | 96.7%         | -2.1%       | 93.7%         | 94.6%                               | 96.7%         | -2.1%       | 93.7%         |
| 459                                 | 512           | -10.3%      | 471           | 459                                 | 512           | -10.3%      | 471           |
| 6.4                                 | 7.0           | -8.3%       | 6.6           | 6.4                                 | 7.0           | -8.3%       | 6.6           |

**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**February 2025**

**University at Buffalo Update**

- There is an ongoing search for Division Chief of Nephrology, Chair of Psychiatry and a new search for Chair of ENT.

**Current hospital operations**

- Admissions YTD: 1,435
- ED visits YTD: 6,188
- CPEP visits: 1,130
- Observation: 432
- Inpatient Surgeries: 530
- Outpatient Surgeries: 924
- ALC days YTD: 1,310

The average length of stay MTD 7.8    CMI 1.9694

**CMO Update**

- ‘Thank a Resident’ week is February 24-28
- Congratulations to our Springfest Honorees:
  - Thameena Hunter, MS, RN, CCISM – Distinguished Nursing Honoree
  - Jennifer Pugh, MD, MBA, FACEP – Distinguished Physician Honoree
  - Susan Gonzalez - Community Honoree

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

*Department of Nursing Report February 2025*

*Nursing recognition celebrations in January:*

Daisy Award 4th Quarter :

Ashley Smolen RN, TICU Nurse was recognized by a Patient's family for the extraordinary care provided to their family member during a very difficult time.

Nurse Hero of the Month for February:

Hailey Byrne - MICU North was celebrated for her commitment to patients and her positive caring attitude to her fellow MICU team members.

In January recruitment of staff recognized new staff members to multiple nursing areas along with retention of current nursing staff that moved to different positions as they developed their professional roles. External recruitment continues to be very strong with the local schools as we continue to support the students as a desired location for their clinical experience.

On Valentine's Day our Nurse leaders were excited to wish our patient's a Happy Valentines Day with a beautiful red carnation sponsored by ECMC foundation. The response from many of the patients was very heart warming and patients were very appreciative that ECMC cared about them in this special way.

Throughout January and early February Nursing staff were provided training on the newly purchased upgraded IV pumps that were rolled out successfully across the facility on February 18, 2025. The new equipment was welcomed by staff to promote high quality care to be delivered safely and efficiently.

Reviews of our 2024 quality outcomes and setting goals for 2025 were carried out across all Nursing areas with our frontline staff engagement in process improvement initiatives. For 2025 our Nursing department is also engaging in wellness activities and events to promote success to our ECMC Nursing family.

**Communications and External Affairs Report**  
**Submitted by Peter K. Cutler**  
**Senior Vice President of Communications and External Affairs**  
**February 25, 2025**

**Marketing**

- Preparing new advertising/marketing efforts in 2025 that will focus on key service lines that generate high patient volume and revenue for ECMC. Notably, the effort will highlight service lines like Orthopedics, as well as other opportunities with Head and Neck Oncology. Continue to maintain 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.
- Senior Vice President of Nursing Charlene Ludlow was featured on a WGRZ-TV February 14<sup>th</sup> broadcast that focused on the current flu season, which has been reported to be the most severe period in 15 years per NYS DOH data.
- ECMC’s Medical Minute partnership with WGRZ-TV included the featured following topics in January: HIV Testing (Dr. Claus), and Special Needs Dentistry Services (Dr. Kapral).

**Community and Government Relations**

- **On February 11, 2025**, the New York State (NYS) Legislature held their annual Joint Budget Hearing on Health to hear testimony from the Department of Health (DOH) Commissioner James McDonald, Superintendent of Department of Financial Services (DFS) Adrienne Harris, and stakeholders who support or oppose proposals included in the State Fiscal Year 2026 (SFY26) proposed Executive Budget.
- Key items discussed during the NYS Joint Legislative Budget Hearing on health proposals included the following:
  - **Safety Net Transformation Program (SNTF)**. In their testimony, DOH noted the SNTF as a partnership opportunity for Safety Net Hospitals, recognizing that smaller rural providers are as important as large urban centers. Many, including healthcare unions, who participated in the hearing were hopeful to see the Governor’s proposal for continued SNTF funding in the final budget.
  - **State Health Care Facility Transformation Program (SHCFTP) IV & V**. The Commissioner noted that DOH has received applications totaling over \$1 billion in requests and noted an expectation that SHCFTP award announcements will be made in the near future. For all grant programs, DOH acknowledges that different regions of the State encounter unique challenges, therefore DOH is reviewing applications to address these regional needs.
  - **Medicaid**. Significant support was voiced throughout the day for investments in increasing Medicaid rates to ensure adequate funding for providers.
  - **Managed Care Organization (MCO) Tax**. There was a recognition that Centers for Medicare & Medicaid Services (CMS) approved the State’s MCO tax plan, but if the Federal government were to revoke that approval, the State would need to change its current implementation, and this would have a material impact on a number of initiatives that are currently proposed to be funded by the tax revenues. In their testimony, 1199 SEIU pushed to ensure all MCO tax revenue is invested in healthcare services by carving back-in the \$1 billion in MCO tax revenues currently proposed for “general deficit relief.”

- **Workforce.** Throughout the day, the workforce challenges across the State and the entire spectrum of healthcare—whether in hospitals, nursing homes, primary or specialty care—were a consistent topic, with significant support for investment and commonsense workforce policies and initiatives. The State has made a \$694 million investment under the 1115 waiver, which includes \$646 million in three Workforce Investment Organizations (WIO). The Legislature requested additional detail and data specific to how funding is being distributed through the WIOs. There was discussion around state mandates on minimum staffing requirements, with a desire for the Legislature to focus on finding ways to attract and incentivize people to pursue healthcare careers instead of focusing on penalties and new mandates. The Nurse Compact proposal was also brought up several times with legislators both in support and opposition.
- **Nursing Homes.** Bed shortages across the State were covered at length throughout the hearing, recognizing two contributing factors: a workforce crisis and a Medicaid rate reimbursement issue. With more than 2,000 nursing home beds decertified since 2019, and 7,200 of the remaining beds not staffed and unavailable to consumers, it was noted that the lack of available beds is reaching crisis level. In their testimony, 1199 SEIU requested an increase of 20% over 2023 levels for nursing home rates and to restore last year's capital rate cut

Present: Dr. Yogesh Bakhai, Christopher Resetartis, CRNA, Dr. Victor Vacanti, Dr. Samuel Cloud, Dr. Ashvin Tadakamalla (via teleconference), Dr. Richard Hall (via teleconference)

Excused: Dr. Lakshpaul Chauhan, Dr. Mandip Panesar, Dr. Thamer Qaqish, Dr. Siva Yedlapati

| Agenda Item                                    | Discussion  | Action   | Follow-up  |
|--|---|--|--|
| <b>I. CALL TO ORDER</b>                        | Dr. Bakhai called the meeting to order at 3:02 pm.  |  |  |
| <b>II. ADMINISTRATIVE</b>                      |   |  |  |
| A. Minutes                                     | Minutes from the January 2, 2025 meeting were reviewed and approved   | A motion was made by Dr. Vacanti, and unanimously carried to approve the minutes of the January 2, 2025 meeting. | Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee. |
| B. Deceased                                    | None  | None   | None   |
| C. Applications Withdrawn/Processing Cessation | None  | None   | None   |
| D. Automatic Conclusion (Initial Appointment)  | None  | None   | None   |
| E. Name Changes                                | <b>Orthopedic Surgery:</b><br>Halley Kreminski, PA-C changed her name to Halley Biersbach, PA-C. All required documentation was submitted and verified. | Noted  | Informational purposes only  |

Highlight: Initiate FPPE

| F. Leave of Absence (2)    |                    | <p><b>Internal Medicine</b></p> <ul style="list-style-type: none"> <li>Leigh-Anne DiOrio, FNP-maternity; RTW 05/01/25</li> </ul> <p><b>Plastic &amp; Reconstructive Surgery</b></p> <ul style="list-style-type: none"> <li>Bridget Fitzgerald, PA-C-maternity; RTW 03/01/25</li> </ul> | Reviewed                           | Informational purposes only   |              |
|----------------------------|--------------------|--|------------------------------------|---|--------------|
| <b>G. Resignations (5)</b> |                    | 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 |
| Gregory DiFrancesco, MD    | Emergency Medicine | <ul style="list-style-type: none"> <li>Great Lakes Physician Services</li> <li>Des not come to ECMC</li> <li>Confirmed in email</li> </ul>   | N/A                                | 01/01/2025  | 06/28/2022   |
| Michael Maloney, PA-C      | Internal Medicine  | <ul style="list-style-type: none"> <li>Apogee</li> <li>Per Apogee, he has never worked a shift at ECMC</li> <li>Confirmed in email</li> </ul>  | N/A                                | 01/24/2025  | 04/28/2015   |
| Dominic Stutz, PA-C        | Orthopedic Surgery | <ul style="list-style-type: none"> <li>UBMD</li> <li>Leaving practice plan</li> <li>Confirmed in email</li> </ul>  | N/A                                | 12/31/2024  | 09/27/2022   |
| Katherine Boyle, MD        | Orthopedic Surgery | <ul style="list-style-type: none"> <li>UBMD</li> <li>Moving out of state</li> <li>Confirmed in email</li> </ul>  | N/A                                | 01/02/2025  | 11/24/2020   |
| Supra Khare, MD            | Psychiatry         | <ul style="list-style-type: none"> <li>UPP</li> <li>“life circumstances prevented her from joining ECMC”</li> <li>Confirmed in email</li> </ul>  | N/A                                | 01/28/2025  | 01/28/2025   |

Highlight: Initiate FPPE

|  |   |   |  |
|--|---|---|--|
| III. CHANGE IN STAFF CATEGORY                          |   |   |  |
|  | None  |   |  |
| IV. CHANGE/ADDITION Collaborating/Supervising (2)      |   |   |  |
| A. Azadeh Hassan-Tehrani, FNP                          | <u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. Ryan Mikac to <b>Dr. Maira Ilahi</b></li> </ul> All required documentation was submitted.  | Noted   | No follow-up necessary. For informational purposes   |
| B. Casey Krug, PA-C                                    | <u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. Ryan Mikac to <b>Dr. Romain Calini</b></li> </ul> All required documentation was submitted.  | Noted   | No follow-up necessary. For informational purposes   |
| V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (2) |   |   |  |
| A. Joseph Quackenbush, PA-C                            | <u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Joining GPPC for Terrace View</li> <li>Adding privilege of <b><i>“Management of care in long term care setting”</i></b></li> <li>Supervising MD: Mikac</li> <li>Remaining per diem with UBMD Addition Medicine, Supevising MD: Wilber</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.<br><br>Notification to Revenue Cycle and Decision Support upon approval of the Board. |
| B. Joseph Rasnick, ANP                                 | <u><b>Internal Medicine – S&amp;K</b></u> <ul style="list-style-type: none"> <li>Adding privilege in <b><i>“Plastic &amp; Reconstructive Surgery with First Assist”</i></b></li> <li>Collaborating MD: Burke</li> <li>Temps granted for 01-24-2025</li> </ul>   | The Committee voted, all in favor, to approve the changes as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.   |

Highlight: Initiate FPPE

|                                      |   |  |   |
|--------------------------------------|---|--|---|
|                                      |   |  | Notification to Revenue Cycle and Decision Support upon approval of the Board.  |
| <b>VI. PRIVILEGE WITHDRAWAL</b>      |   |  |   |
| A. William Belles, MD                | <p>Dr. Belles is withdrawing his request for Robotic TORS privileges.</p> <p>It is noted that Dr. Belles has already reached out to schedule the required training. Once this is completed, his request will be reconsidered.</p> <p>Discussion ensued regarding the fact that ECMC does not have a Robotics Committee who could be vetting new technologies and who can be authorized to use them.</p> <p>It was recommended that the Surgical Executive Committee could serve in this capacity, as the ability to vet new technology is noted in their charter.</p> | The Committee voted, all in favor, to recommend that the Surgical Executive Committee be authorized to vet new technology and its appropriate uses as it is brought into the organization. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> <p><b>EXTRACT -MEC EXEC SESSION</b></p> |
| <b>VII. UNACCREDITED FELLOWSHIPS</b> |   |  |   |
|                                      | <p><b><u>Surgery-Bariatric</u></b></p> <ul style="list-style-type: none"> <li>An application was emailed on 12/11/24 for Dr. Xavier Jean. The practice plan has pushed back the start date to March 1, 2025.</li> </ul>   | Noted  | Informational purposes only   |

| VIII. INITIAL APPOINTMENTS (6)             |  |   |   |
|--|--|---|---|
| Cynthia Chen, MD<br>Emergency Medicine     | <ul style="list-style-type: none"> <li>• Wayne State University MD June 2015</li> <li>• Wayne State University School of Medicine Henry Ford Hospital Emergency Medicine Residency June 2015 to June 2018 and Staff Physician July 2018 to July 2019</li> <li>• University of Michigan Hospice and Palliative Medicine Fellowship July 2018 to June 2019</li> <li>• Academic appointment – University of Michigan Clinical Instructor July 2019 to August 2022 and Clinical Assistant Professor September 2022 to present of Emergency and Internal Medicine</li> <li>• Attending Physician – Department of Emergency Medicine Ann Arbor Veterans Affairs Hospital and Adult Palliative Care Consultation Service and Adult Emergency Services at University of Michigan July 2019 to present</li> <li>• Joining UEMS March 1, 2025</li> <li>• American Board of Emergency Medicine and Hospice and Palliative Medicine certified</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |
| Shella Dargout, PA-C<br>Emergency Medicine | <ul style="list-style-type: none"> <li>• D’Youville College Bachelor and Master of Science Physician Assistant December 2011</li> <li>• Time gap - pending license, board, and credentialing January 2012 to March 2012</li> </ul>   | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.  |

Highlight: Initiate FPPE

|   |   |  |   |
|---|---|--|---|
|   | <ul style="list-style-type: none"> <li>• Physician Assistant – Mash Care Network April 2012 to October 2016, Advantis Occupational Health July 2013 to July 2019, UEMS November 2016 to present, and UBMD Internal Medicine April 2016 to present</li> <li>• Joining UEMS at ECMC March 15, 2025</li> <li>• Supervising Physician – Dr. Jessica Strauss (1)</li> <li>• NCCPA certified</li> </ul>   |  | <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>   |
| <p>Andrew Rogers, PhD<br/>internal Medicine</p> | <ul style="list-style-type: none"> <li>• University of Houston Doctor of Philosophy Clinical Psychology May 2023</li> <li>• University of Washington School of Medicine Clinical Internship June 2022 to June 2023 and Research Scientist Suicide Care Research Center July 2023 to July 2024</li> <li>• Assistant Professor Division of Behavioral Medicine, Department of Medicine, University at Buffalo August 2024 to present</li> <li>• Joining UBMD IM Behavioral Medicine Clinic in the DK Miller Building. Clinical work will be onsite; however, he will not be treating ECMC patients</li> </ul> | <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |

Highlight: Initiate FPPE

|  |   |   |  |
|--|---|---|--|
| <p>Assaf Berger, MD<br/>Neurosurgery</p> | <ul style="list-style-type: none"> <li>• Tel Aviv University MD June 2010</li> <li>• Time gap – Vacation July 2010</li> <li>• Medical Doctor Officer at the Israeli Defense Medical Corps August 2010 to December 2014</li> <li>• ECFMG certificate issued October 2011</li> <li>• Time gap – Vacation December 2014 to April 2015</li> <li>• Tel Aviv Sourasky Medical Center Neurosurgery Residency April 2015 to April 2021</li> <li>• Time gap – Vacation April 2021 to June 2021</li> <li>• NYU Grossman School of Medicine Neurological Surgery – Stereotactic Radiosurgery (non-ACGME) Fellowship July 2021 to June 2022 and Neurological Surgery – Functional Neurosurgery (non-ACGME) Residency July 2022 to June 2023</li> <li>• Time gap – Vacation July 2023 to September 2023</li> <li>• Attending Neurosurgeon with University at Buffalo Neurosurgery at Buffalo General September 2023 to present</li> <li>• Assistant Professor, Department of Neurosurgery Jacobs School of Medicine and Biomedical Sciences University at Buffalo<br/>Board status – not eligible until minimum of 6 years of employment as full time, core faculty at the primary teaching site of an ACGME Neurological</li> </ul> | <p>Flags were reviewed and application was endorsed by the Chief of Service. Dr. Richard Spiro to address the international pathway to Board Certification at MEC.</p> <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board. <b>EXTRACT FOR MEC – EXECUTIVE SESSION</b></p> |
|--|---|---|--|

Highlight: Initiate FPPE

|                                    | Surgery Residency program as an Associate Professor or higher  |   |   |
|------------------------------------|--|---|---|
| Jonathan Riley, MD<br>Neurosurgery | <ul style="list-style-type: none"> <li>• Case Western Reserve University MD May 2009</li> <li>• Time gap – moving May 2009 to June 2009</li> <li>• Emory University School of Medicine Neurological Surgery Residency July 2009 to June 2016</li> <li>• Thomas Jefferson University Hospital Neurological Surgery Fellowship July 2016 to July 2017</li> <li>• Time gap – moving July 2017 to September 2017</li> <li>• Medical Director, Functional Neurosurgery Kaleida Health September 2017 to present</li> <li>• Assistant Professor, Department of Neurosurgery Jacobs School of Medicine and Biomedical Sciences University at Buffalo September 2017 to present</li> <li>• American Board of Neurosurgery certified</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |
| Joshua Dudziak, NP<br>Radiology    | <ul style="list-style-type: none"> <li>• St. John Fisher University Master of Science PCFNP MSN Program December 2024</li> <li>• Registered nurse Buffalo General Hospital Neurology/Telemetry December 2016 to April 2018 and Diagnostic and Interventional Radiology April 2018 to present</li> <li>• Joining Great Lakes Medical Imaging February 2025</li> </ul>   | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |

Highlight: Initiate FPPE

|  | <ul style="list-style-type: none"> <li>Collaborating Physician – Dr. John McGrath (8)</li> <li>ANCC eligible – sitting 3/7/2025</li> </ul> |  |  |
|--|--|--|--|
| <b>X. Temporary Privileges</b>                         | <ul style="list-style-type: none"> <li>Joseph Rasnick, ANP: Plastic &amp; Reconstructive Surgery, 01/24/2025</li> </ul>                    | Noted  | For informational purposes only  |
| <b>IX. REAPPOINTMENTS (40)</b>                         | See reappointment summary (Attachment B)   | The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges granted as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.<br><br>Notification to Revenue Cycle and Decision Support upon approval of the Board.   |
| <b>NAME</b>  | <b>DEPARTMENT</b>  | <b>CATEGORY</b>  | <b>PRIVILEGES</b>  |
| Greenaway, Wanda AGNP-C<br>Collaborating MD: DePlato   | <b>Anesthesia</b>  | AHP  |  |
| Nowak, Kevin MD  | Anesthesia   | Active   |  |
| Cirulli-Linde, Francesca FNP<br>Collaborating MD: Igoe | <b>Emergency Medicine</b>  | AHP  |  |
| Jurek, Jeffrey PA-C<br>Collaborating MD: Cloud/Anillo  | Emergency Med/Internal Med   | AHP  |  |
| Kaczor, Eric MD  | Emergency Medicine   | Active   |  |
| Shafie, Asmah PA-C<br>Collaborating MD: Kruse          | Emergency Medicine   | AHP  |  |
| Americhetty, Chandrarekha MD                           | <b>Family Medicine</b>   | Active   | <p><b><u>New Privilege Addition:</u></b><br/>BASIC management of substance intoxication &amp; withdrawal<br/>BASIC treatment modalities for individual &amp; group</p> <p><i>Privileges added to “assist with patients going through withdrawal on the floors while working with Apogee”</i></p> |

Highlight: Initiate FPPE

|   |                          |        |  |
|---|--------------------------|--------|--|
| Boyd, Nicole AHP<br><b>NEW</b> Collaborating MD:<br>Barkowski | Family Medicine          | AHP    |  |
| Evans, Stephen MD   | Family Medicine          | Active |  |
| Aquilina, Alan MD   | <b>Internal Medicine</b> | CR&F   |  |
| Bais, Anshu MD  | Internal Medicine        | Active |  |
| Beall, Katherine ANP<br>Collaborating MD: Rochester           | Internal Medicine        | AHP    |  |
| Calandra, Salvatore MD  | Internal Medicine        | CR&F   |  |
| Carlson, Richard MD   | Internal Medicine        | CR&F   |  |
| Cline, Mercedes ACNP<br>Collaborating MD: Ilyas/Cheng         | Internal Medicine        | AHP    |  |
| Czarny, Dawid MD  | Internal Medicine        | Active |  |
| Fenire, Mahmoud MD  | Internal Medicine        | Active |  |
| Kalinin, Alexy MD   | Internal Medicine        | Active | <b>Withdraw Privileges: (2)</b><br>-Central Venous Catheter Insertion, percutaneous: internal jugular, subclavian, femoral, etc. Internal Jugular Puncture (with/without catheter)<br>-Paracentesis  |
| Matthews, George MD   | Internal Medicine        | CR&F   |  |
| Murray, Brian MD  | Internal Medicine        | Active |  |
| Sandhu, Annumeet DO   | Internal Medicine        | Active |  |
| Wolfe, Gil MD   | <b>Neurology</b>         | Active |  |
| Jones, Joshua MD  | <b>Ortho Surgery</b>     | Active | <b>Adding new privileges: (3)</b><br>-Level II Core Elbow Privileges<br>-Level II Core Shoulder Privileges<br>-Level II Core Orthopaedic Oncology Privileges<br><br><i>Privilege form was updated and the criteria changed to ACGME accredited training. Provider held above privileges since 2011. Chief of service approved due to experience.</i> |
| Rachko, Morgan PA-C<br>Collaborating MD: Bernas               | Ortho Surgery            | AHP    | <b>Adding new privilege: (1)</b><br>-First Assist with Bone graft harvesting<br><br><i>Privilege form does not have any special criteria</i>   |

Highlight: Initiate FPPE

|  |                                     |           |  |
|--|-------------------------------------|-----------|--|
| Young, Paul MD   | <b>Otolaryngology</b>               | Active    |  |
| Liu, Lin MD  | <b>Pathology</b>                    | Active    |  |
| Yusuf, Yasmin MD   | Pathology                           | Active    | <b>Withdraw privilege: (1)</b><br>-History & physical exam privileges limited to suitability determination for blood donation/apheresis procedures |
| Bortel, Jessica MD   | <b>Psych &amp; Behavioral Med</b>   | Active    |  |
| Brooks, Victoria MD  | Psych & Behavioral Med              | Active    |  |
| Bevilacqua, Thomas MD  | <b>Radiology</b>                    | Active    |  |
| Bloss, Michael MD  | Radiology                           | Active    |  |
| Brown, Harry MD  | Radiology                           | Active    |  |
| Novick, Michael MD   | Radiology                           | Active    | <b>Withdraw privileges: (2)</b><br><b>Nuclear Medicine</b><br>-In vivo diagnostic interpretation<br>-In vitro diagnostic interpretation            |
| Rai, Surinder DO   | Radiology                           | Active    |  |
| Regenbogen, Victor MD  | Radiology                           | Active    |  |
| Rinaldi, James MD  | Radiology                           | Active    |  |
| Shatkin, Samuel MD   | <b>Plastic Surgery</b>              | Associate |  |
| Roland, Todd PA-C<br>Collaborating MD: Aldridge  | <b>Thoracic/Cardiovascular Surg</b> | AHP       |  |
| Gonka-Griffo, Jacquelyn MD   | <b>Urology</b>                      | Active    |  |
| Greco, Joseph MD   | Urology                             | Active    |  |
| <b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b> |                                     |           |  |

|                                |                          |                             |                 |
|--------------------------------|--------------------------|-----------------------------|-----------------|
| <b>X. AUTOMATIC CONCLUSION</b> | Reappointment Expiration |                             |                 |
| <b>1<sup>st</sup> Notice</b>   | None                     | For informational purposes. | None necessary. |

Highlight: Initiate FPPE

|  |  |   |   |
|--|--|---|---|
| <b>2<sup>nd</sup> Notice</b>                 | None   | For informational purposes.               | None necessary.                               |
| <b>3<sup>rd</sup> Notice</b>                 | None   | For informational purposes.               | None necessary.                               |
| <b>XI. PROFESSIONAL PRACTICE EVALUATIONS</b> |  |   |   |
| <b>OPPE</b>                                  | Completed January 2025: Departments of OB/GYN, Otolaryngology, Thoracic Surgery, and Oral Maxillofacial Surgery. No opportunities identified.  | Noted                                     | Follow up at March 2025 Credentials Committee |
| <b>FPPE</b>                                  | 22 FPPE's were distributed, no triggers identified.  | Noted                                     | Follow up at March 2025 Credentials Committee |
| <b>Tracking/Trending:</b>                    | VIP: One (1) Department of Internal Medicine Physician<br>VIP: One (1) Plastic Surgery Physician   | Monitoring continues for both physicians. | Follow up at March 2025 Credentials Committee |
| <b>XII. OLD BUSINESS</b>                     |  |   |   |
| A. Expirables                                | Expirables were reviewed and discussed with the Credentials Committee.   | None                                      | For informational purposes                    |
| B. DEA, License, Boards                      | <p><b>January 2025</b></p> <ul style="list-style-type: none"> <li>• DEA- 8</li> <li>• License- 25</li> <li>• Boards-0</li> </ul> <p><b>February 2025</b></p> <ul style="list-style-type: none"> <li>• DEA- 26</li> <li>• License- 35</li> <li>Boards- 2 AHP/ 62 Psych MDs</li> </ul> | No action necessary at this time.         | For informational purposes                    |

Highlight: Initiate FPPE

|                               |  |  |  |
|-------------------------------|--|--|--|
| C. MDStaff Updates            | The MDStaff project is moving along well. ECMC is looking to go live in March 2026. It may come sooner than that since the data required for MDStaff will be feeding EPIC. Kaleida is expected to go live in May 2025, we will need to be testing before that date. Several questions have arisen: do we want to go from 3 peer references to 2 upon initial appointment? We can do that in accordance with NYS regulations. Do we want to change the vendor for background checks – if we switch to Pre-Check, it will automatically put the data into the files since that is the program MDStaff uses. We need to create a DocuSign account. We opted for individual signing to allow physicians to look at each piece if they wish. We are trying to align with Kaleida whenever possible to streamline the process. | Noted  | An Update will be provided to the Credentials Committee as we continue to move through the implementation process. |
| D. Pain Management Procedures | Tabled. The Committee awaits feedback from Dr. Suchy.  | Noted.   | None at this time  |
| E. Psychiatric Boards         | Dr. Vinayak Gokhale still owes the Board one last piece of information – the quality section. It is noted that his extension to obtain his Boards ends in May 2025. Dr. Gokhale has not been responsive to emails or phone calls.<br><br>Dr. Balwant Nagra has been taking Board prep courses and studying for the exam. He is scheduled to sit for his Board examination in 2026.   | Dr. Yogesh Bakhai will begin telephoning Dr. Gokhale each week to obtain an update and remind him of his extension end date. | An Update will be provided to the Credentials Committee monthly until completed.                                   |
| <b>XIII. NEW BUSINESS</b>     |  |  |  |
| A. Annual Dues                | Dues will be sent out in mid-February 2025.  | Noted  | None at this time  |
| B. Timely Report Completion   | Dr. Cloud noted that a process needs to be created for when physicians do not complete their charting in a timely fashion. The Op Notes as well as the Discharge Summary should be done within 24 hours. Cases cannot be billed without this documentation. This creates a large financial impact to the facility.<br><br>It was suggested that when these issues arrive, they should be forwarded to the Leadership Council and the Medical Staff Executive Committee. The Bylaws allow the Credentials Committee to hold up reappointment of a staff member who has not completed their required medical records. It was recommended that a process be formalized.   | A policy will be created and provided to the MEC for their review and recommendations.                                       | <b>EXTRACT FOR MEC – Credentials Report</b>  |

Highlight: Initiate FPPE

|                                 |   |   |   |
|---------------------------------|---|---|---|
| C. AHP Privilege Update         | The ECMC AHP (NP/PA) privilege form leads to confusion due to the scope of practice services listed. When someone applies to Kaleida as a NP/PA, they are only granted core privileges. They can apply for sub-specialties, but then Kaleida has the ability to ask for experience levels, case logs, etc. The physician also needs to sign off attesting to the training program. Kaleida AHP privileges are very close to best practice, and we would like to adopt what they do. We would like to give the Chiefs of Service copies of our forms, Kaleida forms and explain what we would like to do. We would be able to get these out to them quickly since our forms will need to be finalized before the end of March. | The Committee agreed with sending the privilege forms and explanations to the Chiefs of Service as soon as possible in order to have them ready by the end of March 2025. | Privilege forms will be distributed requested a short turnaround time from Chiefs of Service. |
| D. Oral & Maxillofacial Surgery | Dr. Tara Halliwell-Kemp has decided to not let her medical license lapse. Originally, she was going to only maintain her DDS and Board certification in Oral & Maxillofacial Surgery. Dr. Richard Hall clarified this information with the Committee.   | Noted.  | None required.  |
| E. ACLS for Moderate Sedation   | Letters have been sent to all Medical Staff with Moderate Sedation Privileges regarding their need to become ACLS certified. Medical Staff members have been returning proof of their certifications. The deadline for all of these documents to be provided to the Medical Staff Office is April 29, 2025.   | Noted.  | An update will be provided to the Credentials Committee monthly until completed.              |
| <b>XIV. ADJOURNMENT</b>         | The meeting was adjourned at 4:00 pm  |   |   |

Respectfully submitted,



Yogesh Bakhai, MD

Chair, Credentials Committee

**Resolution Approving the Amended  
2025 Capital Budget of the Corporation**

Approved February 25, 2025

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WHEREAS, the Corporation has previously submitted its 2025 Operating and Capital Budget as required by New York Public Authorities Law. It was previously submitted and approved not later than ninety (90) days before the commencement of the Corporation's fiscal year, on January 1; and

WHEREAS, consistent with New York law and regulations, an approved budget was publicly filed not later than September 30, 2024; and

WHEREAS, the Corporation's management team has prepared an Amended Capital Budget for the year 2025 and has presented this amended budget, and the assumptions upon which it is based, to the Finance Committee of the Board of Directors on February 17, 2025 and the Finance Committee is recommending approval of the Amended Capital Budget as presented;

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

1. The 2025 Amended Capital Budget of the Corporation as presented to the Board of Directors on February 25, 2025 is approved.
2. The Corporation is directed to timely file this amended budget in accordance with applicable law and regulation.
3. This resolution shall take effect immediately.

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Sharon L. Hanson  
Corporation Secretary

## **A Resolution of the Board of Directors Approving Items for Annual Review**

Approved February 25, 2025

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WHEREAS, pursuant to New York Public Authorities Law, Erie County Medical Center Corporation (the "Corporation") is required to annually review and approve its procurement guidelines, property disposal guidelines, investment policy, and mission statement (collectively, the "Items for Annual Review"); and

WHEREAS, the Governance Committee of the Board has reviewed the Items for Annual Review and wishes to recommend their approval to the Board; and

WHEREAS, the Board wishes to approve the Items for Annual Review in the form presented;

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

1. The Board of Directors of the Corporation approve the Items for Annual Review in the form presented.
2. The Corporation is authorized to do all things necessary and appropriate to effectuate this resolution.
3. This resolution shall take effect immediately.

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Sharon L. Hanson  
Corporation Secretary

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## MEMORANDUM

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To: ECMCC Board of Directors

FROM: Joseph T. Giglia, II

SUBJECT: Policies requiring Board review

DATE: February 13, 2025

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Under New York Public Authorities Law, the ECMCC Board of Directors is required to annually review and approve a number of items on an annual basis. Additionally, ECMCC is required to present any proposed changes to its By-Laws to the Board prior to their approval.

A summary of these items, attached to this correspondence and already reviewed and approved by various Board Committees, is as follows:

1. **By-Laws (pp. 2-22).** Changes to ECMCC's By-Laws, reflected in redline, were approved by the Governance Committee in November 2024 and are presented here for further Board review.
2. **Disposal of Property Guidelines (pp. 23-29).** The current policy, governing the process and procedures under which ECMCC may dispose of property, was revised in March 2017, and remains compliant with current law. The Guidelines were reviewed by the Governance Committee in November 2024 and no further changes have been made.
3. **Investment Policy (pp. 30-52).** The policy, governing ECMCC's investment guidelines, objectives, and processes, was last revised and approved by the Investment Committee in October 2024. Changes have been made to Appendix B, Fund Allocations and Benchmarks.
4. **Mission Statement (pp. 53-54).** Adopted in 2015, no changes have been made to ECMCC's mission statement.
5. **Procurement Guidelines (pp. 55-83).** Numerous changes to these guidelines, which set forth the processes under which ECMCC purchases goods and services, are reflected in redline, and were reviewed and approved by the Governance Committee in November 2024.

Please review the documents included with this correspondence in preparation for discussion at the February 25 Board Meeting.

BY-LAWS  
OF  
ERIE COUNTY MEDICAL  
CENTER CORPORATION

As Amended Through  
*September 23, 2022*

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**BY-LAWS**  
**OF**  
**ERIE COUNTY MEDICAL CENTER CORPORATION**

PREAMBLE

The State of New York has enacted legislation, codified at Article 10-C of the Public Authorities Law of the State of New York (the “Act”), creating the Erie County Medical Center Corporation (“ECMCC” or the “Corporation”). These by-laws are intended to supplement the requirements of the Act.

ARTICLE  
I OFFICES

ECMCC may maintain offices at such places within or without Erie County, New York as the Board of Directors may, from time to time, determine.

ARTICLE  
II PURPOSE OF BY-LAWS

Pursuant to the broad powers granted by the Act, the Board of Directors of ECMCC (the “Board”) has adopted these By-Laws, to govern and manage its proceedings and affairs and for the advice and guidance of its members, and nothing contained in these By-Laws shall be deemed, nor are they intended in any manner or degree, to limit or restrict the power and right of the Board under existing law, to manage, control, operate and administer ECMCC and its personnel, patients and medical staff.

ARTICLE  
III CORPORATE  
PURPOSE

To continue as a general, municipal hospital and provide health care services and health facilities for the benefit of the residents of the State of New York and the County of Erie, including persons in need of health care services without the ability to pay, as required by law.

ARTICLE IV  
ERIE COUNTY MEDICAL CENTER CORPORATION BOARD OF DIRECTORS

Section 1. General Powers.

In addition to the powers and authorities expressly conferred by these By-laws, the Board may exercise all such general and special powers of the Corporation and do all such lawful acts and things as enumerated by the Act.

Section 2. Hiring Powers.

The Board shall hire, determine the compensation and benefits, and annually review the performance of the Chief Executive Officer (“CEO”) ~~and President~~ of the Corporation. Appointments made to fill ~~all other executive the roles of the Chief Operating Officer (“COO”), Chief Financial Officer (“CFO”), Chief Medical Officer (“CMO”), Administrator of Terrace View, Chief Nursing Officer (“CNO”), Chief Strategy Officer, and General Counsel of within~~ the Corporation shall be made by the CEO of the Corporation, who shall thereafter also be responsible for determining the compensation and benefits of the persons occupying these positions and for the annual review of the incumbents. The Board shall have the authority to discharge the CEO with or without cause; provided that the removal shall not prejudice the contract rights, if any, of such executive. The CEO shall have the authority to discharge ~~the COO, CFO, CMO, Administrator of Terrace View, Chief Nursing Officer, Chief Strategy Officer, and General Counsel~~ all other executives with or without cause, provided that the removal shall not prejudice the contract rights, if any, of such executive.

Section 3. Voting Directors.

The Corporation shall be governed by fifteen voting Directors. The membership, term of office, selection of the voting Directors and the powers and duties of the Board shall be in accordance with the Act and these By-laws.

Section 4. Nonvoting Representatives.

The Corporation shall have four nonvoting Representatives. The term of office, selection and powers and duties of the nonvoting Representatives shall be in accordance with the Act and these By-laws. For the purpose of these By-Laws, the term “member” or “Board member” shall refer to both voting Directors and non- voting Representatives.

Section 5. Resignation.

Any Director or Representative may resign at any time by giving written notice to the Chairperson of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 6. Removal.

Members of the Board may be removed from office by the Board for inefficiency, neglect of duty, or misconduct of any kind, including but not limited to violation of the law, after the Board has given such member a copy of the charges against him or her and an opportunity to be heard in person or by counsel in his or her defense, upon not less than ten days’ notice.

Section 7. Vacancies.

Vacancies occurring other than by expiration of term shall be filled for the unexpired terms in the manner provided for original appointment in accordance with the Act.

Section 8. Monthly Meetings.

The Board shall hold regular monthly meetings at the ECMCC offices or other convenient locations as designated by the Board at such time as the Board may designate. In the event that a previously scheduled regular monthly meeting may not be required for a particular month, the Board may cancel that meeting.

Section 9. Annual & Special Meetings.

A meeting of the Board shall be held annually at which time officers of the Corporation shall be elected. A special meeting may be called by the Chairperson or Vice Chairperson acting in the Chairperson's absence, or by any three (3) members of the Board at any time upon proper notice under the Public Officers Law. The only action that can be taken at a special meeting is the consideration of the subject or subjects designated in the notice for the special meeting.

Section 10. Open Meetings Law.

All meetings of the Board shall comply with the requirements of Article 7 of the Public Officers Law. In a regular, annual or special meeting, the Board may request an Executive Session pursuant to Article 7 of the Public Officers Law or applicable sections of the Act.

Section 11. Quorum.

The powers of the Corporation shall be vested in and shall be exercised by the Board at a duly called and held meeting, where a quorum of eight Directors is present. No action shall be taken by the Corporation except pursuant to the favorable vote of at least eight Directors present at the meeting at which such action is taken.

Section 12. Telephone Meetings.

The members of the Board or any committee thereof may participate in a meeting of such Board or committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 13. Action by Written Consent.

To the extent permitted by law, any action required or permitted to be taken by the Board or any committee thereof may be taken without a meeting if all members of the Board or the committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the members of the Board or committee shall be filed with the minutes of the proceedings of the Board or committee.

Section 14. Minutes of Meetings.

The Board shall keep a written record of all business conducted, including resolutions, findings, conclusions and recommendations that shall be filed with the minutes of the proceedings of the Board or committee.

Section 15. Compensation.

Neither the voting Directors nor the nonvoting Representatives shall receive compensation for their services but shall be reimbursed for all their actual and necessary expenses incurred in connection with their duties under the Act and these By-laws.

Section 16. Defense and Indemnification.

The Corporation shall defend and indemnify the Directors of the Corporation and its officers for any and all lawful actions executed in the performance of their duties, to the full extent to which indemnification is permitted under the laws of the State of New York.

Section 17. Extension of Credit.

Pursuant to New York Public Authorities Law Section 2824(5), the Corporation shall not, directly, or indirectly, including through any subsidiary, extend or maintain credit, arrange for the extension of credit, or renew any extension of credit, in the form of a personal loan to or for any Director, officer, or employee (or equivalent thereof) of the Corporation.

ARTICLE V  
OFFICERS

Section 1. General.

The officers of the Corporation shall be elected by the Board and shall be comprised of a Chairperson of the Board, a Vice Chairperson of the Board, a CEO, a Secretary, and a Treasurer. The Board may also appoint an Assistant Secretary and such other officers as the Board shall from time to time provide. All such officers shall exercise the duties as described in the Act, applicable law, by these By-Laws, and/or by Board resolution.

Section 2. Election, Term of Office.

The officers of the Corporation shall be elected by the Board at its annual meeting. Each officer elected shall hold office until his successor has been duly chosen and has qualified or until his or her earlier resignation or removal.

Section 3. Resignation.

Any officer may resign at any time by giving written notice thereof to the Board, provided that the resignation shall not prejudice the contract rights, if any, of the Corporation. Any such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 4. Removal.

The Directors shall have the authority to discharge any officer with or without cause; provided that the removal without cause shall not prejudice the contract rights, if any, of the officer.

Section 5. Vacancies.

In the event of a vacancy occurring in the office of the Chairperson or Vice Chairperson, any member designated by the Board shall serve as Acting Chairperson for that meeting. In the event of a vacancy occurring in any other office, any member designated by the Board shall serve as an Acting officer for that meeting.

Section 6. Chairperson of the Board.

The Directors shall, by majority vote, select one of the fifteen Directors as the Chairperson of the Board. The Chairperson shall preside over all meetings of the Board, shall chair the Executive Committee of the Board, and shall have such other duties as the Directors may provide. Other than the Governance Committee, the Chairperson shall serve ex officio on all Board committees with full voting rights, though his presence shall not be counted for establishment of a quorum on committees if he serves only by nature of being ex officio. The Chairperson shall serve for a two-year term of office. No member of the Board shall be permitted

to serve more than two consecutive two-year terms as Chairperson of the Board.

Section 7. Vice-Chairperson(s) of the Board.

The Directors shall, by majority vote, select one or more of the fifteen Directors as the Vice-Chairperson of the Board. The Vice-Chairperson shall preside over all meetings where the Chairperson of the Board is absent and shall have such other duties as the Directors may provide. The Vice-Chairperson shall serve for a two-year term of office. At least one Vice-Chairperson shall be designated by a majority vote of the Board as “Vice-Chair, Chair-Elect” in the second year of that Vice-Chairperson’s term of office. At the conclusion of the term of the Vice-Chair, Chair-Elect, the Board shall retain authority to appoint the Vice-Chair, Chair-Elect or any other member of the Board of Directors as Chairperson of the Board of Directors.

Section 8. Chief Executive Officer.

The Board shall hire, set the compensation of, execute direct oversight of, and annually review the performance of the CEO. The CEO shall carry out the policies of the Board, provide services to the Board; and shall be subject to the By-Laws, rules and regulations of the Board. He or she shall have all the general powers and duties of a Superintendent of a public general municipal hospital as set forth and enumerated in the General Municipal Law of the State of New York, Section 129, sub. 1 through 9 as amended and of a chief executive officer as set forth in Title 10, subpart 405.3 of the New York Codes, Rules and Regulations and the Act. The CEO shall provide leadership, direction, and administration in all aspects of the Corporation’s activities and other corporate entities to ensure compliance with established objectives and the realization of quality, economical health care services, and other related lines of business. The CEO shall ensure the Corporation’s compliance with all applicable laws and regulations. The CEO shall submit monthly and special reports to the Board and its committees regarding strategic, operational and financial performance, along with the current status of ECMCC services and facilities. The CEO shall be expected to provide feedback to the Board regarding those employees which report directly to the CEO. The CEO shall ~~determine when ensure that~~ subordinate officers ~~shall~~ provide ~~meaningful~~ reports to the Board regarding ~~the previous month’s ongoing~~ activities. The CEO shall coordinate with the Board, Medical Staff, and other Corporation personnel to respond to the community’s needs for quality healthcare services and monitor the adequacy of the Corporation’s medical activities.

~~Section 9. — President.~~

~~The Board shall hire, set the compensation and annually review the performance of the President. The duties of the President shall be distinct from the duties of other officers of the Corporation and shall be enumerated in a job description reviewed by the Executive Committee of the Board.~~

Section 109. Secretary & Assistant Secretary.

The Board shall, by majority vote, select either Directors or Representatives to serve as the Secretary and Assistant Secretary, if applicable. The Secretary shall send notices for all meetings of the Board. The Secretary shall act as custodian for all records and reports and shall be responsible for keeping and reporting of adequate records of all meetings of the Board. The Secretary may delegate these duties to another officer or employee of the Corporation to act on his/her behalf. The Secretary will approve and sign the minutes of all meetings of the Board which shall be kept in an official record book. In the absence of the Secretary at any meeting, the

Assistant Secretary, if applicable, or any member designated by the Chairperson shall act as the Secretary for that meeting.

Section ~~4~~10. Treasurer.

The Board shall, by majority vote, select either a Director or a Representative to serve as the Treasurer. The Treasurer shall monitor the financial affairs of ECMCC as managed by the officers of the Corporation. The Treasurer will also have the power to establish bank accounts in the name of the Corporation. He or she shall do and perform all other duties incident to the office of Treasurer as may be prescribed by the Board from time to time.

Section ~~4~~21. Immediate Past Chair.

The Immediate Past Chair of the Board shall remain available to the Board and the Chair for purposes of transitional continuity and may be appointed to serve as a member of any Standing or Special Committee of the Board, assuming his or her term of office as a Director has not expired.

ARTICLE VI  
COMMITTEES

General Rules

Section 1. General.

The Standing Committees of the Board shall be: the Executive Committee, the Quality Improvement Committee, the Finance Committee, the Audit and Compliance Committee, the Building and Grounds Committee, the Human Resources Committee, the Executive Compensation Committee, the Terrace View Quality Improvement Committee, the Governance Committee, the Investment Committee and the Contracts Committee. At the discretion of the Chairperson, and upon the advice of the Board, additional special committees may be appointed to address specific issues.

Section 2. Appointment of Committees.

The Chairperson of the Board shall appoint all members of standing and special committees. Appointments will be made at the first regular meeting following the annual election of officers, or at such other time deemed necessary by the Chairperson. The Chairperson of the Board shall appoint a Chairperson for each committee. Committee Chairpersons shall serve one-year terms of office but are not prohibited from serving consecutive one-year terms. The Chairperson may appoint individuals other than Board members to committees either standing or special, except the Executive Committee.

Section 3. Structure of Committees.

In addition to the individual Committee duties set forth below, each Committee shall be tasked annually with reviewing their applicable charter and recommending changes thereto, as well as setting forth goals for the Committee for the upcoming year. Such goals shall be determined in consultation with the Chairperson of the Board.

Section 4. Resignation.

A committee member may resign at any time by giving written notice to the Chairperson

of the Board. Such resignation shall take effect at the time specified therein and unless otherwise specified therein the acceptance of such resignation shall not be necessary to make it effective.

Section 5. Removal.

Committee members may be removed from committee membership by the Board for inefficiency, neglect of duty, or misconduct of any kind, including but not limited to, violation of the law, after the board has given such member a copy of the charges against him or her and an opportunity to be heard in person or by counsel in his or her defense, upon not less than ten days' notice.

Section 6. Vacancies.

Vacancies occurring otherwise than by expiration of term of office shall be filled for the unexpired terms by appointment from the Chairperson of the Board.

Section 7. Quorum.

At a committee meeting, a quorum shall be one-half the number of members of the committee.

Section 8. Voting.

Only the members of the Board serving on a Standing or Special Committee, or an appointed non-member of the Board serving on a Standing or Special Committee, and the Chairperson of the Board serving ex officio, shall have a vote.

Section 9. Minutes.

Each committee meeting shall have an agenda, time convened and adjourned recorded, and shall submit minutes of its meeting to the Secretary of the Board in advance of the regular monthly meeting.

Standing Committees

Section 10. The Executive Committee.

The Executive Committee shall consist of four (4) Board members. The Corporation's General Counsel and Chief Executive Officer shall serve ex officio as members of the Executive Committee. Other members of the Board may be added when advisable. The Chairperson shall preside at all meetings of the Committee. The Executive Committee shall meet at least quarterly, or upon the call of the Chairperson.

Section 11. The Quality Improvement Committee.

The Quality Improvement Committee shall consist of three (3) members. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Inform the Board of patient safety, performance improvement and quality assurance issues of relevance to ECMCC.
- b. Establishment, maintenance and operation of a coordinated quality assurance program integrating the review of activities of all hospital services in order to enhance the quality of patient care and to identify and prevent professional malpractice. The

specific responsibilities of the Committee are further set forth in the quality assurance plan of the hospital.

c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 12. The Finance Committee.

The Finance Committee shall consist of five (5) financially literate members of the Board. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Finance Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Review relevant budgets of the Corporation and maintain ongoing oversight of the financial situation of the Corporation.
- b. Oversee, evaluate, and where appropriate, make recommendations with respect to financial operations of the Corporation.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 13. The Audit & Compliance Committee.

The Audit & Compliance Committee shall consist of at least four (4) members. At least three (3) of the Committee's members shall be independent, as that term is defined by state law. The Corporation's General Counsel shall serve *ex officio* as a member of the Audit & Compliance Committee. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the committee may dictate. The Audit & Compliance Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Oversight of any independent auditors engaged by ECMCC.
- b. Oversight of all ECMCC internal audit processes.
- c. Collaboration with the Quality Improvement Committee in the establishment and maintenance of a coordinated quality assurance program.
- d. Collaboration with the Compliance Officer on the establishment, maintenance and operation of a comprehensive compliance program, which shall comply with the Office of the Inspector General Compliance Program Guidance for Hospitals. Specifically, the Committee shall:
  - 1. Analyze the legal requirements and specific risk areas of the health care industry,
  - 2. Assess existing policies that address legal requirements and risk areas for possible incorporation into the ECMCC compliance program,
  - 3. Work with ECMCC departments to develop standards of conduct and policies and procedures to promote compliance with the ECMCC compliance program,
  - 4. Recommend and monitor the development of internal systems and controls to carry out ECMCC's standards, policies and procedures as part of its daily operations,
  - 5. Determine appropriate strategy to promote compliance with the ECMCC compliance program and detection of possible violations, including fraud reporting mechanisms,
  - 6. Develop a system to solicit, evaluate and respond to complaints and problems, and

7. Promote ethics, integrity, and compliance with laws, policies, and procedures.
- e. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 14. Buildings and Grounds Committee.

The Buildings and Grounds Committee shall consist of three (3) members. The Corporation's General Counsel shall serve *ex officio* as a member of the Buildings and Grounds Committee. The Chairperson of the Committee may, at his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Buildings and Grounds Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Evaluation and provision of recommendations with respect to proposed and ongoing construction and renovation projects and budgets.
- b. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 15. The Human Resources Committee.

The Human Resources Committee shall consist of three (3) members. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the Committee may dictate. The Committee will meet at least quarterly or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Establishment of a formal channel of communication among the Board, ECMCC management and the Labor Unions.
- b. Responsibility for assuring that appropriate guidelines are in place and monitored to ensure and maintain open communication.
- c. Discussion of issues that arise in the operation of the hospital as they affect all parties.
- d. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 16. The Executive Compensation/Evaluation Committee.

The Executive Compensation/Evaluation Committee shall consist of no more than four (4) members of the Board. No person whose compensation is determined by the Executive Compensation/Evaluation Committee may serve as a member of the Committee. The Chairperson of the Committee may, in his or her discretion, request the presence of other persons, as the issues before the committee may dictate. The Executive Compensation/Evaluation Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Evaluation, at least annually, of the CEO ~~and President~~ of the Corporation.
- b. Determination of the compensation, including benefits, of the above listed Corporation executives.
- c. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 17. The Terrace View Quality Improvement Committee.

The Terrace View Quality Improvement Committee shall consist of at least three (3) members. The Committee shall meet at least quarterly, or upon the call of the Chairperson. The Committee shall be responsible for the following:

- a. Establishment and maintenance of a coordinated quality assurance program as specifically applicable to Terrace View.
- b. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 18. The Governance Committee.

The Governance Committee shall consist of at least four (4) independent members, as that term is defined in New York Public Authorities Law §2825. The Chief Executive Officer and the General Counsel for the Corporation shall serve ex officio as members of the Committee, and the Chairperson of the Board may attend Committee meetings but will not be a member of the Committee and will not vote. The Committee Chairperson may, at his or her discretion, request the presence of other persons as issues before the Committee may dictate. The Governance Committee shall meet at least semi- annually, or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Provision of information to the Board regarding current best governance practices.
- b. Review of corporate governance trends.
- c. Recommend updates to the Corporation’s governance principles.
- d. Provision of advice to the Governor and to the Erie County Executive in their appointment of potential Board members regarding the skills and experience required of Board members.
- e. Annually review and, as necessary, make recommendations to the Board regarding updating of the Corporation’s Bylaws; annually review and, as necessary, make recommendations to the applicable Committees regarding updates to Committee charters.
- f. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 19. The Investment Committee.

The Investment Committee shall consist of at least three (3) members. The Chair of the Finance Committee and the Chief Executive Officer shall serve ex officio as members of the Investment Committee and the Chief Financial Officer shall serve as staff to the Committee. The Committee Chairperson may, at his or her discretion, request the presence of other persons as issues before the Committee may dictate. The Investment Committee shall meet at least semi-annually, or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Recommendations regarding the designation of the Corporation’s investment officer.
- b. Recommendations regarding investment policies and procedures consistent with applicable law and the needs of the Corporation.
- c. Implementation of appropriate internal controls for investments.
- d. Recommendations regarding the selection of the Corporation’s investment advisors and investment managers.
- e. Review of independent audits of the investment program.
- f. Review of quarterly reports from the Corporation’s investment advisors and investment managers.
- g. Reports to the Board on a quarterly basis.
- h. Monitoring the Corporation’s system of internal controls and the performance of the

- Corporation's investment advisors and investment managers.
- i. Other duties and responsibilities as may be assigned from time to time by the Board.

Section 20. The Contracts Committee.

The Contracts Committee shall consist of at least three (3) members. The Contracts Committee shall review and make recommendations to the Board with respect to the approval of all contracts required to be approved by the Board pursuant to Corporation policy and applicable law, including Section 2879(3)(b)(ii) of the Public Authorities Law. The Contracts Committee shall meet at least quarterly or upon the call of the Committee Chairperson. The Committee shall be responsible for the following:

- a. Review of contracts of the Corporation requiring Board approval and make recommendations to the Board regarding such contracts.
- b. Annually review contracts requiring such review pursuant to Corporation policy and/or applicable law.
- c. Redacting sensitive information from contracts before presentation to the Board to ensure compliance with the Corporation's contractual and confidentiality requirements.
- d. Report to the Board on a quarterly basis regarding the foregoing subsections.
- e. Other duties and responsibilities as may be assigned from time to time by the Board.

ARTICLE VII  
MEDICAL/DENTAL STAFF

Section 1. Organization.

The Board shall cause to be created a medical staff organization to be known as the ECMC Medical Dental Staff ("Medical Staff") whose membership shall be comprised of certain categories of health care practitioners, as determined by the Board. Members of the Medical Staff may only practice within the scope of privileges granted by the Board.

Section 2. Medical Staff Governance Documents.

The Medical Staff shall develop, adopt and at least once every three years review the following Medical Staff Governance Documents: By-Laws; Rules & Regulations; Credentials Procedures Manual; and Collegial Intervention, Peer Review, Fair Hearing & Appellate Review Procedures. These Governance Documents shall establish controls that are designed to ensure the achievement and maintenance of the highest quality medical care and high standards of professional and ethical practice. The Board shall approve all such Medical Staff Governance Documents.

Section 3. Appointment of Medical Staff.

Appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall be responsible for granting and defining the scope of the clinical privileges to be exercised by each member of the Medical Staff, including but not limited to providing approval of modifications, suspensions and termination of such privileges and Medical Staff membership in accordance with the Medical Staff Governance Documents and written ECMCC policies. In

acting on matters of Medical Staff membership and scope of privileges, the Board shall consider the recommendations of the Medical Staff's Medical Executive Committee. The procedures for Medical Staff appointment are more specifically outlined in the Medical Staff's Credentials Procedure Manual.

Section 4. Authority for Medical Staff Conduct.

Ultimate responsibility for the conduct of the Medical Staff remains with the Board. The Board shall enforce compliance with all medical staff Governance Documents by all members of the Medical Staff. No assignment, referral or delegation of authority by the Board to the Medical Director, COO, CEO, the Medical Staff or any other person shall preclude the Board from exercising the authority required to meet its responsibility for the conduct of the Corporation. The Board retains the right to rescind any such delegation.

Section 5. Duties of the Medical Staff.

The Board shall delegate to the Medical Staff the authority to monitor, evaluate and document professional performance of Medical Staff members in accordance with its Governance Documents. The Board shall hold the Medical Staff accountable, through the chiefs of service of the departments and the Medical Director, for making recommendations based on well-defined and written criteria related to the goals and standards of the Corporation concerning Medical Staff appointments, reappointments and clinical privileges.

Section 6. Quality of Patient Care.

The Medical Staff is accountable to the Board for the quality of care provided to patients.

Section 7. Rights at Meetings.

Members of the Medical Staff shall be entitled to be heard at all public meetings and committee meetings of the Board.

ARTICLE VIII  
STANDARDS OF PATIENT CARE

The Board shall require that the following patient care practices are implemented, shall monitor ECMCC's compliance with these patient care practices, and shall take corrective action as necessary to attain compliance:

- a. Every patient of ECMCC, whether an in-patient, emergency patient, or out-patient, shall be provided care that meets generally accepted standards of professional practice.
- b. Every patient is under the care of a health care practitioner who is a member of the medical staff.
- c. Patients are admitted to ECMCC only on the recommendation of a member of the medical staff permitted by the State law and Medical Staff Governance Documents to admit patients to the hospital.
- d. A physician, a registered physician's assistant or a nurse practitioner, under the general supervision of a physician, is on duty at all times in the hospital.
- e. A physician shall be responsible for the care of each patient with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization.
- f. In the event that human research is conducted within ECMCC, written policies and procedures shall be adopted and implemented pursuant to the provisions of Public

Health Law Article 24-A for the protection of human subjects.

- g. ECMCC shall have available at all times personnel sufficient to meet patient care needs.

ARTICLE IX  
THE SCHOOL OF MEDICINE  
STATE UNIVERSITY OF NEW YORK AT BUFFALO

The Board strongly supports the relationship between ECMCC and the School of Medicine and Biomedical Sciences of the State University of New York at Buffalo through an affiliation agreement. The Board shall take all appropriate action to retain and enhance the benefits arising from said relationship provided that the Board shall hold uppermost the discharge of its legal and fiduciary duties to ECMCC.

ARTICLE X  
SUBSIDIARY CORPORATIONS AND ENTITIES

Except as expressly limited by law, the Corporation may exercise and perform all or part of its purposes, powers, duties, functions or activities through one or more subsidiary corporations or companies owned or controlled wholly or in part by the Corporation, which shall be formed pursuant to the Business Corporation Law, the Limited Liability Company Law, or the Not-For-Profit Corporation Law. Any such subsidiary may be authorized to act as a general or limited partner in a partnership or as a member of a limited liability company and to enter into an arrangement calling for an initial and subsequent payment by such subsidiary in consideration of an interest in revenues or other contractual rights. The Board ~~has the exclusive authority to create~~ shall approve the creation of subsidiaries or other entities related to the Corporation.

ARTICLE XI  
CODE OF ETHICS AND CONFLICTS OF INTEREST

Section 1. Responsibility of Members of the Board and Employees.

This Code of Ethics shall apply to all officers and employees of the Corporation. These policies shall serve as a guide for official conduct and are intended to enhance the ethical and professional performance of the Corporation's directors and employees and to preserve public confidence in the Corporation's mission. It is accordingly the responsibility of each member of the Board and each employee to perform in accordance with the following:

- a. Each member of the Board and all employees of the Corporation shall perform their duties with transparency, without favor and refrain from engaging in outside matters of financial or personal interest, including other employment, that could impair independence of judgment, or prevent the proper exercise of one's official duties.
- b. Each member of the Board and all employees shall not directly or indirectly, make, advise, or assist any person to make any financial investment based upon information available through the director's or employee's official position that could create any conflict between their public duties and interests and their private interests.
- c. Each member of the Board and all employees shall not accept or receive any gift or gratuities where the circumstances would permit the inference that: (a) the gift is intended to influence the individual in the performance of official business or (b) the gift constitutes a tip, reward, or sign of appreciation for any official act by the

individual. This prohibition extends to any form of financial payments, services, loans, travel reimbursement, entertainment, hospitality, thing or promise from any entity doing business with or before the Corporation.

- d. Each member of the Board and all employees shall not use or attempt to use their official position with the Corporation to secure unwarranted privileges for themselves, members of their family or others, including employment with the Corporation or contracts for materials or services with the Corporation.
- e. Each member of the Board and all employees must conduct themselves at all times in a manner that avoids any appearance that they can be improperly or unduly influenced, that they could be affected by the position of or relationship with any other party, or that they are acting in violation of their public trust.
- f. Each member of the Board and all employees may not engage in any official transaction with an outside entity in which they have a direct or indirect financial interest that may reasonably conflict with the proper discharge of their official duties.
- g. Each member of the Board and all employees shall manage all matters within the scope of the Corporation's mission independent of any other affiliations or employment. Directors, including ex officio board members, and employees employed by more than one government entity shall strive to fulfill their professional responsibility to the Corporation without bias and shall support the Corporation's mission to the fullest.
- h. Each member of the Board and all employees shall not use Corporation property, including equipment, telephones, vehicles, computers, or other resources, or disclose information acquired in the course of their official duties in a manner inconsistent with State or local law or policy and the Corporation's mission and goals.
- i. Each member of the Board and all employees are prohibited from appearing or practicing before the Corporation for two (2) years following employment with the Corporation consistent with the provisions of Public Officers Law.

Section 2. Implementation of Code of Ethics.

This Code of Ethics shall be provided to all members of the Board and all employees upon commencement of employment or appointment and shall be reviewed annually by the Governance Committee.

Section 3. Compliance.

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

Section 4. Conflict of Interest Policy.

The Board shall develop, implement, and update as needed a written policy governing conflict of interest by members of the Board. The policy shall be reviewed annually by the Governance Committee and included and incorporated into these By-Laws ~~as Appendix A.~~

Section 5. Disclosure of Personal Interest and Abstention.

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

Section 6. Self-Dealing.

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

Section 7. Influence of Decision Makers.

No member of the Board shall use his or her position to influence the judgment or any decision of any Corporation employee concerning the procurement of goods or services on behalf of the Corporation.

Section 8. No Forfeit of Office or Employment.

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

ARTICLE XII  
AMENDMENTS

These By-Laws of the Board may be amended by the affirmative vote of a quorum of members at the annual meeting, special or regular meetings of the Board, provided that a full presentation of such proposed amendment(s) shall have been presented to the Board at least thirty (30) days prior to the meeting, unless waived by majority of the whole number of the members of the Board.

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 31<sup>st</sup> each year. On or before March 31<sup>st</sup> 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.

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# Erie County Medical Center Corporation

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## Statement of Investment Policy and Guidelines

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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.

## **CAPITAL RESERVE FUND**

### **Fund Purpose**

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

### **Investment Objectives**

The investment objectives of the Fund are to:

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

### **Time Horizon**

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

### **Liquidity Needs**

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

### **Overall Risk Tolerance**

The Fund can assume low risk profile.

### **Asset Allocation**

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

## **RETIREE HEALTH RESERVE FUND**

### **Fund Purpose**

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

### **Investment Objectives**

The investment objectives of the Fund are to:

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

### **Time Horizon**

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

### **Liquidity Needs**

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

### **Overall Risk Tolerance**

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

### **Asset Allocation**

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

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

## W/C PROFESSIONAL LIABILITY RESERVE FUND

### **Fund Purpose**

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

### **Investment Objectives**

The investment objectives of the Fund are to:

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

### **Time Horizon**

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

### **Liquidity Needs**

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

### **Overall Risk Tolerance**

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

### **Asset Allocation**

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

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

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

### **Fund Purpose**

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

### **Investment Objectives**

The investment objectives of the Fund are to:

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

### **Time Horizon**

The assets are viewed as having a short time horizon.

### **Liquidity Needs**

The assets are viewed as having high liquidity needs.

### **Overall Risk Tolerance**

The Fund will assume a very conservative risk profile.

### **Asset Allocation**

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

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

**Fund Purpose**

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

**Investment Objectives**

The investment objectives of the Fund are to:

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

**Time Horizon**

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

**Liquidity Needs**

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

**Overall Risk Tolerance**

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

**Asset Allocation**

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

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

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

## **GNMA BOND RESERVE FUND**

### **Fund Purpose**

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

### **Investment Objectives**

The investment objectives of the Fund are to:

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

### **Time Horizon**

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

### **Liquidity Needs**

The assets are viewed as having high liquidity needs.

### **Overall Risk Tolerance**

The Fund can assume a very conservative risk profile.

### **Asset Allocation**

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

**APPENDIX B: FUND ALLOCATIONS AND BENCHMARKS**

|                                    | NYS Retirement Reserve (Gen Op-ECMC) | Capital Reserve | Retiree Health Reserve | WC / PL Reserve | General Operating DSRIP | GNMA Bond Reserve | Policy Benchmark                                |
|------------------------------------|--------------------------------------|-----------------|------------------------|-----------------|-------------------------|-------------------|---|
| <b>Growth Assets</b>               |                                      |                 |                        |                 |                         |                   |   |
| US Large Stocks                    |                                      |                 | 11%                    | 11%             |                         |                   | S&P 500   |
| US Large Quality Stocks            |                                      |                 | 4%                     | 4%              |                         |                   | Vanguard Spliced Dividend Growth Index, S&P 500 |
| US Small / Mid Stocks              |                                      |                 | 4%                     | 4%              |                         |                   | Vanguard Spliced Extended Market Index          |
| US Small Value Stocks              |                                      |                 | 2%                     | 2%              |                         |                   | Vanguard Spliced Small Cap Value Index          |
| <i>US Stocks</i>                   | 0%                                   | 0%              | 21%                    | 21%             | 0%                      | 0%                |   |
| Intl Large Stocks                  |                                      |                 | 9%                     | 9%              |                         |                   | FTSE Developed All Cap ex-US                    |
| Emerging Market Stocks             |                                      |                 | 5%                     | 5%              |                         |                   | Vanguard Spliced Emerging Markets Index         |
| <i>International Stocks</i>        | 0%                                   | 0%              | 14%                    | 14%             | 0%                      | 0%                |   |
| <i>Total Public Stocks</i>         | 0%                                   | 0%              | 35%                    | 35%             | 0%                      | 0%                |   |
| <b>Total Growth Assets</b>         | 0%                                   | 0%              | 35%                    | 35%             | 0%                      | 0%                |   |
| <b>Risk Reduction Assets</b>       |                                      |                 |                        |                 |                         |                   |   |
| Cash                               | 100%                                 | 100%            | 5%                     | 5%              | 100%                    | 100%              | 90-Day T-Bills                                  |
| US Short Duration Fixed Income     |                                      |                 | 20%                    | 20%             |                         |                   | Bloomberg US Govt/Credit: 1-5 Year              |
| US Broad Fixed Income              |                                      |                 | 35%                    | 35%             |                         |                   | Bloomberg US Aggregate: Bloomberg US MBS        |
| US Inflation Protected Fixed       |                                      |                 | 5%                     | 5%              |                         |                   | Bloomberg Barclays US TIPS                      |
| <b>Total Risk Reduction Assets</b> | 100%                                 | 100%            | 65%                    | 65%             | 100%                    | 100%              |   |
| <b>Total</b>                       | 100%                                 | 100%            | 100%                   | 100%            | 100%                    | 100%              |   |

|                                    | NYS Retirement Reserve (Gen Op-ECMC) | Capital Reserve | Retiree Health Reserve | WC / PL Reserve | General Operating DSRIP | GNMA Bond Reserve | Policy Benchmark                                |
|------------------------------------|--------------------------------------|-----------------|------------------------|-----------------|-------------------------|-------------------|---|
| <b>Growth Assets</b>               |                                      |                 |                        |                 |                         |                   |   |
| US Large Stocks                    |                                      |                 | 12%                    | 12%             |                         |                   | S&P 500   |
| US Large Quality Stocks            |                                      |                 | 5%                     | 5%              |                         |                   | Vanguard Spliced Dividend Growth Index, S&P 500 |
| US Small / Mid Stocks              |                                      |                 | 5%                     | 5%              |                         |                   | Vanguard Spliced Extended Market Index          |
| <i>US Stocks</i>                   | 0%                                   | 0%              | 22%                    | 22%             | 0%                      | 0%                |   |
| Intl Large Stocks                  |                                      |                 | 9%                     | 9%              |                         |                   | FTSE Developed All Cap ex-US                    |
| Emerging Market Stocks             |                                      |                 | 4%                     | 4%              |                         |                   | Vanguard Spliced Emerging Markets Index         |
| <i>International Stocks</i>        | 0%                                   | 0%              | 13%                    | 13%             | 0%                      | 0%                |   |
| <i>Total Public Stocks</i>         | 0%                                   | 0%              | 35%                    | 35%             | 0%                      | 0%                |   |
| <b>Total Growth Assets</b>         | 0%                                   | 0%              | 35%                    | 35%             | 0%                      | 0%                |   |
| <b>Risk Reduction Assets</b>       |                                      |                 |                        |                 |                         |                   |   |
| Cash                               | 100%                                 | 100%            | 5%                     | 5%              | 100%                    | 100%              | 90-Day T-Bills                                  |
| US Short Duration Fixed Income     |                                      |                 | 10%                    | 10%             |                         |                   | Bloomberg US Govt/Credit: 1-5 Year              |
| US Broad Fixed Income              |                                      |                 | 45%                    | 45%             |                         |                   | Bloomberg US Aggregate: Bloomberg US MBS        |
| US Inflation Protected Fixed       |                                      |                 | 5%                     | 5%              |                         |                   | Bloomberg Barclays US TIPS                      |
| <b>Total Risk Reduction Assets</b> | 100%                                 | 100%            | 65%                    | 65%             | 100%                    | 100%              |   |
| <b>Total</b>                       | 100%                                 | 100%            | 100%                   | 100%            | 100%                    | 100%              |   |

**Commented [KZ1]:** Note, this table includes the recommended allocations for the Retiree Health Reserve and WC/PL portfolios.

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

**APPENDIX C: DESIGNATED PARTIES AND PRIMARY CONTACTS**

**Erie County Medical Center Corporation**

Chief Financial Officer

*Jonathan Swiatkowski – (716) 898-6291*

Director of Finance and Authorized Investment Decision Maker

*Vanessa S. Hinderliter – (716) 898-3730*

**Mercer (Investment Consultant)**

*Dan Holmes, Partner – (314) 446-5307*

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

**M&T Bank**

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

**Wilmington Trust (Custodian)**

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

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

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



# 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, ~~2021~~2024

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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), and Public Works,~~ 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, ~~2022~~2024.
2. Scope. These Guidelines shall apply to all contracts for ~~construction and the purchase of all~~ supplies, equipment, materials and services, (including professional services), as well as Public Works, 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. Contract. A written agreement, memorandum of understanding, letter agreement, letter of intent, or purchase order that formalizes the obligations of all parties involved.
4. Contractor. Any individual, business or other legal entity awarded a Contract to furnish goods or services to ECMCC.
5. 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.
6. County. The County of Erie, New York.
7. 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.
8. Invitation for Bids (IFB). A formal competitive solicitation seeking sealed Bids for ~~Construction work~~ Public Works 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 ConstructionPublic Works, equipment, materials and supplies.

9. 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)).
10. 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)).
11. 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. The determination of M/WBE certification is made by New York State, not ECMCC.
- ~~12. 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)).~~
- ~~13.~~12. New York State Contract Reporter (“NYSCR”). A ~~publication listing~~ procurement opportunities ~~printed made electronically available for by~~ the New York State Economic Development Bureau pursuant to the New York State Economic Development Law. (EDL §§ 141 - 143).
- ~~14.~~13. 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.
- ~~15.~~14. 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.
- ~~16.~~15. 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)).

~~17-16.~~ Procurement. The acquisition of goods and/or services.

~~18-17.~~ 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).

~~19-18.~~ Procurement Record. Documentation of the decisions made and the approach taken with respect to a Procurement.

~~20-19.~~ 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.

~~21-20.~~ Proposal. An offer or response submitted in response to a Request for Proposals.

~~22-21.~~ Public Works. The building, renovation, retrofitting, rehabilitation, restoration, painting, alteration, ~~maintainence~~maintenance, or repair of any real property or improvements thereon, exclusive of the installation and assembly of any medical equipment, apparatus or device.

~~23-22.~~ Recycled Product. A product that is manufactured from secondary materials as defined in the EDL § 261(1)(d).

~~24-23.~~ 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~~Best valueValue. ~~Generally, (examples: RFPs are generally used for the Procurement of services, information technology systems, and consultants).~~

~~25-24.~~ 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. ECMCC may establish a list of vendors deemed Responsible via a Request for Qualifications process that may be awarded Discretionary Contracts without further competitive bidding.

~~26-25.~~ Responsive. Meeting the minimum Specifications or Requirements as prescribed in a solicitation for goods or services.

~~27-26.~~ —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)).

~~28-27.~~ 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 by New York State. 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~~ SFL § 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 Works projects, and alternate means of procurement (including Requests for Proposals) 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. Descoping. ECMCC may engage in a formal descoping with Bidders to ensure that they properly understand the scope of the IFB and are able to perform the work or provide the goods or services at the prices set forth in their Bids. A Bid may be disqualified if ECMCC determines that it did not appropriately account for all Specifications and does not accurately reflect the cost.

5.6. 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.

6.7. 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-three (123)~~ months years.

#### **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 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. ~~Notwithstanding the foregoing, a minimum of thirty five percent (35%) of the points allocated to the RFP evaluation shall be applied/awarded based on to cost of the Procurement.~~

2. Public Notice. ECMCC shall, if applicable, publish notice of the RFP in the NYS 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 Procurement Compliance.

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. A minimum of thirty-five percent (35%) of the points allocated to the RFP evaluation shall be awarded based on price. 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~~ensure the full understanding of and conformance to the solicitation ~~requirements~~Requirements, and to ensure all proposals may be evaluated on a true like-for-like comparison. 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 present Best Value ~~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-three~~ (123) months~~years~~.
- ~~6.~~ \_\_\_\_\_

**E. Discretionary Procurements.**

For purchases up to the ~~discretionary~~Discretionary Procurement thresholds set forth below, ECMCC shall not be required to conduct ~~formal competitive bidding processes~~either IFBs or RFPs. With respect to any ~~discretionary~~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 two (2) 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~~Discretionary Procurement under this Section. (GML § 103(1)).
2. Public Works under \$35,000. Any Public Works 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 Public Works project may not be divided into more than one project so as to constitute a ~~discretionary~~ Discretionary Procurement under this Section. The Director of Procurement Compliance shall determine whether the Public Works contract is for regular work (such as ongoing maintenance) or for an individual and distinct project in determining whether the \$35,000 threshold is exceeded. For example, a Contract for ongoing elevator inspection and maintenance may be determined to exceed the \$35,000 threshold in the aggregate due to its recurring nature, while separate and distinct repairs to drywall damage that occur at differing times may need not be aggregated. ~~-(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~~ Discretionary Procurement threshold, expected purchases during the following twelve (12) month period should be evaluated to determine whether the ~~discretionary~~ Discretionary procurement 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~~ Discretionary Procurements awards shall apply to Small Business ~~discretionary~~ Discretionary awards Procurements. The Discretionary Procurement requirements shall not be artificially divided so as to constitute a ~~discretionary~~ 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. Small Business status may be established by a regional, statewide, or national certification. (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 procurement processes outlined in Section III.C and III.D, provided however that unless otherwise noted herein, exemption from such competitive procurement processes 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. 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 Vice President of Materials Management, Office of General Counsel, and 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. Advertisements with local media sources and endorsement agreements with celebrities shall automatically be categorized as “Sole Source” agreements by ECMCC due to the unique, exclusive characteristics of such relationships. (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).

2. 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) When practicable, 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)).
  
3. 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 a competitive procurement process. 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).

4. 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 procurement processes or traditional M/WBE goals. ECMCC is permitted to execute a final Contract with a GPO vendor that has terms more favorable than those available on GPO. (PHL § 2803-a; 1989 Op. St. Compt. No. 89-2).
  
5. 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, nurse practitioners, licensed practical nurses, nurses’ assistants, medical and laboratory technicians, diagnosticians, social workers, psychiatric workers, ~~veterinarians, pharmacists, dieticians,~~ 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 procurement processes. (case law and various State Comptroller opinions)
  
- ~~6.~~ Government Sources. ECMCC may purchase utilizing a contract let by the New York State Office of General Services (“OGS”) when the purchase exceeds \$500 pursuant to the procedures set forth in NY State Finance Law § 163. Additionally, ECMCC may utilize the terms of a federal government general services contract where the terms are to the advantage of ECMCC and have been offered to ECMCC by the contractor. Finally, ECMCC may further make purchases of apparatus, materials, equipment or supplies, or contract for services related to the installation, maintenance or repair of apparatus, materials, equipment, and supplies, through the use of a eContract let by the federal government, any federal agency, and or any other State or political subdivision or district, if the eContract was let to the lowest responsible bidder or on the basis of Best Value, made available for use by other governmental entities, and where “Best Value” is permitted for such use by the governmental entity. Purchases from such any of these federal or state sources may be made without regard to the competitive Bid process or M/WBE goals, but in the case of the Office of General Services OGS, must follow any specific requirements issued by the Office OGS pertaining to that Procurement. However, when 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. ECMCC is permitted to execute a final Contract with a government source vendor that has terms more favorable than those available on GPO from the government source. (GML § 103(16); GML § 104; SFL § 163(3)(iv); PAL § 3628(9)).
  
- ~~6.~~ ECMCC may further make purchases of apparatus, materials, equipment or supplies, or contract for services related to the installation, maintenance or repair of apparatus, materials, equipment, and supplies, through the use of a contract let by the federal government, any federal agency, and any other State

~~or political subdivision or district if the contract was let to the lowest responsible bidder or on the basis of Best Value and made available for use by other governmental entities. (GML § 103(16)).~~

7. County Contracts. ECMCC may purchase goods or services, other than services subject to article nine of the labor law, through Erie County or through any County within New York subject to the rules established pursuant to NY County Law § 408-a(2); provided that (1) ECMCC accept sole responsibility for any payment due the vendor, (2) prior to making such purchases or contracts ECMCC consider whether such contracts will result in cost savings after all factors, including charges for service, material, and delivery, have been considered, and (3) ECMCC actively audit expenditures under such agreement. No Procurement may be made under this section where Bids or Proposals for such goods or services have been received, unless the Procurement may be entered into upon the same terms, conditions, and Specifications and represent a cost savings to ECMCC. (GML § 103(3)).

7.8. 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~~ are within the scope of 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 (for examples: a new surgical implant device is made available under a Contract for other surgical implant devices; an add-on or upgrade is made available to an electronic medical record platform already in use at ECMCC).~~ 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 Discretionary Procurements to the extent that the additional items or services would cause the Contract Value to exceed the discretionary 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.

8.9. 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.

9.10. 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)).

10.11. 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)).

11.12. 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).

12.13. Board Waiver of Requirements for Competitive Selection of Contractors. The ECMCC Board 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, 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)).

13.14. 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 procurement processes or traditional M/WBE goals. (PAL § 3631(9)).

15. Affiliated Entities. Upon compliantly procuring goods or services (including via lease), ECMCC may, without need for a separate IFB or RFP, enter into one or more separate agreements with an affiliated entity of the contracted vendor for purposes of securing financing for the goods or services. ~~without need for a separate Procurement.~~

16. Lease Agreements. ECMCC may lease or purchase real property from private

entities without engaging in a competitive procurement process. (GML § 103 and related case law).

17. Contract Assignments. If ECMCC has awarded a Procurement Contract through a valid Procurement process to a vendor, the vendor validly assigns the Contract to a secondary vendor as permitted by the Contract and by New York law, and the secondary vendor agrees to assume all rights, responsibilities, and liabilities under the assignment contract, ECMCC may Contract with such secondary vendor without the need for a further RFP or IFB.
18. Lack of Response. If, after two (2) attempts at good faith advertisement of a Procurement opportunity through an IFB or RFP, ECMCC receives no proposals or Bids in response to such advertisement, ECMCC may purchase the goods or services that are subject of the IFB or RFP in the open market without having to further re-issue the IFB or RFP. (1978 Op. St. Compt. No. 78-523).

#### **H. Pre-qualification.**

Prospective suppliers may be pre-qualified for particular types of supplies, services or ~~construction~~Public Works. 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 Pre-Qualification solicitation 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 Pre-Qualification solicitation 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. Request for Qualifications.**

In instances where ECMCC wishes to award contracts in accordance with the discretionary procedures forth in Sections III.E.1 and III.E.2, it may, but shall not be required to, award such contracts after first issuing a public Request for Qualifications (“RFQ”). Such RFQs shall not be subject to any formal notice requirements or MWBE goals, but shall be used to establish lists within ECMCC of vendors permitted to perform work (or provide supplies) on projects up to but not exceeding the discretionary thresholds. Such qualified vendors should meet the Responsible requirements set within these Guidelines and, whenever possible, should enter into a Contract with ECMCC prior to providing goods or services. An RFQ shall not be required in order to make a Discretionary Procurement, but rather is a tool to be used by ECMCC for creating established lists for these Discretionary Procurements. If a list is established through an RFQ process for a specific good, service, or Public Works, ECMCC should endeavor to only enter into Discretionary Procurements with the vendors on such list absent extraordinary circumstances.

**J. New York State Business Enterprises.**

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

**IV. PROCEDURES and STANDARD PROVISIONS**

**A. New York State Contract Reporter.** ~~Except as otherwise set forth below, All 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). Certain ECMCC shall advertise certain Procurement opportunities are required to be published in the New York State Contract Reporter as set forth below:~~

1. Notice of Procurement. For all ~~Procurement Contracts~~ IFBs, RFPs, and RFQs regardless of value, and all Sole Source Procurements and M/WBE Discretionary Procurements 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:~~ (1) ECMCC's name and address; (2) the IFB or RFP number; (3) 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; (4) the address where bids or proposals are to be submitted; (5) 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)), and (11) the name of any individual or business enterprise that has been awarded an identical or substantially similar Procurement Contract within the past five years. ~~In the case of IFBs, RFPs, and RFQs, The the notice of Procurement opportunity information~~ shall appear in the NYSCR at least fifteen (15) business days prior to ~~the a~~ 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 through an IFB or RFQ 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 an RFP or ~~quote RFQ solicitation,~~ the names of vendors submitting Proposals or quotes and the vendor submitting the selected Best Value Proposal or quote.

~~(e) For all Sole Source Procurements and M/WBE Discretionary Procurements with a Contract value equal to or greater than \$50,000, 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 \$500,000 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)).~~

~~(d)(c)~~

~~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. Such cancellation and reissuance may include such instances in which ECMCC determines that a re-issuance may result in more favorable bids or responses. 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 Non-responsiveness 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 non-responsiveness 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.~~ Non-collusive bidding.**

~~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.~~

All Bid documents must include the following non-collusive bidding certification language:

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
- 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. Trial Agreements.**

From time to time, ECMCC may have need to trial a new product on a short-term basis prior to purchasing. Such trial should be limited in duration to the extent of time necessary to make a decision on the product, but in no event more than ninety days, and should only be permitted if there is an existing compliant procurement method in keeping with these Guidelines that would permit the purchase of the product following conclusion of the trial.

#### **G.H. 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 Chief Executive Officer, ~~and~~ Chief Financial Officer ~~and President~~ are the only persons authorized to sign Contracts on behalf of ECMCC.

**H.I. 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;
13. Prepare a list of finalists based on initial proposal evaluations and request that finalists present in-person or telecommunicated presentations to ECMCC;
14. Extend the term of any resulting contract for the items or services described herein for additional lengths of time at ECMCC's discretion;
15. Add additional similar products to any resulting agreement as they become available and meet ECMCC's needs; and
16. In the event that the selected bidder is unable to fulfill ECMCC's request for the products/services, choose another bidder through any compliant procurement means available to ECMCC.

**V. BOND REQUIREMENT**

**A. Bid Security.**

1. Requirement for Bid Security on ~~Certain Construction~~ Public Works 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~~ Public Works 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. Generally. 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 upon analysis and review of potential subcontracting opportunities by ECMCC.

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, subject to approval by NYS.
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 whether the Contractor has undertaken efforts including but not limited to:

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, 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 Analyst 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 Analyst 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 Analyst 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 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 Analyst or the Division; or
- (v) M/WBE Analyst 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 services 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 unless otherwise approved by the Division.

**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 and is consistent with the commodity classifications assigned to the M/WBE by the Division. 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 report on their M/WBE utilization throughout the term of the Contract in the format and timeline indicated by ECMCC.
- K. Non-Compliance.** Contractors who fail to comply with the utilization percentages set forth in their approved Utilization Plan shall be subject to 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 the timeframe set forth in the Bid or RFP documents, 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. As required by New York State, Such determinations by ECMCC shall be reviewed and approved by Empire State Development prior to ECMCC issuing final determination. 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~~Procurements.** 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 \$500,000 without competitive procurement process, ~~in accordance with the November 26, 2019 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.
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 in excess of \$50,000 shall be advertised in the New York State Contract Reporter. 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 \$500,000) 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 by ECMCC, the County, OGS, or federal contract within the last ~~six~~ twelve (12) 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. Quantitative Factors.** When developing an RFP awarding a procurement contract on the basis of Best Value, M/WBE regulations allow ECMCC to designate up to 5% of the total technical evaluation scale to be awarded to a Respondent who meets one of the following criteria:
- (1) a New York State certified M/WBE;
  - (2) a New York State certified Service-Disabled Veteran-Owned Business (SDVOB) as defined in Veterans' Services Law Article 3.

The above-referenced 5% designation included in the RFP technical evaluation is called a “Quantitative Factor.” Note although a Respondent may meet more than one of the criteria, credit is to be awarded for only one category, not multiple categories.

Present: Dr. Yogesh Bakhai, Christopher Resetartis, CRNA, Dr. Victor Vacanti, Dr. Samuel Cloud, Dr. Ashvin Tadakamalla (via teleconference), Dr. Richard Hall (via teleconference)

Excused: Dr. Lakshpaul Chauhan, Dr. Mandip Panesar, Dr. Thamer Qaqish, Dr. Siva Yedlapati

| Agenda Item                                    | Discussion  | Action   | Follow-up  |
|--|---|--|--|
| <b>I. CALL TO ORDER</b>                        | Dr. Bakhai called the meeting to order at 3:02 pm.  |  |  |
| <b>II. ADMINISTRATIVE</b>                      |   |  |  |
| A. Minutes                                     | Minutes from the January 2, 2025 meeting were reviewed and approved   | A motion was made by Dr. Vacanti, and unanimously carried to approve the minutes of the January 2, 2025 meeting. | Via these minutes, the Credentials Committee recommends same to the Medical Staff Executive Committee. |
| B. Deceased                                    | None  | None   | None   |
| C. Applications Withdrawn/Processing Cessation | None  | None   | None   |
| D. Automatic Conclusion (Initial Appointment)  | None  | None   | None   |
| E. Name Changes                                | <b>Orthopedic Surgery:</b><br>Halley Kreminski, PA-C changed her name to Halley Biersbach, PA-C. All required documentation was submitted and verified. | Noted  | Informational purposes only  |

Highlight: Initiate FPPE

| F. Leave of Absence (2)    |                    | <p><b>Internal Medicine</b></p> <ul style="list-style-type: none"> <li>Leigh-Anne DiOrio, FNP-maternity; RTW 05/01/25</li> </ul> <p><b>Plastic &amp; Reconstructive Surgery</b></p> <ul style="list-style-type: none"> <li>Bridget Fitzgerald, PA-C-maternity; RTW 03/01/25</li> </ul> | Reviewed                           | Informational purposes only   |              |
|----------------------------|--------------------|--|------------------------------------|---|--------------|
| <b>G. Resignations (5)</b> |                    | 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 |
| Gregory DiFrancesco, MD    | Emergency Medicine | <ul style="list-style-type: none"> <li>Great Lakes Physician Services</li> <li>Des not come to ECMC</li> <li>Confirmed in email</li> </ul>   | N/A                                | 01/01/2025  | 06/28/2022   |
| Michael Maloney, PA-C      | Internal Medicine  | <ul style="list-style-type: none"> <li>Apogee</li> <li>Per Apogee, he has never worked a shift at ECMC</li> <li>Confirmed in email</li> </ul>  | N/A                                | 01/24/2025  | 04/28/2015   |
| Dominic Stutz, PA-C        | Orthopedic Surgery | <ul style="list-style-type: none"> <li>UBMD</li> <li>Leaving practice plan</li> <li>Confirmed in email</li> </ul>  | N/A                                | 12/31/2024  | 09/27/2022   |
| Katherine Boyle, MD        | Orthopedic Surgery | <ul style="list-style-type: none"> <li>UBMD</li> <li>Moving out of state</li> <li>Confirmed in email</li> </ul>  | N/A                                | 01/02/2025  | 11/24/2020   |
| Supra Khare, MD            | Psychiatry         | <ul style="list-style-type: none"> <li>UPP</li> <li>“life circumstances prevented her from joining ECMC”</li> <li>Confirmed in email</li> </ul>  | N/A                                | 01/28/2025  | 01/28/2025   |

Highlight: Initiate FPPE

|   |   |   |  |
|---|---|---|--|
| <b>III. CHANGE IN STAFF CATEGORY</b>                          |   |   |  |
|   | None  |   |  |
| <b>IV. CHANGE/ADDITION Collaborating/Supervising (2)</b>      |   |   |  |
| A. Azadeh Hassan-Tehrani, FNP                                 | <u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. Ryan Mikac to <b>Dr. Maira Ilahi</b></li> </ul> All required documentation was submitted.  | Noted   | No follow-up necessary. For informational purposes   |
| B. Casey Krug, PA-C   | <u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. Ryan Mikac to <b>Dr. Romain Calini</b></li> </ul> All required documentation was submitted.  | Noted   | No follow-up necessary. For informational purposes   |
| <b>V. CHANGE DEPARTMENT/ PRIVILEGE ADDITION/ REVISION (2)</b> |   |   |  |
| A. Joseph Quackenbush, PA-C                                   | <u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Joining GPPC for Terrace View</li> <li>Adding privilege of <b><i>“Management of care in long term care setting”</i></b></li> <li>Supervising MD: Mikac</li> <li>Remaining per diem with UBMD Addition Medicine, Supevising MD: Wilber</li> </ul> | The Committee voted, all in favor, to approve the changes as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.<br><br>Notification to Revenue Cycle and Decision Support upon approval of the Board. |
| B. Joseph Rasnick, ANP  | <u><b>Internal Medicine – S&amp;K</b></u> <ul style="list-style-type: none"> <li>Adding privilege in <b><i>“Plastic &amp; Reconstructive Surgery with First Assist”</i></b></li> <li>Collaborating MD: Burke</li> <li>Temps granted for 01-24-2025</li> </ul>   | The Committee voted, all in favor, to approve the changes as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.   |

Highlight: Initiate FPPE

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|                                      |   |  | Notification to Revenue Cycle and Decision Support upon approval of the Board.  |
| <b>VI. PRIVILEGE WITHDRAWAL</b>      |   |  |   |
| A. William Belles, MD                | <p>Dr. Belles is withdrawing his request for Robotic TORS privileges.</p> <p>It is noted that Dr. Belles has already reached out to schedule the required training. Once this is completed, his request will be reconsidered.</p> <p>Discussion ensued regarding the fact that ECMC does not have a Robotics Committee who could be vetting new technologies and who can be authorized to use them.</p> <p>It was recommended that the Surgical Executive Committee could serve in this capacity, as the ability to vet new technology is noted in their charter.</p> | The Committee voted, all in favor, to recommend that the Surgical Executive Committee be authorized to vet new technology and its appropriate uses as it is brought into the organization. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> <p><b>EXTRACT -MEC EXEC SESSION</b></p> |
| <b>VII. UNACCREDITED FELLOWSHIPS</b> |   |  |   |
|                                      | <p><b><u>Surgery-Bariatric</u></b></p> <ul style="list-style-type: none"> <li>An application was emailed on 12/11/24 for Dr. Xavier Jean. The practice plan has pushed back the start date to March 1, 2025.</li> </ul>   | Noted  | Informational purposes only   |

| VIII. INITIAL APPOINTMENTS (6)             |  |   |   |
|--|--|---|---|
| Cynthia Chen, MD<br>Emergency Medicine     | <ul style="list-style-type: none"> <li>• Wayne State University MD June 2015</li> <li>• Wayne State University School of Medicine Henry Ford Hospital Emergency Medicine Residency June 2015 to June 2018 and Staff Physician July 2018 to July 2019</li> <li>• University of Michigan Hospice and Palliative Medicine Fellowship July 2018 to June 2019</li> <li>• Academic appointment – University of Michigan Clinical Instructor July 2019 to August 2022 and Clinical Assistant Professor September 2022 to present of Emergency and Internal Medicine</li> <li>• Attending Physician – Department of Emergency Medicine Ann Arbor Veterans Affairs Hospital and Adult Palliative Care Consultation Service and Adult Emergency Services at University of Michigan July 2019 to present</li> <li>• Joining UEMS March 1, 2025</li> <li>• American Board of Emergency Medicine and Hospice and Palliative Medicine certified</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |
| Shella Dargout, PA-C<br>Emergency Medicine | <ul style="list-style-type: none"> <li>• D’Youville College Bachelor and Master of Science Physician Assistant December 2011</li> <li>• Time gap - pending license, board, and credentialing January 2012 to March 2012</li> </ul>   | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.  |

Highlight: Initiate FPPE

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|   | <ul style="list-style-type: none"> <li>• Physician Assistant – Mash Care Network April 2012 to October 2016, Advantis Occupational Health July 2013 to July 2019, UEMS November 2016 to present, and UBMD Internal Medicine April 2016 to present</li> <li>• Joining UEMS at ECMC March 15, 2025</li> <li>• Supervising Physician – Dr. Jessica Strauss (1)</li> <li>• NCCPA certified</li> </ul>   |  | <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p>   |
| <p>Andrew Rogers, PhD<br/>internal Medicine</p> | <ul style="list-style-type: none"> <li>• University of Houston Doctor of Philosophy Clinical Psychology May 2023</li> <li>• University of Washington School of Medicine Clinical Internship June 2022 to June 2023 and Research Scientist Suicide Care Research Center July 2023 to July 2024</li> <li>• Assistant Professor Division of Behavioral Medicine, Department of Medicine, University at Buffalo August 2024 to present</li> <li>• Joining UBMD IM Behavioral Medicine Clinic in the DK Miller Building. Clinical work will be onsite; however, he will not be treating ECMC patients</li> </ul> | <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |

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| <p>Assaf Berger, MD<br/>Neurosurgery</p> | <ul style="list-style-type: none"> <li>• Tel Aviv University MD June 2010</li> <li>• Time gap – Vacation July 2010</li> <li>• Medical Doctor Officer at the Israeli Defense Medical Corps August 2010 to December 2014</li> <li>• ECFMG certificate issued October 2011</li> <li>• Time gap – Vacation December 2014 to April 2015</li> <li>• Tel Aviv Sourasky Medical Center Neurosurgery Residency April 2015 to April 2021</li> <li>• Time gap – Vacation April 2021 to June 2021</li> <li>• NYU Grossman School of Medicine Neurological Surgery – Stereotactic Radiosurgery (non-ACGME) Fellowship July 2021 to June 2022 and Neurological Surgery – Functional Neurosurgery (non-ACGME) Residency July 2022 to June 2023</li> <li>• Time gap – Vacation July 2023 to September 2023</li> <li>• Attending Neurosurgeon with University at Buffalo Neurosurgery at Buffalo General September 2023 to present</li> <li>• Assistant Professor, Department of Neurosurgery Jacobs School of Medicine and Biomedical Sciences University at Buffalo<br/>Board status – not eligible until minimum of 6 years of employment as full time, core faculty at the primary teaching site of an ACGME Neurological</li> </ul> | <p>Flags were reviewed and application was endorsed by the Chief of Service. Dr. Richard Spiro to address the international pathway to Board Certification at MEC.</p> <p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board. <b>EXTRACT FOR MEC – EXECUTIVE SESSION</b></p> |
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Highlight: Initiate FPPE

|                                    | Surgery Residency program as an Associate Professor or higher  |   |   |
|------------------------------------|--|---|---|
| Jonathan Riley, MD<br>Neurosurgery | <ul style="list-style-type: none"> <li>• Case Western Reserve University MD May 2009</li> <li>• Time gap – moving May 2009 to June 2009</li> <li>• Emory University School of Medicine Neurological Surgery Residency July 2009 to June 2016</li> <li>• Thomas Jefferson University Hospital Neurological Surgery Fellowship July 2016 to July 2017</li> <li>• Time gap – moving July 2017 to September 2017</li> <li>• Medical Director, Functional Neurosurgery Kaleida Health September 2017 to present</li> <li>• Assistant Professor, Department of Neurosurgery Jacobs School of Medicine and Biomedical Sciences University at Buffalo September 2017 to present</li> <li>• American Board of Neurosurgery certified</li> </ul> | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |
| Joshua Dudziak, NP<br>Radiology    | <ul style="list-style-type: none"> <li>• St. John Fisher University Master of Science PCFNP MSN Program December 2024</li> <li>• Registered nurse Buffalo General Hospital Neurology/Telemetry December 2016 to April 2018 and Diagnostic and Interventional Radiology April 2018 to present</li> <li>• Joining Great Lakes Medical Imaging February 2025</li> </ul>   | The Committee voted, all in favor, to approve the appointment with privileges granted as requested. | <p>Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.</p> <p>Notification to Revenue Cycle and Decision Support upon approval of the Board.</p> |

Highlight: Initiate FPPE

|  | <ul style="list-style-type: none"> <li>Collaborating Physician – Dr. John McGrath (8)</li> <li>ANCC eligible – sitting 3/7/2025</li> </ul> |  |  |
|--|--|--|--|
| <b>X. Temporary Privileges</b>                         | <ul style="list-style-type: none"> <li>Joseph Rasnick, ANP: Plastic &amp; Reconstructive Surgery, 01/24/2025</li> </ul>                    | Noted  | For informational purposes only  |
| <b>IX. REAPPOINTMENTS (40)</b>                         | See reappointment summary (Attachment B)   | The Committee voted, all in favor, to recommend approval of the re-appointments listed with privileges granted as requested. | Via these minutes, the Credentials Committee recommends approval to the Medical Executive Committee.<br><br>Notification to Revenue Cycle and Decision Support upon approval of the Board.   |
| NAME   | DEPARTMENT   | CATEGORY   | PRIVILEGES   |
| Greenaway, Wanda AGNP-C<br>Collaborating MD: DePlato   | <b>Anesthesia</b>  | AHP  |  |
| Nowak, Kevin MD  | Anesthesia   | Active   |  |
| Cirulli-Linde, Francesca FNP<br>Collaborating MD: Igoe | <b>Emergency Medicine</b>  | AHP  |  |
| Jurek, Jeffrey PA-C<br>Collaborating MD: Cloud/Anillo  | Emergency Med/Internal Med   | AHP  |  |
| Kaczor, Eric MD  | Emergency Medicine   | Active   |  |
| Shafie, Asmah PA-C<br>Collaborating MD: Kruse          | Emergency Medicine   | AHP  |  |
| Americhetty, Chandrarekha MD                           | <b>Family Medicine</b>   | Active   | <p><b><u>New Privilege Addition:</u></b><br/>BASIC management of substance intoxication &amp; withdrawal<br/>BASIC treatment modalities for individual &amp; group</p> <p><i>Privileges added to “assist with patients going through withdrawal on the floors while working with Apogee”</i></p> |

Highlight: Initiate FPPE

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| Boyd, Nicole AHP<br><b>NEW</b> Collaborating MD:<br>Barkowski | Family Medicine          | AHP    |  |
| Evans, Stephen MD   | Family Medicine          | Active |  |
| Aquilina, Alan MD   | <b>Internal Medicine</b> | CR&F   |  |
| Bais, Anshu MD  | Internal Medicine        | Active |  |
| Beall, Katherine ANP<br>Collaborating MD: Rochester           | Internal Medicine        | AHP    |  |
| Calandra, Salvatore MD  | Internal Medicine        | CR&F   |  |
| Carlson, Richard MD   | Internal Medicine        | CR&F   |  |
| Cline, Mercedes ACNP<br>Collaborating MD: Ilyas/Cheng         | Internal Medicine        | AHP    |  |
| Czarny, Dawid MD  | Internal Medicine        | Active |  |
| Fenire, Mahmoud MD  | Internal Medicine        | Active |  |
| Kalinin, Alexy MD   | Internal Medicine        | Active | <b>Withdraw Privileges: (2)</b><br>-Central Venous Catheter Insertion, percutaneous: internal jugular, subclavian, femoral, etc. Internal Jugular Puncture (with/without catheter)<br>-Paracentesis  |
| Matthews, George MD   | Internal Medicine        | CR&F   |  |
| Murray, Brian MD  | Internal Medicine        | Active |  |
| Sandhu, Annumeet DO   | Internal Medicine        | Active |  |
| Wolfe, Gil MD   | <b>Neurology</b>         | Active |  |
| Jones, Joshua MD  | <b>Ortho Surgery</b>     | Active | <b>Adding new privileges: (3)</b><br>-Level II Core Elbow Privileges<br>-Level II Core Shoulder Privileges<br>-Level II Core Orthopaedic Oncology Privileges<br><br><i>Privilege form was updated and the criteria changed to ACGME accredited training. Provider held above privileges since 2011. Chief of service approved due to experience.</i> |
| Rachko, Morgan PA-C<br>Collaborating MD: Bernas               | Ortho Surgery            | AHP    | <b>Adding new privilege: (1)</b><br>-First Assist with Bone graft harvesting<br><br><i>Privilege form does not have any special criteria</i>   |

Highlight: Initiate FPPE

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| Young, Paul MD   | <b>Otolaryngology</b>               | Active    |  |
| Liu, Lin MD  | <b>Pathology</b>                    | Active    |  |
| Yusuf, Yasmin MD   | Pathology                           | Active    | <b>Withdraw privilege: (1)</b><br>-History & physical exam privileges limited to suitability determination for blood donation/apheresis procedures |
| Bortel, Jessica MD   | <b>Psych &amp; Behavioral Med</b>   | Active    |  |
| Brooks, Victoria MD  | Psych & Behavioral Med              | Active    |  |
| Bevilacqua, Thomas MD  | <b>Radiology</b>                    | Active    |  |
| Bloss, Michael MD  | Radiology                           | Active    |  |
| Brown, Harry MD  | Radiology                           | Active    |  |
| Novick, Michael MD   | Radiology                           | Active    | <b>Withdraw privileges: (2)</b><br><b>Nuclear Medicine</b><br>-In vivo diagnostic interpretation<br>-In vitro diagnostic interpretation            |
| Rai, Surinder DO   | Radiology                           | Active    |  |
| Regenbogen, Victor MD  | Radiology                           | Active    |  |
| Rinaldi, James MD  | Radiology                           | Active    |  |
| Shatkin, Samuel MD   | <b>Plastic Surgery</b>              | Associate |  |
| Roland, Todd PA-C<br>Collaborating MD: Aldridge  | <b>Thoracic/Cardiovascular Surg</b> | AHP       |  |
| Gonka-Griffo, Jacquelyn MD   | <b>Urology</b>                      | Active    |  |
| Greco, Joseph MD   | Urology                             | Active    |  |
| <b>Bold highlighted names are reappointment dates that will be changed to align with Kaleida</b> |                                     |           |  |

|                                |                          |                             |                 |
|--------------------------------|--------------------------|-----------------------------|-----------------|
| <b>X. AUTOMATIC CONCLUSION</b> | Reappointment Expiration |                             |                 |
| <b>1<sup>st</sup> Notice</b>   | None                     | For informational purposes. | None necessary. |

Highlight: Initiate FPPE

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| <b>2<sup>nd</sup> Notice</b>                 | None   | For informational purposes.               | None necessary.                               |
| <b>3<sup>rd</sup> Notice</b>                 | None   | For informational purposes.               | None necessary.                               |
| <b>XI. PROFESSIONAL PRACTICE EVALUATIONS</b> |  |   |   |
| <b>OPPE</b>                                  | Completed January 2025: Departments of OB/GYN, Otolaryngology, Thoracic Surgery, and Oral Maxillofacial Surgery. No opportunities identified.  | Noted                                     | Follow up at March 2025 Credentials Committee |
| <b>FPPE</b>                                  | 22 FPPE's were distributed, no triggers identified.  | Noted                                     | Follow up at March 2025 Credentials Committee |
| <b>Tracking/Trending:</b>                    | VIP: One (1) Department of Internal Medicine Physician<br>VIP: One (1) Plastic Surgery Physician   | Monitoring continues for both physicians. | Follow up at March 2025 Credentials Committee |
| <b>XII. OLD BUSINESS</b>                     |  |   |   |
| A. Expirables                                | Expirables were reviewed and discussed with the Credentials Committee.   | None                                      | For informational purposes                    |
| B. DEA, License, Boards                      | <p><b>January 2025</b></p> <ul style="list-style-type: none"> <li>• DEA- 8</li> <li>• License- 25</li> <li>• Boards-0</li> </ul> <p><b>February 2025</b></p> <ul style="list-style-type: none"> <li>• DEA- 26</li> <li>• License- 35</li> <li>Boards- 2 AHP/ 62 Psych MDs</li> </ul> | No action necessary at this time.         | For informational purposes                    |

Highlight: Initiate FPPE

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| C. MDStaff Updates            | The MDStaff project is moving along well. ECMC is looking to go live in March 2026. It may come sooner than that since the data required for MDStaff will be feeding EPIC. Kaleida is expected to go live in May 2025, we will need to be testing before that date. Several questions have arisen: do we want to go from 3 peer references to 2 upon initial appointment? We can do that in accordance with NYS regulations. Do we want to change the vendor for background checks – if we switch to Pre-Check, it will automatically put the data into the files since that is the program MDStaff uses. We need to create a DocuSign account. We opted for individual signing to allow physicians to look at each piece if they wish. We are trying to align with Kaleida whenever possible to streamline the process. | Noted  | An Update will be provided to the Credentials Committee as we continue to move through the implementation process. |
| D. Pain Management Procedures | Tabled. The Committee awaits feedback from Dr. Suchy.  | Noted.   | None at this time  |
| E. Psychiatric Boards         | Dr. Vinayak Gokhale still owes the Board one last piece of information – the quality section. It is noted that his extension to obtain his Boards ends in May 2025. Dr. Gokhale has not been responsive to emails or phone calls.<br><br>Dr. Balwant Nagra has been taking Board prep courses and studying for the exam. He is scheduled to sit for his Board examination in 2026.   | Dr. Yogesh Bakhai will begin telephoning Dr. Gokhale each week to obtain an update and remind him of his extension end date. | An Update will be provided to the Credentials Committee monthly until completed.                                   |
| <b>XIII. NEW BUSINESS</b>     |  |  |  |
| A. Annual Dues                | Dues will be sent out in mid-February 2025.  | Noted  | None at this time  |
| B. Timely Report Completion   | Dr. Cloud noted that a process needs to be created for when physicians do not complete their charting in a timely fashion. The Op Notes as well as the Discharge Summary should be done within 24 hours. Cases cannot be billed without this documentation. This creates a large financial impact to the facility.<br><br>It was suggested that when these issues arrive, they should be forwarded to the Leadership Council and the Medical Staff Executive Committee. The Bylaws allow the Credentials Committee to hold up reappointment of a staff member who has not completed their required medical records. It was recommended that a process be formalized.   | A policy will be created and provided to the MEC for their review and recommendations.                                       | <b>EXTRACT FOR MEC – Credentials Report</b>  |

Highlight: Initiate FPPE

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| C. AHP Privilege Update         | The ECMC AHP (NP/PA) privilege form leads to confusion due to the scope of practice services listed. When someone applies to Kaleida as a NP/PA, they are only granted core privileges. They can apply for sub-specialties, but then Kaleida has the ability to ask for experience levels, case logs, etc. The physician also needs to sign off attesting to the training program. Kaleida AHP privileges are very close to best practice, and we would like to adopt what they do. We would like to give the Chiefs of Service copies of our forms, Kaleida forms and explain what we would like to do. We would be able to get these out to them quickly since our forms will need to be finalized before the end of March. | The Committee agreed with sending the privilege forms and explanations to the Chiefs of Service as soon as possible in order to have them ready by the end of March 2025. | Privilege forms will be distributed requested a short turnaround time from Chiefs of Service. |
| D. Oral & Maxillofacial Surgery | Dr. Tara Halliwell-Kemp has decided to not let her medical license lapse. Originally, she was going to only maintain her DDS and Board certification in Oral & Maxillofacial Surgery. Dr. Richard Hall clarified this information with the Committee.   | Noted.  | None required.  |
| E. ACLS for Moderate Sedation   | Letters have been sent to all Medical Staff with Moderate Sedation Privileges regarding their need to become ACLS certified. Medical Staff members have been returning proof of their certifications. The deadline for all of these documents to be provided to the Medical Staff Office is April 29, 2025.   | Noted.  | An update will be provided to the Credentials Committee monthly until completed.              |
| <b>XIV. ADJOURNMENT</b>         | The meeting was adjourned at 4:00 pm  |   |   |

Respectfully submitted,



Yogesh Bakhai, MD  
Chair, Credentials Committee