



# ECMCC Board of Director's Meeting

January 23, 24

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  
JANUARY 23, 2024

- I. CALL TO ORDER: JENNIFER PERSICO, CHAIR
- II. APPROVAL OF MINUTES:
- III. RESOLUTIONS MAY BE DISTRIBUTED TO THE BOARD OF DIRECTORS DURING THE MEETING ON JANUARY 23, 2024
- IV. REPORTS FROM THE CORPORATION'S LEADERSHIP TEAM
  - A) **Chief Executive Officer & President**
  - B) **Chief Financial Officer**
  - C) All other reports from leadership are received and filed.
- V. REPORTS FROM STANDING COMMITTEE CHAIRS
  - A) **Executive Committee** (by Jennifer Persico)
  - B) **Finance Committee** (by Michael Seaman)
  - C) **Audit Committee** (Darby Fishkin)
  - D) **Buildings and Grounds Committee** (Ronald Bennett)
  - E) **Human Resources Committee** (Michael Seaman)
  - F) **Quality Improvement and Patient Safety Committee** (by Michael Hoffert)
- VI. EXECUTIVE SESSION
- VII. ADJOURN

ERIE COUNTY MEDICAL CENTER CORPORATION  
NOVEMBER 28, 2023 MINUTES OF THE  
BOARD OF DIRECTORS MEETING

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Present: Ronald Bennett\*, Ronald Chapin\*, Jonathan Dandes, James Lawicki\*, Hon. John O'Donnell, Jennifer Persico, Reverend Kinzer Pointer\*, Thomas J. Quatroche, Eugenio Russi, Michael Seaman, Dr. Philip Stegemann, Benjamin Swanekamp

Excused: Rev. Mark Blue, Sharon Hanson, Michael Hoffert, Christian Johnson, Christopher O'Brien

Also

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

\*participated virtually

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I. Call to Order:

The meeting was called to order at 4:30 p.m. by ECMC Board Chair, Jennifer Persico.

II. Minutes

Upon a motion made by Eugenio Russi and seconded by Reverend Kinzer Pointer, the minutes of the October 24, 2023 regular meeting of the Board of Directors were unanimously approved.

III. Action Items

Resolution Receiving and Filing Medical-Dental Staff Meeting Minutes

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 reported that ECMC received Geriatric Emergency Department Accreditation by the American College of Emergency Physicians. Patient safety indicators continue to reflect the hard work of maintaining the initiatives developed to ensure that we provide care at the national level. Patient experience scores remain strong; ECMC scores are higher than the NYS scores and continues to exceed benchmark scores. There have been 734 new hires since the beginning of the year with over 200 being nurses. Dr. Quatroche announced that Nicholas Long, MWBE Analyst, was awarded the New York State MWBE Champions Award for 2023.

## Chief Financial Officer

A summary of the preliminary financial results through October 31, 2023 was reviewed and the full set of these materials are received and filed. Jonathan Swiatkowski reported improvement in volume, length of stay and discharges for the month. However, the large number of observation cases, a low acute case mix index and an increase in the number of COVID patients contributed to an overall net loss in October.

### V. Standing Committees

- a. **Executive Committee:** Ms. Persico stated that the Executive Committee continues examine possible ways and means to get assistance for the hospital. Questions were posed by several board members. Discussion followed.
- b. **Finance Committee:** No additional information was given from the Finance Committee.
- c. **Buildings and Grounds Committee:** Ron Bennett stated that no Buildings and Grounds Committee meeting occurred during October.
- d. **Investment Committee:** Mr. Russi reported on the most recent meeting held by the investment committee.
- e. **MWBE Committee:** No report was given by the MWBE Committee.
- f. **Quality Improvement and Patient Safety Committee:** No report was given for the Quality Improvement and Patient Safety Committee.

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

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

Moved by Reverend Kinzer Pointer and seconded by Eugenio Russi to enter into Executive Session at 5:12 p.m. to consider matters made confidential by law, including legal matters. Motion approved unanimously

### VII. Reconvene in Open Session

Moved by Darby Fishkin and seconded by Eugenio Russi to reconvene in Open Session at 5:41 p.m. No action was taken by the Board of Directors in Executive Session Motion approved unanimously

### VIII. Adjournment

Moved by Reverend Kinzer Pointer to adjourn the Board of Directors meeting at 5:47 p.m.

  
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Sharon L. Hanson  
Corporation Secretary

**MINUTES (AMENDED)**

In attendance: Dr. Yogesh Bakhai, Dr. Mandip Panesar, Dr. Ashvin Tadakamalla, Dr. Thamer Qaqish, Dr. Richard Hall, Dr. Mark Livecchi  
 Excused: Dr. Robert Glover, Mr. Christopher Resetarits, Dr. Victor Vacanti, Dr. Samuel Cloud

Agenda Item	Discussion/Recommendation	Action	Follow-up
<b>I. CALL TO ORDER</b>	Dr. Bakhai called the meeting to order at 3:04 pm.		
<b>II. ADMINISTRATIVE</b>			
A. Minutes	Minutes from the October 5 <sup>th</sup> meeting were reviewed and approved	Recommendation forwarded to the MEC and Board of Directors.	Via this meeting, the information is forwarded.
B. Deceased	None		
C. Applications Withdrawn/Processing Cessation	None		
D. Automatic Conclusion (Initial Appointment)	None		
E. Name Changes (1)	<b>Internal Medicine</b> <ul style="list-style-type: none"> <li>Mercedes Kalin, FNP <b>changed name to Mercedes Cline, FNP</b></li> <li>All necessary documentation was submitted</li> </ul>	Reviewed	Informational Only
F. Leave of Absence (9)	<b>Anesthesiology</b> <ul style="list-style-type: none"> <li>Kristen Philips, CRNA-maternity; RTW 12/28/23</li> </ul> <b>Emergency Medicine</b> <ul style="list-style-type: none"> <li>Jennifer McCaul, PA-C-maternity; RTW 05/01/24</li> <li>Philip Van Peurseem, PA-C-military; RTW 11/20/23</li> </ul> <b>Family Medicine</b> <ul style="list-style-type: none"> <li>Robert Reed, MD- military; RTW 07/12/24</li> <li>Madeline Slisz, PA-C- maternity; RTW 11/06/23</li> </ul> <b>Internal Medicine</b> <ul style="list-style-type: none"> <li>Daanyal Hussain, MD- paternity; RTW 11/07/23</li> <li>Jihae Lee, MD-maternity; RTW 12/15/23</li> <li>Maryan Saleemi, MD- maternity; RTW 11/21/23</li> </ul> <b>Rehabilitation Medicine</b> <ul style="list-style-type: none"> <li>Bridget Rippe, PSYD-FMLA; RTW 11/06/23</li> </ul>	Reviewed	Informational Only
<b>G. Resignations (10)</b>			

Highlight: Initiate FPPE

NAME	DEPARTMENT	PRACTICE PLAN/REASON	COVERING/COLLABORATING/SUPERVISING	Resign DATE	START DATE
Stacey Forgensi, CRNA	Anesthesiology	<ul style="list-style-type: none"> <li>• ECMC</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	09/22/23	01/22/13
Phillip Noble, CRNA	Anesthesiology	<ul style="list-style-type: none"> <li>• ECMC</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	10/31/23	6/27/23
Jenine Paner-Bansi, DO	Family Medicine	<ul style="list-style-type: none"> <li>• UBMD FM</li> <li>• Leaving practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	10/6/23	03/22/22
Sujatha Addagatla, MD	Internal Medicine	<ul style="list-style-type: none"> <li>• Niagara Nephrology</li> <li>• Was CRF</li> <li>• Confirmed in letter</li> </ul>	N/A	10/20/23	08/13/98
Samara Ferreira, DO	Internal Medicine	<ul style="list-style-type: none"> <li>• Apogee</li> <li>• Left practice plan</li> <li>• Confirmed in email</li> </ul>	N/A	10/25/23	01/24/23
Robert Gibson, ACNP	Internal Medicine	<ul style="list-style-type: none"> <li>• S&amp;K</li> <li>• Was per diem</li> <li>• Confirmed in email</li> </ul>	N/A	10/13/23	11/29/22
Arti Karmur, DPM	Orthopaedic Surgery	<ul style="list-style-type: none"> <li>• Med Serv</li> <li>• No longer seeing pts at TV</li> </ul>	N/A	08/31/23	09/27/22

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		<ul style="list-style-type: none"> <li>Confirmed in email</li> </ul>			
Brian Joseph, MD	Psychiatry	<ul style="list-style-type: none"> <li>Independent</li> <li>Was CRF</li> <li>Confirmed via telephone</li> </ul>	N/A	10/26/23	06/26/18
Alia Syed, MD	Psychiatry	<ul style="list-style-type: none"> <li>UPP</li> <li>Leaving practice plan</li> <li>Confirmed in email</li> </ul>	N/A	11/10/23	09/27/22
Jinha Park, MD	Radiology	<ul style="list-style-type: none"> <li>Vrad</li> <li>No longer reading for ECMC</li> <li>Confirmed in email</li> </ul>	N/A	10/03/23	09/28/21
<b>III. CHANGE IN STAFF CATEGORY (2)</b>					
A. Peter Elkin, MD		<u>Internal Medicine</u> <ul style="list-style-type: none"> <li>Change from Active to <b>Courtesy, Refer and Follow</b></li> </ul>		The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
B. Riffat Sadiq, MD		<u>Internal Medicine</u> <ul style="list-style-type: none"> <li>Change from Active to <b>Courtesy, Refer and Follow</b></li> </ul>		The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
<b>IV. CHANGE/ADD DEPARTMENT (9)</b>					

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A. Patrick Fisher, PA-C	<p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>• Changing from Emergency Medicine to <b>Family Medicine- TV</b></li> <li>• Supervising Physician: Dr. R. Barkowski (1PA)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
B. Syuzanna Leigh, PA-C	<p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>• <b>Withdrawing</b> Emergency Medicine privileges</li> <li>• Keeping Family Medicine- Supervising Physician: Dr. H. Lin (4PA/2NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
C. Amy Perno, PA-C	<p><b><u>Family Medicine</u></b></p> <ul style="list-style-type: none"> <li>• Adding Internal Medicine</li> <li>• Supervising Physician in Internal Medicine will be Dr. J. Fudyma</li> </ul> <p>Ms. Perno works in COEM. When working with children, her supervising will be Dr. Holmes.</p>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
D. Thomas Hargest, MD	<p><b><u>Internal Medicine</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adding</b> Family Medicine</li> <li>• Privileges: Admitting, Ambulatory Care, Consultation and Level 1 Core Non-Procedural</li> <li>• Covering Physician: Dr. C. Williams (1PA)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
E. Jeffrey Daoust, PA-C	<p><b><u>Orthopaedic Surgery</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adding</b> Neurosurgery</li> <li>• Privileges: Level 1 Core, First Assist, and skull tongs for cervical traction</li> <li>• Supervising Physician: Dr. L. Suddaby (5PA/1NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with	Recommendation, via these minutes, to the Medical Executive

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		privileges granted as requested.	Committee for approval.
F. Elise Gill, PA-C	<p><b><u>Orthopaedic Surgery</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adding</b> Neurosurgery</li> <li>• Privileges: Level 1 Core, and First Assist</li> <li>• Supervising Physician: Dr. L. Suddaby (5PA/1NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
G. Stephanie Kaminska, PA-C	<p><b><u>Orthopaedic Surgery</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adding</b> Neurosurgery</li> <li>• Privileges: Level 1 Core, and First Assist</li> <li>• Supervising Physician: Dr. L. Suddaby (5PA/1NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
H. Halley Kreminski, PA-C	<p><b><u>Orthopaedic Surgery</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adding</b> Neurosurgery</li> <li>• Privileges: Level 1 Core, and First Assist</li> <li>• Supervising Physician: Dr. L. Suddaby (5PA/1NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
I. Jeffrey Rassman, PA-C	<p><b><u>Orthopaedic Surgery</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adding</b> Neurosurgery</li> <li>• Privileges: Level 1 Core, and First Assist</li> <li>• Supervising Physician: Dr. L. Suddaby (5PA/1NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
<b>V. CHANGE/ADDITION</b>			

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<b>Collaborating/Supervising (3)</b>			
A. Lauren Fickett, PA-C	<u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. S. Mathis to <b>Dr. R. Mikac</b> (3PA/4NP)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
B. Jamie Interlichia, PA-C	<u><b>Family Medicine</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. S. Mathis to <b>Dr. M. Ilahi</b> (1PA)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
C. Jeffrey Daoust, PA-C	<u><b>Orthopaedic Surgery</b></u> <ul style="list-style-type: none"> <li>Changing from Dr. C. Ritter to <b>Dr. J. Falcone</b> (2PA)</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
<b>VI. PRIVILEGE ADDITION/ REVISION (2)</b>			
A. Stacey Akers, MD	<u><b>Obstetrics &amp; Gynecology</b></u> <ul style="list-style-type: none"> <li>Adding Urogynecology</li> <li>Adding Level 1 Multi-port Robotics</li> </ul> Criteria met through unrestricted privileges at CHS and KH Case logs submitted as well	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
B. David Abramowitz, MD	<u><b>Urology</b></u> <ul style="list-style-type: none"> <li>Adding Moderate Sedation</li> <li>Certificate and attestation submitted</li> <li>Temporary privileges granted for 10/16/2023</li> </ul>	The Committee voted, all in favor, to approve the appointment with	Recommendation, via these minutes, to the Medical Executive

Highlight: Initiate FPPE

		privileges granted as requested.	Committee for approval.
<b>VII. PRIVILEGE WITHDRAWAL</b>			
	None		
<b>VIII. UNACCREDITED FELLOWSHIPS</b>	<ul style="list-style-type: none"> <li>The MDSO will start processing a new Unaccredited Fellow for Bariatric Surgery. Dr. Kaci Schiavone is set to start January/February 2024</li> </ul>	Noted	Informational
<b>IX. INITIAL APPOINTMENTS (12)</b>			
Shannon Bartlett, ANP Family Medicine	<ul style="list-style-type: none"> <li>Keuka College Master of Science Adult Gerontology Primary Care Nurse Practitioner August 2021</li> <li>Registered Nurse – Highland Hospital November 2017 to March 2020</li> <li>Time gap – March 2020 to December 2021 - pregnant during COVID and working in emergency room. Due to the unknowns decided to resign while finishing master’s degree August 2021. Started NP position December 2021.</li> <li>Adult Nurse Practitioner – Oak Orchard Health, Corfu NY December 2021 to present. Joining GPPC Post Acute Care November 2023.</li> <li>Collaborating Physician – Dr. Maria Ilahi (2PA)</li> <li>ANCC certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
SungHoon Jung, NP Family Medicine	<ul style="list-style-type: none"> <li>D’Youville College Master of Science Family Nurse Practitioner December 2020</li> <li>Time gap – December 2020 to July 2021 waiting for NYS medical license, board exam and job credentialing.</li> <li>Nurse Practitioner - Lakeshore Family Medicine July 2021 to June 2023</li> <li>Time gap – June 2023 to current married in South Korea July 2023 came back home to the US August 2023 to apply for new job.</li> <li>Joining UBMD Family Medicine Addictions November 6, 2023</li> <li>Supervising Physician – Dr. Hui Tung Tony Lin (4PA/2NP)</li> <li>AANP certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Joseph Quackenbush, PA-C Family Medicine	<ul style="list-style-type: none"> <li>D’Youville College Bachelor and Master of Science Physician Assistant December 2019</li> </ul>	The Committee voted, all in favor, to	Recommendation, via these minutes,

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	<ul style="list-style-type: none"> <li>Physician Assistant – Neighborhood Health Center January 2020 to present, became Clinical Director June 2022. Stall Senior Medical October 2020 to present</li> <li>Joining UBMD Family Medicine Addictions November 13, 2023</li> <li>Supervising Physician – Dr. Hui Tung Tony Lin (4PA/2NP)</li> <li>NCCPA certified</li> </ul>	approve the appointment with privileges granted as requested.	to the Medical Executive Committee for approval.
Jodi Regan, FNP Family Medicine	<ul style="list-style-type: none"> <li>D’Youville College Master of Science Nurse Practitioner May 2005</li> <li>Daemen College Doctor of Nursing Practice January 2015</li> <li>Time gap – May 2005 to November 2005 – working as RN at Univera Healthcare until first NP job 11/2005</li> <li>Nurse Practitioner – Private Medical Offices November 2005 to April 2007, Family Choice April 2007 to April 2009, Mobile Primary Care April 2009 to November 2013, Optum Health December 2013 to November 2014, Landmark Health; NP December 2014 to April 2017 and Orientation Manager/Clinical Educator April 2017 to December 2022, Family Choice January 2023</li> <li>Joining TerraceView through Family Choice of WNY November 2023</li> <li>Collaborating Physician – Dr. Kenneth Garbarino (3NP)</li> <li>ANCC certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Jessica Bielawa, NP Internal Medicine	<ul style="list-style-type: none"> <li>Daemen College Master of Science Adult Gerontology Primary Care Nurse Practitioner January 2022</li> <li>Registered Nurse – Chemotherapy/Infusion nurse Roswell Park Comprehensive Cancer Center March 2013 to August 2022</li> <li>Nurse Practitioner – Oak Orchard Health Primary Care August 2022 to current</li> <li>Joining General Physician PC, Hematology/Oncology November 27, 2023</li> <li>Collaborating Physician – Dr. Naheed Alam (1PA/3NP)</li> <li>ANCC certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Henry Reyes, MD Obstetrics & Gynecology	<ul style="list-style-type: none"> <li>University of Philippines College of Medicine MD April 2005</li> <li>House Physician in the Philippines May 2005 to June 2007</li> <li>ECFMG certificate December 2006</li> <li>Jacobs School of Medicine Gynecology and Obstetrics Residency June 2007 to June 2011</li> </ul>	The Committee voted, all in favor, to approve the appointment with	Recommendation, via these minutes, to the Medical Executive

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	<ul style="list-style-type: none"> <li>• Clinical Assistant Professor - State University of New York, University of Buffalo July 2011 to June 2013 and December 2019 to present</li> <li>• Associate - University of Iowa Carver College of Medicine August 2012 to June 2017</li> <li>• The University of Iowa Gynecologic Oncology Fellowship July 2016 to June 2019</li> <li>• Time gap – vacation July 2019 to December 2019</li> <li>• Associate Fellowship Program Director of Minimally Invasive Gynecologic Surgery State University of New York, University of Buffalo at Kaleida Health December 2019 to Present</li> <li>• General Physicians, PC Gynecological Oncology/Surgery May 2023 to present</li> <li>• Re-joining ECMC through General Physicians, PC (previously on staff October 2019 to July 2022 through UB</li> <li>• American Board of Obstetrics &amp; Gynecology and Gynecologic Oncology certified</li> </ul>	privileges granted as requested.	Committee for approval.
Jessie Donaldson, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> <li>• D’Youville College Bachelor of Science Physician Assistant May 2009</li> <li>• Time gap – May 2009 to August 2009 obtained PA degree, NYS license issued 7/2009, job search and credentialing</li> <li>• Physician Assistant – UB Surgeons, Inc. August 2009 to July 2015, Sister’s of Charity Hospital August 2015 to October 2018, General Physicians, PC November 2018 to December 2021</li> <li>• Time gap - December 2021 to September 2023 religious exemption to COVID vaccine was not accepted in NY Article 28 facilities. Employed by a tree service company during this time or on NYS unemployment</li> <li>• Physician Assistant General Surgery Bertrand Chaffee Hospital September 2023 to present</li> <li>• Physician Assistant Orthopaedics General Physician, PC October 2023 to present</li> <li>• Supervising Physician – Dr. Marcus Romanowski (4PA/1NP)</li> <li>• NCCPA certified</li> </ul> <p>The Committee discussed the lack of recent practice during Mr. Donaldson’s hiatus. It was noted that he will hold the same clinical privileges that he held in the past, with the same supervising physician.</p>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service. Vetted and resolved with approval of the Credentials Committee.</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.

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	He will be under supervision as a PA and the frequency of FPPE was discussed.		
David Joslyn, PA-C Orthopaedic Surgery	<ul style="list-style-type: none"> <li>• D’Youville College Bachelor of Science Physician Assistant August 1997</li> <li>• Physician Assistant – Cardiothoracic Associates of WNY June 1997 to December 1998, Twin City Physician Group (per-diem) January 1999 to January 2003, Simmons Orthopaedic and Spine Assoc. January 1999 to December 2006, University Orthopaedics Services, Inc. January 2006 to September 2009, Pinnacle Orthopaedic and Spine Specialists September 2009 to March 2022, WellNow Urgent Care April 2022 to July 2023, and General Physician, PC August 2023 to present</li> <li>• Supervising Physician – Dr. Christopher Ritter (3PA)</li> <li>• NCCPA certified</li> </ul> <p>The Committee discussed the Kaleida reporting mechanism for vaccine non-compliance, noting that this was not a suspension of privileges.</p>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service. Vetted and resolved with approval of the Credentials Committee.</p>	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Katie Burke, NP Psychiatry	<ul style="list-style-type: none"> <li>• D’youville University Master of Science Psychiatric Mental Health Nurse Practitioner December 2022</li> <li>• RN ECMC January 2015 to present – acute psychiatric inpatient unit January 2015 to June 2016, medical surgical floor June 2016 to January 2017, maternity leave January 2017 to May 2017, general duty 4 South and 6 North June 2017 to December 2020, chemical dependency outpatient December 2020 to April 2022, CPEP August 2022 to present</li> <li>• PMHNP – Lavender Psychiatry July 2023 to present, Stutzman Addiction Treatment Center (per-diem) August 2023 to present</li> <li>• Joining UPP November 6, 2023</li> <li>• Collaborating Physician – Dr. Michael Guppenberger (2NP)</li> <li>• ANCC certified</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
Kulwant Buttar, MD Psychiatry	<ul style="list-style-type: none"> <li>• Government Medical College Patiala, Punjab, India December 1970</li> <li>• Time gap – January 1971 to June 1972 worked as house physician in Rajendra hospital, rotating internship, prepared and obtained ECFMG, moved to Canada</li> </ul>	The Committee voted, all in favor, to approve the appointment with	Recommendation, via these minutes, to the Medical Executive

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• ECFMG certificate February 1972</li> <li>• Ottawa General Hospital Rotating Internship June 1972 to June 1973</li> <li>• McMaster University Pediatric Residency July 1973 to June 1975 and July 1976 to June 1979, Laboratory Medicine Residency July 1975 to June 1976</li> <li>• University of Toronto Psychiatry Residency July 1998 to December 2002 and Women’s Mental Health Fellowship September 2004 to June 2005</li> <li>• Staff Physician Emergency Medicine– West-Haldeman and General Hospital, Hagersville, Ontario July 1976 to June 1981, Chedoke-McMaster Hospital July 1980 to June 1991, Hamilton Civic Hospital and Chedoke-McMaster Hospital July 1991 to June 1998</li> <li>• Worked with women with mental health and PTSD prior to starting Fellowship January 2003 to August 2004</li> <li>• Staff Physician at multispecialty medical clinic Mississauga Ontario June 2005 to April 2007</li> <li>• Staff Psychiatrist – Atascadero State Hospital, Atascadero, CA May 2007 to December 2012, Gus Harrison Correctional Facility, Adrian, MI January 2013 to March 2013, Elmira State Hospital, Elmira, NY March 2013 to December 2013, Rochester State Hospital, Rochester, NY January 2014 to December 2015 and Buffalo Psychiatric Center, Buffalo, NY November 2015 to present</li> <li>• Clinical Assistant Professor Jacobs School of Medicine August 2018 to July 2023</li> <li>• American Board of Psychiatry and Neurology certified</li> </ul> <p>The Committee discussed flags noted related to a voluntary license surrender for “failure of Undertaking,” in Ontario, Canada, as well as requirement for Medical Record Documentation re-education. They reviewed Dr. Buttars response, legal response and history. The Committee deferred to the Chief of Service review, recommending approval.</p>	<p>privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service. Vetted and resolved with approval of the Credentials Committee.</p>	<p>Committee for approval.</p>
<p>Elisabeth Mashinic, MD Psychiatry</p>	<ul style="list-style-type: none"> <li>• State University of New York at Stony Brook MD May 1994</li> <li>• Time gap May 1994 to June 1994 vacation between medical school and residency</li> </ul>	<p>The Committee voted, all in favor, to approve the</p>	<p>Recommendation, via these minutes, to the Medical</p>

Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• New York Hospital Medical Center of Queens General Surgery Residency July 1994 to March 1995</li> <li>• Time gap – March 1995 to July 1995 time off from residency to care for terminally ill sister</li> <li>• Columbia Presbyterian Medical Center Pathology Residency July 1995 to June 1996</li> <li>• Catholic Medical Center of Brooklyn and Queens General Surgery Residency July 1996 to September 1996</li> <li>• Mount Sinai Medical Center Psychiatry Residency October 1996 to September 1999</li> <li>• State University at New York Buffalo Child Psychiatry Fellowship October 1999 to June 2000</li> <li>• North Shore University Hospital Child Psychiatry Fellowship July 2000 to April 2002</li> <li>• Part Time acting attending in Psychiatry – mount Sinai Medical Center July 1998 to June 1999, ECMC July 1999 to June 2000, Arista Center for Psychotherapy October 2001 to April 2004</li> <li>• Attending and Child Psychiatrist – Queens Childrens Psychiatric Center April 2002 to January 2004, University of Medicine and Dentistry of New Jersey February 2004 to October 2004, Queens Child Guidance Center October 2004 to February 2005, Brookdale University Hospital and Medical Center April 2005 and December 2005, Elmira Psychiatric Center January 2006 to February 2007, Private Practice April 2007 to June 2008</li> <li>• Time gap – voluntarily took time off between jobs February 2005 to April 2005, February 2007 to April 2007 and June 2008 to August 2008</li> <li>• Adult Inpatient Psychiatric Auburn Memorial Hospital August 2008 to March 2010</li> <li>• Locum Tenen April 2010 to April 2013 – multiple facilities</li> <li>• CPEP attending – Jamaica Hospital Medical Center May 2013 to November 2014, Mount Sinai St. Lukes and Roosevelt May 2015 to September 2015, Elmhurst Hospital September 2015 to May 2016, ECMC (as locum tenens) February 2015 to May 2018, Bellevue Hospital September 2018 to August 2020, Elmhurst Hospital Center September 2020 to present</li> </ul>	<p>appointment with privileges granted as requested.</p> <p>Flags were reviewed and application was endorsed by the Chief of Service. Vetted and resolved with approval of the Credentials Committee.</p>	<p>Executive Committee for approval.</p>
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Highlight: Initiate FPPE

	<ul style="list-style-type: none"> <li>• Time gap - November 2014 to May 2015 – quit job in adult psychiatry to take a job in child psychiatry that involved extensive teaching. Decided not to take that position and had to wait for credentialing at Mount Sinai</li> <li>• Time gap – May 2018 to September 2018 “disagreement” with UPP left ECMC</li> <li>• Psychiatrist on ACT (Assertive Community Team) Spectrum Health and Human Services September 2020 to present</li> <li>• Assistant Clinical Professor – State University of New York at Buffalo September 2016 to May 2018, New York University Langone School of Medicine September 2018 to August 2020 and Ichan School of Medicine at Mount Sinai September 2020 to present</li> <li>• American Board of Psychiatry and Neurology certified</li> </ul> <p>The Committee discussed the physician’s answers to two noted flags, as well as the response of the Chief of Service. They also discussed the physicians past experience at this facility when previously employed by</p>		
Amy Federico, DO Radiology	<ul style="list-style-type: none"> <li>• Kansas City University of Medicine &amp; Bioscience College of Osteopathic May 2000</li> <li>• Time gap – May 2000 to July 2000 waiting for internship to start</li> <li>• Garden City Hospital Rotating Internship July 2000 to June 2001 and Diagnostic Radiology Residency July 2001 to June 2005</li> <li>• William Beaumont Hospital Neuroradiology Fellowship July 2005 to June 2006</li> <li>• Radiologist – Advanced Radiology Services July 2006 to present and Virtual Radiologic Professionals, LLC December 2022 to present</li> </ul>	The Committee voted, all in favor, to approve the appointment with privileges granted as requested.	Recommendation, via these minutes, to the Medical Executive Committee for approval.
<b>X. TEMPORARY PRIVILEGES (4)</b>	<ul style="list-style-type: none"> <li>• Jennifer Adams, PA-C Urology October 6, 2023</li> <li>• Leah Heffter, PA-C Surgery October 10, 2023</li> <li>• Shafiq Cheema, MD Internal Medicine October 16, 2023</li> <li>• Thomas Hargest, MD Internal Medicine October 16, 2023</li> </ul>		
<b>XI. REAPPOINTMENTS (43)</b>	See reappointment summary (Attachment B)	The Committee voted, all in favor, to recommend approval of the re-appointments listed	Via these minutes, recommendation to Medical Executive Committee for approval.

Highlight: Initiate FPPE

				with privileges as requested.
NAME	DEPARTMENT	CATEGORY	PRIVILEGES	
Butski, Crystal FNP Collaborating: Dr. Varughese	<b>Emergency Medicine</b>	AHP		
Ellis, David MD	Emergency Medicine	Active		
Igoe, Gerald MD	Emergency Medicine	Active		
<b>Majka, Kylie PA</b> Supervising: Dr. Doane	Emergency Medicine	AHP		
Strauss, Jessica MD	Emergency Medicine	Active		
Wilkins, Kimberly MD	<b>Family Medicine</b>	Active		
Adamson, Kelsey MD	<b>Internal Medicine</b>	Active		
Desai, Ravi MD	Internal Medicine	Active		
Elkin, Peter MD	Internal Medicine	Active	Changing to Courtesy, Refer & Follow per Dr. Izzo	
Farooqui, Sarmad MD	Internal Medicine	Active		
Jenkins, Richard MD	Internal Medicine	Active		
Kareem, Samer MBBS	Internal Medicine	Active		
Pendyala, Prashant MD	Internal Medicine	Active	<b>Withdrawing 1 privilege:</b>	
			<ul style="list-style-type: none"> <li>Nephrologist operated ultrasound guided kidney biopsy</li> </ul>	
Pili, Roberto MD	Internal Medicine	C, R, & F		
Sadiq, Riffat MD	Internal Medicine	Active	Changing to Courtesy, Refer & Follow	
Shah, Ahmed MD	Internal Medicine	Active		
Wikerd, Zachary MD	Internal Medicine	Active		
Ghosh, Debabrata MD	<b>Neurology</b>	Active		
Radovic, Vladan MD	Neurology	Active	<b>Withdrawing 1 privilege:</b>	
			<ul style="list-style-type: none"> <li>Somato Sensory Evoked Responses including intraoperative monitoring</li> </ul>	
Mullin, Jeffrey MD	<b>Neurosurgery</b>	Active	<b>Adding 1 new privilege:</b>	
			<ul style="list-style-type: none"> <li>Spinal accessory-facial, hypoglossal-facial, spinal accessory-hypoglossal, nerve anastomosis</li> </ul>	
Reynolds, James MD	<b>Ophthalmology</b>	C, R, & F		
Frawley, Thomas DDS	<b>Oral &amp; Maxillofacial Surgery</b>	Associate		
Sindoni, Frank DDS MD	Oral & Maxillofacial Surgery	Active		
Castonguay, Andrea PA Supervising: Dr. Dyskin	<b>Orthopaedic Surgery</b>	AHP		
DiPaola, Matthew MD	Orthopaedic Surgery	Active		

Highlight: Initiate FPPE

Dyskin, Evgeny MD PhD	Orthopaedic Surgery	Active	
Falcone, Joseph DO	Orthopaedic Surgery	Active	
Aftab, Lalarukh MD	<b>Pathology</b>	Active	
Paterson, Joyce MD	Pathology	Active	
Adragna, Michael MD	<b>Psychiatry &amp; Behavioral Health</b>	Active	
Hanrahan, Laura MD	Psychiatry & Behavioral Health	Active	
Syed, Alia DO	Psychiatry & Behavioral Health	Active	
Drumsta, Douglas MD	<b>Radiology</b>	Active	
Spirer, David MD	Radiology (teleradiology)	Active	
<b>Thomas, Richard MD</b>	Radiology (teleradiology)	Active	
Turaif, Najat MBBS	Radiology	Active	
Farrell, Michael MD	<b>Rehabilitation Medicine</b>	Active	
Rippe, Bridget PsyD	Rehabilitation Medicine	AHP	
Diina, David ANP Collaborating: Dr. Kayler	<b>Surgery</b>	AHP	
Dryjski, Maciej MD	Surgery	Active	
Glick, Philip MD	Surgery	C, R, & F	
McCallion, Eamon PA Supervising: Dr. Lukan	Surgery	AHP	
Roehmholdt, John MD	<b>Urology</b>	Active	
<b>Bold highlighted names are Reappointment dates that will be changed to align with Kaleida</b>			
<b>XII. AUTOMATIC CONCLUSION</b>	Reappointment Expiration		
<b>1<sup>st</sup> Notice</b>	None		
<b>2<sup>nd</sup> Notice</b>	None		
<b>3<sup>rd</sup> Notice</b>	<u><b>Orthopaedic Surgery</b></u> <ul style="list-style-type: none"> <li>Brian McGrath, MD – C,R&amp;F No longer wishes to remain on staff</li> </ul>		
<b>XIII. PROFESSIONAL PRACTICE EVALUATIONS</b>	<b>OPPE</b>	Follow up next month	

Highlight: Initiate FPPE

	Department	Total number of Providers	# of Providers who met all measures	# of Providers who did not meet one or more measures																						
	Working on Teleradiology, radiology, Family Medicine, Surgery to be completed when Mary returns.																									
	<p><b>FPPE</b></p> <table border="1" data-bbox="590 634 1178 1109"> <thead> <tr> <th data-bbox="590 634 938 737">Departments</th> <th data-bbox="938 634 1178 737"># completed</th> </tr> </thead> <tbody> <tr> <td data-bbox="590 737 938 781">Neurology</td> <td data-bbox="938 737 1178 781">1</td> </tr> <tr> <td data-bbox="590 781 938 824">Family Medicine</td> <td data-bbox="938 781 1178 824">2</td> </tr> <tr> <td data-bbox="590 824 938 868">Radiology</td> <td data-bbox="938 824 1178 868">2</td> </tr> <tr> <td data-bbox="590 868 938 912">Pathology</td> <td data-bbox="938 868 1178 912">1</td> </tr> <tr> <td data-bbox="590 912 938 956">Internal Med</td> <td data-bbox="938 912 1178 956">5</td> </tr> <tr> <td data-bbox="590 956 938 1000">Psychiatry</td> <td data-bbox="938 956 1178 1000">1</td> </tr> <tr> <td data-bbox="590 1000 938 1044"></td> <td data-bbox="938 1000 1178 1044"></td> </tr> <tr> <td data-bbox="590 1044 938 1088"><b>Total</b></td> <td data-bbox="938 1044 1178 1088"><b>12</b></td> </tr> <tr> <td data-bbox="590 1088 938 1109"></td> <td data-bbox="938 1088 1178 1109"></td> </tr> </tbody> </table>						Departments	# completed	Neurology	1	Family Medicine	2	Radiology	2	Pathology	1	Internal Med	5	Psychiatry	1			<b>Total</b>	<b>12</b>		
Departments	# completed																									
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<b>Total</b>	<b>12</b>																									
<b>XIV. OLD BUSINESS</b>																										
A. Expirables	Expirables were reviewed and discussed with the Committee																									
B. DEA, License, Boards	<p><b>DEA</b> November- 8 December- 32</p> <p><b>License</b> November- 30 December- 36</p> <p><b>Boards</b></p>																									

Highlight: Initiate FPPE

	November- up to date December- AHP's- 59 Physicians- 32		
C. Update on New software	Kaleida Health and ECMC are reviewing another software company, as well as MDStaff. The MDSO will update the Committee as more information is gathered.		
<b>XIIV. NEW BUSINESS</b>			
A. Internal Medicine Nephrology	Dr. Izzo has requested that the Nephrology privilege form be updated with the following changes: <ul style="list-style-type: none"> <li>• Remove admitting- Hospitalist group handles this.</li> <li>• Further break down of the <b>Nephrologist operated Ultrasound Guided Kidney Biopsy</b> privilege. <ul style="list-style-type: none"> <li>○ Changed to Native Kidney Biopsy and Renal Allograft Biopsy</li> </ul> </li> </ul> Per Dr. Izzo: There will be no criteria/case logs required at initial or reappointment when requesting either or both biopsy privileges. Training is completed during Fellowship.		
<b>XIIIV. ADJOURNMENT</b>			
	Meeting was called at 4:02pm		
XIIIIV. Amendment	The following items were discussed at the Ad Hoc Credentials Committee meeting of 11/21/22. The meeting was held in order to allow for full discussion and compliant processing in two requests for privilege changes, in light of the fact that the BOD and MEC do not meet in December. In attendance: Dr. Yogesh Bakhai, Dr. Sam Cloud, Dr. Mandip Panesar, Dr. Victor Vacanti, Dr. Thamer Qaqish, Dr. Richard Hall, Dr. Ashvin Tadakamalla. Excused, Dr. Robert Glover, Mr. Christopher Resetarits, CRNA. Dr. Mark Livecchi.		
A. ECT Therapy	<ol style="list-style-type: none"> <li>1. The Department of Psychiatry proposes the following criteria for ECT Therapy: For initiation of ECT Therapy: <ol style="list-style-type: none"> <li>a. Training during Psychiatric Residency, and/or completion of an ECT training course.</li> <li>b. Documentation of five (5) supervised ECT procedures at ECMCC. (The supervision will be done by a psychiatrist previously ECT privileged at</li> </ol> </li> </ol>	The Committee voted, all in favor, to approve the proposed criteria.	Via these minutes, recommendation for approval is made to the Board of Directors.

	<p>ECMC. The supervision will include assessment of patient selection and follow-up care.)</p> <p>c. If privileges are held at another facility, case log and recommendation may be considered at the discretion of the Chief of Service.</p> <p>2. For continuation of the patient’s ECT Therapy:</p> <p>a. Training during Psychiatric Residency and/or three (3) supervised ECT procedures at ECMCC. (The supervision will include assessment of patient selection and follow-up care.)</p>		
B. Privilege Request ECT Therapy	<p>Dr. Yogesh Bakhai requests temporary privileges, effective November 28<sup>th</sup> (temporary privileges requested) for Continuation of ECT Therapy. The request for temporary privileges is for patient need, due to lack of coverage. Satisfaction of proctoring requirement was provided by Dr. Misir, who currently holds the procedure here at ECMC.</p>	<p>The Committee voted, all in favor, to approve the appointment with privileges granted as requested.</p>	<p>Recommendation, via these minutes, to the Medical Executive Committee for approval.</p>
C. Basivertebral Nerve Ablation	<p>Proposed by the Medical Director of the Pain Management Clinic:  Description: An outpatient, minimally invasive procedure in which the vertebral body is accessed utilizing fluoroscopic guidance, under anesthesia, through a small skin incision. A curved cannula is introduced through the vertebral body near the trunk of the basivertebral nerve. A radiofrequency probe is introduced through the cannula which is used to “heat up” or “ablate” with a radiofrequency generator resulting in cessation of pain signal transmission.  Criteria:</p> <ol style="list-style-type: none"> <li>1. ACGME (or equivalent) residency in Interventional Pain Management, Interventional Radiology, Neurosurgery or Orthopedic Surgery.</li> <li>2. Appropriate training course for the procedure including a didactic review of anatomy, pathologies, procedural</li> </ol>	<p>The Committee voted, all in favor, to approve the proposed criteria.</p>	<p>Via these minutes, recommendation for approval is made to the Board of Directors.</p>

Highlight: Initiate FPPE

	<p>imaging, instrument review, procedure, safety, practice integration as well as a hands-on lab experience.</p> <p><b>3.</b> Privileges can then be granted with proctor. The FPPE should be completed by the proctor following two (2) observed cases.</p> <p><b>4.</b> When privileges for the procedure are held at another facility, case logs and recommendation may be submitted and approved at the discretion of the Chief of Service</p>		
D. Privilege Request Basivertebral Nerve Ablation	<p>Dr. Michael Farrell requests privileges to perform the procedure based on completion of Fellowship training in 2022 that included the procedure. He has also completed the Intracept course including didactic and lab modules.</p> <p>Following the same training course, Dr. Thomas Suchy requests privileges for the Basivertebral Nerve Ablation with proctoring by Dr. Michael Farrell.</p>		

Respectfully submitted,



Yogesh Bakhai, MD  
Chair

Highlight: Initiate FPPE

ERIE COUNTY MEDICAL CENTER CORPORATION  
NOVEMBER 21, 2023 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
VIRTUAL MEETING

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PRESENT: DARBY FISHKIN, SHARON HANSON, THOMAS QUATROCHE, JENNIFER PERSICO,  
EUGENIO RUSSI, JOSEPH GIGLIA

ALSO

PRESENT: ANTHONY J. COLUCCI, III, SAMUEL CLOUD, MD, ANDREW DAVIS, JONATHAN  
SWIATKOWSKI

ABSENT: JONATHAN DANDES

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I. Call to Order

The meeting was called to order at 4:00 p.m. by Committee Chair Jennifer Persico.

II. Minutes

Motion was made by Sharon Hanson, seconded by Eugenio Russi and unanimously passed to approve the minutes of the Executive Committee meeting of October 17, 2023.

III. Hospital Update

General Overview

Dr. Thomas Quatroche congratulated the Laboratory department for a successful Joint Commission survey. He reported 735 new hires year-to-date and that the MWBE percentage for 2023 is 50%.

Finances

Jonathan Swiatkowski reported improvement in inpatient and outpatient volume.

Both inpatient and outpatient volume exceed budget. Current month discharges exceed last year but falls short of the budget. Acute average and total average length of stay was slightly higher than last month but below budget. Acute case mix index is slightly lower than last month. Days cash on hand is higher than last month.

IV. State Advocacy and Grants

Dr. Quatroche reported on efforts to secure potential state/federal financial assistance.

V. Payer Update

Mr. Swiatkowski reported on ongoing discussions with multiple payers.

VI. Legal and Regulatory Matters

Joseph Giglia reported on a current confidential hospital matter.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:57 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION  
DECEMBER 19, 2023 MEETING MINUTES  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS  
VIRTUAL MEETING

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

ALSO

PRESENT: ANTHONY J. COLUCCI, III, SAMUEL CLOUD, MD, ANDREW DAVIS, JONATHAN  
SWIATKOWSKI

ABSENT: JONATHAN DANDES, JENNIFER PERSICO

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I. Call to Order

The meeting was called to order at 4:00 p.m. by Committee Vice 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 November 21, 2023.

III. Hospital Update

General Overview

Dr. Thomas Quatroche thanked committee members for their support at the employee holiday luncheon and gift distribution. He reported 772 new hires year-to-date.

Finances

Jonathan Swiatkowski reported improvement in inpatient and outpatient volume: both exceeded budget and last year's numbers. Discharges were greater than last year and projections for the month. Acute case mix index was higher due, in part, to the fact that Transplant numbers were twice as much as a typical month. Days cash-on-hand remains critically low.

IV. State Advocacy and Grants

Dr. Quatroche reported on weekly efforts to gain state/federal financial assistance.

V. Payer Update

Mr. Swiatkowski updated the committee on continuing discussions.

VI. Legal and Regulatory Matters

Tom Quatroche reported on a current confidential hospital matter.

VII. Adjourn

There being no other business, the meeting was adjourned at 4:38 p.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

TUESDAY, NOVEMBER 21, 2023 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN  
RONALD CHAPIN \*  
DARBY FISHKIN \*  
BENJAMIN SWANEKAMP \*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

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 8:31 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Darby Fishkin, seconded by Benjamin Swanekamp and unanimously passed to approve the minutes of the Finance Committee meeting of October 17, 2023.

**III. OCTOBER 2023 OPERATING PERFORMANCE**

Mr. Swiatkowski reviewed key statistics for the month of October and reported continued positive trends in volume. Acute case mix index was 1.83, a slight decrease from the prior month. Inpatient volume exceeded budget projections by slightly more than 1%. Total discharges exceed budget for the month and exceeded prior year levels by 2%. Mr. Swiatkowski reported that positive trends in inpatient volume have continued into November as well.

Outpatient visits, inpatient surgeries and outpatient surgeries were greater than the operating plan. Acute average length of stay was 7.8 days, a slight improvement from the prior month. Mr. Swiatkowski noted that fewer transplants were performed during the month of October due to a physician having spent time away during the month, thus driving down the case mix index.

Observation cases were greater than budgeted in the operating plan and greater than prior year, continuing the year-to-date trend. Mr. Swiatkowski reviewed additional information relating to high number of observation cases and advised that Management is reviewing observation cases for all payers to determine whether specific cases should be appealed due to medical necessity.

Mr. Swiatkowski reviewed the Finance dashboard. The Corporation had a slight revenue variance due to lower case mix and lower volume at Terrace View which was offset by grant revenue. Current FTE statistics continue to trend above the operating plan as strong hiring efforts continue and the organization works to continue to meet staffing levels required by New York State's minimum staffing standards. Mr. Swiatkowski presented updates regarding cash flow and reported that the Corporation received the 2022 UPL payment in October.

Mr. Swiatkowski reviewed October operating performance, reporting that while overall operating revenue was greater than budget, net patient service revenue was slightly below budget, primarily due to case mix. Grant revenue recognized during the month includes two payments from FEMA and dollars received through the NYSVAPAP program. A non-operating loss was incurred due to unfavorable investment market returns during the month.

Mr. Swiatkowski reviewed length of stay trends and noted that several long-term stay patients were recently placed at alternative level of care facilities after months of coordinated efforts led by Mr. Davis, discharge planning and the legal department.

Mr. Swiatkowski reviewed operating revenue and expense for the month of October. Other revenue exceeded budget due to continued growth in ECMCC's specialty pharmacy. Mr. Swiatkowski noted that Management is working with payers who ECMCC has not yet contracted with to allow their members to be serviced by ECMCC's specialty pharmacy in order to continue growing.

Mr. Swiatkowski reviewed the variance in salary expense for the month and provided further information to the Committee. Other expenses include agency staffing costs for temporary agency personnel being utilized at Terrace View and in key areas of the hospital. Mr. Swiatkowski noted that the 2024 budget includes temporary agency costs through 2024, primarily at Terrace View. Mr. Swiatkowski also noted that New York State minimum staffing requirements apply to Terrace View and ECMCC.

A brief discussion regarding projected 2024 FTE statistics was held in response to a question raised by Ms. Fishkin.

An overview of year-to date financial performance was presented by Mr. Swiatkowski.

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

Mr. Swiatkowski and Dr. Quatroche provided updates to the Committee regarding ongoing New York State advocacy efforts and the pending IGT payment.

Mr. Swiatkowski reported that CMS wage index rate enhancements began on October 1<sup>st</sup> and apply to Medicare fee for service only. Management is currently working with other payers to include proposed language in contracts under negotiation. The Corporation expects to begin receiving cash flow related to the rate enhancements in December.

Mr. Swiatkowski also provided updates to the Committee regarding COVID-related FEMA applications submitted and payments received to date and reported that some filed applications are currently under review by FEMA.

Mr. Swiatkowski provided brief updates regarding the pending 340B payment and year end close items.

Mr. Swiatkowski invited questions from Committee members. A brief discussion was held by the Committee regarding several topics.

#### **V. INVESTMENT POLICY UPDATES**

Mr. Swiatkowski reported that ECMCC's investment consulting firm, Mercer Investment Advisors, conducted their annual review of the Corporation's Investment Policy Statement (IPS). Mr. Swiatkowski reported that the draft proposed IPS was reviewed and discussed by ECMCC's Investment Committee earlier this month and sent to Finance Committee members in advance of today's meeting for review. The draft updated IPS outlines the policy statement pertaining to a Capital Reserve Fund which has been reinstated as a result of certain invested capital funding. The draft revised IPS was recommended by Investment Committee for approval by the Board of Directors in early 2024.

#### **VI. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:08 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE FINANCE COMMITTEE MEETING

TUESDAY, DECEMBER 19, 2023 – 8:30 AM

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BOARD MEMBERS PRESENT OR  
ATTENDING BY VIDEO  
CONFERENCE OR TELEPHONE:

MICHAEL SEAMAN  
RONALD CHAPIN \*  
DARBY FISHKIN \*  
BENJAMIN SWANEKAMP \*

\* ATTENDING BY VIDEO  
CONFERENCE OR PHONE

BOARD MEMBERS EXCUSED:

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 8:31 AM by Chair Michael Seaman.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Darby Fishkin, seconded by Benjamin Swanekamp and unanimously passed to approve the minutes of the Finance Committee meeting of November 21, 2023.

**III. NOVEMBER 2023 OPERATING PERFORMANCE**

Mr. Swiatkowski reported that positive trends continued in November, particularly in revenue and volume. Inpatient volume was 1.8% greater than budget, driven largely on the acute side which exceeded the operating plan by 6.6%. Mr. Swiatkowski also noted that inpatient volume for the month and year-to-date exceeds 2022 results. Total outpatient visits exceed budget for the month and year-to-date by 4.5% and 3.6%, respectively.

Total surgeries for the month exceeded budget by 5.3%. Mr. Swiatkowski reported that a record number of kidney transplants were performed during the month of November. Case mix index at 2.05 was the highest case mix ECMCC has experienced since December of 2021. Mr. Swiatkowski noted that over the last several years, the case mix index statistic has ranged from 1.75 and 1.90. Transplant volume and other cases with higher severity, along with positive results from current process improvement projects drove additional revenue for the month.

Mr. Swiatkowski reviewed the finance dashboard, reporting that acute average length of stay at 8.3 days was slightly higher than prior month. Mr. Swiatkowski reviewed FTE statistics and presented an update on cash flow.

Mr. Swiatkowski reviewed November financial performance, reporting that while operating revenue was greater than budget, revenue was offset by operating expenses which exceeded the operating plan and included supply costs and salary expense. Although an operating loss was budgeted for the month, the actual operating loss was lower than prior months. Mr. Swiatkowski also reported that after recognition of grant revenue and non-operating investment income, net income was favorable for the month.

Mr. Swiatkowski reviewed length of stay and case mix index trends and noted that that through mid-December length of stay is at 7.9 days. Mr. Swiatkowski credited Dr. Samuel Cloud, Charlene Ludlow and Andrew Davis for their continuing efforts to manage patient flow and length of stay. Mr. Swiatkowski also discussed the recent implementation of a project related to documentation and coding.

Mr. Swiatkowski reviewed monthly operating revenue and expense. The positive variance in net patient service revenue was driven by volume, case mix and additional rate enhancements. Other revenue reflects growth in ECMCC's specialty pharmacy. Mr. Swiatkowski noted that ECMCC has negotiated contracts with additional payers to allow their members to utilize ECMCC's specialty pharmacy. Supply expense exceeded budget in part due to additional high cost pharmaceuticals for ECMCC's specialty pharmacy. Salary expense also exceeds the operating plan, driven by FTE's, overtime and premium costs. Other expense includes temporary agency costs which were slightly lower for the month of November. As previously reported, temporary agency expense has been budgeted for calendar year 2024 for continued agency staffing, primarily at Terrace View.

Mr. Swiatkowski advised the Committee of work at the executive and manager levels that is focused on FTE management, reduction of overtime and premium pay, and working to meet NYS minimum staffing standards. Mr. Davis offered additional comments regarding focused work with nursing teams to manage FTE's and meet minimum staffing standards and noted that fewer temporary agency personnel are currently being utilized at Terrace View.

Several updates regarding year-to date financial performance and grant revenue were presented by Mr. Swiatkowski.

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

Mr. Swiatkowski presented additional information related to cash flow, noting that cash on hand was one day lower than the prior month. Mr. Swiatkowski reported that during the month of November the organization decreased the number of days in accounts receivable outstanding by 6.3 days or 8.5%, representing a significant improvement.

Mr. Swiatkowski led detailed discussion regarding several process improvement projects implemented throughout the year and informed the Committee of positive cash flow benefits stemming from the process improvements. Mr. Swiatkowski commended Ms. Nicolette Wilson and her team for their efforts in leading the Revenue Cycle project and noted that the project will continue into calendar year 2024.

Mr. Swiatkowski presented updates regarding the status of the pending UPL and DSH/IGT payments and the NYS VAPAP program. A discussion was held with Committee members regarding current Federal and State advocacy efforts.

Mr. Swiatkowski reviewed several year-end close items and discussed additional cash flow from Medicare wage index rate enhancements which were implemented as of October 1, 2023. Several updates were presented related to a payer contract currently in negotiation.

Mr. Swiatkowski extended his thanks to Ms. Vanessa Hinderliter and Mr. Eric Reeners for their assistance in gathering detailed information being requested on a weekly basis from New York State.

In response to a question and comments from Mr. Swanekamp, Mr. Swiatkowski further discussed the DSH/IGT matter and the NYS VAPAP program.

In closing, Chair Seaman offered brief comments and Dr. Quatroche commended Mr. Swiatkowski and the Revenue Cycle team for their efforts on the revenue cycle improvement measures which have been implemented.

**V. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:13 AM by Chair Michael Seaman.

ERIE COUNTY MEDICAL CENTER CORPORATION

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

WEDNESDAY, OCTOBER 11, 2023 – 3:00 PM

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

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**I. CALL TO ORDER**

Chair Darby Fishkin called the Audit Committee meeting to order at 3:03 PM.

**II. REVIEW AND APPROVAL OF MINUTES**

Motion was made by Rev. Kinzer Pointer, seconded by Joseph Giglia and unanimously passed to approve the minutes of the Audit Committee meeting of March 14, 2023.

**III. INDEPENDENT AUDITOR APPOINTMENT FYE DECEMBER 31, 2024**

Mr. Swiatkowski advised the Committee that ECMCC issued a Request for Proposal (RFP) for Accounting and Audit Services External Audits earlier this year in accordance with the Audit Committee Charter. In accordance with New York State RFP rules, ECMCC followed a rigorous and regulated process. In response to the public notice of the RFP, three proposals were submitted by qualified firms while two other firms withdrew their initial intent to submit a proposal.

Each proposal was reviewed, evaluated and scored independently by members of ECMCC's evaluation team. Mr. Swiatkowski reported that RSM, US, LLP, ECMCC's current incumbent independent audit firm received the highest scoring based on multiple criteria including fees, experience with healthcare organizations and experience with governmental healthcare organizations.

A detailed discussion was held by the Committee with Management providing further information regarding next steps in the process. Mr. Swiatkowski noted that upon the Committee's recommendation and approval, ECMCC will award a contract for a period not to exceed five-years. Mr. Swiatkowski also noted that the Corporation issues an engagement letter to the independent audit firm annually prior to the commencement of services for each fiscal year, while at the same time effectively performing their independent audit.

Mr. Swiatkowski invited questions from Committee members. In response to a question from Chair Darby Fishkin, Mr. Swiatkowski provided information regarding the other proposals which were evaluated. Chair Fishkin and Mr. Swiatkowski offered additional comments noting that RSM has been a good business partner and has been a valuable resource to ECMCC over the years.

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

After review and discussion, Chair Darby Fishkin called for a motion to recommend the engagement of RSM US, LLP to provide independent audit services to ECMCC. Upon motion by Rev. Kinzer Pointer and seconded by Mr. Christopher O'Brien, the Committee voted unanimously to recommend to the ECMCC Board of Directors the engagement of RSM US, LLP to provide independent audit services to the Corporation.

#### **IV. QUARTERLY COMPLIANCE & ETHICS REPORT**

Lindy Nesbitt presented an update on ECMCC's efforts to comply with recent OMIG requirements for vendor training, as well as recent NYS COELIG requirements for ethics training for ECMCC employees. He also presented on a number of compliance matters that have arisen since the last meeting, including information on investigations performed, outcomes of these investigations, and controls put in place to avoid recurrence of issues identified. The Committee members discussed the various matters amongst themselves, with further input provided by Mr. Nesbitt, Mr. Giglia and Dr. Quatroche.

#### **V. INTERNAL AUDIT UPDATE**

Mr. Patrick Orloff, CPA, ECMCC's Director of Internal Audit presented updates regarding ongoing internal audit projects including focused process improvements, denial management, and routine audits. Mr. Orloff discussed his role in assisting Management, key staff members and focused teams throughout the organization with various matters.

Mr. Orloff also reviewed the risk assessment process and development of the 2024 internal plan.

Chair Darby Fishkin offered comments regarding the risk assessment process and internal audit's role in assessing potential areas of risk to the organization.

#### **VI. ADJOURN**

There being no further business, the meeting was adjourned at 3:50 PM by Chair Darby Fishkin.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS  
MINUTES OF THE CONTRACTS COMMITTEE MEETING  
WEDNESDAY, OCTOBER 24, 2023  
VIA MICROSOFT TEAMS

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VOTING COMMITTEE  
MEMBERS PRESENT

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

EXCUSED:

JENNIFER PERSICO, ESQ.  
ANTHONY J. COLUCCI, III, ESQ.  
JOSEPH T. GIGLIA, II, ESQ.  
NADINE MUND

ALSO PRESENT:

LORI HOFFMAN  
LINDY NESBITT, ESQ.

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**I. CALL TO ORDER**

Chair Christopher O'Brien called the Contracts Committee meeting to order at 8:57 a.m.

**II. MINUTES – APRIL 19, 2023**

Minutes from the July 19, 2023, meeting were distributed as part of the meeting materials for review and approval.

**Motion made by Ronald Bennett, to approve the July 19, 2023, minutes as presented, seconded by Christopher O'Brien. Motion approved unanimously.**

**III. CONTRACT(S) REVIEW AND APPROVAL**

A list of unredacted contracts for the periods of July 1, 2023 – September 30, 2023, that require board-level review and approval were distributed to committee members before this meeting.

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

ERIE COUNTY MEDICAL CENTER CORPORATION

**Motion made by Christopher O'Brien to recommend to the ECMCC Board of Directors approve contracts for the time-period(s) of July 1, 2023 – September 30, 2023, seconded by Ronald Bennett. Motion approved unanimously.**

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

**V. ADJOURN**

No further business to discuss.

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

Meeting adjourned at a.m. 9:07 a.m.

ERIE COUNTY MEDICAL CENTER CORPORATION

BOARD OF DIRECTORS

MINUTES OF THE QUALITY IMPROVEMENT/

PATIENT SAFETY COMMITTEE MEETING

TUESDAY, DECEMBER 12, 2023

MICROSOFT TEAMS PLATFORM

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

**PRESENTERS:** MAUREEN SULLIVAN, DDS, PHILIP STEGEMANN, MD, DUSTIN MORGAN, MD,  
ANTHONY DEPLATO, MD, DONNA BROWN, AND KIZZIE HUNLEY, RN

**ALSO PRESENT:**

SERGIO ANILLO, MD

WILLIAM BELLES, MD

CHARLES CAVARETTA

SAMUEL D. CLOUD, DO

PETER CUTLER

ANDY DAVIS

CASSIE DAVIS

BECKY DELPRINCE

JUDY DOBSON, RN

DONNA JONES, RN

JUSTINE KAURICH

KEITH KRABILL, MD

KAREN KONIKOFF, RN

PAM LEE, RN

CHARLENE LUDLOW, RN

PHYLLIS MURAWSKI, RN

PATRICK ORLOFF

YARON PERRY, MD

JENNIFER PUGH, MD

THOMAS QUATROCHE, PhD

SIVA YEDLAPATI, MD

**CALL TO ORDER**

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

**I. MINUTES**

The November 14, 2023, meeting minutes along with the November 16, 2023 Quality Leadership Council meeting minutes were distributed for review prior to the meeting. A motion was made and seconded to approve both sets of minutes. They will be forwarded to the Board of Directors for filing.

**II. QUALITY LEADERSHIP COUNCIL REPORT – DONNA JONES, RN, FACHE, CPHQ**

Donna Jones presented on the Quality Leadership Council Report from the Quality Leadership Council Meeting held on Thursday, November 16, 2023. The topics reviewed included new business on startup of a quality and patient safety newsletter in 2024 and CMS National quality strategy and condition of participation. Also reviewed were annual QIP report outs from dietary, HIM, respiratory, revenue cycle, supply chain, surgical services and wound care clinic. Standing Business items included 2023 QIPS Plans, Univera hospital performance incentive program (HPIP), insurance quality of care concerns, and the quality priority focus grid data.

**III. DENTAL & ORAL ONCOLOGY - MAUREEN SULLIVAN, DDS**

Dr. Sullivan shared a detailed report on the Dental and Oral Oncology Department. Dr. Sullivan began with several highlights from the department over the last year. Some of those highlights included the special needs Dental Clinic at 800 Hertel opening in March, 2023, the Ryan White Grant, the ECMC Foundation Grant, Dr. Paul Canallatos became a CODA Site Visitor (Commission on Dental Accreditation), and Jessica Canallatos, DDS was the recipient of the Young Professional Services Award from the American Cleft Palate-Craniofacial Association.

Dr. Sullivan reviewed industry sponsored clinical trials along with the grant funded trials.

A review of Oral Oncology and patient volume comparisons from 2022 versus 2023 took place along with a review of biopsy volume versus cancers found, general dentistry clinic patient volumes, general dentistry clinic charges along with a volume review of the dental center at 800 Hertel.

**IV. ORTHOPAEDICS – PHILIP STEGEMANN, MD AND DUSTIN MORGAN, MD**

Dr. Stegemann gave a report on the current status of Orthopaedics Department. Dr. Dustin Morgan, presented on the Orthopaedics Department quality project. The topic of this presentation was ‘Open Fracture Protocol’.

Dr. Morgan discussed the ongoing challenges for Orthopaedic surgeons regarding open fractures. He discussed the open fracture protocol objective which is to decrease time to antibiotic administration for open long-bone fractures. This protocol was standardized March 11, 2022.

Dr. Morgan reviewed antibiotics administration time points along with antibiotics administered less than 60 minutes along with a Fall 2023 TQIP report.

Goals for the next quarter include maintaining greater than 90% antibiotic administration less than 60 minutes for all patients presenting with open fractures.

**V. ANESTHESIA – ANTHONY DEPLATO, MD**

Dr. DePlato presented on the Department of Anesthesia. A review of department staffing took place reflecting the very stable position the department is currently experiencing with staffing. Three fulltime employees are being added on during 2024 as well.

Dr. DePlato shared a department update including pain management services and preadmission testing. Weekend coverage was reviewed as well. QAPI projects from 2022 were reviewed and discussed along with 2023 and 2024 Anesthesiology goals. Some of those goals include meeting OR and off-site scheduling requests, address Joint Commission findings, meet quarterly P4P metrics, along with working on inpatient Pain Management services. The role of anesthesia was also discussed for (PAT) preadmission testing to prevent surgical case delays.

**VI. PATIENT EXPERIENCE – DONNA BROWN**

Donna Brown and Kizzie Hunley shared a presentation on the Patient Experience. Some promotions within the structure of Patient Experience were shared.

Donna reviewed QAPI projects with highlights on nurse communication and physician communication and both goals for 2023 have been surpassed. Department scores from 2021 to current were discussed along with 2024 Quality improvement goals.

**VII. REGULATORY REPORT – CHARLENE LUDLOW, RN, CIC**

Charlene shared that the Tissue License has officially been transferred from Jim Turner to Marc Labelle. The Help Center had their operating certificate updated and they are now opened until midnight. The Joint Commission was here back in November for the lab survey and we are currently working on our plan of corrections for minimal findings.

Finally, we are waiting for the New York State Department of Health to provide us with a final report from our survey back in October and November of this year on CMS conditions of participation. They will also be visiting to close out that survey sometime at the end of December or early January.

**VIII. ADJOURN**

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

**Erie County Medical Center  
Board Report  
Chief Operating Officer  
January 23, 2023**

**Submitted by Andrew Davis**

## **OPERATIONS**

### **AMBULATORY ADMINISTRATION**

- ECMC's Internal Medicine Center and Family Health Center have been chosen to participate in the American Heart Association's National Equity-Focused Hypertension Initiative for their work with ECMC's Remote Patient Monitoring Program and participation in Target BP: Lower the Pressure Initiative.
- The AHA stated in their invitation, "we have determined that Erie County Medical Center: Family Health Center and Internal Medicine Center are uniquely positioned to advance the goals of this Equity-Focused Hypertension Initiative, improve blood pressure management, and control, and ultimately improve health outcomes and reduce health disparities in Buffalo, NY. This 3-year opportunity is a collaboration between the American Heart Association and CVS™ Health. This Equity-Focused Hypertension Initiative is a powerful national opportunity that engages community health centers and community-based organizations in identifying effective and innovative ways to implement evidence-based guidelines for patients with hypertension. The three markets selected to participate in this initiative are: Houston, TX; Columbus, OH; and Buffalo, NY."

#### **Community Outreach**

- The Ambulatory Services Department staff continue to participate in community events, bringing pertinent healthcare information and education to the community. This is an opportunity to provide information about our Primary and Specialty Care Centers, provide pertinent education about various chronic illnesses, and linkage to a PCP at one of our Primary Care Centers. Below are a few of the outreach events attended by Ambulatory department staff:
  - Recovery Ready Workplace New York Symposium - 12/3 & 12/4
  - WNYCOSH event - 12/13
  - Methadone Clinic outreach - 12/15
  - Buffalo public library wellness event - 12/21

#### **Employee Health and Safety**

- Our Workplace Violence/Trauma Informed Care Workgroup has developed a workplace violence prevention curriculum (VITALS) in collaboration with existing training offered in Behavioral Health and Emergency Department. VITALS training educates staff to mitigate risk of injury associated with workplace violence and replaces previously purchased content. This transition to an ECMCC-owned WPV curriculum will result in direct cost savings of approximately \$25k annually and allow

for expanded training, representing at least \$250,000 in education value over the next two years.

#### ECMC Northtowns Center for Outpatient Care

- In November 2023, ECMC was approved by the NYSDOH to see patients at the renovated 30 N. Union medical practice in Williamsville. The original home of Synergy Bariatrics, the renovation added 10 more exam rooms and will allow the team to expand bariatrics services, as well as add multidisciplinary services such as medical weight loss management, Gastroenterology, and other specialties in 2024. Congratulations to the team!

#### ECMC Family Health Initiatives

- The Family Health Center (FHC) – implemented a providers and nursing workflow to improve patient throughput, clinic efficiency, and promote provider and nurse relations.

### **BIOMEDICAL SERVICES**

#### Department Initiatives/projects/updates:

- Three new agreements are now in place: Philips software agreement, Philips Co-op agreement, and Hill-Rom SmartCare remote monitoring.
- Implemented AEM (Alternative Equipment Management) into scheduled maintenance. No cost with potential cost savings.
- ECMCC has registered for Parts Source Pro to assist in compliance and savings for parts procurement.

### **CENTER OF CANCER CARE RESEARCH**

#### December 2023

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

#### Team member Updates:

- Jenna Millemaci, RN, Nurse Research Coordinator, obtained SOCRA (Society of Clinical Research Associates) membership.
- Department is researching funding for Bulk-RNA sequencing study.
- Department attended training for FDA “Dos and Don’ts”.

#### Study Participation:

- The CoC accrual for 2023 is 113 participants.
- The total accrual for 2023 is 121 participants.
- Two (2) additional patients were enrolled into NIH grant funded study “R21” which looks for biomarkers that will help predict, prevent, and treat HPV infection in people living with HIV.
- Discussed opportunity for new sponsored trial with Dr. Dobosz “Esoguard”.

#### Sponsor Updates:

- Alira requested audit December 12 -13.
- Mureva site visit on December 13.
- Meira GTx site initiation visit on December 19.

#### Sponsored Trials:

- MERCK trials B10: (MERCK) B10 Pembro MK-3475 plus carboplatin and paclitaxel as first-line treatment of recurrent/metastatic Head & Neck squamous cell carcinoma (KNB10): STUdT00005605).

- Merck KEYNOTE-689: Adjuvant and neoadjuvant pembrolizumab combined with standard of care (SOC) in patients with resectable, locally advanced head and neck squamous cell carcinoma. STUDY00004782
- Chemo Mouthpiece Clinical Trial STUDY00004783
- MeiraGTx Gene therapy study. Salivary gland gene therapy for patients with dry mouth 3 years after radiation therapy for head and neck cancer.
- BMS – Celgene Phase 3 Relapsed or Refractory Multiple Myeloma trial
- GBT (Global Blood Therapeutics) STUDY00005955: A randomized, double-blind, placebo-controlled, multicenter study to assess the safety and efficacy of *Inclacumab* in participants with sickle cell disease experiencing vaso occlusive crises.
- MuREVA Photobiomodulation for Oral Mucositis Study000040140

#### Investigator Initiated Studies:

- **Incidence of Carotid Artery Stenosis study**
- Adding WNY Cancer Care as collaboration study site.
- **NIH funded HIV-HPV study: HPV and HIV Co-Infection: Clinical, Socio-Behavioral, and Microbiome Implications**
- Continue to enroll subjects and study is going well. Established a relationship and successful biospecimen transfer with KSL Diagnostics, Inc. who will assist in HPV analysis for research purposes.
- This study will count towards Commission on Cancer metrics for accruals.

#### **DENTAL /ORAL ONCOLOGY & MAXILLOFACIAL PROSTHETICS**

- **Grant** – a \$7,995 grant from the Mathews Family Charitable Fund through ECMC Foundation was acquired for Anaplastology training (facial, prosthetic fabrication) for faculty, resident, and staff under the direction of Dr. Amanda Colebeck. In February, an Anaplastologist will be onsite from February 5-9 to provide training. This will advance skills in fabricating silicone facial prosthetics for our patients.
- Total Biopsies completed in 2023 were 326 (11% increase from 2022) with 50 cancers detected.
- New patient increase of 9% from 2022.
- Total OR cases increased 14% from 2022.

#### **FOOD & NUTRITION SERVICES**

##### **Initiatives & Projects**

- Implement structures within operations and improve/implement processes to standardize operations.
- “Lean Path” program: waste observation/cost reduction to reduce carbon footprint.
- Exploring options to update dish room systems, including the addition of a trough system and food scrapper to provide a cleaner disposal system.

##### **Retail Café Enhancements**

- Consistently above budget on retail sales. Trending in the positive.
- Mashgin self-check-out system continues to be successful. Average of 45% gross sales run through Mashgin.
- Adjusted staffing model to include a sous chef for retail/catering/café. This will enhance the quality of catering and retail culinary flair.
- Implement promotions and new menu items to maximize diversity and menu selections.

- Retail mealtimes extended to include main entrée, salad bar and deli through dinner.

### **LABORATORY SERVICES**

#### Equipment Upgrades/Replacements/Contracts:

- Vendor discussion for replacement of Chemistry front-end automation, chemistry platform upgrade, and long-term consumable pricing. This initiative requires review of long-term space planning to evaluate the feasibility of future extended automation tracks. Final instrumentation space plans are under review.
- Hematology System: 42-month contract extension completed with Sysmex. Sysmex XN1000 installed on September 7, 2023. Validation of XN1000 is underway.
- Blood Product Supplier: Blood Buy Product Exchange agreement has been executed as a Premier service.
- ECMC/ KH Joint VAT Initiative: Vendor evaluation for possible joint RFP for coagulation underway.
- OR Skull Cap Banking: Working with OR team for the development of necessary procedures/process for the expansion of tissue processing, banking, and storage of skull caps for reimplantation.
- Pathology AB&T: Project in partnership with Kaleida Pathology to implement advanced barcode and tracking of Pathology specimens, blocks, and slides. AB&T will improve specimen tracking and traceability of Pathology material.

### **PLANT OPERATIONS / CAPITAL PROJECTS**

Plant Operations/Facility project updates include the following:

#### *30 North Union – Bariatric Clinic Renovation – In Progress*

- Expansion project will increase the number of exam rooms from 4 to 16. Non-clinical offices will function at a temporary space at 36 N. Union (adjacent building across parking lot).
- **Completed** – final DOH approval and clinic re-opening.
- **To be completed** – Final change orders (window treatments, alarm system upgrades, credit for damages, etc.) and ordering/scheduling work.

#### *Main Hospital – OR Equipment Surgical Lighting Replacements – In Progress*

- **Completed** – surgical light replacements, wall-mounted computers, room minor patching/painting, and minor floor repairs in ORs 1 and 2.
- **To be completed** – surgical light replacements, medical gas columns replacement, wall-mounted computers, room minor patching/painting, and minor floor repairs in ORs 5, 6, 7 and 8.

#### *Main Hospital OR Steris Light Boom Replacement – In Progress (In-House Crew)*

- Paint operation suites, replace general room lighting with flat panel LED fixtures, general repairs. Once completed, Steris will perform light replacements. In progress in OR 1 and OR 2.

#### *Data Center 2<sup>nd</sup> Electrical Feed – In Progress*

- **To be completed** – final completion of main data center work.

## **RADIOLOGY**

- CCTA's are being performed on a weekly basis. Dr. Glover is the designated provider reading the scans.
- IT is introducing Fuji PACS

## **REHABILITATION SERVICES**

### **Acute Care**

- Sonic One Ultrasonic Wound Care Debridement system 60- day trial was deemed a success both clinically and financially by reducing advancement of wounds, decreasing time of treatment for existing wounds and significantly reducing the use of Santyl. New unit was approved by Capital Committee and now in use throughout the inpatient hospital. Physical Therapy continues to work closely with the wound care team and providers to determine the best course of action for treating wound care patients.
- In response to hospital trends and feedback from our stakeholders, the acute therapy staff along with CSEA input is moving to new schedules in January that allow more even coverage Monday through Friday and more continuity of care. The goal is to be available for more late day discharges and to eliminate gaps in the work week.

### **Rehabilitation Services – Medical Rehab Unit (MRU)**

- Annually as part of the department's CARF accreditation (Commission on Accreditation of Healthcare Facilities) goals are established pertaining to Business Function and Service Delivery. Service Delivery is further divided into effectiveness, efficiency, service access, patient satisfaction and stakeholder satisfaction. All goals have been met or exceeded with the exception of the stakeholder satisfaction goal which missed the target by 10% for satisfaction rates. This will be an area of focus moving into 2024 to assist in filling the MRU.
- QIPS goal established for 2023 for the Medical Rehab Unit (MRU) pertaining to Quality/Social Determinants of Health by providing 100% of patients discharged to home a resource sheet for food distribution in their neighborhood, information on calling 2-1-1, 24-hour hotlines, and information on their local government officials for any advocacy needs. This goal was met for 2023.
- The Rehabilitation Symposium Committee is planning next symposium in March 2024.

### **Outpatient Rehabilitation Services**

- The QIPS goal achieved for patient experience in outpatient physical therapy. Recognizing that ECMC employees may also be potential patients seeking therapy services for chronic or acute issues, the outpatient department will seek to improve service delivery to this cohort of patients through a multi modal approach: increase awareness of therapy services available on campus, educate staff on their right to choose their therapy provider, increase the efficiency of access, and increase the convenience of access. The secondary patient experience gain will be optimizing the health and well-being of ECMC employees through less pain, increased function, and ideally a better and more satisfying workday.
- Goal for 2023: The above multi-modal strategies were enacted to increase the number of ECMC employees as patients for physical therapy to a minimum of 100 in 2023. The goal was achieved.

**SECURITY**

- The Weapons Detection Systems (WDS) is in place and operational on June 20, 2023. The systems are installed for patients and visitors at two entrances to the Emergency Department (main patient entrance and Ambulance area). Subsequent WDS installations will be at the main hospital and Terrace View entrances. A general announcement will be distributed in advance.

**PHARMACY**

**Inpatient / Ambulatory**

- Omnicell placed in CT area to assist with IR and Critical Care patients.
  - Previous workflow was not ideal. This will allow better care to be provided to patients in this area.
- Improved workflow in Non-Invasive Cardiology area with medication storage available in both procedure rooms.
- MICU (North and South) – assisted created medication room on each unit; allowed deployment of Omnicell based refrigerators in these areas.
  - Increases availability of medications like Norepinephrine with reduced waste.
- Infusion Center Pharmacist – Paula Becker working to optimize pharmacy services for patients in the outpatient infusion area.

**Specialty (Retail) Pharmacy**

- Santyl Discharge Program – first few patients provided with service, fully launched into Burn Unit.
  - Provides navigation of the prescription benefit system for patients and providers.
  - Ensure patients leave the facility with the correct number of Santyl tubes to effectively treat their wounds.
- Launched into Wound Center to assist with their patients’ access and onsite treatment.
- Pharmacy will transition to new dispensing software in Q1 2024.

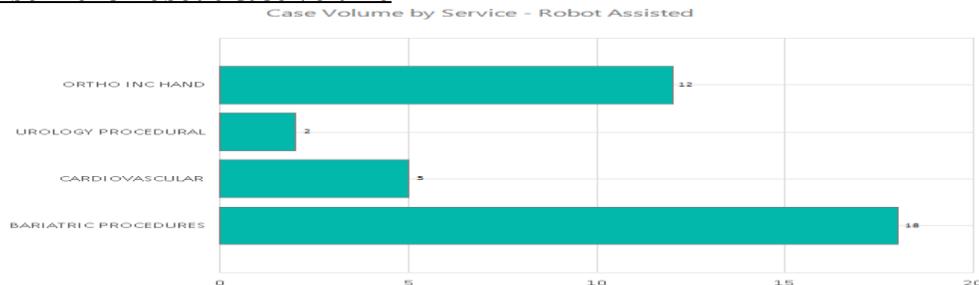
**SUPPORTIVE CARE & PALLIATIVE MEDICINE**

**Meeting participation includes the following:**

- Participation in LOS meetings to identify patients who may benefit from a palliative consult.
- Monthly COPD/CHF Readmission Committee meetings.

**SURGICAL SERVICES**

**December 2023 Robotic Case Volume**



- A Robotics subcommittee was developed for quality assurance and will report to the OR Committee.
- Develop and grow robotics program with focus on Bariatrics, Urology, H&N and General Surgery.
- Developing a strategic plan for 2024 with focus on increasing volume, P&P efficiencies, and PAT.
- Develop new block time space for robotic room and maximize utilization.
- Met with two new UB Ortho surgeons interested in robotic procedure time. They started in November.
- Weekly meetings to strategize physician recruitment/engagement.
- New OR light project started on December 21, 2023. Plan to shut down one OR at a time.

## **TERRACE VIEW**

### Operations

- 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.
- Monthly TV Department Head meetings are ongoing to review 2023 Capital Budget and department needs, review of regulatory testing compliance requirements, and survey preparedness update.
- The average daily census for Q4 was 365.
- Canalside, a 22 bed Sub-Acute neighborhood, was previously closed due to NYS minimum nursing staffing requirements. Half of the unit, (11) beds, was re-opened in July/August 2023. The remaining (11) SAR beds will be partially re-opened in January 2024.

### COVID/Infection Control

- Continue to follow all new NYSDOH and CDC guidelines.
- Participate in weekly Leading Age calls and email updates regarding COVID, CDC, and NYSDOH.
- Encouraging general respiratory etiquette due to rising covid cases locally. Residents with any respiratory symptoms are encouraged to wear a mask, staff reminded to call covid hotline with any symptoms, may choose to wear mask, encourage if symptomatic.

## **PATIENT EXPERIENCE**

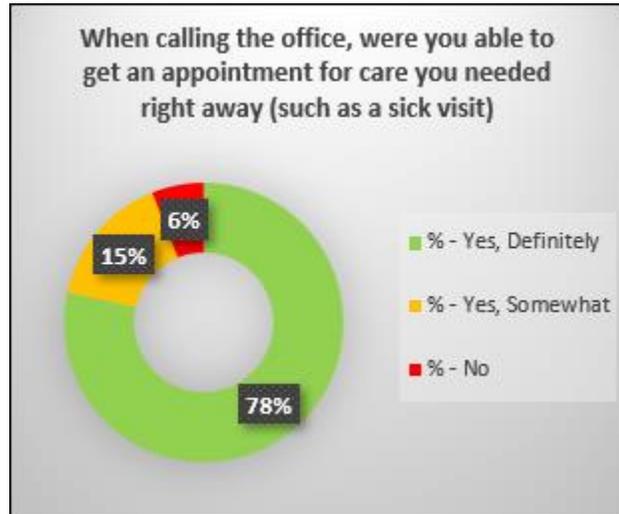
### **Press Ganey Scores**

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

<b>Patient Experience</b>	<b>YTD (Jan 1<sup>st</sup>,2023- Nov. 30<sup>th</sup>, 2023 N=1,115 (est.)</b>	<b>NYS Jan 1<sup>st</sup>, 2022- Nov. 30<sup>th</sup>, 2022 N=1,005</b>	<b>2023 Benchmark</b>
HCAHPS - Nurses	75(est.)	70	73
HCAHPS - Doctors	73(est.)	71	73
Overall #	65(est.)	60	65

### **AMBULATORY CLINICS**

- In 2023, our Ambulatory team focused on improving access to patient care. We aimed for a 70% "yes, definitely" response to, " When calling the office, were you able to get an appointment for care you needed right away?" We surpassed this goal, reaching a 78% affirmative rate. This reflects our commitment to prompt, quality care for all patients in our medical practices.



### **DIALYSIS**

- The Dialysis department has incorporated the “Twistle” notification system for reminders and education for patients.
- Educational videos are available for viewing on the waiting room TV monitors. This has been well received by patients and families.

### **FOOD & NUTRITION SERVICES**

#### **Patient Service & Quality Improvement Initiatives**

- New storage bins have been added to the zones for fewer stock shortages.

- Patient rooms feature new QR code has been added to patient rooms for access to English and Spanish language menus.
- Continue to increase frequency of patient audits and use data to improve processes.
- New admit list is tracked daily. Diet information has been added into the new admission welcome bags.
- Adjusted tray line to increase speed for quicker service which will ultimately improve the quality and temperature of meals.
- New enhanced patient menu is projected to launch within the quarter.
- Remote temperature monitoring equipment sample has been acquired and is in testing phase with positive results. Plan to go live Q1 2024.
- Continuous Action Plan focusing on 4 key areas:
  - Focus on Temperature Audits: Ensure all items are within key temperature zones.
  - Meal Delivery Times: 100% on-time delivery (within 30 min of scheduled delivery service times).
  - Percentage of non-select trays: Goal is below 10%
  - Tray accuracy audits to assess areas to improve.
  - Increase Press Ganey Score increases for meals overall.
  - Develop contingency plans for downtime.

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

	<b>Q4 Oct 23 – Dec 31, 2023</b>	<b>Q3</b>	<b>Q2</b>	<b>Q1</b>
<b>Meals Overall – Quality, Temperature, Courtesy</b>	56.14% (n=285)	57.68%	52.81%	54.69%

**LABORATORY SERVICES**

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

- Coagulation: LIS Auto-verification of results: Target adjusted to Q1 2024
- Blood Bank: Electronic Crossmatch: Target adjusted to 1/31/24
- HbA1c POCT: Point of care HbA1c testing was implemented as of May 2023.
- MICU POCT Expansion: Capital approved for additional I STAT meters to expand POCT to the MICU. Project timeline is tracking for completion by Q1 2024.
- Chemo Clinic POCT: Evaluation of the feasibility of a POCT test menu to support same day in-clinic clearance of patients is in the discovery phase.
- Final edits to the ECMC CPEP VIP Alternative Treatment Interventions (ATI) manual are occurring and plan to introduce within the Adult and Child/Adolescent Milieu by the end of 2023
  - Will introduce (at minimum) 1 Voluntary ATI event within the milieu every 4 hours that include
    - Mindfulness exercises
    - Trauma Informed Yoga

- Calming exercises
- Balancing exercises
- Energizing exercises
- Visualization/Meditation exercises
- General Emotional Freedom Techniques (EFT)

### **REHABILITATION SERVICES – MRU**

- Press Ganey data for quarter four indicates that goal for improvement in subcategory of “Personal Care” is exceeding the goal of 67.5% satisfaction with an actual score for **December = 83.3%, YTD 78.3%**. This goal was chosen as it is impacted by all team members and provides a shared target for the group. Press Ganey scores and written comments are overwhelmingly favorable for the MRU.

### **SURGICAL SERVICES**

- Looking to replace obsolete Perioptimum system with new bed tracking system in 2024. Tele-procedure team in development phase, weekly updates.
- 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.

## **PEOPLE**

### **AMBULATORY NURSING**

#### New staff

- John Cozzamera, RN, Family Health Center
- Nicole Stephany, LPN, Internal Medicine Clinic
- Daycay Ceratus, RN, Internal Medicine Clinic
- Emily Monti, RN, Interventional Pain
- Chinequia Williams, RN, Medical Oncology

#### Initiatives

- The Family Health Center implemented a providers and nursing staff workflow to improve patient throughput, clinic efficiency, and promote provider and nurse relations.

#### Professional Development

- Kally Kennedy, LPN, completed an Associate’s degree in Nursing from Trocaire College in December, 2023.

#### Awards and Recognitions

- Amanda Farrell, RN, Population Health Analyst was awarded employee of the month for the month of December.

### **BIOMEDICAL SERVICES**

- Thomas Dulski promoted to Senior Technician.
- Ongoing online and offsite technician training for vital sign monitors, ventilators, Hill-Rom beds and telemetry system.

## **FOOD & NUTRITION SERVICES**

- On December 16, 2023, Metz assumed responsibility of the FNS department at Terrace View. To supplement the transition, four leaders from ECMC transitioned to Terrace View permanently, while recruitment efforts continue.

### **Staffing/Recruitment:**

- Successfully hired and onboarded one (1) new Retail Manager.
- Successful onboarding has been achieved at ECMC, welcoming (17) new hires in the FNS department, including three (3) clinical dietitians and two (2) supervisors.
- The catering department has significantly improved, thanks to the addition of a new Catering Chef and Retail Manager.
- New staff orientation has been initiated to enhance onboarding practices.
- A new application platform has been implemented to increase the number of new hire interview applicants.

### **Training/Development/Recognition:**

- Implemented incentives to boost staff retention and morale, including quarterly perfect attendance recognition awards, and engagement initiatives, such as providing food and prizes.
- Reloadable Mashgin cards were added as an employee meal benefit.
- Diet awareness training apart of the current onboarding process.
- Service training with system support included in all new staff orientation.

## **LABORATORY SERVICES**

There are twelve (12) active job postings (10 FT, 2 PT, 1 variable; 5 Day, 3 Evening, Night)

- Full AM Phlebotomy services for the hospital and LTC will be restored as of January 6, 2024.
- Cross-Training: Cross-training activities continue with full cross-training of new staff and expanded cross-training of Sr. CLTs and evening/night shift staff.
- Schedules: Alternate schedule models continue to be evaluated for feasibility.

### **Staff Development**

- Department leaders have been identified for enrollment in ECMC offered Manager and Supervisor leadership training series. Two managers have attended the Advanced Manager training, and two section leads have attended the Supervisor Training series.
- Targeted team training sessions have been scheduled for the Phlebotomy and Central Receiving staff areas.

## **PHARMACY**

- New "You Center" Pharmacist to begin January 8, 2024 – Anjee Borton, current staff pharmacist will move into the role.
  - Recruiting to back fill Anjee's central pharmacist position.

## **REHABILITATION SERVICES**

### **ECMC Pediatric Educational and Diagnostic Services (PEDS)**

- Elizabeth Weber co-chaired Developmental Disabilities Alliance of Western New York (DDAWNY) meeting with SWOT analysis and discussion around restructuring, and how to increase attendance and participation.

- Participated “Improving Early Childhood Outcomes in WNY” – session 2. Working with colleges, universities, county, grant funders, and others supporting the Birth – 5-year old population in WNY.
- Ongoing cross training and interprofessional learning to cover retirements, and upcoming retirements in early 2024. Supervisor is finding opportunities for more efficient workflow.

Rehabilitation Services – Acute Therapy Care/MRU

- Richard Klager, DPT, MRU and Acute, won the Tulip award in November.
- Jessica Gieger, DPT, Acute, was Employee of the Month in December for her work related to wound care.

Speech, Language and Pathology (SLP)

- Two Speech Language Therapists from Rehabilitation Services attended the Chief of Service Meeting on 12/12/23 and were granted permission to move forward with using Flexible/Fiberoptic endoscopic Evaluation of Swallowing once CMS guidelines were clarified showing that direct supervision is not required. This determination is made at the state level. It is the opinion of the State Board for Speech Language Pathology and Audiology that the Flexible Endoscopic Evaluation of Swallowing procedure, *independently* performed by a speech-language pathologist as part of an assessment or treatment of dysphagia, falls within the scope of practice as defined by the New York State Licensure Law for Speech-Language Pathology.

**SUPPORTIVE CARE & PALLIATIVE MEDICINE**

- 12/11: New employee orientation, Sandra Lauer presented ACP/HCP (Advanced Care Planning and Health Care Proxy).
- 12/1: Dr. Anne Banas started with our team to fill an open 20-week position.
- 12/15: Brittany LaDue passed her Advanced Palliative Hospice Social Worker exam and received her certification.
- 12/21: Sandra Lauer and Brittany LaDue traveled to UB’s School of Medicine to conduct a Serious Illness Conversation training to 200 students.

**QUALITY**

**ENVIRONMENTAL SERVICES**

- HCAHPS overall cleanliness of the facility exceeded in December 2023.  
Q4 Top box: 63%, n=310, Rank: 16<sup>th</sup>

**FOOD & NUTRITION SERVICES (Touchworks Rounding Tool)**

<b>Audit Period</b>	<b>Test Tray Audits</b>		<b>Hospitality Audits</b>		<b>Patient Rounding Audits</b>	
	<i>GOAL = 90%</i>		<i>GOAL = 90%</i>		<i>GOAL = 90%</i>	
<b>1/1 - 1/11/24</b>	(n=10)	91%	(n= 10)	98%	(n=74)	78%
<b>12/1 - 12/31/23</b>	(n=12)	83%	(n=13)	98%	(n=183)	75%
<b>11/1 - 11/30/23</b>	(n=31)	87%	(n=17)	94%	(n=260)	78%
<b>10/1 - 10/31/23</b>	(n=3)	78%	(n=3)	100%	(n=70)	73%

- Our objectives dictate achieving a 90% target in every area. We have made considerable progress in hospitality audits which have significantly improved the communication skills of our catering associates. They are now better equipped to address patient concerns and queries. However, improvements in test tray and accuracy remain a priority, and we are working diligently to achieve our goals. In the upcoming year, ensuring new admissions are met in a timely manner via patient rounds remains a top priority in Patient Services.

#### REGULATORY PREPAREDNESS

- Health Reporting Agreements are 100% compliant, NYS requirement.
- Ecosure audit completed December 2023 with a score of 96%. Minimal findings were corrected immediately.
- EOC Rounds ongoing.

#### LABORATORY SERVICES

The 2023 Quality Improvement and Patient Safety (QIPS) Plan has been developed with four major initiatives of focus.

- Quality and Patient Safety: Continue efforts to decrease the number of C Difficile test orders cancelled for insufficient quantity from 6.5% in 2022 to <5% in 2023. The QNS rate is 3.2% through December with 11 of the 12 months below the 5% threshold. *The ECMC laboratory returned to in-house C Difficile testing upon the implementation of the revised PCR/toxin algorithm implemented as of 5/23/23. In-house testing is supporting this positive trend.*
  - Efficiency: Implementation of Electronic Compatibility Crossmatch within the LIS by end of Q2 2023. Reduce the % Immediate Spin Crossmatch from 95% of total crossmatch testing in 2022 to 50% in 2023. *The timeline for this project was impacted by limitation of IT resource support. Project Validation plan is approved by Dr. Krabill and validation script testing is underway. Project timeline has been updated for implementation by 1/31/24 due to competing resource allocation issues.*
1. Patient Experience: Evaluate the factors that contribute to Incomplete AM Blood Team blood draws to reduce the % of incomplete AM Blood draws from 4% to less than 3% in 2023. Reduce the % of AM Blood Draw refusals from 3% of total blood draws to less than 2%. Reduce the % of AM Blood draws unobtainable from 2% to less than 1% in 2023. QIPS goal of reduction of overall incomplete blood draws from 4% to 3% has been achieved. *The % of blood draw refusal is reduced to 2% and unobtainable rate is reduced to 1% of total blood draws. Analysis of blood draw refusals for linkage to a health disparity factor has not identified any trends or associations. Phlebotomy team education on standardized refusal documentation has occurred. Reinforcement of tools/services for patients requiring language assistance/interpreter was reviewed with the team. This monitor will be discontinued for 2024.*
- Patient Experience: Monitor specimen rejection requiring patient redraw to 1% of total specimens. Focus to decrease from 29% in 2022 to 15% in 2023 the number of specimens rejected for quantity not sufficient. Target area of focus will be AM Phlebotomy blood draws. *Data through December has overall specimen rejection trending at the benchmark target of 1%. Quantity not sufficient accounts for 32.1% of total rejections. QNS information rates related to AM blood draws was shared with the*

- phlebotomy team for education and process input. Partnership with Nursing Education to address specific specimen collection issues as identified. Evaluation to consolidate the number of unique specimen tubes required for testing will be done in alignment with implementation of upgraded laboratory testing equipment.*
- Additional departmental metrics and focused audits continue in accordance with the master Quality plan.

#### Regulatory

- The Laboratory NYSDOH inspection occurred July 18-20. Final report and corrective action plans have been submitted and accepted by NYSDOH. The Laboratory Joint Commission survey occurred November 14-17, 2023 with low, limited findings. Corrective action response will be submitted in advance of the January 16, 2024 compliance date.

#### **TERRACE VIEW**

- Monitoring and managing NYS reportables.
- PESH audit correction/revised plan was submitted and citation was abated on December 15, 2023.
- Continue to adhere Environmental Round process/written feedback for neighborhoods to ensure adherence to Life Safety Code and Safety and environmental general safety.

#### **TRANSPLANT SERVICES**

- UNOS survey report has been officially closed with two desk audits expected in six months.
- MPSC ongoing review; submission due on January 22.

### **FINANCIAL**

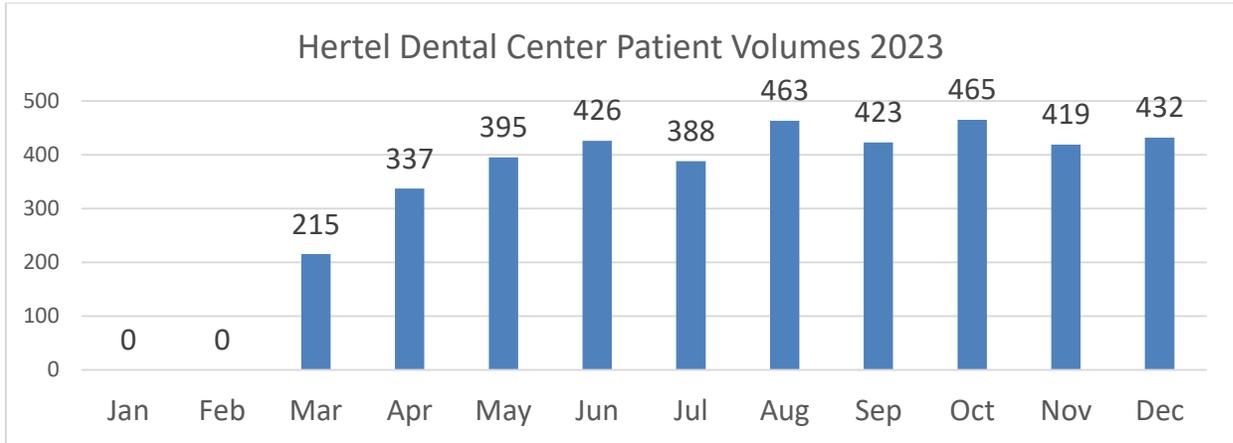
#### **AMBULATORY MEDICAL PRACTICES**

- In 2023, the Ambulatory department saw 154,501 patients, while being budgeted for 140,136 visits (+10.3% budget). The volume was up 16.3% compared to 2023, where the ambulatory team saw 132,883. Additionally, there were 2,029 visits for Covid testing and/or Covid vaccinations in 2024. Departments who exceeded their budget for the year include Internal Medicine Center, ECMC Family Health Center, You Center for Wellness, Center for Occupational and Environmental Medicine, Cardiology, Pulmonary, Pulmonary Function, Neurology, Cardiothoracic, Urology, Gastroenterology, General Dentistry, Oral Oncology, Oncology, Wound Care, and Bariatrics.

#### **DENTAL/ORAL ONCOLOGY & MAXILLOFACIAL PROSTHETICS**

- Oral Oncology volume increased 53% from December 2022. Overall for 2023, Oral Oncology and Maxillofacial Prosthetics had a 14% increase in patient volume.
- The Dental Clinic volume increased 9% from December 2022. Overall for 2023, the Dental Clinic had an 11% increase in patient volume.

- Dental Clinic at 800 Hertel Avenue: Since the opening in March 2023, the new clinic has shown promising growth.



**DIALYSIS**

**2023 Budget and Variance:**

- Outpatient In-center Hemodialysis finished the year with 23,616 treatments with a variance of -923. Although under budget, we completed 427 more treatments in 2023 than in 2022.
- Outpatient (in-center treatments): YTD Budget 25,539/ Variance (-923)
- Home Program: (Home Peritoneal & Home Hemodialysis): YTD Budget: 2,713 treatments, Variance (-1,219)

**2023 Census Volume:**

- Outpatient (in-center treatments): December 2023 = 1,948, YTD: 23,616
- Home Program: (Home Peritoneal & Home Hemodialysis): December 2023 = 116 treatments / YTD 1,464 treatments.

Dialysis			2022	2023												YTD	Budget	Variance
			YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
4555	AKI	Hemodialysis - AKI	275	14	2	2	1	0	3	14	14	19	11	24	25	129	-	-
	DIALNON	Hemodialysis - Non-ESRD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-
	DIALTRAN	Hemodialysis - Transient	423	30	27	49	43	53	41	13	48	44	13	51	54	466	-	-
	HD	Hemodialysis - Chronic	22,491	1,882	1,770	2,068	1,923	2,023	1,887	1,901	1,980	1,898	1,897	1,844	1,948	23,021	-	-
	4555 Totals		23,189	1,926	1,799	2,119	1,967	2,076	1,931	1,928	2,042	1,961	1,921	1,919	2,027	23,616	24,539	-923
5660	HOMEMD	Hemodialysis - Home	263	18	2	0	0	0	0	0	0	0	0	0	0	20	-	-
	PD	Hemodialysis - Peritoneal	1,445	124	115	131	148	131	114	119	124	110	124	118	116	1,474	-	-
	5660 Totals		1,708	142	117	131	148	131	114	119	124	110	124	118	116	1,494	2,713	-1,219
<b>Totals</b>			24,897	2,068	1,916	2,250	2,115	2,207	2,045	2,047	2,166	2,071	2,045	2,037	2,143	25,110	27,252	-2,142

**FOOD & NUTRITIONAL SERVICES**

**Retail Sales**

December 2023 Actual	\$203,302	October 2023 Actual	\$161,571
December 2023 Budget	\$130,676	October 2023 Budget	\$106,691
Variance	+\$ 72,626 = 56%	Variance	+ \$ 54,880 = 51%

**LABORATORY SERVICES**

- The department expense is 8.6% below budget volume target for FY 2023 August. The personnel expense variance is 10.3% below budget allocation and the non-personnel expense is 8.5% below budget target. The department will continue to monitor volume and expense variation. The department worked with the budget and finance teams to revise the volume forecast of total to billable volume for

future budget cycles. The total billable volume is currently tracking 4% below FY22. The Department will continue to monitor volumes in alignment with the reporting changes and FY22 actuals.

**RADIOLOGY**

- 2023 Radiologic procedures are 7.4% over budget with 196,028 exams performed.
- 2023 CT procedures are up 6,474 from 2022.

**REHABILITATION SERVICES**

**2023**

- **Outpatient Rehabilitation** finished the year strong with **Physical Therapy** exceeding budget by 13%, **Occupational Therapy** exceeding budget by 21%, **Speech, Language, & Pathology** exceeding budget by 70% and **Rehab Psych** exceeding budget by six (6) visits.

**PHARMACY**

**Financials**

(340B Inpatient)

Summary Totals

[Comparison View](#) [Time Series View](#)

Account	Spend	Savings
340B Verity Split	238,017.20	255,491.02
340B External	694,149.44	357,172.76
<b>340B Subtotal</b>	<b>932,166.64</b>	<b>612,663.78</b>
	43%	
GPO Verity Split	477,096.10	190,904.63
GPO External	256,466.73	103,714.91
<b>GPO Subtotal</b>	<b>733,562.83</b>	<b>294,619.54</b>
	33%	
WAC Verity Split	426,866.63	-
WAC External	101,256.94	-
<b>WAC Subtotal</b>	<b>528,123.57</b>	<b>-</b>
	24%	
<b>TOTAL</b>	<b>2,193,853.04</b>	<b>907,283.32</b>



340B Contract Pharmacy

**340B Savings**

Total Due From Pharmacy	190,520.25
Verity Monthly Fee	-
Verity Order Fees	-2,400.00
Verity Referral Order Fees	-
Verity Monthly Matching Fees	-
<b>Net to Covered Entity</b>	<b>188,120.25</b>
340B Order Cost	-113,316.79
<b>Credits</b>	
Merchandise	-
<b>Total 340B Savings</b>	<b>74,803.46</b>

Specialty Pharmacy Revenue

Pharmacy Activity Period	Month 21	Month 22
	Nov-23	Dec-23
<b>Pharmacy Revenue</b>		
Specialty Pharmacy Revenue	\$2,413,843	\$2,698,351
CDM Pharmacy Revenue	\$499,076	\$573,768
Excluded PAP Amount	-\$13,888	-\$26,920
Prior Month Adjustments	-\$4,320	\$13,370
DIR Fees	-\$12,746	-\$207,751
Manual DIR Adjustment Fees	-\$5,482	-\$43,594
<b>Eligible Pharmacy Revenue</b>	<b>\$2,876,482</b>	<b>\$3,007,225</b>
Specialty Drug Cost	\$1,921,318	\$1,993,237
CDM Drug Cost	\$284,982	\$321,065
Prior Month Adjustments	-\$11,651	\$3,974
COGS Variance Amount	\$0	\$0
<b>Total Drug Cost</b>	<b>\$2,194,648</b>	<b>\$2,318,277</b>
Current Month Drug Cost %	76%	71%
Total Drug Cost % (w/ PM Adjs)	76%	70%
<b>Pharmacy Gross Profit</b>	<b>\$681,833</b>	<b>\$688,948</b>
<b>Pharmacy Contribution Margin</b>	<b>\$399,349</b>	<b>\$406,464</b>
Non-Invoiced PAP Amount	-\$6,792	-\$4,626
Total PAP Amount (line 8&22)	<b>-\$20,681</b>	<b>-\$31,546</b>
Monthly Service Fee	\$282,484	\$282,484

**SUPPORTIVE CARE & PALLIATIVE MEDICINE**

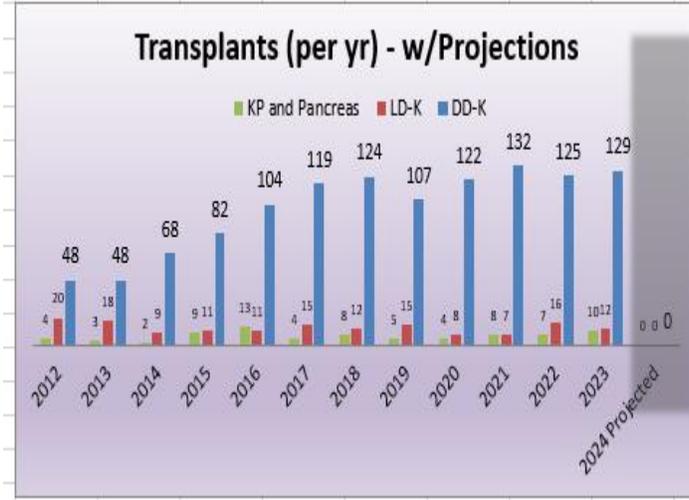
- Total Inpatient Consults for October: 97
- Transitions of Care: 13 (home services)
- Transitions of Care discharge with Hospice: 1
- Terrace View: 2

**SURGICAL SERVICES**

- 2023 surgical volume exceeded budget.

**TRANSPLANT SERVICES**

- **The Transplant department concluded 2023 (exceeding budget) with the most transplants completed in ECMC history with a total of 151.**
- Pre-transplant clinic exceeded budget with 665 new evaluations compared to a budget of 563. This is a great accomplishment!
- Post-transplant clinic remained busy finishing the year 148 behind budget.



	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

Transplant / Vascular			2022													2023													YTD	Budget	Variance
			YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
6430	TRANPRE	Transplant Clinic	568	99	84	58	46	53	39	42	41	42	53	58	48	663	-	-													
	TRANPREPRC	Transplant Clinic	0	0	0	0	0	0	0	0	1	1	0	0	0	2	-	-													
	6430 Totals			568	99	84	58	46	53	39	42	42	43	53	58	48	665	563	102												
6431	TRANPOST	Transplant Clinic	0	0	0	0	0	0	0	0	0	0	0	1	0	1	-	-													
	TRANPOSTPRC	Transplant Clinic	4,302	310	290	340	305	362	319	332	475	385	374	370	400	4,262	-	-													
	6431 Totals			4,302	310	290	340	305	362	319	332	475	385	374	371	400	4,263	4,411	-148												
<b>Totals</b>			<b>4,870</b>	<b>409</b>	<b>374</b>	<b>398</b>	<b>351</b>	<b>415</b>	<b>358</b>	<b>374</b>	<b>517</b>	<b>428</b>	<b>427</b>	<b>429</b>	<b>448</b>	<b>4,928</b>	<b>4,974</b>	<b>-46</b>													

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**Internal Financial Reports**  
**For the month ended December 31, 2023**

**These financial statements are preliminary at this time and  
subject to change based on additional year-end processes.**

## Erie County Medical Center Corporation

### Financial Dashboard

December 31, 2023

#### Statement of Operations:

	Month	Year-to-Date (YTD)	YTD Budget
Net patient revenue	\$ 53,067	\$ 604,471	\$ 614,107
Other	14,055	154,932	156,025
Total revenue	<u>67,122</u>	<u>759,403</u>	<u>770,132</u>
Salary & benefits	36,722	438,986	414,571
Physician fees	9,628	110,569	109,921
Purchased services	7,783	93,566	73,944
Supplies & other	14,255	164,522	156,217
Depreciation and amortization	3,400	40,888	40,181
Interest	926	11,157	10,295
Total expenses	<u>72,714</u>	<u>859,688</u>	<u>805,129</u>
Operating Income/(Loss) Before Other Items	(5,592)	(100,285)	(34,997)
Grant revenue	<u>5,572</u>	<u>107,230</u>	<u>-</u>
Income/(Loss) from Operations With Other Items	<u>(20)</u>	<u>(12,383)</u>	<u>(34,997)</u>
Other Non-operating gain/(loss)	2,800	6,285	1,322
Change in net assets	<u>\$ 2,780</u>	<u>\$ (6,098)</u>	<u>\$ (33,675)</u>
Operating margin	<u>0.0%</u>	<u>-1.6%</u>	<u>-4.5%</u>

#### Cash Flow Summary:

	Month	YTD
Net cash provided by (used in):		
- Operating activities	\$ (3,139)	\$ (91,837)
- Investing activities	(1,641)	84,016
- Financing activities	<u>500</u>	<u>(17,049)</u>
Increase/(decrease) in cash and cash equivalents	(4,280)	(24,870)
Cash and cash equivalents - beginning	<u>22,483</u>	<u>43,073</u>
Cash and cash equivalents - ending	<u>\$ 18,203</u>	<u>\$ 18,203</u>

#### Balance Sheet:

<u>Assets:</u>	
Cash & short-term investments	\$ 30,757
Patient receivables	104,477
Assets whose use is limited	168,713
Other assets	<u>513,909</u>
	<u>\$ 817,856</u>
<u>Liabilities &amp; Net Assets:</u>	
Accounts payable & accrued expenses	\$ 262,645
Estimate self-insurance reserves	60,458
Other liabilities	531,472
Long-term debt, including current portion	201,809
Lease liability, including current portion	25,988
Line of credit	10,000
Net assets	<u>(274,516)</u>
	<u>\$ 817,856</u>

#### Key Statistics:

	Month	YTD	YTD Budget
Discharges:			
- Acute	1,063	12,577	13,000
- Exempt units	405	5,066	5,198
Observation Cases:	251	2,892	1,950
Patient days:			
- Acute	8,367	101,967	110,500
- Exempt units	4,876	60,469	62,408
Average length of stay, acute	7.9	8.1	8.5
Case mix index	Blended	1.93	1.81
Average daily census:			
Medical Center	427	445	474
Terrace View LTC	366	365	375
Emergency room visits, including admissions	5,254	63,715	65,000
Outpatient Visits	23,102	297,168	286,834
Days in patient receivables		63.1	

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended December 31, 2023

(Amounts in Thousands)

#### **December 2023 Operating Performance**

During December 2023, ECMCC experienced operational improvements representing continued positive trends over the three previous quarters. ECMCC outperformed budget in both inpatient and outpatient volumes during the month. Additional revenue derived from these volume trends during December were offset by additional expenses primarily within salaries, purchased services and supplies, which drove an operating loss for the month of (\$5,592) before New York State and federal grants as compared to a budgeted loss of (\$4,374). This operating loss before grant support reflects operational improvements from the first three quarters of the year. Grant support funds have been recognized during the month to cover the operating losses incurred.

Inpatient discharges for the month exceeded the budgeted cases of 1,394 by 74 cases (or 5.3%), driven by favorable variances in acute, chemical dependency and medical rehab services. For the fourth month in a row, acute discharges of 1,063 exceeded the budget. However, inpatient general surgeries of 399, although higher than December of 2022, were slightly unfavorable to a budget of 428 by 29 or (6.8%). As a result of improvements seen during the last several months through day-to-day bed management, the average length of stay for acute patients during the month of December was 7.9 days, representing a sharp decline from 8.3 days in November, while remaining favorable to a budget of 8.8 days. December 2023 also represents a significant improvement from the 2022 acute average length of stay of 9.4 days. Net patient service revenue was unfavorably impacted during the month with the acute case mix index at 1.93 as compared to a budgeted case mix of 1.96, however, the current case mix does represent a continuation of the positive trends seen since July and a significant increase over December 2022.

Outpatient volume also exceeded budget for the month by 835 visits, a 3.7% increase, with an excess of 10,334 visits or 3.6% over the budgeted volume for the year. Outpatient general surgeries of 636 total cases exceeded budget this month as compared to a budget of 618. These favorable variances produced outpatient revenue in excess of the budget.

As a result of continued successful staff recruitment efforts the total FTEs during December exceeded the original budgeted targets for the month. These increases were necessary to both reduce the need for temporary agency personnel and to meet the new regulatory minimum staffing standards imposed by New York State both for the Hospital and Terrace View. Management has implemented initiatives to manage the use of overtime and other time which results in additional pay while continuing to meet the minimum staffing requirements. Total FTEs should continue to stabilize as recently hired individuals finish their clinical and department orientations.

Supply costs also exceeded the operating plan primarily due to increased volume in surgeries as well as additional pharmaceutical costs related to drug shortages and increased volume within the specialty pharmacy operation.

Additional expenses were also seen during the month in temporary nursing staff for Terrace View to meet minimum standards, and volume driven dietary and environmental service costs.

#### **Balance Sheet**

ECMCC saw a slight decrease in cash from the prior month resulting in a 1 day decrease in days operating cash. Despite the loss for the month, ECMCC was able to essentially maintain the cash level as a result of ongoing cash management efforts as well as additional cash receipts on accounts receivable from a billing and collection project implemented in September 2023. Despite this stabilization, the cash has decreased significantly from December 2022 as a result of the timing of payments to vendors and employees and not yet receiving the annual DSH/IGT payment and a delay in receipt of the Nursing Home Upper Payment Limit (UPL) payment for the current year.

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended December 31, 2023**  
**(Amounts in Thousands)**

Patient receivables decreased over \$16.5 million from October 31<sup>st</sup>, 2023 due to management implementing initiatives to increase cash collections and reduce delays. This represents a significant decrease in days in accounts receivable from 73.7 at October 31<sup>st</sup> to 63.1 at December 31, 2023. Management anticipates steadily increasing cash collections as replacement staff are hired and other components of the revenue cycle improvement plan are being implemented.

The decrease in prepaid expenses, inventories and other receivables from December 31, 2022 is related to receipt of the DSH/IGT payments for prior periods during the first quarter partially offset by the recognition of related amounts receivable for Medicaid Disproportionate Share payments made through IGT and Nursing Home Upper Payment Limit (UPL) for the current year.

The decrease in accounts payable is the result of the utilization of grant support funds received as well as the receipt of the annual DSH/IGT payment earlier this year to pay aged outstanding vendor balances. As a result, our ratio of days in accounts payable has improved from 69.9 days at December 31, 2022 to 53.6 days at December 31, 2023.

The change in other accrued expenses reflects the recognition during 2023 of the deferred grant revenue received in December of 2022 which was applicable to 2023.

The change in other liabilities is the result of the net activity related to the actuarial liability changes related to the NYS pension obligations as well as the Other Post-Employment Benefit obligations.

**Year Ended December 31, 2023**

As a result of management's year-end closing procedures related to certain actuarially calculated liabilities as well as the status of certain New York State and Federal support payments, certain adjustments have been made at year end to account for these as they have been finalized which have significantly impacted both the balance sheet and the income statement. Given the timing of these processes, the month-to-date income statement is reflective of the month's operations only and does not include the impact of these year-end adjustments. The impacts of these adjustments have been included within the year-to-date income statement and the December 31, 2023 balance sheet. As such, the financial statements presented herein are unaudited and are in preliminary draft form and subject to change. A comprehensive annual management discussion and analysis will be provided with the final, published audited financial statements.

## Erie County Medical Center Corporation

### Balance Sheet

December 31, 2023 and December 31, 2022

(Dollars in Thousands)

	December 31, 2023	December 31, 2022	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 18,203	\$ 43,073	\$ (24,870)
Investments	12,554	7,252	5,302
Patient receivables, net	104,477	83,569	20,908
Prepaid expenses, inventories and other receivables	65,828	83,747	(17,919)
<b>Total Current Assets</b>	<b>201,062</b>	<b>217,641</b>	<b>(16,579)</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	55,995	55,995	-
Restricted under third party agreements	107,627	92,422	15,205
Designated for long-term investments	5,091	9,099	(4,008)
<b>Total Assets Whose Use is Limited</b>	<b>168,713</b>	<b>157,516</b>	<b>11,197</b>
Property and equipment, net	278,946	322,388	(43,442)
Other assets	169,135	265,036	(95,901)
<b>Total Assets</b>	<b>\$ 817,856</b>	<b>\$ 962,581</b>	<b>\$ (144,725)</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 12,869	\$ 11,716	\$ 1,153
Current portion of lease liability	5,467	7,297	(1,830)
Line of credit	10,000	10,000	-
Accounts payable	58,878	72,447	(13,569)
Accrued salaries and benefits	73,957	43,218	30,739
Other accrued expenses	125,324	147,636	(22,312)
Estimated third party payer settlements	4,486	2,736	1,750
<b>Total Current Liabilities</b>	<b>290,981</b>	<b>295,050</b>	<b>(4,069)</b>
Long-term debt	188,940	202,643	(13,703)
Long-term lease liability	20,521	23,190	(2,669)
Estimated self-insurance reserves	60,458	54,340	6,118
Other liabilities	531,472	655,776	(124,304)
<b>Total Liabilities</b>	<b>1,092,372</b>	<b>1,230,999</b>	<b>(138,627)</b>
<b>Total Net Position</b>	<b>(274,516)</b>	<b>(268,418)</b>	<b>(6,098)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 817,856</b>	<b>\$ 962,581</b>	<b>\$ (144,725)</b>

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended December 31, 2023

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	54,701	50,990	3,711	44,832
Less: Provision for uncollectable accounts	(1,634)	(1,000)	(634)	(1,177)
Adjusted Net Patient Revenue	53,067	49,990	3,077	43,655
Disproportionate share / IGT revenue	9,571	9,571	-	8,270
Other revenue	4,484	3,431	1,053	2,370
<b>Total Operating Revenue</b>	<b>67,122</b>	<b>62,992</b>	<b>4,130</b>	<b>54,295</b>
<b>Operating Expenses:</b>				
Salaries & wages	28,589	26,260	(2,329)	29,903
Employee benefits	8,133	8,668	535	8,167
Physician fees	9,628	9,160	(468)	9,242
Purchased services	7,783	6,026	(1,757)	6,772
Supplies	11,812	10,387	(1,425)	8,598
Other expenses	1,806	1,906	100	2,849
Utilities	637	835	198	460
Depreciation & amortization	3,400	3,273	(127)	3,009
Interest	926	851	(75)	841
<b>Total Operating Expenses</b>	<b>72,714</b>	<b>67,366</b>	<b>(5,348)</b>	<b>69,841</b>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(5,592)</b>	<b>(4,374)</b>	<b>(1,218)</b>	<b>(15,546)</b>
NYS Pension & OPEB Actuarial Changes (Non-Cash)	-	-	-	-
<b>Income/(Loss) from Operations</b>	<b>(5,592)</b>	<b>(4,374)</b>	<b>(1,218)</b>	<b>(15,546)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	5,572	-	5,572	931
<b>Income/(Loss) from Operations</b>	<b>(20)</b>	<b>(4,374)</b>	<b>4,354</b>	<b>(14,615)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	599	107	492	487
Unrealized gain/(loss) on investments	2,201	3	2,198	(1,636)
Non-operating Gain/(Loss)	2,800	110	2,690	(1,149)
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<b>\$ 2,780</b>	<b>\$ (4,264)</b>	<b>\$ 7,044</b>	<b>\$ (15,764)</b>

## Erie County Medical Center Corporation

### Statement of Operations

For the twelve months ended December 31, 2023

*(Dollars in Thousands)*

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	608,628	626,155	(17,527)	581,115
Less: Provision for uncollectable accounts	(4,157)	(12,048)	7,891	(14,725)
Adjusted Net Patient Revenue	<u>604,471</u>	<u>614,107</u>	<u>(9,636)</u>	<u>566,390</u>
Disproportionate share / IGT revenue	107,105	114,851	(7,746)	68,295
Other revenue	<u>47,827</u>	<u>41,174</u>	<u>6,653</u>	<u>26,105</u>
<b>Total Operating Revenue</b>	<u>759,403</u>	<u>770,132</u>	<u>(10,729)</u>	<u>660,790</u>
<b>Operating Expenses:</b>				
Salaries & wages	336,933	311,526	(25,407)	306,699
Employee benefits	102,053	103,045	992	102,276
Physician fees	110,569	109,921	(648)	109,105
Purchased services	93,566	73,944	(19,622)	87,714
Supplies	131,751	125,565	(6,186)	117,872
Other expenses	26,677	21,894	(4,783)	20,581
Utilities	6,094	8,758	2,664	8,563
Depreciation & amortization	40,888	40,181	(707)	41,511
Interest	<u>11,157</u>	<u>10,295</u>	<u>(862)</u>	<u>10,928</u>
<b>Total Operating Expenses</b>	<u>859,688</u>	<u>805,129</u>	<u>(54,559)</u>	<u>805,249</u>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(100,285)</b>	<b>(34,997)</b>	<b>(65,288)</b>	<b>(144,459)</b>
NYS Pension & OPEB Actuarial Changes (Non-Cash)	<u>(19,328)</u>	<u>-</u>	<u>(19,328)</u>	<u>62,398</u>
<b>Income/(Loss) from Operations</b>	<b>(119,613)</b>	<b>(34,997)</b>	<b>(84,616)</b>	<b>(82,061)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	<u>107,230</u>	<u>-</u>	<u>107,230</u>	<u>63,151</u>
<b>Income/(Loss) from Operations</b>	<b>(12,383)</b>	<b>(34,997)</b>	<b>22,614</b>	<b>(18,910)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	4,225	1,286	2,939	2,337
Unrealized gain/(loss) on investments	<u>2,283</u>	<u>36</u>	<u>2,247</u>	<u>(16,304)</u>
Non-operating Gain/(Loss)	<u>6,285</u>	<u>1,322</u>	<u>4,963</u>	<u>(13,967)</u>
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (6,098)</u>	<u>\$ (33,675)</u>	<u>\$ 27,577</u>	<u>\$ (32,877)</u>

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and twelve months ended December 31, 2023**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ 2,780	\$ (6,098)
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>2,780</u>	<u>(6,098)</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>2,780</u>	<u>(6,098)</u>
Net Position, beginning of period	<u>(277,297)</u>	<u>(268,419)</u>
<b>Net Position, end of period</b>	<u><b>\$ (274,517)</b></u>	<u><b>\$ (274,517)</b></u>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and twelve months ended December 31, 2023

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ 2,780	\$ (6,098)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,400	40,888
Provision for bad debt expense	1,634	4,157
Net change in unrealized (gain)/loss on Investments	(2,201)	(2,283)
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	2,767	(25,065)
Prepaid expenses, inventories and other receivables	(12,830)	17,919
Accounts payable	5,256	(13,569)
Accrued salaries and benefits	2,671	30,739
Estimated third party payer settlements	121	1,750
Other accrued expenses	(5,523)	(22,312)
Self Insurance reserves	(794)	6,118
Other liabilities	(420)	(124,304)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>(3,139)</b>	<b>(91,837)</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(2,433)	2,331
Decrease/(increase) in assets whose use is limited	(1,110)	(11,197)
Sale/(Purchase) of investments, net	264	(3,019)
Investment in component units	-	-
Change in other assets	1,638	95,901
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>(1,641)</b>	<b>84,016</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(310)	(12,550)
Principal payments on / additions to long-term lease liability, net	810	(4,499)
Proceeds from line of credit	-	-
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>(4,280)</b>	<b>(24,870)</b>
Cash and Cash Equivalents, beginning of period	22,483	43,073
Cash and Cash Equivalents, end of period	<b>\$ 18,203</b>	<b>\$ 18,203</b>

These financial statements are preliminary at this time and subject to change based on additional year-end processes.



## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	December 31, 2023	December 31, 2022	ECMCC 3 Year Avg. 2020 - 2022
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.7	0.7	0.7
Days in Operating Cash & Investments	16	25	48.2
Days in Patient Receivables	63.1	53.9	53.4
Days Expenses in Accounts Payable	53.6	69.9	61.0
Days Expenses in Current Liabilities	127.7	146.7	166.7
Cash to Debt	43.0%	49.0%	65.2%
Working Capital Deficit	\$ (89,919)	\$ (97,166)	\$ (90,450)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	67.7%	69.4%	70.0%
Assets Financed by Liabilities	133.6%	128.0%	123.5%
Debt Service Coverage (Covenant > 1.1)	1.8	1.4	0.2
Capital Expense	2.9%	2.8%	2.9%
Average Age of Plant	9.1	10.2	10.6
Debt Service as % of NPSR	4.0%	3.9%	4.1%
Capital as a % of Depreciation	-5.7%	17.2%	78.5%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-13.2%	-21.9%	-15.5%
Net Profit Margin	-1.0%	-5.7%	-7.1%
Return on Total Assets	-0.7%	-3.4%	-3.9%
Return on Equity	2.2%	12.3%	17.1%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.9	0.7	0.7
Total Operating Revenue per FTE	\$ 224,841	\$ 198,867	\$ 213,034
Personnel Costs as % of Total Revenue	57.5%	60.4%	57.0%

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

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**Erie County Medical Center Corporation**

**Key Statistics**

**Period Ended December 31, 2023**

<b>Current Period</b>				<b>Year to Date</b>				
<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	<b>Actual</b>	<b>Budget</b>	<b>% to Budget</b>	<b>Prior Year</b>	
1,063	983	8.1%	981	<b>Discharges:</b>				
198	236	-16.2%	201	Med/Surg (M/S) - Acute	12,577	13,000	-3.3%	12,269
190	161	17.8%	160	Behavioral Health	2,571	2,727	-5.7%	2,720
17	13	35.6%	15	Chemical Dependency (CD) - Detox	2,294	2,291	0.1%	2,242
1,468	1,394	5.35%	1,357	Medical Rehab	201	180	11.7%	181
8,367	8,682	-3.6%	9,239	Total Discharges	17,643	18,198	-3.0%	17,412
3,818	4,253	-10.2%	4,056	<b>Patient Days:</b>				
698	657	6.2%	652	M/S - Acute	101,967	110,500	-7.7%	113,197
360	355	1.4%	474	Behavioral Health	46,969	48,268	-2.7%	48,039
13,243	13,947	-5.0%	14,421	CD - Detox	8,998	9,622	-6.5%	9,285
270	280	-3.6%	298	Medical Rehab	4,502	4,518	-0.4%	4,483
123	137	-10.2%	131	Total Patient Days	162,436	172,908	-6.1%	175,004
23	21	6.2%	21	<b>Average Daily Census (ADC):</b>				
12	11	1.4%	15	M/S - Acute	279	303	-7.7%	310
427	450	-5.0%	465	Behavioral Health	129	132	-2.7%	132
7.9	8.8	-10.8%	9.4	CD - Detox	25	26	-6.5%	25
19.3	18.0	7.1%	20.2	Medical Rehab	12	12	-0.4%	12
3.7	4.1	-9.8%	4.1	Total ADC	445	474	-6.1%	479
21.2	28.3	-25.2%	31.6	<b>Average Length of Stay:</b>				
9.0	10.0	-9.9%	10.6	M/S - Acute	8.1	8.5	-4.6%	9.2
80.5%	87.5%	-8.1%	87.6%	Behavioral Health	18.3	17.7	3.2%	17.7
1.93	1.96	-1.6%	1.76	CD - Detox	3.9	4.2	-6.6%	4.1
251	107	134.6%	203	Medical Rehab	22.4	25.1	-10.8%	24.8
399	428	-6.8%	349	Average Length of Stay	9.2	9.5	-3.1%	10.1
636	618	2.9%	548	<b>Occupancy:</b>				
36	35	2.9%	52	% of M/S Acute staffed beds	80.5%	87.5%	-8.1%	87.6%
25	46	-45.7%	27	<b>Case Mix Index:</b>				
23,102	22,267	3.7%	20,370	Blended (Acute)	1.81	1.89	-4.2%	1.84
5,254	5,521	-4.8%	4,313	Observation Status	2,892	1,950	48.3%	2,360
63.1	44.2	42.8%	53.9	Inpatient General Surgeries	4,954	5,045	-1.8%	4,662
3.3%	2.0%	66.9%	2.4%	Outpatient General Surgeries	7,605	7,260	4.8%	7,104
3,278	2,914	12.5%	3,223	Inpatient Ancillary Surgeries	451	417	8.2%	482
4.31	3.97	8.6%	4.34	Outpatient Ancillary Surgeries	311	542	-42.6%	230
\$ 18,805	\$ 20,023	-6.1%	\$ 17,204	Outpatient Visits	297,168	286,834	3.6%	274,536
\$ 25,663	\$ 27,053	-5.1%	\$ 5,730	Emergency Visits Including Admits	63,715	65,000	-2.0%	59,064
11,341	11,954	-5.1%	11,238	Days in A/R	63.1	44.2	42.8%	53.9
366	386	-5.1%	363	Bad Debt as a % of Net Revenue	0.7%	2.0%	-63.5%	2.7%
93.8%	98.9%	-5.1%	93.0%	FTE's	3,250	3,030	7.2%	3,081
471	481	-2.1%	408	FTE's per Adjusted Occupied Bed	4.20	3.93	6.9%	3.95
6.6	6.4	3.2%	5.8	Net Revenue per Adjusted Discharge	\$ 18,180	\$ 19,014	-4.4%	\$ 18,419
				Cost per Adjusted Discharge	\$ 26,316	\$ 24,807	6.1%	\$ 24,137
				<b>Terrace View Long Term Care:</b>				
				Patient Days	133,177	136,870	-2.7%	126,111
				Average Daily Census	365	375	-2.7%	346
				Occupancy - % of Staffed beds	93.6%	96.2%	-2.7%	88.6%
				FTE's	434	499	-13.0%	393
				Hours Paid per Patient Day	6.8	7.6	-10.6%	6.5

These financial statements are preliminary at this time and subject to change based on additional year-end processes.

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**Internal Financial Reports**  
**For the month ended November 30, 2023**

**Erie County Medical Center Corporation**  
**For the month ended November 30, 2023**

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**Erie County Medical Center Corporation**

**Financial Dashboard  
November 30, 2023**

**Statement of Operations:**

	<u>Month</u>	<u>Year-to-Date (YTD)</u>	<u>YTD Budget</u>
Net patient revenue	\$ 52,686	\$ 549,401	\$ 564,116
Other	14,256	150,494	143,024
Total revenue	<u>66,942</u>	<u>699,895</u>	<u>707,140</u>
Salary & benefits	37,318	402,686	379,643
Physician fees	9,444	100,942	100,761
Purchased services	6,489	74,144	67,918
Supplies & other	14,246	148,921	143,088
Depreciation and amortization	3,278	36,924	36,909
Interest	894	10,231	9,444
Total expenses	<u>71,669</u>	<u>773,848</u>	<u>737,763</u>
Operating Income/(Loss) Before Other Items	(4,727)	(73,953)	(30,623)
Grant revenue	4,794	48,312	-
Income/(Loss) from Operations With Other Items	67	(25,641)	(30,623)
Other Non-operating gain/(loss)	3,114	1,452	1,212
Change in net assets	<u>\$ 3,181</u>	<u>\$ (24,189)</u>	<u>\$ (29,411)</u>
Operating margin	<u>0.1%</u>	<u>-3.7%</u>	<u>-4.3%</u>

**Cash Flow Summary:**

	<u>Month</u>	<u>YTD</u>
Net cash provided by (used in):		
- Operating activities	\$ (4,681)	\$ 17,833
- Investing activities	5,331	(20,882)
- Financing activities	<u>(5,432)</u>	<u>(17,541)</u>
Increase/(decrease) in cash and cash equivalents	(4,782)	(20,590)
Cash and cash equivalents - beginning	<u>27,265</u>	<u>43,073</u>
Cash and cash equivalents - ending	<u>\$ 22,483</u>	<u>\$ 22,483</u>

**Balance Sheet:**

<b>Assets:</b>	
Cash & short-term investments	\$ 33,099
Patient receivables	110,941
Assets whose use is limited	167,603
Other assets	612,824
	<u>\$ 924,467</u>
<b>Liabilities &amp; Net Assets:</b>	
Accounts payable & accrued expenses	\$ 276,726
Estimate self-insurance reserves	61,719
Other liabilities	641,324
Long-term debt, including current portion	202,127
Lease liability, including current portion	25,178
Line of credit	10,000
Net assets	(292,607)
	<u>\$ 924,467</u>

**Key Statistics:**

	<u>Month</u>	<u>YTD</u>	<u>YTD Budget</u>
Discharges:			
- Acute	1,013	11,514	12,017
- Exempt units	377	4,661	4,788
Observation Cases:	239	2,641	1,843
Patient days:			
- Acute	8,393	93,600	101,818
- Exempt units	4,773	55,593	57,143
Average length of stay, acute	8.3	8.1	8.5
Case mix index Blended	2.05	1.80	1.88
Average daily census: Medical Center	439	447	476
Terrace View LTC	360	365	374
Emergency room visits, including admissions	5,116	58,461	59,479
Outpatient Visits	23,455	274,066	264,566
Days in patient receivables		67.4	

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# Erie County Medical Center Corporation

## Management Discussion and Analysis

### For the month ended November 30, 2023

(Amounts in Thousands)

#### **November 2023 Operating Performance**

During November 2023, ECMCC experienced operational improvements representing continued positive trends over the three previous quarters. ECMCC outperformed budgeted inpatient and outpatient volumes and exceeded budgeted case mix driven by a record number of transplant surgeries performed during the month. Additional revenue derived from these volume trends during November were offset by additional expenses primarily within salaries, purchased services and supplies, which drove an operating loss for the month of (\$4,727) before New York State and federal grants as compared to a budgeted loss of (\$5,632). This operating loss before grant support reflects operational improvements from the first three quarters of the year. Grant support funds have been recognized during the month to cover the operating losses incurred. Looking ahead to December, several year-end adjustments are anticipated which will impact the overall year end performance favorably, the most significant of which will be the recognition of the remaining grant fund support received. The other additional changes are the usual and customary adjustments made to finalize the actuarial liabilities related to our self-insurance programs as well as an estimate for revenue associated with disproportionate share (IGT).

Inpatient discharges for the month exceeded the budgeted cases of 1,366 by 24 cases (or 1.8%), driven by favorable variances in acute and medical rehab services. For the third month in a row, acute discharges of 1,013 exceeded the budget of 950. Inpatient general surgeries of 409 were slightly unfavorable to a budget of 415 by 6 or (1.4%). As a result of improvements seen during the last several months through day-to-day bed management, the average length of stay for acute patients during the month of November was 8.3 days and although it represents a slight increase from 7.8 days in October it remains favorable to a budget of 8.8 days. The current month was impacted by community capacity constraints and trends in a higher incidence of COVID, however the average length of stay is expected to decline in future months once the flu and COVID season lightens. November 2023 also represents a significant improvement from the 2022 acute average length of stay of 9.7 days. Net patient service revenue was favorably impacted during the month with the acute case mix index at 2.05 as compared to a budgeted case mix of 1.96.

Outpatient volume also exceeded budget for the month by 1,005 visits, a 4.5% increase, with an excess of 9,500 visits or 3.6% over the budgeted volume for the year. Outpatient general surgeries of 658 total cases exceeded budget this month as compared to a budget of 598. These favorable variances produced outpatient revenue in excess of the budget.

As a result of continued successful staff recruitment efforts the total FTEs during November exceeded the original budgeted targets for the month. These increases were necessary to both reduce the need for temporary agency personnel and to meet the new regulatory minimum staffing standards imposed by New York State both for the Hospital and Terrace View. Management has implemented initiatives to manage the use of overtime and other time which results in additional pay while continuing to meet the minimum staffing requirements.

Supply costs also exceeded the operating plan primarily due to increased volume in surgeries as well as additional pharmaceutical costs related to drug shortages and increased volume within the specialty pharmacy operation.

Additional expenses were also seen during the month in temporary nursing staff for Terrace View to meet minimum standards, and volume driven dietary and environmental service costs.

#### **Balance Sheet**

ECMCC saw a slight decrease in cash from the prior month resulting in a 1 day decrease in days operating cash. Despite the loss for the month, ECMCC was able to essentially maintain the cash level as a result of additional cash receipts on accounts receivable from a billing and collection project implemented in September 2023. Despite this stabilization, the cash has decreased significantly from December 2022 as a result of the timing of payments to vendors and employees and not yet receiving the annual DSH/IGT payment and a delay in receipt of the Nursing Home Upper Payment Limit (UPL) payment for the current year.

Patient receivables decreased over \$10 million or 7.8% from the prior month due to management implementing initiatives to increase cash collections and reduce delays. This represents a significant decrease in days in accounts receivable from 73.7 at

**Erie County Medical Center Corporation**  
**Management Discussion and Analysis**  
**For the month ended November 30, 2023**  
**(Amounts in Thousands)**

October 31<sup>st</sup> to 67.4 at November 30, 2023. Management anticipates steadily increasing cash collections as replacement staff are hired and other components of the revenue cycle improvement plan are being implemented.

The decrease in prepaid expenses, inventories and other receivables from December 31, 2022 is related to receipt of the DSH/IGT payments for prior periods during the first quarter partially offset by the recognition of related amounts receivable for Medicaid Disproportionate Share payments made through IGT and Nursing Home Upper Payment Limit (UPL) for the current year.

The decrease in accounts payable is the result of the utilization of grant support funds received as well as the receipt of the annual DSH/IGT payment earlier this year to pay aged outstanding vendor balances. As a result, our ratio of days in accounts payable has improved from 69.9 days at December 31, 2022 to 54.1 days at November 30, 2023.

The increase in other accrued expenses reflects the net activity of increases due to the recognition of annual New York State pension obligations and the receipt of deferred grant revenue offset by the recognition of certain designated grants previously received and deferred to future months.

## Erie County Medical Center Corporation

### Balance Sheet November 30, 2023 and December 31, 2022

(Dollars in Thousands)

	November 30, 2023	December 31, 2022	Change from December 31st
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 22,483	\$ 43,073	\$ (20,590)
Investments	10,616	7,252	3,364
Patient receivables, net	110,941	83,569	27,372
Prepaid expenses, inventories and other receivables	57,067	83,747	(26,680)
<b>Total Current Assets</b>	<b>201,107</b>	<b>217,641</b>	<b>(16,534)</b>
Assets Whose Use is Limited:			
Designated under self-Insurance programs	55,995	55,995	-
Restricted under third party agreements	106,540	92,422	14,118
Designated for long-term investments	5,068	9,099	(4,031)
<b>Total Assets Whose Use is Limited</b>	<b>167,603</b>	<b>157,516</b>	<b>10,087</b>
Property and equipment, net	291,925	322,388	(30,463)
Other assets	263,832	265,036	(1,204)
<b>Total Assets</b>	<b>\$ 924,467</b>	<b>\$ 962,581</b>	<b>\$ (38,114)</b>
<b>Liabilities &amp; Net Position</b>			
Current Liabilities:			
Current portion of long-term debt	\$ 12,389	\$ 11,716	\$ 673
Current portion of lease liability	5,646	7,297	(1,651)
Line of credit	10,000	10,000	-
Accounts payable	53,018	72,447	(19,429)
Accrued salaries and benefits	37,154	43,218	(6,064)
Other accrued expenses	182,248	147,636	34,612
Estimated third party payer settlements	4,306	2,736	1,570
<b>Total Current Liabilities</b>	<b>304,761</b>	<b>295,050</b>	<b>9,711</b>
Long-term debt	189,738	202,643	(12,905)
Long-term lease liability	19,532	23,190	(3,658)
Estimated self-insurance reserves	61,719	54,340	7,379
Other liabilities	641,324	655,776	(14,452)
<b>Total Liabilities</b>	<b>1,217,074</b>	<b>1,230,999</b>	<b>(13,925)</b>
<b>Total Net Position</b>	<b>(292,607)</b>	<b>(268,418)</b>	<b>(24,189)</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 924,467</b>	<b>\$ 962,581</b>	<b>\$ (38,114)</b>

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## Erie County Medical Center Corporation

### Statement of Operations

For the month ended November 30, 2023

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	52,884	49,722	3,162	47,878
Less: Provision for uncollectable accounts	(198)	(972)	774	(1,857)
Adjusted Net Patient Revenue	<u>52,686</u>	<u>48,750</u>	3,936	46,021
Disproportionate share / IGT revenue	9,571	9,571	-	8,270
Other revenue	<u>4,685</u>	<u>3,431</u>	1,254	2,207
<b>Total Operating Revenue</b>	<u>66,942</u>	<u>61,752</u>	5,190	56,498
<b>Operating Expenses:</b>				
Salaries & wages	28,936	26,693	(2,243)	26,290
Employee benefits	8,382	8,578	196	7,917
Physician fees	9,444	9,161	(283)	8,896
Purchased services	6,489	5,892	(597)	7,740
Supplies	11,819	10,148	(1,671)	9,021
Other expenses	1,941	1,910	(31)	2,203
Utilities	486	879	393	379
Depreciation & amortization	3,278	3,273	(5)	3,009
Interest	<u>894</u>	<u>850</u>	(44)	806
<b>Total Operating Expenses</b>	<u>71,669</u>	<u>67,384</u>	(4,285)	66,261
<b>Operating Income/(Loss) Before Other Items</b>	<b>(4,727)</b>	<b>(5,632)</b>	<b>905</b>	<b>(9,763)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	<u>4,794</u>	<u>-</u>	4,794	933
<b>Income/(Loss) from Operations</b>	<b>67</b>	<b>(5,632)</b>	<b>5,699</b>	<b>(8,830)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	335	107	228	166
Unrealized gain/(loss) on investments	<u>2,778</u>	<u>3</u>	2,775	3,233
Non-operating Gain/(Loss)	<u>3,114</u>	<u>110</u>	3,004	3,399
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ 3,181</u>	<u>\$ (5,522)</u>	<u>\$ 8,703</u>	<u>\$ (5,431)</u>

## Erie County Medical Center Corporation

### Statement of Operations

For the eleven months ended November 30, 2023

(Dollars in Thousands)

	Actual	Budget	Favorable/ (Unfavorable)	Prior Year
<b>Operating Revenue:</b>				
Net patient revenue	557,310	575,164	(17,854)	539,121
Less: Provision for uncollectable accounts	(7,909)	(11,048)	3,139	(13,548)
Adjusted Net Patient Revenue	<u>549,401</u>	<u>564,116</u>	<u>(14,715)</u>	<u>525,573</u>
Disproportionate share / IGT revenue	107,781	105,281	2,500	94,975
Other revenue	<u>42,713</u>	<u>37,743</u>	<u>4,970</u>	<u>23,216</u>
<b>Total Operating Revenue</b>	<u>699,895</u>	<u>707,140</u>	<u>(7,245)</u>	<u>643,764</u>
<b>Operating Expenses:</b>				
Salaries & wages	308,314	285,266	(23,048)	276,272
Employee benefits	94,372	94,377	5	93,999
Physician fees	100,942	100,761	(181)	99,473
Purchased services	74,144	67,918	(6,226)	80,615
Supplies	119,938	115,178	(4,760)	109,216
Other expenses	23,526	19,987	(3,539)	25,950
Utilities	5,457	7,923	2,466	8,036
Depreciation & amortization	36,924	36,909	(15)	33,099
Interest	<u>10,231</u>	<u>9,444</u>	<u>(787)</u>	<u>9,160</u>
<b>Total Operating Expenses</b>	<u>773,848</u>	<u>737,763</u>	<u>(36,085)</u>	<u>735,820</u>
<b>Operating Income/(Loss) Before Other Items</b>	<b>(73,953)</b>	<b>(30,623)</b>	<b>(43,330)</b>	<b>(92,056)</b>
<b>Other Gains/(Losses)</b>				
Grant revenue	<u>48,312</u>	<u>-</u>	<u>48,312</u>	<u>9,445</u>
<b>Income/(Loss) from Operations</b>	<b>(25,641)</b>	<b>(30,623)</b>	<b>4,982</b>	<b>(82,611)</b>
<b>Other Non-operating Gain/(Loss):</b>				
Interest and dividends	3,626	1,179	2,447	1,832
Unrealized gain/(loss) on investments	<u>(1,951)</u>	<u>33</u>	<u>(1,984)</u>	<u>(14,385)</u>
Non-operating Gain/(Loss)	<u>1,452</u>	<u>1,212</u>	<u>240</u>	<u>(12,553)</u>
<b>Excess of Revenue/(Deficiency) Over Expenses</b>	<u>\$ (24,189)</u>	<u>\$ (29,411)</u>	<u>\$ 5,222</u>	<u>\$ (95,164)</u>

**Erie County Medical Center Corporation**

**Statement of Changes in Net Position**

**For the month and eleven months ended November 30, 2023**

*(Dollars in Thousands)*

	<u>Month</u>	<u>Year-to-Date</u>
<b>Unrestricted Net Assets:</b>		
Excess/(Deficiency) of revenue over expenses	\$ 3,181	\$ (24,189)
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>3,181</u>	<u>(24,189)</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>3,181</u>	<u>(24,189)</u>
Net Position, beginning of period	<u>(295,789)</u>	<u>(268,419)</u>
<b>Net Position, end of period</b>	<u><b>\$ (292,608)</b></u>	<u><b>\$ (292,608)</b></u>

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## Erie County Medical Center Corporation

### Statement of Cash Flows

For the month and eleven months ended November 30, 2023

(Dollars in Thousands)

	Month	Year-to-Date
<b>Cash Flows from Operating Activities:</b>		
Change in net assets	\$ 3,181	\$ (24,189)
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided by/(Used in) Operating Activities:		
Depreciation and amortization	3,278	36,924
Provision for bad debt expense	198	7,909
Net change in unrealized (gain)/loss on Investments	(2,778)	1,951
<u>Changes in Operating Assets and Liabilities:</u>		
Patient receivables	9,301	(35,281)
Prepaid expenses, inventories and other receivables	(15,998)	26,680
Accounts payable	(1,095)	(19,429)
Accrued salaries and benefits	4,634	(6,064)
Estimated third party payer settlements	568	1,570
Other accrued expenses	(5,627)	34,612
Self Insurance reserves	799	7,379
Other liabilities	(1,141)	(14,452)
<b>Net Cash Provided by/(Used in) Operating Activities</b>	<b>(4,681)</b>	<b>17,833</b>
<b>Cash Flows from Investing Activities:</b>		
Additions to Property and Equipment, net	(643)	(6,684)
Decrease/(increase) in assets whose use is limited	4,789	(10,087)
Sale/(Purchase) of investments, net	(1,178)	(5,315)
Investment in component units	-	-
Change in other assets	2,363	1,204
<b>Net Cash Provided by/(Used in) Investing Activities</b>	<b>5,331</b>	<b>(20,882)</b>
<b>Cash Flows from Financing Activities:</b>		
Principal payments on / proceeds from long-term debt, net	(4,801)	(12,232)
Principal payments on / additions to long-term lease liability, net	(631)	(5,309)
Proceeds from line of credit	-	-
<b>Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>(4,782)</b>	<b>(20,590)</b>
Cash and Cash Equivalents, beginning of period	27,265	43,073
Cash and Cash Equivalents, end of period	\$ 22,483	\$ 22,483

## Erie County Medical Center Corporation

### Statistical and Ratio Summary

	November 30, 2023	December 31, 2022	ECMCC 3 Year Avg. 2020 - 2022
<b><u>Liquidity Ratios:</u></b>			
Current Ratio	0.7	0.7	0.7
Days in Operating Cash & Investments	17	25	48.2
Days in Patient Receivables	67.4	53.9	53.4
Days Expenses in Accounts Payable	54.1	69.9	61.0
Days Expenses in Current Liabilities	135.8	146.7	166.7
Cash to Debt	44.1%	49.0%	65.2%
Working Capital Deficit	\$ (103,654)	\$ (97,166)	\$ (90,450)
<b><u>Capital Ratios:</u></b>			
Long-Term Debt to Fixed Assets	65.0%	69.4%	70.0%
Assets Financed by Liabilities	131.7%	128.0%	123.5%
Debt Service Coverage (Covenant > 1.1)	4.5	1.4	0.2
Capital Expense	3.0%	2.8%	2.9%
Average Age of Plant	9.1	10.2	10.6
Debt Service as % of NPSR	3.9%	3.9%	4.1%
Capital as a % of Depreciation	18.1%	17.2%	78.5%
<b><u>Profitability Ratios:</u></b>			
Operating Margin	-10.6%	-21.9%	-15.5%
Net Profit Margin	-4.3%	-5.7%	-7.1%
Return on Total Assets	-2.9%	-3.4%	-3.9%
Return on Equity	9.0%	12.3%	17.1%
<b><u>Productivity and Cost Ratios:</u></b>			
Total Asset Turnover	0.8	0.7	0.7
Total Operating Revenue per FTE	\$ 227,370	\$ 198,867	\$ 213,034
Personnel Costs as % of Total Revenue	56.9%	60.4%	57.0%

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**Erie County Medical Center Corporation**

**Key Statistics**  
**Period Ended November 30, 2023**

Current Period				Year to Date				
Actual	Budget	% to Budget	Prior Year	Actual	Budget	% to Budget	Prior Year	
<b>Discharges:</b>				<b>Discharges:</b>				
1,013	950	6.6%	955	Med/Surg (M/S) - Acute	11,514	12,017	-4.2%	11,288
201	223	-9.7%	215	Behavioral Health	2,373	2,491	-4.7%	2,519
160	180	-11.2%	159	Chemical Dependency (CD) - Detox	2,104	2,130	-1.2%	2,082
16	13	25.1%	14	Medical Rehab	184	167	9.9%	166
<b>1,390</b>	<b>1,366</b>	<b>1.8%</b>	<b>1,343</b>	<b>Total Discharges</b>	<b>16,175</b>	<b>16,804</b>	<b>-3.7%</b>	<b>16,055</b>
<b>Patient Days:</b>				<b>Patient Days:</b>				
8,393	8,361	0.4%	9,260	M/S - Acute	93,600	101,818	-8.1%	103,958
3,730	4,126	-9.6%	4,126	Behavioral Health	43,151	44,015	-2.0%	43,983
668	782	-14.6%	682	CD - Detox	8,300	8,965	-7.4%	8,633
375	353	6.2%	387	Medical Rehab	4,142	4,163	-0.5%	4,009
<b>13,166</b>	<b>13,622</b>	<b>-3.3%</b>	<b>14,455</b>	<b>Total Patient Days</b>	<b>149,193</b>	<b>158,961</b>	<b>-6.1%</b>	<b>160,583</b>
<b>Average Daily Census (ADC):</b>				<b>Average Daily Census (ADC):</b>				
280	279	0.4%	309	M/S - Acute	280	305	-8.1%	311
124	138	-9.6%	138	Behavioral Health	129	132	-2.0%	132
22	26	-14.6%	23	CD - Detox	25	27	-7.4%	26
13	12	6.2%	13	Medical Rehab	12	12	-0.5%	12
<b>439</b>	<b>454</b>	<b>-3.3%</b>	<b>482</b>	<b>Total ADC</b>	<b>447</b>	<b>476</b>	<b>-6.1%</b>	<b>481</b>
<b>Average Length of Stay:</b>				<b>Average Length of Stay:</b>				
8.3	8.8	-5.9%	9.7	M/S - Acute	8.1	8.5	-4.1%	9.2
18.6	18.5	0.1%	19.2	Behavioral Health	18.2	17.7	2.9%	17.5
4.2	4.3	-3.8%	4.3	CD - Detox	3.9	4.2	-6.3%	4.1
23.4	27.6	-15.1%	27.6	Medical Rehab	22.5	24.9	-9.4%	24.2
<b>9.5</b>	<b>10.0</b>	<b>-5.0%</b>	<b>10.8</b>	<b>Average Length of Stay</b>	<b>9.2</b>	<b>9.5</b>	<b>-2.5%</b>	<b>10.0</b>
<b>Occupancy:</b>				<b>Occupancy:</b>				
82.6%	88.3%	-6.4%	90.7%	% of M/S Acute staffed beds	82.6%	88.3%	-6.4%	90.7%
<b>Case Mix Index:</b>				<b>Case Mix Index:</b>				
2.05	1.96	4.3%	1.84	Blended (Acute)	1.80	1.88	-4.5%	1.85
239	162	47.5%	174	Observation Status	2,641	1,843	43.3%	2,157
409	415	-1.4%	364	Inpatient General Surgeries	4,555	4,617	-1.3%	4,313
658	598	10.0%	637	Outpatient General Surgeries	6,968	6,642	4.9%	6,556
23	34	-32.4%	51	Inpatient Ancillary Surgeries	394	382	3.1%	430
23	45	-48.9%	25	Outpatient Ancillary Surgeries	283	496	-42.9%	203
23,455	22,450	4.5%	21,644	Outpatient Visits	274,066	264,566	3.6%	254,166
5,116	5,343	-4.2%	4,507	Emergency Visits Including Admits	58,461	59,479	-1.7%	54,751
67.4	44.2	52.5%	51.3	Days in A/R	67.4	44.2	52.5%	51.3
0.3%	2.0%	-83.4%	3.6%	Bad Debt as a % of Net Revenue	1.5%	1.9%	-21.7%	2.7%
3,300	3,053	8.1%	3,187	FTE's	3,247	3,041	6.8%	3,069
4.26	4.11	3.5%	4.04	FTE's per Adjusted Occupied Bed	4.19	3.93	6.7%	3.91
\$ 19,937	\$ 19,925	0.1%	\$ 19,051	Net Revenue per Adjusted Discharge	\$ 18,048	\$ 18,931	-4.7%	\$ 18,520
\$ 27,427	\$ 27,600	-0.6%	\$ 27,638	Cost per Adjusted Discharge	\$ 25,411	\$ 24,620	3.2%	\$ 25,660
<b>Terrace View Long Term Care:</b>				<b>Terrace View Long Term Care:</b>				
10,799	11,514	-6.2%	10,682	Patient Days	121,836	124,916	-2.5%	114,873
360	384	-6.2%	356	Average Daily Census	365	374	-2.5%	344
92.3%	98.4%	-6.2%	91.3%	Occupancy - % of Staffed beds	93.5%	95.9%	-2.5%	88.2%
459	496	-7.5%	401	FTE's	431	500	-13.9%	392
6.8	6.9	-1.4%	6.0	Hours Paid per Patient Day	6.8	7.7	-11.7%	6.5

**Medical Executive Committee**  
**CMO Report to the ECMC Board of Directors**  
**December 2023 and January 2024**

**University at Buffalo Update**

- Hoping to have an announcement soon for a Chair of Medicine.
- Psychiatry Chair search will be starting soon.

**Current hospital operations**

- Admissions YTD: 312 ( 264)
- ED visits YTD: 1,522 (1,391)
- CPEP visits: 240 (218)
- Observation: 99 ( 61)
- Inpatient Surgeries: 114 ( 85)
- Outpatient Surgeries: 175 (163)
- ALC days YTD: 212 (355)

The average length of stay MTD 8.9 (10). CMI 1.9399 (1.8045)

**CMO Update**

- COVID and influenza rising in the community which is continuing to impact post-acute care discharges which is keeping our LOS in the upper eights.
- Clinical Documentation information:

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## Clinical Documentation Queries

- Total 102 queries, 101 responded (99% response rate, 100% agree rate).
- 42 queries had financial impact of \$403,694

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

**Marketing**

- Continued advertising marketing support of Orthopedic services, Help Center and nursing recruitment through placement of TV, radio, and print advertisements. Continued placement of :30 Jim Kelly TV and radio ads (ECMC maintains both TV and radio advertising on every Bills' game broadcast). Also maintained ECMC's long secured billboard just east of Grider Street on the outbound side of NYS Route 33 with graphics tied to the Jim Kelly TV and radio ads.

**Media Report**

- Continue coordination of media interviews related to ECMC service lines including coverage of transplantation, orthopedics, behavioral health, surgical services, physical therapy and emergency services.

**Community and Government Relations**

- Following coordinated individual briefings on the proposed Kensington Heights redevelopment project for Senator Kenndy, Assembly Majority Leader Peoples-Stokes, Mayor Brown and County Legislature Chairwoman Baskin, we are reconvening the Kensington Heights Community Advisory Committee to review the proposed redevelopment effort, which is largely based on the process they participated in during 2019-2020. Following that briefing, we will begin to schedule community presentations over the next few months.
- With Governor Hochul's delivery of her annual State of the State address and then the subsequent release one week later of her recommended 2024-25 Executive Budget, the NYS 2024 Legislative Session has commenced. We are prepared to continue our advocacy in the State Capitol for programs, policies and funding opportunities to reinforce and strengthen ECMC's position as our region's leading healthcare institution for trauma/emergency, behavioral health, transplantation services, as well as enhance our position as our region's safety net hospital, providing high-quality healthcare services for the most vulnerable residents of our community.

**MEDICAL EXECUTIVE COMMITTEE MEETING  
MONDAY, OCTOBER 23, 2023  
MEETING HELD BY MICROSOFT TEAMS PLATFORM**

**Attendance:**

Jennifer Pugh, MD	Sergio Anillo, MD	Joseph Izzo, Jr., MD	Andrea Manton, MD
Michael Manka, MD	Yogesh Bakhai, MD	Keith Krabill, MD	Cassandra Williams, MD
Michael Cummings, MD	William Belles, MD	Mark LiVecchi, MD	Mandip Panesar, MD
Ashvin Tadakamalla, MD	Suzanne Griffith, MD	Philip Stegemann, MD	
Siva Yedlapati, MD	Anthony DePlato, MD	Yaron Perry, MD	
Douglas Drumsta, MD	Andrea Manyon, MD	James Lukan, MD	
Elizabeth Kapral, DDS	Richard Ferguson, MD	Sandra Sieminski, MD	
Rebecca Buttaccio, PA	Michael Cummings, MD	Yousef Soofi, MD	
Parveen Minhas, ANP	Richard Hall, DDS, PhD, MD	Richard Spiro, MD	

Thomas Quatroche, PhD	Andy Davis, COO	Samuel Cloud, DO	Jon Swiatkowski
Cheryl Carpenter	Andrew Kwiatkowski	Charlene Ludlow, RN	Donna Jones, RN, FACHE
John Cumbo	Cassie Davis	Ashely Halloran	Andrew Kwiatkowski
Jim Turner	Becky DelPrince	Michael Ott	Charles Cavaretta

**I. CALL TO ORDER**

**A.** Dr. Jennifer Pugh, President, called the meeting to order at 11:30 am.

**B. PRESIDENT’S REPORT:**

1. Dr. Pugh thanked everyone who attended the APP week celebration the last week of September. Congratulations to Lori Ann Jacobs who won the set of Sabres tickets and will be joining Dr. Pugh for the hockey Halloween game.
2. Dr. Pugh reminded everyone about the upcoming DOC SHOT’s that will be taking place in the hallway by the parking garage on Friday, November 3<sup>rd</sup>. The clinic begins at 7:00 am with COVID and flu shots available.
3. Save the date for the Annual Medical Dental Staff Meeting taking place on Wednesday, November 8, 2023 (7:30 am session and 12 noon session).

**II. ADMINISTRATIVE REPORTS**

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

**1. CEO – Dr. Tom Quatroche, CEO**

- a. We are beginning to see improvements throughout the campus.
- b. Recruitment continues throughout ECMC. Over 660 new employees to date with approximately 150 RN’s and approximately 50 LPN’s. Many have filled positions at Terrace View. Several new physicians were also recently hired as well with Family Health.
- c. Affirmations continue as we just completed our UNOS survey and Radiology survey, both went very well. We were recently recognized by HRSA (Health

- Resources and Services Administration) for kidney donation.
- d. Financial discussions with New York State continue.

**2. COO REPORT – Andrew Davis, COO**

- a. Mr. Davis congratulated Jim Turner on his upcoming retirement. There will be a search for a new Senior Vice President of Operations.
- b. Metz is now the food service selected for both ECMC and Terrace View.
- c. The screeners are up and running in the Emergency Department and beginning November 1, 2023, work will begin on installing one in the main lobby with Terrace View to follow.

**3. CFO Report – Jon Swiatkowski, CFO**

- a. Mr. Swiatkowski reviewed the financial status of the hospital from the month of September. Operational improvements are being seen.
- b. Inpatient and outpatient surgeries continue to exceed our current plan.
- c. Our case mix index is rebounding. Thank you to Dr Tadakamalla for his case reviews and finding opportunities for improvement throughout the facility.
- d. Salaries have been increasing as we have been hiring to meet the New York State standards for both the nursing home and the hospital.

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

- a. Ms. Ludlow stated there are 53 RN's currently on orientation. They will be finishing orientation during November and December.
- b. The nursing department is working on the redesignation for Pathways. This will be submitted by February 2024.
- c. The department is also working on a pressure ulcer prevention program. They will be monitoring numbers very closely on this.
- d. The Department of Health and Office of Mental Health put out a joint set of guidelines for behavioral health patients.

**IV. UNIVERSITY REPORT - Dean Allison Brashear, MD, MBA**

- a. Dr. Cloud shared an update with the Committee regarding the search for Chairs with Departments at the University. The search continues and interviews have started. Dr. Cloud sits on the hiring committee mentioned the first candidate was stellar.

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

- a. Dr. Cloud reviewed hospital operations discussing ED and CPEP volumes, Admissions, Observations, average length of stay, ALC days along with inpatient and outpatient surgeries.
- b. Dr. Cloud reviewed the increase in length of stay and ALC days with COVID having an impact on both.
- c. Waves of COVID will be with us throughout the next several months.

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

- a. Dr. Cumings mentioned when patients with developmental disabilities present, reach out to case management so interventions can be done proactively.
- b. Dr. Tadakamalla reviewed current workflow changes. Dr. Cloud thanked Dr. Tadakamalla for his hard work on these changes and implementing the necessary modifications.

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

- a. Dr. Panesar discussed operational changes with dental notes and OMFS notes. They will now be flowing into Meditech. Please reach out if you have any issues or questions.

**VIII. CREDENTIALS COMMITTEE REPORT – Yogesh Bakhai, MD**

- a. No report.

**IX. CONSENT CALENDAR**

MEETING MINUTES/MOTIONS		PAGE #		
1.	<b>MINUTES of the Previous MEC Meeting: September 25, 2023</b>	6-10	Receive and File	
2.	<b>CREDENTIALS COMMITTEE: October 5, 2023</b>	14-26	Receive and File	
	Appointments		Review and Approve	
	Reappointments		Review and Approve	
	Resignations		Review and Approve	
	Dual Reappointment Applications		Review and Approve	
	New Business / Extractions		Review and Approve	
3.	<b>HIM – Minutes of September 2023, and October 2023</b>			
	<b>September, 2023</b>	28		
	Pre-Transplant History and Physical	29-32	Review and Approve	
	Consent for Kidney or Pancreas Transplant Recipient Evaluation	33-38	Review and Approve	
	Informed Consent to Accept an A2 or A2B (non-A1) Kidney Transplant for Blood Type B Patients	39-40	Review and Approve	
	<b>October, 2023</b>	41		
	Outpatient Infusion Referral Form	42	Review and Approve	
	Patient Database for Ambulatory Surgery	43-45	Review and Approve	
	Health History Form	46-49	Review and Approve	
	ECMC CVVHD Daily Flowsheet	50-51	Review and Approve	
	Vascular Flap/Graft Assessment	52-53	Review and Approve	
4.	<b>OR Committee – Minutes of September 27, 2023</b>	55-58	Receive and File	
5.	<b>University GME Committee – Minutes of September 19, 2023</b>	60-65	Receive and File	
6.	<b>P &amp; T Committee – Minutes of October 3, 2023</b>	67-143	Receive and File	
	<b>Formulary Addition:</b>			
	Giapreza	106-107	Review and Approve	
	<b>Formulary Deletion:</b>			

MEETING MINUTES/MOTIONS		PAGE #	
	Pprevnar 13		Review and Approve
	Danazol		Review and Approve
	<b>Policies for Review:</b>		
	Patients Own Medication	108-111	Review and Approve
	Standard Times of Medication Administration	113-118	Review and Approve
	Total Parenteral Nutrition	119-123	Review and Approve
	Pharmacy to dose - TPN	124-133	Review and Approve
	Pharmacy to dose – Argatroban	134-143	Review and Approve
7.	<b>Professional Dev. &amp; Wellness Committee – Minutes of September 28, 2023</b>	145-146	Receive and File
8.	<b>Resource Management Committee – September 13, 2023</b>	148-151	Receive and File

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

**UNANIMOUSLY APPROVED.**

#### **X. EXECUTIVE SESSION**

The Medical Executive meeting was adjourned at 12:10 pm to Executive Session for the purpose of receiving and filing minutes from the September 14, 2023, Chiefs of Service meeting, the September 12, 2023, Board Patient Safety & Quality Assurance Meeting, discussing the Leadership Council Report by Jennifer Pugh, MD as well as review the Quality Report by Donna Jones and a discussion on plans to use Medical Dental staff funding to re-invest in our physicians, dentists, advanced practice providers and CRNAs with additional training and resources within the Buffalo area.

**MOTION to MOVE** into Executive Session was made and seconded. Motion to enter Executive Session is carried.

**UNANIMOUSLY APPROVED**

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

**A. MOTION:** Receive and file Board Quality PI meeting minutes from September 12, 2023 and Chiefs of Service meeting minutes from September 14, 2023.

**B. MOTION:** Motion made and carried to approve the use of Medical Dental Staff funding to re-invest in our physicians, dentists, advanced practice providers and CRNA’s for additional training and resources in person in Buffalo, NY

**Motion, Seconded and  
MOTION APPROVED**

**XI. QUALITY MATERIALS RECEIVED AND FILED**

- A. The Board Quality & Patient Safety Committee meeting minutes from September 12, 2023, meeting were distributed. Motion to receive and file the minutes was made and seconded.

**MOTION UNANIMOUSLY APPROVED.**

- B. The Chiefs of Service meeting minutes from the September 14, 2023, meeting were distributed. Motion to receive and file the minutes was made and seconded. Motion unanimously approved.

**MOTION UNANIMOUSLY APPROVED.**

**XII. ADJOURNMENT**

There was no further business conducted. Motion to adjourn the meeting was made and seconded. The next meeting will be Monday, November 27, 2023, at 11:30 am. via Teams/Hybrid in the Dr. Zizzi conference room at ECMC. Meeting was adjourned at 12:29 pm.

Respectfully submitted,



James Lukan, MD, FACS  
Secretary, ECMCC, Medical/Dental Staff